

Supplemental

1940
M.K.

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
Application for Reimbursement

PART I APPLICATION PROCESS

(Check One)

Check appropriate Phase and complete the information requested for the Phase checked (See Application Guide).

NOV 15 1993

[] Phase 1. MPCA approval of Soil Corrective Action Plan (SCAP).

- a) Date of SCAP approval / / . (Attach copy)
- b) Date SCAP was submitted to MPCA / / .

[] Phase 2. Submission of Documentation of Soil Treatment
Date Documentation was submitted to MPCA / / .

[] Phase 3. MPCA approval of Comprehensive Corrective Action Plan (CCAP)

- a) Date of CCAP approval / / . (Attach copy)
- b) Date CCAP was submitted to MPCA / / .

[] Phase 4. Submission of CCAP Installation Letter to MPCA
Date of CCAP Installation Letter / / . (Attach copy)

Ongoing Expenses Following Phase 4 Reimbursement or MPCA Site Closure or Conditional Closure

PART II APPLICANT INFORMATION

Please be advised that the information used to support this application is subject to audit by the MPCA and MDOC.

1. "Responsible Person" "Volunteer" [] or "Non-Responsible Person" []
(check one) (see application guide)

Name: Robert Dittmer / Dittmer Oil Co., Inc.

2. Mailing Address: 600 East Lincoln Avenue, Fairfax, MN 55332
Phone: 607 426-7796

3. Site ID: Leak # 1940

4. The applicant is a: Corporation [] Partnership [] Individual [] Other _____

5. Applicant was the owner or operator of the tank from / / 156 to / / Present

6. "Volunteer" Applicant owned property from / / to / / .

7. Has applicant executed any Petrofund assignment agreements? yes _____ no

Name of assignee(s) _____ (attach copy of agreement)

Card sent BL

PART III TANK FACILITY

1. Name of "Tank Facility" (see application guide) where the petroleum release occurred:

Dittmer Oil Company

2. Tank Facility address:

Highways 4 + 9
Fairfax, MN 55332

3. Contact Person at Tank Facility:

Robert Dittmer
Phone: (507) 426-7796

4. To the best of your knowledge, list all other persons besides the applicant who were owners or operators of the tank during or after the petroleum release:

Bob
Ang?

→ 5. Did any of the persons listed in question 4 incur corrective action costs related to this petroleum release? yes ___ no ___ If yes, list name and address if known:

6. Date when petroleum release was detected: 10/26/89

What test was performed to initially establish that a release occurred? Observation of free product in monitoring well in the tank basin

7. Date when petroleum release was reported to the MPCA: 10/27/89.

8. a. Which tanks (or associated piping) were the source of the release at this tank facility? (see application guide)

UST #3 Piping Joint

b. What was the cause of the release?

Leaky piping and Spillage/Overfills

9. Was this tank(s) used only to store heating oil for consumptive use on the premises where stored? (check one) YES [] NO

PART IV TANK INFORMATION AND COMPLIANCE

(Note: If you do not know if tanks are registered and/or prior tank removal notice was given, enter "unk" (unknown) for these items. Please do not contact the MPCA for this information.)

A. Underground Storage Tanks. Complete the following information to reflect the status of your underground storage tanks at the time the release was discovered. Refer to the attachment "Do Underground Storage Tanks and Piping Requirements Apply to Your Petroleum Tank?" and "What Do You Have To Do?/When Do You Have To Act?" to determine the applicability of registration, leak detection, corrosion protection, and spill/overflow protection.

(Please attach additional sheets if more than five tanks are involved.)

Tank	Petroleum Product	Capacity	Type of Tank	Date Installed	Registered Yes/No/Unk	Date Removed
1	UNL GAS	4000	SPiP3	OCT 1989	YES	NA
2	UNL GAS	8000	SPiP3	OCT 1989	YES	
3	REG GAS	12,000	SPiP3	DEC 1988	YES	
4						
5						

Tank	Tanks			Piping		
	Leak Detection (Methods)	Corrosion Protection (Yes/No)	Spill/Overflow Protection (Yes/No)	Type of Piping	Leak Detection (Methods)	Corrosion Protection (Yes/No)
1	RED JACKED	ZINC ANODES	YES	3M COATED SCHEDULE 80	RED JACK	No
2	RED JACKED	ZINC ANODES	YES	BENT WELDED	RED JACK	No
3	RED JACKED	ZINC ANODES	YES	3M COATED SCHEDULE 80	RED JACK	No
4						
5						

