

State of Minnesota

JUL 23 1998

Dept. of Commerce

OFFICE USE ONLY:	
LEAK # <u>1940</u>	PHASE <u>D</u>
Entered <u>7/27/98</u>	<u>JE</u>

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD APPLICATION FOR REIMBURSEMENT

I. APPLICANT INFORMATION

Name Weis Oil Company

Mailing Address 600 East Lincoln

City Fairfax State MN Zip 55332

Contact Person (if different from above "Name") Jeff Weis

Day Phone 507-426-7218 Ext.: _____ Fax: 507-426-7587

Check One:	Check One:
<input checked="" type="checkbox"/> Responsible Person	<input type="checkbox"/> Corporation
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Partnership
<input type="checkbox"/> Non-Responsible Person	<input checked="" type="checkbox"/> Individual
(See Application Guide)	<input type="checkbox"/> Municipality
	<input type="checkbox"/> State, federal, or other public agency

9/15/93 - 4/98 Dates applicant owned or operated tank(s). (Complete if "Responsible Person" box is checked.)

NA Dates applicant owned property. (Complete if "Volunteer" box is checked.)

II. LEAK SITE INFORMATION

1940 Petrofund Leak Number Mark Koplitz MPCA Project Manager

Tank Facility Name Weis Oil Company

Address 600 East Lincoln

City Fairfax MN Zip 55332

Day Phone 507-426-7218 County of Leak Site Renville

03/26/98 Date petroleum leak detected.

03/26/98 Date petroleum leak reported to MPCA.

Yes No Is tank leak on personal residential property?

160 to 180(approximate) Cubic Yards. Total amount of contaminated soil excavated at this site.

286 - 3970 ppm Range of soil contamination concentration (total hydrocarbons)

NA ppb Range of groundwater contamination concentration (total hydrocarbons)

III. ASSIGNMENT CERTIFICATION / TERMINATION

CHECK ALL THAT APPLY:

Petrofund Assignment Agreement for this application has been executed (attach original of new Assignment form.)

Assignment form is already on file with the Department of Commerce.

List Assignees: _____

Not applicable.

THIS APPLICATION IS EFFECTIVE JULY 1, 1997 - JUNE 30, 1998

IV. APPLICATION PHASE

Check appropriate box and complete the information requested for the box checked (See Application Guide for further information).

Preremoval site assessment
04/23/98 Date of assessment report
 _____ Date of property sale, if applicable.

Phase 1 **Soil Corrective Action Costs or Remedial Investigation Costs**
 _____ Date of MPCA soil treatment letter (Attach copy)

Phase 2 **Installation Costs of MPCA-approved Soil or Groundwater Comprehensive Corrective Action Design System (CCAP/CAD) or Groundwater Monitoring and System Maintenance Costs.**
 _____ Date of CCAP/CAD approval letter (attach copy)
 _____ Date of MPCA site closure letter (attach copy)

V. SOURCE AND CAUSE

What was the source of the petroleum release at this site? (See Application Guide.)

It is suspected that the piping is the source of the release.

How was the release discovered? During a PRSA (soil borings, PID).

If the release was not reported to the MPCA within 24 hours of discovery, state the reason why:

NA

To the best of your knowledge, list all persons other than the applicant who were owners or operators of the tank during or after the petroleum release: Dittmer Oil Company

Yes No Did any of the persons listed above incur corrective action costs related to this petroleum release?

If yes, list name(s) and address(es) if known NA

VI. TYPE OF REMEDIATION SYSTEM

Please check the type of soil or groundwater remediation system used at this site or projected for it.

Soil Remediation Technologies

- Biopiles Bioventing Incineration
 Landfarming Soil vapor extraction
 Low-temperature thermal desorption
 Soil washing Natural attenuation

Groundwater Remediation Technologies

- Air sparging Biosparging Dual phase extraction
 In-situ groundwater bioremediation Natural attenuation
 None

VII. COMPETITIVE BIDDING

List all written bids/proposals obtained to perform corrective action at this site. (ATTACH ADDITIONAL SHEETS IF NECESSARY). Attach copies of all signed and dated bids/proposals.

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	X	WCEC	\$2,417.50	02/13/98	PRSA
	X	WCEC	\$1,833.95	03/30/98	USTRA
		Bay West	\$3,524.00	03/03/98	PRSA
		BA Liesch	\$3,688.00	02/25/98	PRSA
		Pinnacle	\$4,805.00	02/20/98	PRSA
		DPRA	\$2,497.00	03/03/98	PRSA
		Nova	\$2,556.12	02/25/98	PRSA
Contractors					

* If lowest bid/proposal was not selected, explain that decision on a separate sheet.

VIII. MPCA TANK INFORMATION AND COMPLIANCE

Yes No Have you submitted an underground storage tank audit?

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 documents "Do Underground Storage Tank 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/overfill protection requirements.

If you are unsure how tank rules apply to your tanks, please call the UST Compliance and Assistance Unit at (612) 297-8679. Please tell the receptionist you have questions about this form.

(List all tanks at the site. Please attach additional sheets if necessary.)

