

4981

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
Application for Reimbursement

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)

- a) Date of SCAP approval . (Attach copy)
- b) Date SCAP was submitted to MPCA .

Phase 2. Submission of Documentation of Soil Treatment

Date Documentation was submitted to MPCA .

Phase 3. MPCA approval of Comprehensive Corrective Action Plan (CCAP)

- a) Date of CCAP approval 7/27/93 . (Attach copy)
- b) Date CCAP was submitted to MPCA 4/27/93 .

Dr. ...
AUG 6 1993

Phase 4. Submission of CCAP Installation Letter to MPCA

Date of CCAP Installation Letter . (Attach copy)

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: **Normandale Properties, Inc.**

2. Mailing Address: **7900 International Drive, Suite 678
Bloomington, MN 55425** Phone: **(612)854-8894**

3. Site ID: Leak # **4981**

4. The applicant is a Corporation Partnership Individual Other

5. Applicant was the owner or operator of the tank from **7/1/85** to **10/17/91**

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 2000 (AKD)
SENT 8-11-93 BSO

PART III TANK FACILITY

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

International Plaza

2. Tank Facility address:

**7900 International Drive, Suite 678
Bloomington, MN 55425**

3. Contact Person at Tank Facility: **Charles Bohrer**
Phone: **(612) 854-8894**

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:

None

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: **10/17/91**

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

Visual observation

7. Date when petroleum release was reported to the MPCA: **10/17/91**

- 8.a. Which tanks (or associated piping) were the source of the release at this tank facility? (see application guide)

A 30 gallon hydraulic oil tank.

- b. What was the cause of the release?

Pitting corrosion.

9. Was this tank(s) used only to store heating oil for consumptive use on the premises where stored? (check one) YES NO

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						
2						
3						
4						
5						

	Tanks			Piping		
Tank	Leak Detection (Methods)	Corrosion Protection (Yes/No)	Spill/Overflow Protection (Yes/No)	Type of Piping	Leak Detection (Methods)	Corrosion Protection (Yes/No)
1						
2						
3						
4						
5						

Tank	Tank Tightness Test Dates	Piping Tightness Test Dates
1		
2		
3		
4		
5		

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

The cleanup was an emergency response recovery of free product so competitive bidding is not required.

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 **2/1/92** to **3/29/92**
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 ___ no **X**

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

- 5.a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): **1 cubic yard**
- b. What was the soil contamination concentration (total hydrocarbons) **0.8** 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>
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7.	Total of all eligible costs as listed in the Eligible Cost Worksheets:		<u>\$ 13,682.63</u>
			x 90%
		=	<u>\$ 12,314.37</u>
	Insurance Reimbursement (Subtract)	-	<u>\$ (0)</u>
	Total Reimbursement Request (See application guide)	=	<u>\$ 12,314.37</u>

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: **Twin City Testing Corporation**

Mailing address: **737 Pelham Boulevard St. Paul, MN 55114**

Contact person: **Kevin Pierson** Phone: **(612)659-7587**

Name of individual or firm: **Mid West Drilling, Inc.**

Mailing address: **5680 Co. Rd. 10 N. Waconia, MN 55387**

Contact person: **Jerry Stangret** Phone: **(612)446-1448**

Name of individual or firm: **Determan Welding & Tank Service**

Mailing address: **1241 72nd Av., NE Mpls, MN 55432**

Contact person: **Gerald** Phone: **(612)571-8110**

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."

Charles A. Bohrer
Signature of Applicant

CHARLES A. BOHRER
Name (Please Print)

8/4/93
Date

Witnessed by: Paul B. Vogel

Name
8/4/93
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 NORMANDEALE PROPERTIES, INC."

