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1940  
MCK

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD  
Application for Reimbursement

PART I APPLICATION PROCESS

Back DEC 1 1 1995

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

State of Minnesota

OCT 20 1995

Department of Commerce

OK  
02-11-20-95  
km

[ ] 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 3/17/95. (Attach copy) with into of 9/95

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

2. Mailing Address: 600 East Lincoln Ave., Fairfax, MN 5533a  
Phone: ( ) 507-426-7796

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 4/1/54 to 7/15/93.

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

7. Has applicant executed any Petrofund assignment agreements? yes \_\_\_ no X

Name of assignee(s) \_\_\_\_\_ (attach copy of agreement)

**PART III    TANK FACILITY**

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

Dittmer Oil Company

2. Tank Facility address: SE. corner of intersection of Hugs 4 + 19,  
Fairfax

3. Contact Person at Tank Facility: Robert Dittmer  
Phone: (527) 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:

Mr. Jeff Weiss (current owner)

5. Did any of the persons listed in question 4 incur corrective action costs related to this petroleum release? yes \_\_\_ no X 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 a 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?  
Leaking Pipe 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 X

**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	N/A
2	UNL GAS	8000	SPiP3	OCT 1989	YES	N/A
3	REG GAS	12,000	SPiP3	DEC 1988	YES	N/A
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 JACKETED	ZINC ANODES	YES	3m COATED SCHEDULE 80	RED JACKET	No
2	RED JACKETED	ZINC ANODES	YES	BENT & WELDED	RED JACKET	No
3	RED JACKETED	ZINC ANODES	YES	3m COATED SCHEDULE 80	RED JACKET	No
4						
5						

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



Are there any special circumstances you would like the persons reviewing your application to be aware of?  
Please explain: \_\_\_\_\_

**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 11/10/94 to 10/23/95
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.

Continued monitoring and replacing Co-op Well. (~15 to 20k)

5. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 300 cu yd
- 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>

7. Total of all eligible costs as listed in the Eligible Cost Worksheets:	\$ <u>7474,70</u>
	X 90%
	= \$ <u>6727,23</u>
Insurance Reimbursement (Subtract)	- \$ <u>(        )</u>
Total Reimbursement Request (See application guide)	= \$ <u>6727,23</u>

**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 Phone: (218) 546-6371

Name of individual or firm: Midwest Analytical

Mailing address: 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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."

X  
\_\_\_\_\_  
Signature of Applicant

Witnessed by:  
X Robert A. Dittmer  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Name (Please Print)

10/12/95  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

\_\_\_\_\_."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (See Application Guide, Part VI)

\_\_\_\_\_  
Date

Please send this application and accompanying documents to:

**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
<b>TOTAL</b>					

**B. LABORATORY TESTS AND ANALYSIS**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
GRO (water)	Midwest	094803	8	55.00	440.00
MTBE (water)	↓	↓	8	5.00	40.00
VOCs (water)	↓	↓	1	110.00	110.00
Field Blank	↓	↓	1	10.00	10.00
GRO (water)	Midwest	093838	7	60.00	420.00
Field Blank	↓	↓	1	10	10.00
<b>TOTAL</b>					<b>1030.00</b>



**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**

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Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Sr. Hydrogeologist	GME	2-95-125	2.5	85.00	212.50
Geol. Engrs.			11.5	55	632.50
Env. Spec.			13.5	45	607.50
Secretary/Draft			1.5	32	48.00
Personnel Transp.			240	.37	88.80
Personnel Per Diem			1	50	50.00
Bailer Use			7	10	70.00
Disposable Materials			1	25	25.00
Senior Hydro	GME	5-95-	2	85.00	170.00
Geol. Engrs.			25	55	1375.00
Geol. Engrs.			15.5	45	697.50
Secretary/Draft			1.5	32	48.00
Personnel Transp.			360	.37	133.20
Personnel Per Diem			1	50	50.00
Bailer Use			6	10	60.00
Disposable Mats.			1	25	25.00
<b>Sub-TOTAL</b>					<b>4293.00</b>

PART IV ELIGIBLE COST WORKSHEET - CONSULTANT SERVICES

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- \* Invoices must be submitted for each cost listed below.
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- \* Duplicate this form if additional sheets are needed.

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

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Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
<i>Sr. Hydro.</i>	<i>GME Consultants</i>	<i>9-95-39</i>	<i>1.5</i>	<i>85</i>	<i>127.50</i>
<i>Geol Engr.</i>			<i>21.5</i>	<i>55</i>	<i>1182.50</i>
<i>Geol. Engr.</i>			<i>8.5</i>	<i>45</i>	<i>382.50</i>
<i>Secretary/Draftsman</i>			<i>5.5</i>	<i>32</i>	<i>176.00</i>
<i>Personnel Transport.</i>			<i>360</i>	<i>0.37</i>	<i>133.20</i>
<i>Per Diem</i>			<i>1</i>	<i>50</i>	<i>50.00</i>
<i>HNU Meter Use</i>			<i>1</i>	<i>75</i>	<i>75.00</i>
<i>Disposable Mats.</i>			<i>1</i>	<i>25</i>	<i>25.00</i>
<b>TOTAL</b>					<i>6444.70</i>