

Sup

Due 10/27

Application for Reimbursement

MEK

#1940

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). State of Minnesota
a) Date of SCAP approval / / . (Attach copy)
b) Date SCAP was submitted to MPCA / / . **MAY 05 1993**

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

[] 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)

on 9/16/93
Phase 5
CS

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 for Dittmer Oil Co., Inc.

2. Mailing Address: Dittmer Oil Co., Inc.
Highways 4 + 9 Phone: (507) 426-7796
Fairfax, MN 55332

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 present

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)

This form is effective through August 1, 1993

APP RCVO CARD
SENT 5-5-93 BSO

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:

LEO CLOBES - MANAGER

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

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

free product in a monitoring well in the tank basin

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 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 | 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 TACH | ZINC ANODES | YES | 3M COATED SCHEDULE 80 | RED TACH | NO |
| 2 | RED TACH | ZINC ANODES | YES | BUTT WELDED | RED TACH | NO |
| 3 | RED TACH | ZINC ANODES | YES | 3M COATED SCHEDULE 80 | RED TACH | 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 REG - UNTIL 1994 | MAY 1993 |
| 4 | | |
| 5 | | |

* Was 10-day prior tank removal notice given to MPCA? (YES/NO/UNK) NA

* Which MPCA office was notified:

- St. Paul _____
- Duluth _____ NA
- Brainerd _____
- Detroit Lakes _____
- Marshall _____
- Rochester _____

* If the tank(s) involved in the release was removed after July 9, 1990, complete the following:

Removal Contractor: NA

MPCA Contractor (NOT Supervisor) Certification Number: _____

* If the tank(s) involved in the release was installed after July 9, 1990, complete the following:

Installation Contractor: NA

MPCA Contractor (NOT Supervisor) Certification Number: _____

B. Aboveground Storage Tanks. Complete the following information to reflect the status of the aboveground tanks involved in the release at the time the release was discovered.

In describing your secondary containment, specify:

- * materials used to construct both the base and the walls, including type and thickness of materials (e.g., 6" compacted clay, 30 mil HDPE, reinforced concrete slab floor/concrete block walls, none)
- * how material specifications are known (e.g., permeability tests/dates, installation specifications)
- * is the volume of the secondary containment area adequate for the contents of the largest tank (Y/N)

There were no ASTs involved in release

| Tank | Contents | Capacity | Date Installed | Registered Yes/No/Unk | Description of Secondary Containment | | | Vol. |
|--------|-----------|----------|----------------|-----------------------|--------------------------------------|--------------------------------|---------------------|------|
| | | | | | Walls | Base | Verification | |
| Sample | unleaded | 15,000 | 1/1/47 | Y | Concrete Block | 6" compact clay/6" gravel fill | Perm test on (date) | N |
| 1 | <u>NA</u> | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

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

All of this work was approved prior to bidding requirements (See attached 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 ^{services for 10/28/91} ~~2/10/92~~ to 2/26/93
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.

More monitoring at the least; at least
\$15,000 more

5. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 300 cubic yds
- 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> |
|--------------------------|-----------------|----------------------|-------------------|-----------------------|
| | | | | <u>1 1</u> |
| | | | | <u>1 1</u> |

7. Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ 11,548⁰⁰
X 90%
= \$ 10,393.20

Insurance Reimbursement (Subtract) - \$ (0)

Total Reimbursement Request = \$ 10,393.20
(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: Mark Millsap Phone: (218) 546-6371 ^B

Name of individual or firm: AW Research Laboratories
^{218-546-8153 Home}

Mailing address: 711 Laurel St. Brainerd, MN 56401

Contact person: Al Cibuzar Phone: (218) 829-7974

Name of individual or firm: Interpoll Laboratories

Mailing address: 4500 Ball Rd NE Circle Pines, MN

Contact person: Greg Holman Phone: (612) 786-6020 ⁵⁵⁰¹⁴

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

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 Robert A. Dittmer
Signature of Applicant
Robert A. Dittmer
Name (Please Print)
4/26/93
Date

Witnessed by:
Ma L. D. Muller
Name
4/26/93
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."

X Robert A. Dittmer
Signature
X PRES.
Title (See Application Guide, Part VI)

Robert Dittmer
Name (Please Print)
4/26/93
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**

* Bob,
Mail
your
AP
here

PART V ELIGIBLE COST WORKSHEET - INVESTIGATION D 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 |
|--------------|-----------|----------------------|----------------|---------------|---------------|
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| TOTAL | | | | | |

