



Minnesota Pollution Control Agency
Solid and Hazardous Waste Division
1935 West County Road B2
Roseville, Minnesota 55113

RECEIVED

MAY 09 1986

**UNDERGROUND STORAGE TANK
NOTIFICATION FORM**

**MPCA, SOLID & HAZ.
WASTE DIVISION**

(Read instructions on reverse side)

EPA Use

MPCA Use

6581

Transaction Type(s)

- A.**
- Notification
 - Change in Status
 - Data Correction

Type of Installation, if federal facility, give GSA#, if industry, give SIC code

- B.**
- Bulk Storage
 - Service Station
 - Utility
 - Industry
 - Agricultural
 - Residential
 - Government
 - Other (Specify) _____
- GSA/SIC _____

C Name of Installation

Street Address
CS Crosby Station - Crosby Standard, 2 E. Main, Crosby, Minn. 56441,
Crow Wing County (Lots in Block 6, Lake Park)
Division of Crosby, Tel. #218-548-8164

D Name of Owner (Corporation, Individual, or Agency)

Blomberg Oil Co.
Mailing Address
Fleming Route, Box 154,
City Aitkin State MN. Zip Code 56431.

SG South Gate - Finish Line, Hwy. #169 So., Aitkin, Minn. 56431
Tel. #218-927-6439, Aitkin County,
Part of NW 1/4 OP NW 1/4, Section 36, Twp. 47, Rge. 27.

Name of Emergency Contact (if different from owner)
Harvey D. or Judith A. Blomberg

Township	Range	Section	Quarter	Quarter	Quarter	Quarter

Owner Phone (include area code) 218 927 - 2525
Emergency Phone (include area code) 218 927 - 6646

E. Use code numbers listed on reverse side for items marked with *

1 Action*	2 Tank Number	3 Status*	4 Date Installed, Repaired or Reconditioned (mm/dd/yy)	5 Date Last Used (mm/dd/yy)	6 Capacity (gallons)	7 Type*	8 Internal Protection*	9 External Protection*	10 Secondary Protection*	11 Piping Type*	12 Dispenser Type*	13 Substance Stored*	(Specify)	14 Quantity Left Stored (gallons)
105	13		70	11/1/11	2000	U4S	2	2	2	2	1	regular gas	1111	
105	23		70	11/1/11	2000	U4S	2	2	2	2	2	unleaded gas	1111	
105	33		66	11/1/11	2000	U4S	2	2	2	2	2	unleaded gas	1111	
105	43		66	11/1/11	2000	U4S	2	2	2	2	2	unleaded gas	1111	
105	53		70	11/1/11	4000	U4S	2	2	2	2	3	diesel	1111	
15G	13		83	11/1/11	4000	U2S	5	2	1	1	1	regular gas	1111	
15G	23		83	11/1/11	4000	U2S	5	2	1	1	1	regular gas	1111	
15G	33		83	11/1/11	4000	U2S	5	2	1	2	1	unleaded gas	1111	
15G	43		83	11/1/11	4000	U2S	5	2	1	2	1	unleaded gas	1111	
15G	53		83	11/1/11	4000	U2S	5	2	1	3	1	diesel	1111	

15 Leak Detection*	# Monitoring Pts	16 Date of Last Tank Test (mm/dd/yy)	Test Method*	17 Past Leak*	18 Remedial Action*	19 Amount Lost (gallons)
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0
1	0	0	N	4		0

F Comments
South Gate filling
Aitkin Co.
Set up legal
Rev.
see letter

G. Under penalty of perjury, to the best of my knowledge, I certify that the information provided is true & correct

Printed Name Harvey D. Blomberg Title Pres.
Signature [Signature] Date 5/06/86

INSTRUCTIONS

Minnesota Laws, 1995, First Special Session, Chapter 13, Sections 235-239 require owners of certain new, active, and abandoned underground storage tanks containing regulated substances to notify MPCA of their existence and to provide information regarding them. Minnesota Statutes, Chapter 60A also pertains to this form. Proper completion and submission of this notification form fulfill the requirements of both the Minnesota Law and the federal Resource Conservation and Recovery Act (RCRA), Hazardous and Solid Waste Amendments of 1994 (HSA) (94-361) concerning underground storage tank notifications. All notifications must be typed or printed legibly with a ballpoint pen. Note that data for up to 10 tanks may be entered in one form. Complete all items. Completed forms are to be mailed to MPCA at the address in the upper left corner of the front side of this form, attention: Underground Storage Tank Program.

