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1940
2-21-95
JLB
MEK

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
Application for Reimbursement

PART I APPLICATION PROCESS

Due Back 3/7/95

(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 / / .

State of Minnesota
Dept. of Commerce

[] Phase 2. Submission of Documentation of Soil Treatment

Date Documentation was submitted to MPCA / / .

JAN 23 1995

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

2. Mailing Address: 600 East Lincoln Avenue, Fairfax, MN 55332
Phone: (507) - 426 - 7782

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 5/15/56 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)

PART III TANK FACILITY

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

Dittmer Oil Co.

2. Tank Facility address:

Highways 4+9, Fairfax 55332

3. Contact Person at Tank Facility:

Robert Dittmer

Phone: () 426-2296

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:

LEO CLODES - MANAGER

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 a monitor well in the tank area.

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 spills/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 JACKET	ZINC ANODES	YES	3M COATED SCHEDULE 80	RED JACKET	NO
2	RED JACKET	ZINC ANODES	YES	BENT WELDED	RED JACKET	NO
3	RED JACKET	ZINC ANODES	YES	3M COATED SCHEDULE	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: Please see earlier petrofund apps for contracts. This work was performed on a time and materials basis as requested by Bob Dittman in accordance with earlier fee schedules for work requested by the APCA.

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 8/21/93 to 1/19/94
3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes ___ no ___
(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 hooking up neighboring property to municipal water. Approx. 15K to 20K.

5. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 300 cys
- 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: \$ 16114.70
X 90%
= \$ 14503.23

Insurance Reimbursement (Subtract) - \$ ()
Total Reimbursement Request = \$ 14503.23
(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 Bretke Phone: (218) 854-6371

Name of individual or firm: Midwest Analytical

Mailing address: P.O. Box 349, Cambridge, MN 55008

Contact person: Matt Stokes Phone: (612) 689-2775

Name of individual or firm: Interspoll Laboratories

Mailing address: 4500 Ball Rd. N.E., Circle Pines, MN

Contact person: Greg Holman Phone: (612) 786-6020

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."

Robert A. Dittmer
Signature of Applicant

ROBERT A. DITTMER
Name (Please Print)

1/20/95
Date

Witnessed by:
Mary M. Dittmer
Name

1/20/95
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

X PRES.
Title (See Application Guide, Part VI)

ROBERT DITTMER
Name (Please Print)

1/20/95
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
TOTAL					

B. LABORATORY TESTS AND ANALYSIS

pg 2 of 2

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Lead + DRO	GME	6-94-214	2	96.30	192.60
GRO + BTEX	↓	↓	3	63.00	189.00
GRO + Lead	↓	↓	8	70.00	560.00
VOCs	↓	↓	1	135.00	135.00
DRO	↓	↓	6	75.00	450.00
GRO (Field Blank)	↓	↓	1	10.00	10.00
DRO + Lead	↓	↓	5	85.00	425.00
6					
<i>See Next Page</i> Sub-TOTAL					1966.60

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

B. LABORATORY TESTS AND ANALYSIS

pg. 2 of 2

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
GRO (water)	GME	6-94-214	7	60	420.00
GRO (GR Field Blank)	↓	↓	1	10	10.00
GRO, DRO + Lead	↓	↓	1	144	144.00
DRO + Lead	↓	↓	1	84.00	84.00
GRO	GME	10-94-127	5	60.00	300.00
Field Blank	↓	↓	1	10.00	10.00
<i>Sub-total</i>					968.00
TOTAL					2929.60

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

pg. 1 of 2

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Sr. Hydro.	GME	5-94-15	10.5	85	892.50
Sr. Geol. Engrs.			4.0	55	220.00
Geol. Engrs.			26.0	55	1430.00
Geol. Engrs.			35.5	55	1952.50
Env. Spec.			33	45	1485.00
Per Diem (2 man crew)			2.5	100	250.00
Transportation			720	.37	266.40
Well Installation			12'	26/ft	312.00
Steam Clean Rig			1 hr	100/hr	100.00
MDH Well Permit			1 permit	100	100.00
Drill Rig Mob./Demol			3 hrs	135	405.00
Bring Layout/elevs.			1 hr	45	45.00
H/NK Meters, these			.5 day	75	37.50
Bailer Use			13 bails	10	130.00
Disp. Mats. Charge			2.5 days	25	62.50
Drill Crew Per Diem			.5 day	95	47.50
Sr. Hydro.	GME	6-94-214	1	85	85.00
Geol. Engrs.			4	55	220.00
Geol. Engrs.			10	55	550.00
Geol Engrs.			13	55	715.00
Sub-TOTAL					9305.90

cont. next pg.

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
Pers. Per Diem	GME	6-94-214	1 day	50	50.00
Pers. Transportation	↓	↓	360	.37	133.20
Bailer Use			3	10	30.00
Disp. Mats. Charge			.5	25	12.50
Sample Shipping + Handling			19	2.00	38.00
Sr. Hydro.	GME	10-94-127	13	85	1105.00
Geol. Engr.			37.5	55	2062.50
Secretary/Draft			14	32	448.00
			Sub-total		3879.20
TOTAL					13185.10

PART V ELIGIBLE CO. 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

Description	Firm Name	General Contractor Invoice #	Sub-Contractor Invoice #	Mark Up %	Sub-Total
TOTAL					

L. OTHER CONSULTANT SERVICES (specify)

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