B. LABORATORY TESTS AND ANALYSIS

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|--------------|-----------|----------------------|----------------|-------------------|---------------------|
| Lead | Interpoll | 12/31/91 | 3 | 16 ⁰⁰ | 48 ⁰⁰ |
| Gas | ↓ | ↓ | ↓ | 52 ⁰⁰ | 156 ⁰⁰ |
| Fuel Oil | ↓ | ↓ | ↓ | 58 ⁰⁰ | 174 ⁰⁰ |
| MTRB + VOCs | ↓ | ↓ | ↓ | 106 ⁰⁰ | 318 ⁰⁰ |
| VOCs | ↓ | ↓ | 1 | 101 ⁰⁰ | 101 ⁰⁰ |
| Late Discant | ↓ | ↓ | 1 | | (80 ⁰⁰) |
| Lead | ↓ | 2/24/92 | 3 | 18 ⁰⁰ | 54 ⁰⁰ |
| Gas | ↓ | " | 3 | 55 ⁰⁰ | 165 ⁰⁰ |
| TOTAL | | | | | ↓ |

See next
Page

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 |
|--------------|-----------|-------------------|-------------|------------|-----------|
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| TOTAL | | | | | |

B. LABORATORY TESTS AND ANALYSIS (Cont.)

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|----------------|-------------|-------------------|-------------|-------------------|--------------------|
| Fuel Oil | Interpoll | 2/24/92 | 3 | 68 ⁰⁰ | 204 ⁰⁰ |
| M/T/B/E + VOCs | ↓ | ↓ | 3 | 120 ⁰⁰ | 360 ⁰⁰ |
| VOCs | ↓ | ↓ | 1 | 115 ⁰⁰ | 115 ⁰⁰ |
| BTEX + THC | AW Research | 7/17/92 | 3 | 90 ⁰⁰ | 270 ⁰⁰ |
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| TOTAL | | | | | 1805 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 |
|--------------|-----------|----------------------|----------------|---------------|---------------|
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D. SOIL DISPOSAL

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
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PART V ELIGIBLE IT 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 |
|--------------|-----------|----------------------|----------------|---------------|---------------|
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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 |
|--------------|-----------|----------------------|----------------|---------------|---------------|
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**G. EMERGENCY and TEMPORARY HAZARD CONTROL
(see application guide)**

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

I. OTHER CLEAN-UP or INVESTIGATION COSTS

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|--------------|-----------|----------------------|----------------|---------------|---------------|
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| 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 | 12-91-130 | 2.5 | 85 ⁰⁰ | 212 ⁵⁰ |
| Fwr Geol | | ↓ | 23 | 55 ⁰⁰ | 1265 ⁰⁰ |
| Sec'y | | ↓ | 3 | 32 ⁰⁰ | 96 ⁰⁰ |
| Mileage | | ↓ | 375 | 0.37 | 138 ⁷⁵ |
| Sr Hydro | | 3-92-128 | 3.5 | 85 ⁰⁰ | 297 ⁵⁰ |
| Fwr Geol | | ↓ | 14 | 55 ⁰⁰ | 770 ⁰⁰ |
| Sec'y | | ↓ | 2 | 32 ⁰⁰ | 64 ⁰⁰ |
| Sr Hydro | | 2-92-66 | 3 | 85 ⁰⁰ | 255 ⁰⁰ |
| Fwr Geol | | ↓ | 54 | 55 ⁰⁰ | 2970 ⁰⁰ |
| Sec'y | | ↓ | 5 | 32 ⁰⁰ | 160 ⁰⁰ |
| Mileage | | ↓ | 375 | 0.37 | 138.75 |
| Data Logger | | ↓ | 1 | 400 ⁰⁰ | 400 ⁰⁰ |
| Bailers | | ↓ | 6 | 17 ⁰⁰ | 102 ⁰⁰ |
| Sr Hydro | | 7-92-66 | 1 | 85 ⁰⁰ | 85 ⁰⁰ |
| Fwr Spec. | | ↓ | 9 | 55 ⁰⁰ | 495 ⁰⁰ |
| Sec'y | | ↓ | 0.5 | 32 ⁰⁰ | 16 ⁰⁰ |
| Mileage | | ↓ | 375 | 0.37 | 138.75 |
| Per Diem | | ↓ | 1 | 50 ⁰⁰ | 50 ⁰⁰ |
| Sr Hydro | | 2-93-46 | 6 | 85 ⁰⁰ | 510 ⁰⁰ |
| Fwr Geol | | ↓ | 23 | 50 ⁰⁰ | 1150 ⁰⁰ |
| Sec'y | | ↓ | 7 | 32 ⁰⁰ | 224 ⁰⁰ |
| TOTAL | | | | | 9368.25 |

9368.25

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

| Description | Firm Name | <i>GME Lab</i> | | Mark Up % | Sub-Total |
|------------------|-----------|------------------------------|-----------------------------|-----------|---------------|
| | | General Contractor Invoice # | Sub-Contractor Invoice Date | | |
| All lab analyses | GME | 3/92/128 | Interpoll 12/31/91 | 15% | 119.55 |
| " | " | " | Interpoll 2/24/92 | 15% | 134.70 |
| " | " | 7/92/66 | AW Respack 7/17/92 | 15% | 40.50 |
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| TOTAL | | | | | 294.75 |

L. OTHER CONSULTANT SERVICES (specify)

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