

**APP.**

**LEAK # 1940**

*Kopitz*

**MINNESOTA PETROLEUM TANK RELEASE  
COMPENSATION BOARD  
Application for Reimbursement**

**PART I APPLICATION PROCESS**

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

- ( ) 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 Soil Treatment Letter to MPCA
  - Date of Soil Treatment Letter: (attach copy)
- ( ) 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)
- ( ) Phase 5. Closure letter from MPCA and Land Application approval.
- ( X ) Ongoing Expenses
  - Closure Letter from MPCA (attach copy)

State of Minnesota  
Dept. of Commerce  
**DEC 2 1991**

**PART II APPLICANT INFORMATION**

1. Check one: "Responsible Person" ( X ) "Volunteer" ( ) or "Non-Responsible Person" ( ).  
Name: **ROBERT DITTMER**
2. Mailing Address: **HIGHWAY #4 & #9  
FAIRFAX, MN**  
Phone: **(507) 426-7796**
3. Site ID:Leak #: **00001940**
4. The applicant is a ( ) Corporation ( ) Partnership ( X ) Individual ( ) Other \_\_\_\_\_.
5. Applicant was the owner or operator of the tank from 1956 to the present.
6. Has applicant executed any Petrofund assignment agreements? **yes**  
Name of assignee: **Rollies Sales & Service, Inc.**  
(attach copy of agreement)

**PART III TANK FACILITY**

1. Name of "Tank Facility" where the petroleum release occurred: **Dittmer Oil Company**
2. Tank Facility address: **Highway 4 & 9  
Fairfax, MN 55332**
3. Contact Person at Tank Facility: **Robert Dittmer  
Phone: (507) 426-7796**
4. Date when petroleum release was detected: **OCT 26, 1989**  
What test was performed to initially establish that a release occurred? **They found free gasoline product in the manhole of tank #3.**
5. Date when petroleum release was reported to the MPCA: **OCTOBER 27, 1989**
6. Please complete the following information on the tanks at this Tank Facility.

Tank #	Capacity	Petroleum Product	"X" if tank removed	Date of Removal
001	4000	UNLEAD PREM		
002	8000	UNLEAD ETHANEL		
003	12000	REGULAR		

- 7a. Which tanks were the source of the release at this tank facility? **N/A**
- 7b. What was the cause of the release?  
**JOINT IN PIPING WAS LEAKING.**
8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48?  
**01-31-91**
9. 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:  
**N/A**
10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? **N/A**  
If yes, list name and address if known:

**PART IV 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 10-89 to 4-91.
3. Are any of the costs listed in the Eligible Cost Worksheet in dispute? No
- 4a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons). 300 cubic yards.
- 4b. What was the soil contamination concentration (total hydrocarbons) 80 ppm as gas
5. 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? No  
If yes, provide the following:  
Insurance Company/Policy #:  
Policy limits/Deductible:  
Period covered:

6. Total of all eligible costs as listed in the Eligible Cost Worksheets:	\$4,692.00
	x 90%
	= \$4,222.80
	Interest + \$ 272.54
Total Reimbursement Request	= \$4,459.34

7. At this time, do you anticipate incurring any Ongoing corrective action costs relative to the petroleum release at this Tank Facility? Yes  
If yes, explain briefly what work will be done and an approximate cost of that work.  
RE INVESTIGATION, CORRECTIVE ACTION PLAN \$10,000.00

**PART V CONTRACTORS/CONSULTANTS**

1. Complete the following for all contractors, subcontractors, engineering firms or others who performed corrective actions at this release site. 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.

Name of individual/firm: **Rollies Sales & Service Inc**  
Mailing address: **Hwy 27 West**  
**Osakis MN 56360**  
Contact person: **Bruce Store**  
Phone: **(612) 859-4811**

Name of individual/firm: **GME Consultants, Inc.**  
Mailing address: **Lake Shore Drive**  
**Cosby, MN 56442**  
Contact person:  
Phone: **(218) 546-6371**

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

**PART VI CERTIFICATION**

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 Robert A. Dittmer  
Signature of Applicant

X ROBERT A. DITTMER  
Name (Please Print)

X 11/22/91  
Date

X Witnessed by:  
Name: Mary M. Dittmer  
Date: 11/22/91

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:

X Robert A. Dittmer  
Signature  
X [Signature]  
Title

X DITTMER OIL & GAS INC  
Name (Please Print)  
X 11/22/91  
Date

Please send this application and accompanying documents to:  
**Petroleum Tank Release Compensation Board**  
**Minnesota Department of Commerce**  
**133 East Seventh Street**  
**St. Paul MN 55101**  
**(612) 297-4017**

- \* 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.

A. SOIL BORINGS/MONITORING WELLS - ETC.

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

C. EXCAVATION

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

D. SOIL DISPOSAL

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEANUP

- \* 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.

E. WATER TREATMENT

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

F. TRUCKING

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

G. EMERGENCY AND TEMPORARY HAZARD CONTROL

Description	Firm Name	Inv # /Date	Sub- total
			TOTAL: \$0.00

H. SITE RESTORATION AND CLOSURE

Description	Firm Name	Inv # /Date	Sub- total
LABOR COSTS FOR MOVING & REINSTALLING TANK SYSTEM TO FACILITATE REMOVAL OF CONTAMINATED SOIL	Rollies Sales & Service, Inc.	1886	\$4,522.00
			TOTAL: \$4,522.00

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEANUP

- \* 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.

I. OTHER CLEANUP OR INVESTIGATION COSTS

Description	Firm Name	Inv # /Date	Sub- total
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TOTAL: \$0.00

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

Description	Firm Name	Inv # /Date	Sub- total
CONSULTING	GME CONSULTANTS, INC.	3-91-108	\$170.00

TOTAL: \$170.00

K. MARK-UP

Description	Firm Name	Inv # /Date	Sub- total
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TOTAL: \$0.00

L. OTHER CONSULTANT SERVICES (specify)

Description	Firm Name	Inv # /Date	Sub- total
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TOTAL: \$0.00



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PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEANUP  
 \*\*\*SUMMARY\*\*\*

A.	SOIL BORINGS/MONITORING WELLS - ETC.	\$0.00
B.	LABORATORY TESTS AND ANALYSIS	\$0.00
C.	EXCAVATION	\$0.00
D.	SOIL DISPOSAL	\$0.00
E.	WATER TREATMENT	\$0.00
F.	TRUCKING	\$0.00
G.	EMERGENCY AND TEMPORARY HAZARD CONTROL	\$0.00
H.	SITE RESTORATION AND CLOSURE	\$4,522.00
I.	OTHER CLEANUP OR INVESTIGATION COSTS	\$0.00
J.	REPORT PREPARATION; DATA COLLECTION; ETC.	\$170.00
K.	MARK-UP	\$0.00
L.	OTHER CONSULTANT SERVICES	\$0.00
		=====
		\$4,692.00

***Eligible Costs Grand Total***	=	\$4,692.00
x 90%	=	\$4,222.80
Insurance Reimbursement	-	\$0.00
Interest	+	\$272.54
Total Reimbursement Request	=	\$4,495.34