

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD

State of Minnesota

Application for Reimbursement

JUN 04 1991

Dept. of Commerce

Site ID #: LEAK 0000 2572

PART I RESPONSIBLE PERSON

1. Name of "Responsible Person" or "Volunteer": (see application guide)
SINCLAIR OIL CORPORATION / DBA SINCLAIR MARKETING CO.
2. Mailing Address: 3401 FAIRBANKS AVE. P.O. BOX 6247
KANSAS CITY KS 66206
3. Phone: (913) 321 - 4300
4. The Responsible Person or Volunteer is a:
Corporation Partnership _____
Individual _____ Other _____
5. When was the Responsible Person the owner or operator of the tank?
From 1979 to PRESENT

PART II ATTACHMENTS

Your application will be returned as incomplete unless it is accompanied by the following attachments: (see application guide)

1. The MPCA approval of the corrective action plan or closure letter.
2. Receipts or invoices for all costs listed in Part IV Eligible Costs.
3. A brief description of the inventory control methods used during the six months prior to the petroleum release. If you did not operate the tanks, please submit a letter so stating.

PART III TANK FACILITY

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

SINCLAIR MARKETING CO

2. Tank Facility address: 7733 PORTLAND AVE

3. Contact Person at Tank Facility: DENNY LORENZ

Phone: (913) 321-4300

4. Date when petroleum release occurred or was detected: (see application guide) MAY 18, 1990

5. Date when petroleum release was reported to the MPCA: MAY 18, 1990

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6. Please complete the following information on the tanks at this Tank Facility. (see application guide)

<u>Tank #</u>	<u>Capacity GAL</u>	<u>Petroleum Product</u>	<u>"X" if removed</u>
<u>1</u>	<u>6,000</u>	<u>GASOLINE</u>	<u>X</u>
<u>2</u>	<u>4,000</u>		<u>X</u>
<u>3</u>	<u>4,000</u>		<u>X</u>
<u>4</u>	<u>4,000</u>		<u>X</u>
<u>5</u>	<u>4,000</u>		<u>X</u>
<u>6</u>	<u>1,000</u>	<u>FUEL OIL</u>	<u>X</u>
<u>7</u>	<u>560</u>	<u>WASTE OIL</u>	<u>X</u>

7. What was the source of the release at this tank facility? (see application guide)

DISCOVERED IMPACTED SOILS DURING TANK REMOVAL

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? APRIL 4 1986

9. To the best of your knowledge, list all other persons who were owners or operators of the tank during or after the petroleum release:

NONE

10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? yes/no If yes, list name, address and phone:

N/A

PART IV ELIGIBLE COSTS

1. For each "Eligible Cost" (see application guide) category given below, list all corrective actions taken, who performed the action, and the corresponding cost of the action. (Attach additional pages as necessary.)

A. Investigation and source identification including, but not limited to collecting and analyzing soil samples, testing the groundwater, testing adjacent drinking water supplies, tank integrity testing, and engineering services.

Corrective Action	Performed By	Cost
<u>FIELD WORK</u>	<u>EUECOTECH</u>	<u>3,368.81</u>
<u>REPORT PREPARATION</u>	<u>EUECOTECH</u>	<u>967.95</u>
<u>REPORT PREPARATION</u>	<u>EUECOTECH</u>	<u>329.02</u>
<u>DRILLING</u>	<u>EUECOTECH</u>	<u>5,157.18</u>

B. Preparation of a corrective action plan in accordance with MPCA requirements.

Corrective Action	Performed By	Cost
<u>PROJECT MANAGEMENT</u>	<u>EUECOTECH</u>	<u>78.96</u>
<u>FIELD WORK</u>	<u>EUECOTECH</u>	<u>895.07</u>
<u>PROJECT MANAGEMENT</u>	<u>EUECOTECH</u>	<u>95.00</u>
<u>FIELDWORK</u>	<u>EUECOTECH</u>	<u>2,251.41</u>

C. Cleanup of releases including, but not limited to, removal, treatment, or disposal of surface and subsurface contamination and provision of a permanent alternative water supply. Cleanup must be performed in accordance with a corrective action plan approved by the MPCA.

Corrective Action	Performed By	Cost
<u>DISPOSAL</u>	<u>HALE CO.</u>	<u>11,026.00</u> ✓
<u>TREATMENT</u>	<u>CLEANSOILS</u>	<u>8,937.05</u>

Amount of contaminated soil excavated (cubic yards or tons): 269.14

Was it necessary for cleanup to excavate all of the soil? yes/no

What was the soil contamination concentration (total hydrocarbons)?

190 PPM

Were soils contaminated at less than 10ppm as measured by a field instrument? yes/no

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.)

A. Name of individual or firm: ENECOTECH

Mailing address: 3050 METRO DRIVE, SUITE 115
BLOOMINGTON MN. 55425

Contact Person: JAMES A. BURG Phone: (612) 854-5513

B. Name of individual or firm: HALB COMPANY

Mailing address: 1450 W COUNTY RD C
ST PAUL MN. 55113

Contact Person: GUY ASMUSSEN Phone: (612) - 636-7476

C. Name of individual or firm: CLEANSOILS INC.

Mailing address: 14120 23RD AVE NORTH
MINNEAPOLIS MN. 55447

Contact Person: JAMES K. POUCHER Phone: (612) 587-7106

D. Name of individual or firm: _____

Mailing address: _____

Contact Person: _____ Phone: () _____

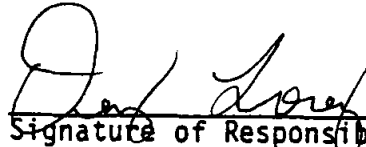
2. Describe below any relationship, financial or otherwise, between the applicant and any contractor who performed work at this site:

N.A.

PART VI CERTIFICATION (see application guide)

I certify under pena. / c 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 understand that by filing this application with the Board I agree to return to the Board, upon its demand, the entire award I may receive or any lesser amount the Board considers appropriate if: (a) I knowingly misrepresented or omitted any fact relevant to the determinations made by the Board or Commissioner, oral or written; or (b) I fail to complete, to the commissioner's satisfaction, ongoing corrective action which may be underway where the Commissioner has determined, pursuant to Minn. Stat. 115C.09, subd. 2(b)(1) (1986a), that the tank release for which I may be reimbursed has been adequately addressed based on my representation that there is ongoing corrective action.

I further certify that I have the authority to submit this application on behalf of SINCLAIR OIL CORPORATION
(entity)



Signature of Responsible Person
or Volunteer

5-31-91

Date

OPERATIONS SUPERVISOR

Title (if applicant is not an
individual)

Witnessed by:
Name: Dan Lorenz
Date: 5-31-91

Please send this application and accompanying documents to:

Robin Hanson
Petroleum Tank Release Compensation Board
MN Department of Commerce
133 East Seventh Street
St. Paul, MN 55101
(612) 297-4017