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Registered	Date Removed (If applicable)
1	Diesel	11000	Steel	Unknown	01/31/86	4/98
2	Diesel	1000	Steel	Unknown	01/31/86	4/98
3	Gasoline	12000	Steel	06/15/85	01/31/86	NA
4	Gasoline	8000	Steel	11/20/89	Unknown	NA
5	Gasoline	4000	Steel	10/10/89	Unknown	NA

TANKS

Tank #	Leak Detection (select method below)	Corrosion Protection (select method below)	Spill Bucket (Yes/No)	Overfill Protection (select method below)
1	2, 5	1	Yes	None
2	2, 5	3	Yes	None
3	2, 5	3	Yes	None
4	2, 5	3	Yes	None
5	2, 5	3	Yes	None

<p>Leak detection method (select all that apply):</p> <ol style="list-style-type: none"> None Inventory control plus annual tightness testing Inventory control plus tightness testing every 5 years. Manual tank gauging Manual tank gauging plus annual tightness testing Manual tank gauging plus tightness testing every 5 years Statistical inventory reconciliation (SIR) Automatic tank gauging Interstitial monitoring Vapor monitoring Ground water monitoring Other (specify): _____ 	<p>Corrosion protection method:</p> <ol style="list-style-type: none"> None Fiberglass, jacketed steel or composite tank STI-P 3 tank Anodes installed Impressed current system Lined tank Other (specify): _____ 	<p>Overfill protection method:</p> <ol style="list-style-type: none"> None Ball float valve Automatic shutoff Audible alarm Other (specify): _____
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If tank tightness tests were performed, indicate dates of all tests: 03/02/95 03/06/96

PIPING

Tank #	Pressurized Piping Leak Detection		Suction Piping Leak Detection	Corrosion Protection (select method below)
	Continuous Leak Detection (select method below)	Periodic Leak Detection (select method below)	Check valve located at: <input type="checkbox"/> Tank <input type="checkbox"/> Pump (select method below)	
1	3	2		
2	3	2		
3	3	2		
4	3	2		
5	3	2		
Continuous method: 1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm		Periodic method: 1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	Suction leak detection method: 1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	Corrosion protection method: 1. None 2. Steel with anodes 3. Coated steel with anodes 4. Impressed current 5. Fiberglass or flexible piping

If piping tightness tests were performed, indicate dates of all test 03/02/95 03/06/96

Kleespie Tank

Identify MPCA-certified tank removal contractor who performed tank excavation

53

Tank removal contractor's MPCA certification number.

B. Aboveground Storage Tanks. Complete the following information to reflect the status of all aboveground tanks at this site 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)**
- _ whether the volume of the secondary containment area is adequate for the contents of the largest tank (Yes/No)**

Tank #	Contents	Capacity	Date Installed	Registered Yes/No/Unk	Description of Secondary Containment			Volume Yes/No
					Walls	Base	Verification	
1	Kerosene	1000	1/1/70	Yes	None	None	Unknown	Yes
2	Diesel	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes
3	Diesel	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes
4	Diesel	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes
5	Fuel Oil	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes
6	Diesel	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes
7	Diesel	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes
8	Gasoline	15000	1/1/75	Yes	Clay	Clay	Unknown	Yes
9	Diesel	12000	1/1/75	Yes	Clay	Clay	Unknown	Yes

IX. ELIGIBLE COSTS

03/26/98 to 05/31/98 Dates of work covered by invoices submitted with this application.

Yes No Does this application contain costs listed as ineligible under Minn. Rule 2890.0071 (see Application Guide)

Yes No Are any of the costs listed in the Eligible Cost Worksheets in dispute? If so, describe the disputed issue(s) on a separate sheet.

Yes No Are ongoing corrective action costs expected at this leak site? If so, explain briefly below.

Type of Work	Approximate Cost
Complete excavation report	\$1,000.00
Thinspread contaminated soil	Unknown at this time

Please provide a brief chronological description (including dates) of the clean-up activities covered on this application including any special circumstances PRSA from 3/26/98 to 4/30/98, USTRA from 4/98 to 5/31/98

Yes No Has the applicant made a claim against any third party for costs for which the applicant is seeking reimbursement or for any costs associated with this release? If so, attach a separate sheet identifying all third parties and provide a copy of all correspondence between the applicant and third parties.

Yes No Is applicant aware of any action the applicant committed or of any action by a consultant or contractor which may have caused or aggravated the contamination at this site? If so, please explain:

X. INSURANCE

A. Yes No Did the applicant have in effect one or more insurance policies at the time of the release? If "No," skip to question D. If "Yes," proceed to the next question.

B. Yes No Was a claim filed for coverage of any of the costs for which the applicant is seeking reimbursement in this application? If "Yes," skip to question C.

If "No," please explain why no claim was filed: _____

(Skip to question D.)

C. Yes No Did the insurer agree to cover your claim?

If "Yes,":
State the amount of benefits received (or to be received) _____
Provide a copy of the insurance policy and the insurer's explanation of benefits.