Top Half of Form

1/8/95

Specific Instructions

A Transaction Type Check whichever apply:

- Notification: Initial notification by a tank owner for a specific facility
- Change in Status: Any change in reported uses, contents, ownership, or operational status. Give date(s) or previously submitted form(s) to be changed under "F - Comments"
- Data Correction: Correction of errors of information. Give date(s) of form(s) to be corrected under "F - Comments"

B Type of Installation Check one. For federal installations, furnish General Services Administration (GSA) number. For industrial installations, furnish Standard Industrial Classification (SIC) code. For other installations, specify type.

C/D Name of Installation/Owner/Emergency Contact Name of the installation and the owner of the tank(s) at the installation for which the notification is being prepared, name of the emergency contact person other than the owner, this person should be someone who can act as an authorized representative of the owner (if the owner can be notified).

Number and Street Address, etc. Actual location of installation, mailing address of the owner of the installation.

Telephone Telephone number (including area code) of the installation, owner, and emergency contact person. The emergency phone number should be reachable on a 24-hour basis.

County Name of the county in which the installation is located.

Legal Description Location of the installation by township, range, section number, and nearest fourth quarter-section (2 1/2 acres).

Bottom Half of Form (* denotes coded item)

Item Code	Specific Instructions	Item	Specific Instructions
1 Action*	Enter the code that most closely describes the action taking place. Modification of a tank can include any form of reconditioning or repairing, such as installing an interior liner. Specify other actions under the comments section.	12 Dispenser (Pump) Type*	Enter the code that describes the type of system used to dispense product from the tank.
2 Tank Number	If the installation has a tank numbering system, enter the number (up to 3 characters). If it does not, assign a unique number to each tank.	13 Substance Stored*	Enter the code that generally describes the substance currently or last stored in greatest quantity by volume, specify the type of substance, if applicable, for example, unleaded gasoline (premium), or fuel oil (#2), for chemicals, enter CAS number, if known, for empty tanks, abandoned tanks, or tanks being abandoned, enter code of substance last stored.
3 Status*	Enter the code that describes the current operational status of the tank. If a tank is empty but is capable of being used in the future, it is considered to be a tank temporarily out of service.	14 Quantity Left Stored	For abandoned tanks containing a regulated substance, enter the quantity left stored (in gallons), if unknown or if tank is empty but capable of being used enter "0000", if in service, enter "1111".
4 Date Installed, Repaired or Reconditioned	Specify the date (mm/dd/yy) of completed installation, repair or reconditioning of the tank, if unknown, enter "000000".	15 Leak Detection*	Enter up to three codes which describe the leak detection system(s) used for the tank, specify other types under the comments section, enter the total number of vapor well(s) and sampling wells at the installation.
5 Date Last Used	Specify the date (mm/dd/yy) the tank was taken out-of-service, if unknown, enter "000000", if in service, enter "111111".	16 Date of Last Tank Test/Method*	Specify the date (mm/dd/yy) the tank was last tested for tightness. Only an MPCA "precision test" capable of detecting leaks of .05 gallon per hour should be entered. Enter the code that describes the method of testing. If tank has never been tested for tightness using an MPCA test, enter "000000".
6 Capacity	Specify the total design or maximum capacity of the tank in gallons.	17 Past Leaks	Enter "Y" if the tank has had one or more past leaks, "N" if not, "U" if unknown.
7 Type*	Enter the code that most closely describes the type of tank, specify other types under the comments section.	18 Remedial Action*	Enter the code which describes remedial action taken in the tank in question, specify other types under the comments section.
8 Internal Protection L/U	Enter "L" if the tank is lined, "U" if unlined.	19 Amount Lost	Specify the amount of product estimated to have been lost from the tank, in gallons.
9 External Protection	Enter the code that describes the external protection of the tank, specify other types under the comments section.		
10 Secondary Containment*	Enter the code that describes the tank's secondary containment system, specify other types under the comments section.		
11 Piping Type*	Enter the code that most nearly describes the type of piping used with the tank, specify other types under the comments section.		

F Use the "Comments" section to provide specific information regarding any of the coded entries.

G An application submitted by a corporation must be signed by a principal executive officer or his/her duly authorized representative, if this representative is responsible for the overall operation of the installation. For a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor respectively. For a federal, municipal, State, or other installation, the application must be signed by either a principal executive officer, ranking official, or other duly authorized employee. Include the title of the person signing the form.

Date the form for completion and signature. Return the top two copies to MPCA and retain the third (pink copy) for your records.

If you need assistance in completing this form, call this toll-free number: **800-652-9747**

Form Distribution:
 White: MPCA Central Office
 Yellow: State Fire Marshal's Office
 Pink: Tank Owner