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 Initials: _____

**MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
 INITIAL APPLICATION FOR REIMBURSEMENT
 (EFFECTIVE JULY 1, 2018 THROUGH JUNE 30, 2019)**

I. APPLICANT INFORMATION

Applicant Name _____
 (As identified on your W-9 Taxpayer Identification Number and Certification Form – see Application Checklist)

Applicant Address _____

City _____ State _____ Zip _____

Contact Person (if different from above "Applicant Name") _____

Day Phone _____ E-mail Address _____ Fax _____

Check One

Responsible Person (list dates applicant owned or operated tank(s): _____ / _____ / _____ to _____ / _____ / _____)

Volunteer (list dates applicant owned property: _____ / _____ / _____ to _____ / _____ / _____)

Other (see Application Guide)

Check One

Corporation Partnership Individual Sole Proprietorship

Municipality State, federal, or other public agency

II. LEAK SITE INFORMATION

Minnesota Pollution Control Agency (MPCA) Leak Number _____

Leak Site Name _____

Leak Site Address _____

City _____ MN Zip _____

_____/_____/_____ Date petroleum leak detected

_____/_____/_____ Date petroleum leak reported to the MPCA

III. MULTIPARTY CHECK REQUEST (if applicable)

If you have requested the issuance of a multiparty check for this application, attach the request form(s) and list each associated lender, contractor, and consultant below.

IV. CHRONOLOGY

Please provide a chronological description of the investigation and cleanup activities covered on this application (*attach additional sheets if necessary*). For each field work event, identify the date(s) the work was performed and the services provided (e.g. the number of borings and wells installed or sampled, the amount of contaminated soil removed, etc.). For each report prepared, identify the type of report and date submitted to the MPCA.

V. SOURCE AND CAUSE

What was the source and cause of the petroleum release at this site? (*see Application Guide*)

How was the release discovered?

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

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.

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.

VI. COMPETITIVE BIDDING

List all of the written bids and proposals that you obtained for corrective action services at this site (*attach additional sheets if necessary*). **Attach copies of all signed and dated bids and proposals.**

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Contractors	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

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

VII. MPCA TANK INFORMATION AND COMPLIANCE

Underground Storage Tanks

Enter the requested information for (a) all underground petroleum storage tanks and piping that were in place at this site at the time the release occurred, and (b) all underground petroleum storage tanks that have been installed at this site since the release occurred (attach additional sheets if necessary). Refer to the MPCA 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 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 (651) 757-2429 and tell the receptionist that you have questions about this form.

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Removed (if applicable)
1					
2					
3					
4					
5					
6					
7					

Tank #	Tank Leak Detection (select method below)	Tank Corrosion Protection (select method below)	Spill Bucket (Yes/No)	Overfill Protection (select method below)
1				
2				
3				
4				
5				
6				
7				

Leak detection method (select all that apply) 1. None 2. Inventory control plus annual tightness testing 3. Inventory control plus tightness testing every 5 years 4. Manual tank gauging 5. Manual tank gauging plus annual tightness testing 6. Manual tank gauging plus tightness testing every 5 years 7. Statistical inventory reconciliation (SIR) 8. Automatic tank gauging 9. Interstitial monitoring 10. Vapor monitoring 11. Ground water monitoring 12. Other (specify) _____	Corrosion protection method 1. None 2. Fiberglass, jacketed steel or composite tank 3. STI-P 3 tank 4. Anodes installed 5. Impressed current system 6. Lined tank 7. Other (specify): _____	Overfill protection method 1. None 2. Ball float valve 3. Automatic shutoff 4. Audible alarm 5. Other (specify): _____
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If tank tightness tests were performed, indicate dates of all tests. _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____

Piping Leak Detection (fill out the section applicable to your piping)				Piping Corrosion Protection (select method below)
Pressurized Piping		Suction Piping		
Tank #	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				
2				
3				
4				
5				
6				
7				
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 tests. _____, _____, _____, _____, _____, _____, _____, _____

_____ Identify MPCA-certified tank removal contractor who performed tank excavation

_____ Tank removal contractor's MPCA certification number

Aboveground Storage Tanks

Enter the requested information for (a) all aboveground petroleum storage tanks that were in place at this site at the time the release was discovered, and (b) all aboveground petroleum storage tanks that have been installed at this site since the release was discovered (attach additional sheets if necessary). In describing your secondary containment, specify:

- ♦ the materials used to construct both the base and the walls, including the type and thickness of materials (e.g., 6" compacted clay; 30 mil HDPE; reinforced concrete slab floor/concrete block walls; none)
- ♦ how the 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

Tank #	Contents	Capacity	Date Installed	Date Removed	Description of Secondary Containment			
					Walls	Base	Verification	Volume (Yes/No)
1								
2								
3								
4								
5								
6								
7								

VIII. ELIGIBLE COSTS

____ / ____ / ____ to ____ / ____ / ____ **Dates of invoices submitted with this application**

Yes No Are any of the costs included in this application in dispute? If so, describe the disputed issue(s) on a separate sheet.

Yes No Are any of the costs included with this application subject to bankruptcy proceedings? If so, please describe the nature of the proceedings on a separate sheet.

Yes No Has the applicant filed a lawsuit or 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 copies of all correspondence between the applicant and third parties.