If "No,":
Provide a copy of the insurance policy and the insurer's letter explaining the reasons for denying your claim.

D. Yes No Is applicant aware of any other insurance policy, whether the policy is held by the applicant or another person, that could cover any of the eligible costs in this application? If so, please explain:

XI. CONSULTANTS/CONTRACTORS _____

Complete the following for ALL contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this site and whose work is covered by invoices included in this application. (see Application Guide).

Describe any relationship, financial or otherwise, between the applicant and anyone who performed work at this site:
None

Land Farmer/Compost Site or Thermal Treatment Facility

_____ **Petrofund Registration Number** County _____
Name of individual or firm: _____
Mailing Address: _____

(City) (State) (Zip)
Contact Person: _____ **Day phone#:** _____

Consultants/Contractors (Attach additional pages if necessary.)

1004 **Petrofund Registration Number**
Name of individual or firm: West Central Environmental Consultants
Mailing Address: P.O. Box 594 Morris MN 56267

(City) (State) (Zip)
Contact Person: Matt Johnson **Day phone#:** 320-589-2039

1408 **Petrofund Registration Number**
Name of individual or firm: Midwest Analytical Services
Mailing Address: P.O. Box 349 Cambridge MN 55008

(City) (State) (Zip)
Contact Person: _____ **Day phone#:** 612-689-2175

_____ **Petrofund Registration Number**
Name of individual or firm: _____
Mailing Address: _____

(City) (State) (Zip)
Contact Person: _____ **Day phone#:** _____

_____ **Petrofund Registration Number**
Name of individual or firm: _____
Mailing Address: _____

(City) (State) (Zip)
Contact Person: _____ **Day phone#:** _____

APPLICANT SIGNATURE AND NOTARIZATION (SIGNATURE AND NOTARIZATION REQUIRED)

If information contained in this application changes in any material way after this application is submitted to the Petrofund, I will immediately notify the Petrofund in writing of those changes.

I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

"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 gathered and evaluated 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 of 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, then 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."

I further certify that I am authorized to sign and submit this application on behalf of

Weis Oil Co

Corporation/Partnership/Municipality/Public Agency

NOTARIZATION

Signature Jeff M Weis

Subscribed and sworn to before me this 8th day of

Name (print/type) JEFF M Weis

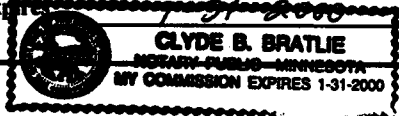
July, 1998

Title President

Notary Public Clyde B Brath

Date Signed 7-8-98

My commission expires 1-31-2000



CONSULTANT SIGNATURE (SIGNATURE REQUIRED)*

I, Janell Kolden, confirm that all costs claimed by WCEC as a part of this application are a true and accurate account of services performed. I further confirm that no costs submitted for inclusion on this application by my consulting company are ineligible as listed in Minn. Rule 2890.0071

(Individual name) (Consultant company)

Consultant Signature Janell Kolden Title Reimbursement Coordinator

Date 7-1-98

*Duplicate this section if more than one consultant signature is required.

APPLICATION PREPARER'S SIGNATURE (SIGNATURE REQUIRED)

Janell Kolden

(Preparer's name)

Preparer's Signature Janell Kolden Title Reimbursement Coordinator

Date 7-1-98

NOTE: Submit Certification Page Containing ORIGINAL Signatures.

Please send this application and accompanying documents to:
MINNESOTA DEPARTMENT OF COMMERCE - PETROFUND
133 EAST SEVENTH STREET
ST. PAUL, MN 55101-2333
(612) 297-1119, (612) 297-4203

THIS APPLICATION IS EFFECTIVE JULY 1, 1997 - JUNE 30, 1998

ATTACHMENT A STANDARDIZED INVOICE SUMMARY

Please use this form if the costs you are submitting for reimbursement have been invoiced to you on the standardized invoice forms prescribed by the Petrofund Board. This attachment must accompany your application if you entered into a contract on or after October 6, 1995.

For each standardized invoice form you are submitting with this application, enter the Grand Total from the Actual Invoice Amount column on the corresponding line in the box below. Add these numbers together, subtract the amount of insurance reimbursement you have received, and multiply the resulting total by the appropriate reimbursement rate.

STANDARDIZED INVOICE SUMMARY

Preremoval Site Assessment.	\$	\$2,275.30
Underground Storage Tank Removal Assessment.	\$	\$2,196.75
Initial Site Assessment.	\$	
Additional Site Assessment.	\$	
Remedial Investigation / Corrective Action Design Report.	\$	
Remedial Design / Maintenance.	\$	
Contractor Services.	\$	
Interest.	\$	
TOTAL.	\$	\$4,472.05
Insurance Reimbursement (subtract)	- \$	\$0.00
	= \$	\$4,472.05
		x90%*
Total Reimbursement Request	= \$	\$4,024.85

*If a different reimbursement rate applies, calculate at that rate. See Application Guide.

Please attach a copy of a site map that shows the former tank basin, the excavation area, and any on-site structures. If new tanks were installed, the map also should show their sizes and location(s).