Tank	Tank Tightness Test Dates	Piping Tightness Test Dates
1	NOT REQUIRED - UNTIL 1994	SEPT. 1993
2	NOT REQUIRED - UNTIL 1994	SEPT. 1993
3	NOT REQUIRED - UNTIL 1994	SEPT. 1993
4		
5		

Are there any special circumstances you would like the persons reviewing your application to be aware of?
 Please explain: GME Invoice # 4-93-146 is in accordance with 8/31/91 Proposal.
- pls see last Petrofund App (10/28/91 thru 2/26/93) for 8/31/91 Proposal

PART V ELIGIBLE COSTS

1. The Eligible Cost Worksheets attached are for INVESTIGATION costs, CLEAN-UP costs, and CONSULTANT costs. These worksheets must be completed listing each corrective action for which you are requesting reimbursement.
2. Invoices submitted with this application cover the period from 2/26/93 to 8/20/93
3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes ___ no X
 (see application guide)
4. At this time, do you anticipate incurring any Ongoing corrective action costs relative to the petroleum release at this Tank Facility? yes X no ___

If yes, explain briefly what work will be done and an approximate cost of that work.

At least 1 additional monitoring well and a pump test of a water supply well and continued monitoring of ~~existing~~ wells. at least 20,000

5. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 300 cyp
- b. What was the soil contamination concentration (total hydrocarbons) 80 ppm?
6. Has the applicant been eligible to recover cleanup costs arising from this petroleum release under any insurance policy at any time since June 4, 1987? yes ___ no X

If yes, provide the following:

<u>Insurance Company</u>	<u>Policy #</u>	<u>Policy Limits</u>	<u>Deductible</u>	<u>Period Covered</u>
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_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

7. Total of all eligible costs as listed in the Eligible Cost Worksheets:

\$	<u>34,920.93</u>
	X 90%
=	\$ <u>31,428.84</u>
	Insurance Reimbursement (Subtract) - \$ <u>()</u>
	Total Reimbursement Request = \$ <u>31,428.84</u>

(See application guide)

PART VI CONTRACTORS/CONSULTANTS

1. Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this release site. (see application guide) Failure to provide this information for ALL persons who performed corrective action may result in an action to recover any reimbursement which may be paid. (Attach additional sheets if necessary.)

Name of individual or firm: GME Consultants, Inc
Mailing address: P.O. Box 250, Crosby, MN 56441
Contact person: Jay Brekke / Mark Mills, Phone: (218) 546-6371

Name of individual or firm: Midwest Analytical Services
Mailing address: 330 So. Cleveland St., P.O. Box 349, Cambridge, MN 55008
Contact person: Matt Stokes Phone: (612) 689-2175

Name of individual or firm: _____
Mailing address: _____
Contact person: _____ Phone: () _____

Name of individual or firm: _____
Mailing address: _____
Contact person: _____ Phone: () _____

Name of individual or firm: _____
Mailing address: _____
Contact person: _____ Phone: () _____

2. Describe below any relationship, financial or otherwise, between the applicant and any contractor who performed work at this site:

None known

PART VII CERTIFICATION (see application guide)

A. "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

"I certify that if I have submitted invoices for costs that I have incurred but that remain unpaid, I will pay these invoices within 30 days or receipt of reimbursement from the board. I understand that if I fail to do so, the board may demand return of all or any portion of reimbursement paid to me and that if I fail to comply with the board's demand, that the board may recover the reimbursement, plus administrative and legal expenses in a civil action in district court. I understand that I may also be subject to a civil penalty."

Bob. Sign {
x Robert Dittmer
Signature of Applicant
Robert Dittmer
Name (Please Print)
11/3/93
Date

Witnessed by: Jay Bukke
Name
11/3/93
Date

Every applicant must sign Part A. above. If applicant is a corporation or partnership, the following certification must also be made:

"I further certify that I am authorized to sign and submit this application on behalf of

Dittmer Oil Co., Inc."

Bob. {
x Robert Dittmer
Signature
PRES.
Title (See Application Guide, Part VI)

Robert Dittmer
Name (Please Print)
11/3/93
Date

Please send this application and accompanying documents to:

*Bob, mail
your app.
here* →

**Petroleum Tank Release Compensation Board
Minnesota Department of Commerce
133 East Seventh Street
St. Paul, Minnesota 55101
(612) 297-4203
(612) 297-1119**

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Steam Clean	GME Consultants	5-93-40	1.5	100.00	150.00
Mob / Demob	↓	↓	2.5	135.00	337.50
Soil Borings			26 ft.	13.50/ft	351.00
Well Permit			1	50.00	50.00
Well Installation			61 ft	26.00/ft	1586.00
HNU Meter Use			2 days	75/day	150.00
Bailer Use			1 bailer	20/bailer	20.00
Disposable Materials			2 days	25/day	50.00
Drill Crew Per Diem			1 day	75/day	95.00

