

MINNESOTA PETROLEUM TANK RELEASE
COMPENSATION BOARD

Application for Reimbursement

6378

Initial

PART I APPLICATION PROCESS

Due Date 9/12/94

PAEK

(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

[X] Phase 2. Submission of Soil Treatment Letter to MPCA

Date of Soil Treatment Letter 4/6/94 (Attach copy)

1111 0 R 1004

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)

[] Ongoing Expenses

Closure Letter from MPCA (Attach Copy)

PART II APPLICANT INFORMATION

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

Name: Wells CONCRETE PRODUCTS

2. Mailing Address: Hwy 109 E

Wells MN

Phone: (507) 553-3138

3. Site ID: Leak # 6378

4. The applicant is a: [X] Corporation [] Partnership [] Individual [] Other _____

5. Applicant was the owner or operator of the tank from 1/179 to 6/14/93

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

Name of assignee _____ (attach copy of agreement)

PART III

TANK FACILITY

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

Wells Concrete Products

2. Tank Facility address:

Hwy 159 E
Wells 421 56-E 97

3. Contact Person at Tank Facility:

Phone: (527) 543-3138

4. Date when petroleum release was detected: 6-14-93

What test was performed to initially establish that a release occurred?

PEO FUEL TESTING

5. Date when petroleum release was reported to the MPCA: 6-14-93

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>CC1</u> | <u>1,000</u> | <u>#1 Diesel</u> | <u>X</u> | <u>6-14-93</u> |
| <u>CC2</u> | <u>6,000</u> | <u>#2 Diesel</u> | <u>X</u> | <u>6-14-93</u> |
| <u>CC3</u> | <u>6,000</u> | <u>ULC</u> | <u>X</u> | <u>6-14-93</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

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

DIESEL SUCTION LINE LEAKING AT TANK

b. What was the cause of the release?

DIESEL SUCTION LINE LEAKING AT TANK

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? 2/25/86

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? yes ___ no X 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 7/19/93 to 1/1

3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes ___ no X
(see application guide)

4. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 80 Cubic Yds

b. What was the soil contamination concentration (total hydrocarbons) ___ 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 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>N/A</u> | | | | |
| | | | | <u>1/1</u> |
| | | | | <u>1/1</u> |

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

\$ 4786.50
X 90%

= \$ 4307.85

Insurance Reimbursement (Subtract) - \$ (0)

Total Reimbursement Request = \$ 4307.85

(See application guide)

7. At this time, do you anticipate incurring any Ongoing corrective action costs relative to the petroleum release at this Tank Facility? yes no

If yes, explain briefly what work will be done and an approximate cost of that work.

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: R+H Petroleum Equip Co.
Mailing address: 218 S. Victory Dr Mankato Mn. 56001
Contact person: GARY ECKERT Phone: (507) 387-6629

Name of individual or firm: MUTH TESTING LABS
Mailing address: _____
Contact person: TERRY BAUMGART Phone: ()

Name of individual or firm: VERN FRANK
Mailing address: RT 3 BOX 113 MAPLETON MN. 56065
Contact person: VERN Phone: (507) 524-3941

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

N/A

PART IV 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

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|--------------|-----------|----------------------|----------------|---------------|-------------------|
| LAB ANALYSIS | MUTL | 7/14/93 | 6 | | 548 ⁰⁰ |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| TOTAL | | | | | 548 ⁰⁰ |

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."

Signature of Applicant

Name (Please Print)

Date

Witnessed by:

Name

Date

Every applicant must sign Part A. above. If applicant is a corporation or partnership, the following certification must also be made:

July 23, 1951

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

Wells Concrete Products Co.

