

M. Kopitzky - Due to Comm 2/14/92

COMPENSATION BOARD  
Application for Reimbursement

Leak # 1940

Supp.

**PART I APPLICATION PROCESS**

(Check One)

Check 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)

Ongoing Expenses  
Closure Letter from MPCA (Attach Copy)

Recent "news" Release

State of Michigan  
Dept. of Commerce  
JAN 7 1992

**PART II APPLICANT INFORMATION**

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

Name: ROBERT DITMEER

2. Mailing Address: Highway #4 & #9  
FAIR FAX Phone: (508) 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 1 156 to 1 1 present

6. Has applicant executed any Petrofund assignment agreements? yes  no

Name of assignee GME CONSULTANTS (attach copy of agreement)

9099

1. Name of "Tank Facility" (see application guide) 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: 10/26/89

What test was performed to initially establish that a release occurred? OBSERVATION  
of FREE PRODUCT IN UST #3 Monitoring Well

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

6. Please complete the following information on the tanks at this Tank Facility. (see application guide)

<u>Tank #</u>	<u>Capacity</u>	<u>Petroleum Product</u>	<u>"X" if tank removed</u>	<u>Date of Removal</u>
<u>001</u>	<u>4,000</u>	<u>UNLEADED</u>	<u>_____</u>	<u>1 1</u>
<u>2</u>	<u>8000</u>	<u>"</u>	<u>_____</u>	<u>1 1</u>
<u>3</u>	<u>12000</u>	<u>Reg Gas</u>	<u>_____</u>	<u>1 1</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>1 1</u>

7. a. Which tanks were the source of the release at this tank facility? (see application guide)

Joint in piping was leaking

b. What was the cause of the release?

Joint in piping was leaking; Surface

Spillage/overflow also were likely causes of old releases

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? 01/31/91

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? yes \_\_\_ no \_\_\_ If yes, list name and address if known:

N/A

**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 1/15/90 to 1/13/91
3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes \_\_\_ no ✓  
(see application guide)
4. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 300 cubic yards  
 b. What was the soil contamination concentration (total hydrocarbons) 80 ppm?
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? yes \_\_\_ no ✓

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

\$ 17,808.71  
X 90%

= \$ 16,027.84

Insurance Reimbursement (Subtract) - \$ ( )

Total Reimbursement Request = \$ 16,027.84

(See application guide)

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.

REMEDIAL INVESTIGATION IN PROGRESS ~ \$ 21,000

**PART V** **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

Mailing address: P.O. BOX 250 LAKESHORE DR, CROSBY MN

Contact person: JEFFREY G. OSBORN Phone: (218) 546 6371

Name of individual or firm: INTER POLL INC.

Mailing address: 4500 BALL ROAD NE, CIRCLE PINES, MN

Contact person: \_\_\_\_\_ Phone: (612) 786 6020

Name of individual or firm: FIRE & ENVIRONMENTAL CONSULTING

Mailing address: 1451 EAST CANSING DR, EAST CANSING MI

Contact person: Violetta Murshak Phone: (517) 332 0167

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

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

**PART VI 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."

Robert A. Dittmer  
Signature of Applicant

Witnessed by:  
Mary M. Dittmer  
Name

ROBERT A. DITTMER  
Name (Please Print)

1/3/92  
Date

1/3/92  
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."

Robert A. Dittmer  
Signature

ROBERT A. DITTMER  
Name (Please Print)

PRES.  
Title (See Application Guide, Part VI)

1/3/92  
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) 297-4017**

State of Minnesota

JAN 7 1992

Dept. of Commerce

- \* 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 RIG	GME CONSULTANTS	10-91-96	6.0	110.00	660.00
MOB/DEMOL. RIG	"	"	6.0	135.00	810.00
DRILLING/SAMPLING	"	"	14.0	145.00	2030.00
LABOR FOR GROUT PLACEMENT	"	"	5.0	110.00	550.00
GROUT MATERIALS	"	"	100.0	5.30	530.00
UTILITY CLEARANCE	"	"	2.0	55.00	110.00
STAINLESS STEEL WELL JOE	"	"	3.0	320.00	960.00
LG CARBON STEEL RISER	"	"	21.0	2.76	57.96
(See continued on next page) SUB-TOTAL					5707.96

**B. LABORATORY TESTS AND ANALYSIS (See next page)**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

- \* 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
Protective Casings	GME CONSULTANTS	10-91-46	3.0	68.00	204.00
MDH WELL PERMITS	"	"	3.0	50.00	150.00
Protective Posts	"	"	7.0	44.00	308.00
	(See previous page for add'l costs)				
				TOTAL	6369.96

**B. LABORATORY TESTS AND ANALYSIS**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
UST EXCAVATION SOIL ANALYSIS	FIRE & ENVIRONMENTAL CON	3415-89-EI-27	27.0	150.00	4050.00
BTEX & THC AS GAS	INTERPOL		11.0	118.00	1298.00
THC AS FUEL OIL	INTERPOL	"	11.0	70.00	770.00
LEAD	"	"	11.0	25.00	275.00
MTBE	"	"	11.0	6.00	66.00
				TOTAL	6459.00

- \* 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 worksheets are needed.

**C. EXCAVATION**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
<b>TOTAL</b>					

**D. SOIL DISPOSAL**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub- total
<b>TOTAL</b>					



- \* 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
<b>TOTAL</b>					

- \* 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
<b>TOTAL</b>					

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

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

- \* 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
<b>TOTAL</b>					

**I. OTHER CLEAN-UP or INVESTIGATION COSTS**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					

- \* 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
SRVS. of Monitoring Well Eng.	GME CONSULTANTS	10-91-46	1.0	110.00	110.00
" of SNE Hydrologist	"	"	15.0	85.00	1275.00
" OF ENVIR GEOLOGIST	"	"	45.0	55.00	2475.00
" OF SECRETARY	"	"	3.0	32.00	96.00
PERSONNEL TRANSPORTATION	"	"	375.0	0.87	328.75
PER DIEM GEOLOGIST	"	"	3.0	50.00	150.00
" " ZMAN (CON)	"	"	3.0	95.00	285.00
HAND METER	"	"	3.0	100.00	300.00
DISPOSABLE METERS	"	"	3.0	50.00	150.00
	"				
<b>TOTAL</b>					<b>4978.75</b>

- \* 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**

Description	Firm Name	General Contractor Invoice #	Sub-Contractor Invoice #	Mark Up %	Sub-Total
<b>TOTAL</b>					

**L. OTHER CONSULTANT SERVICES (specify)**

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
<b>TOTAL</b>					