Charles A. Bohrer
Signature

CHARLES A. BOHRER
Name (Please Print)

OPERATION SUPERINTENDENT
Title (See Application Guide, Part VI)

8/4/93
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**

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
TOTAL					

B. LABORATORY TESTS AND ANALYSIS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Chlorinated Solvent	Determan	200963	1.0	25.00	25.00
BETX - THG (less rush)	Twin City Testing	4233 93-630.01	1.0	85.00	85.00
THFO (less rush)	Twin City Testing	4233 93-630.01	1.0	95.00	95.00
THFO (less rush)	Twin City Testing	4233 93-630.01	1.0	95.00	95.00
THFO	Twin City Testing	4233 93-630.01	1.0	95.00	95.00
Metals	Twin City Testing	4233 93-630.01	1.0	255.00	255.00
BETX	Twin City Testing	4233 93-630.01	1.0	85.00	85.00
TOTAL					735.00

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C. EXCAVATION

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Load truck and set up rig	Mid West Drilling	3/17/92	8.5	150.00	1,275.00
Clean hole out	Mid West Drilling	3/17/92	8.75	150.00	1,312.50
Driving to and from site	Mid West Drilling	3/17/92	3.0	77.00	231.00
TOTAL					2,818.50

D. SOIL DISPOSAL

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Cleaned up S&F removed bbls	Mid West Drilling	3/17/92	2.5	92.40	231.00
TOTAL					231.00

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E. WATER TREATMENT

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Floating Product Disposal	Determan	200963	330.0	2.00	660.00
Labor - Product Recovery	Determan	200963	6.5	58.00	377.00
Oily Water Disposal	Determan	200630	100.0	1.00	100.00
Materials	Determan	200630	1.0	91.75	91.75
Equipment Rental (suction truck)	Determan	200630	1.0	75.00	75.00
Labor	Determan	200630	8.0	42.00	336.00
Mob Charge - Pump Water	Mid West Drilling	3/17/92	5.75	150.00	862.50
Pump Rental	Mid West Drilling	3/17/92	1.0	86.00	86.00
TOTAL					2,588.25

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F. TRUCKING

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

G. EMERGENCY and TEMPORARY HAZARD CONTROL (see application guide)

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

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ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

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H. SITE RESTORATION AND CLOSURE

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

I. OTHER CLEAN-UP or INVESTIGATION COSTS

Description	Firm Name	Invoice # or date	Total Units	Unit Costs	Sub-total
Jerry meet w/Chuck	Mid West Drilling	3/17/92	2.0	60.00	120.00
Brian meet w/NP	Mid West Drilling	3/17/92	1.5	60.00	90.00
TOTAL					210.00

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.
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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
Field Tech	Twin City Testing	4231 92-630.00	11.0	55.00	605.00
Field Tech	Twin City Testing	4231 92-630.00	0.1	50.00	5.00
Sr. Env. Prof.	Twin City Testing	4231 92-630.00	8.4	95.00	798.00
Sr. Env. Prof.	Twin City Testing	4231 92-630.00	7.5	95.00	712.50
Field Tech	Twin City Testing	4231 92-630.00	4.0	55.00	220.00
Mail, Phone, Copies	Twin City Testing	4231 92-630.00	1.0	117.03	117.03
TCT Truck	Twin City Testing	4231 92-630.00	8.0	7.00	56.00
Water Level Indicator	Twin City Testing	4231 92-630.00	1.0	5.00	5.00
Gloves	Twin City Testing	4231 92-630.00	0.25	10.00	2.50
Bailers	Twin City Testing	4231 92-630.00	2.0	20.00	40.00
Rope	Twin City Testing	4231 92-630.00	1.0	23.00	23.00
Tyvek	Twin City Testing	4231 92-630.00	1.0	3.50	3.50
Film/Development	Twin City Testing	4231 92-630.00	1.0	25.00	25.00
Sr. Field Tech	Twin City Testing	4231 92-630.01	29.9	55.00	1,644.50
Sr. Env. Prof.	Twin City Testing	4231 92-630.01	17.9	95.00	1,700.50
Env. Proj. Mgr., Sr. IH	Twin City Testing	4231 92-630.01	7.0	100.00	700.00
TCT Truck	Twin City Testing	4231 92-630.01	27.2	7.00	190.40
TCT Truck	Twin City Testing	4231 92-630.01	112.0	0.60	67.20
Water Level Indicator	Twin City Testing	4231 92-630.01	4.0	5.00	20.00
Gloves	Twin City Testing	4231 92-630.01	0.25	10.00	2.50
5 Gallon Bucket	Twin City Testing	4231 92-630.01	1.0	3.50	3.50
Photos	Twin City Testing	4231 92-630.01	2.0	25.00	50.00
Drums	Twin City Testing	4231 92-630.01	3.0	36.25	108.75
TOTAL					7,099.88

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K. MARK-UP

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

L. OTHER CONSULTANT SERVICES (specify)

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