Larry Bielke P.H.
Signature

Purchasing Agent
Title (See Application Guide, Part VI)

LARRY BIELKE
Name (Please Print)

1-11-54
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**

PART IV 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 |
|-------------------|---------------|-------------------|-------------|------------------|-------------------------|
| Fill SAND | B+H Petroleum | 13423 | 80 | 7.76 | 621 ⁰⁰ |
| SKID Loader | B+H Petroleum | 13423 | 2 | 30 ⁰⁰ | 60 ⁰⁰ |
| CONCRETE Disposal | B+H Petroleum | 13423 | 3 | 58.33 | 175 ⁰⁰ |
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| TOTAL | | | | | 856⁰⁰ |

I. OTHER CLEAN-UP or INVESTIGATION COSTS

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|---------------|-----------|-------------------|-------------|------------|------------------------|
| FIELD TESTING | B+H | 13423 | 2 | 36.50 | 73 ⁰⁰ |
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| TOTAL | | | | | 73⁰⁰ |

PART IV 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 |
|---------------------------------------|---------------|-------------------|-------------|------------|-------------------|
| TANDEM Dump (stockpile) B+H Petroleum | B+H Petroleum | 13423 | 3 | 45 | 135 ⁰⁰ |
| Hauling soil to | | | | | |
| SPREAD site | B+H | 14061 | 80 | 4.00 | 320 ⁰⁰ |
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| TOTAL | | | | | 455 ⁰⁰ |

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 IV 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 | General Contractor Invoice # | Sub-Contractor Invoice # | Mark Up % | Sub-Total |
|--------------|-----------|------------------------------|--------------------------|-----------|-----------|
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| TOTAL | | | | | |

L. OTHER CONSULTANT SERVICES (specify)

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

PART IV 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 |
|--------------|---------------|-------------------|-------------|-------------------|-------------------|
| TRUCK HOE | B+H PETROLEUM | 13423 | 3 | 100 ⁰⁰ | 300 ⁰⁰ |
| LABOR | B+H PETROLEUM | 13423 | 13 | 36.50 | 474.50 |
| | | | | | |
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| TOTAL | | | | | 774.50 |

D. SOIL DISPOSAL

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|--------------|---------------|-------------------|-------------|-------------------|-------------|
| LAND FARMING | VERN L. FRANK | 5/18/94 | 80 | 26. ⁰⁰ | 2080 |
| | | | | | |
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| TOTAL | | | | | 2080 |

**MINNESOTA POLLUTION CONTROL AGENCY
TANKS AND SPILLS SECTION
PETROLEUM TANK RELEASE REPORT**

Report Taken By: MDN Date/Time Occurred:

Date/Time Reported: 6/04/93 Date/Time Discovered: 6/04/93

LEAK# 6378 PROJECT MANAGER: MEK USTIS # 6684

CALLER
Name: GARY ECKERT
Phone: (507) 387-6629
Relationship to site:
B & H PETROLEUM

SITE
Name: Wells Concrete
Street: Hwy 109E
City: WELLS Zip: 56097
County: FARIBAUT Region: 5

TANK OPERATOR
Name:
Street:
City: Zip:
Contact Person:
Phone:

TANK OWNER
Name: Wells Concrete
Street: Hwy 109E
City: WELLS St.: MN Zip: 56097
Contact Person: GARY BIELKE
Phone: (507)-553-3138

Own tanks/product/property?
Share in profits?
Control over inventory, maintenance and tank decisions?

| | | |
|---|---------------------------|-------------------------------|
| SITUATION Material Released/Amount: GAS / DIESEL | Source of Release: UST | Release Discovery: REMOVAL |
|---|---------------------------|-------------------------------|

| TANK INFORMATION | | | | | |
|-------------------------|-------|-----|---------|-----------|------------|
| Contents | Size | Age | Removed | Condition | Registered |
| | 6,000 | | | | |
| | 6,000 | | | | |
| | 1,000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

State or Federal Excavation Contractor: _____ Notification prior to removal: _____
Consultant: _____

SOIL
Contaminated soil excavated: 80 cu yds³
Was it a total excavation: Y
Vapor readings: 80 ppm
Soil samples:
Borings:
Native soil type: CLAY
Stockpiled properly/disposal arranged:

WATER

Groundwater in excavation: 110

Free product present: -

Depth to groundwater: -

City water/wells private/municipal: unknown.

Surface water:

VAPORS

Sewers/buildings:

SITE INFORMATION

Description of area:

Previous release(s):

INSTRUCTION GIVENHire consultant
Submit report
Staff will call
Contact staff**CONTACTS**Local Fire/Police
Local Officials
Regional Staff
Other**CONCLUSIONS AND OTHER RELATED INFORMATION**