Continued on next page

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
DRO, GRO, BTEX, MTBE, Lead 6 Soil + 1 Water	↓	Midwest Analytical 006546	7	183.00	1281.00
DRO, GRO, BTEX, MTBE, Lead 7 Water		006675	7	174.29	1220.00
DRO, GRO, BTEX, MTBE, Lead 6 6 Water		006813	6	203.00	1218.00
GRO/BTEX 1 Water		006813	1	80.00	80.00
GRO, DRO, BTEX, MTBE, Lead 10 Water		007261	10	183.00	1830.00
GRO, BTEX 1 Water		007261	1	80.00	80.00
DRO, GRO, BTEX, MTBE, Lead 1 Water		007281	1	183.00	183.00
DRO, GRO, BTEX, MTBE, Lead 13 Soil		007322	13	203.00	2639.00
<i>Continued on Next Page</i>				TOTAL	

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Continued

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Steam Clean	GME Cons.	8-93-21	3.5	100.00	350.00
Mob/Demob			4	135.00	540.00
Soil Borings			165 ft	13.50/ft	2227.50
Well Permit			1	50.00	50.00
Well Installation			86 ft	26.00/ft	2236.00
HMM Meter Use			4 days	75/day	300.00
Bailers Use			22 bailers	20.00/bailer	440.00
Disposable Materials			4 days	25.00/day	100.00
Drill Crew Per Diem			4 days	95.00/day	380.00
Total					9413.00

B. LABORATORY TESTS AND ANALYSIS (Cont.)

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
DRO, GRO, INTBE, BTEX, Lead 3 Soil	Midwest	007323	3	203.00	609.00
TOTAL					940.00

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

C. EXCAVATION

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

D. SOIL DISPOSAL

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

E. WATER TREATMENT

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

F. TRUCKING

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

G. EMERGENCY and TEMPORARY HAZARD CONTROL
(see application guide)

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

H. SITE RESTORATION and CLOSURE

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

I. OTHER CLEAN-UP or INVESTIGATION COSTS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
TOTAL					

PART IV ELIGIBLE COST WORKSHEET - CONSULTANT SERVICES

- * Description must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional sheets are needed.

J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
Sr. Hydro	GME Consultants	4-93-146	9	85.00	765.00
Geol. Engr.		↓	7.5	55.00	412.50
Secretary		↓	1.5	32.00	48.00
Sr. Hydro		5-93-40	0.5	85.00	42.50
Geol. Engr (Mob, Drilling Monitoring, etc)		↓	19	55.00	1045.00
Geol. Engr (Work plan, etc)		↓	3	55.00	165.00
Geol. Engr. (Off-Site Access)		↓	1	55.00	55.00
Secretary/Draftsperson		↓	2	32.00	64.00
Personnel Transportation		↓	375	0.37	138.75
Personnel Per Diem		↓	1.5	50.00	75.00
Sr. Hydro (Consulting + Cost Est - In situ Remediation)		8-93-21	22.5	85.00	1912.50
Sr. Hydro (Rem. alt. Progress Report)		↓	10	85.00	850.00
Geol. Engr. (Mob, drilling Monitoring, etc)		↓	48	55.00	2640.00
Geol. Engr. (work Plan/Rep)		↓	8	55.00	440.00
Geol. Engr (Rem. alt. Progress Report + RI Report Prep)		↓	36	55.00	1980.00
Env. Specialist (Well Sampling)		↓	45	45.00	2025.00
Secretary/Draftsperson		↓	22.00	32.00	704.00
Personnel Transportation		↓	1664	0.37	615.68
Personnel Per Diem		↓	6 days	50.00/day	300.00
Sr. Hydro/Draftsperson/ Secretary - (ESA)		7-93-30	1 ESA 1 Report	1600.00	1600.00
TOTAL					15,877.93

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

K. MARK-UP (*Including Shipping + Handling*)

Midwest Anal.

Description	Firm Name	General Contractor Invoice #	Sub-Contractor Invoice #	Mark Up %	Sub-Total
<i>Laboratory Mark-Up, including Shipping + Handling charge</i>	<i>GME Cons.</i>	<i>8-93-21</i>	<i>6546, 6675, 6813, 7261, 7281, 7322, 7323</i>	<i>5.4</i>	<i>490.00</i>
TOTAL					<i>490.00</i>

L. OTHER CONSULTANT SERVICES (specify)

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
TOTAL					