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

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

Type of Work	Approximate Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____

IX. 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 the applicant aware of any other insurance policy, whether held by the applicant or another person, that could cover any of the eligible costs in this application? If so, please explain. _____

X. 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*).

Consultant (ATTACH ADDITIONAL PAGES IF NECESSARY)

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

Contractors (ATTACH ADDITIONAL PAGES IF NECESSARY)

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

XI. ATTACHMENTS

The following attachments are included with this application (see *Application Guide*):

- Railroad Right-of-Way Bulk Plant attachment
- Tank in Transport Release attachment

Check all that apply.

XII. CALCULATION OF REIMBURSEMENT REQUEST

Enter on the lines below the amounts you are requesting for reimbursement for each step of consultant and/or contractor services. Add the amounts for each step together, subtract the amount of available insurance, and multiply the resulting total by the appropriate reimbursement rate to determine your total reimbursement request.

COST SUMMARY

Excavation and Soil Disposal Oversight Before Investigation \$ _____

Limited Site Investigation or Full Remedial Investigation \$ _____

Active Remediation—Initial Field Testing \$ _____

Active Remediation—Site-specific System Design \$ _____

Active Remediation—System Installation, Start-up, and Operation & Maintenance \$ _____

Active Remediation—System Decommissioning \$ _____

Contractor Services \$ _____

Permits, Utilities, and Public Safety Access Fees (If Invoiced Directly to the Applicant)... \$ _____

Emergency Response..... \$ _____

TOTAL ELIGIBLE COSTS \$ _____

Insurance Reimbursement (subtract) - \$(_____)

= \$ _____

x 90%*

TOTAL REIMBURSEMENT REQUEST = \$ _____

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

XIII. CERTIFICATION PAGE* (see Application Guide)

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 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 those 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 a part 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.

APPLICANT SIGNATURE

NOTARIZATION

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

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Name of corporation, partnership, municipality or public agency

Notary Public _____

Signature _____

[Stamp]

Name (print) _____

Title _____

Date _____

My commission expires _____

CONSULTANT SIGNATURE (SIGNATURE REQUIRED)**

I, _____, confirm that all costs claimed by _____ as a part of this
(Individual name) (Consultant company)
application are a true and accurate account of services performed. I further confirm that no costs included in this application that were invoiced by my consulting company are ineligible as listed in Minnesota Rules, Chapter 2890.

Consultant Signature / Title Date

**Attach additional certification page(s) if more than one consultant signature is required. Applicant signature and notarization not required on additional pages.

APPLICATION PREPARER CONTACT INFORMATION

(Preparer's name) (Representing) Phone Number

Please send this application and accompanying documents to:
MINNESOTA DEPARTMENT OF COMMERCE – PETROFUND
85 SEVENTH PLACE EAST, SUITE 280
ST. PAUL, MN 55101-2198
651-539-1515 OR 800-638-0418

This application form is effective JULY 1, 2018 – JUNE 30, 2019

Application Submittal Checklist

In compiling your application for reimbursement from the Petrofund, your submittal must include the following documents. Please note that failure to include all of these documents in your submittal will result in delays in receiving your reimbursement.

- A complete Petrofund application form. The certification page must include the applicant's notarized signature, and the consultant's signature whenever consultant costs are being requested for reimbursement. The certification page must include original signatures and cannot be a photocopy.
- All applicable attachments, as listed in Section XI of the application.
- Copies of all letterhead invoices billed to the applicant by consultants and contractors that include costs being requested for reimbursement as part of this application. In cases where these services were subcontracted, the subcontractor invoices must also be provided.

Please note that costs must be submitted for reimbursement within seven years after the work being requested for reimbursement was performed.

- Copies of all Petrofund cost allocation forms associated with the consultant and contractor services being requested for reimbursement.
- Copies of all consultant proposals and contractor bids required by the Petrofund rules and associated with the consultant and contractor services being requested for reimbursement.
- A site map showing the locations of significant features on the leaksite property, including, but not limited to, the following: structures; soil borings; monitoring wells; former and existing underground and aboveground petroleum storage tanks, dispensers and lines; and areas where contaminated soil was excavated.
- If not submitted as part of a previous application for reimbursement, a completed federal tax *Form W-9 Request for Taxpayer Identification Number and Certification*. Please note that the name on this form must match the name of the applicant in Section I of the application.
- If applicable, all *Multiparty Check Request* forms, as listed in Section III of the application.

Railroad Right-of-Way Bulk Plant Attachment

Minn. Stat. §115C allows for a higher reimbursement rate for a portion of the costs associated with corrective action at a bulk plant located on what is or was railroad right-of-way. This form will help you to determine whether you are eligible for the higher rate. Please read each question and check "Yes" or "No."

Are the costs being requested for reimbursement associated with corrective actions at a bulk plant located on what is or was railroad right-of-way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was more than one bulk plant operated on the same section of right-of-way?	<input type="checkbox"/> Yes <input type="checkbox"/> No

To apply for reimbursement of 90% of the total reimbursable costs on the first \$40,000 of reimbursable costs and 100% of any remaining reimbursable costs, you must have responded "Yes" to both questions above. In addition, you should submit the following documents with your application:

- this form;
- a copy of your lease agreement with the railroad; and
- a site map that shows the applicable section of right-of-way and the locations of all bulk plants that are or were located on the same section of right-of-way.

Do not submit this form with your application if it does not apply.

Tank in Transport Release Attachment

Minn. Statute §115C allows for reimbursement of up to \$100,000 for costs associated with a release from a tank in transport. This form will help you to document your eligibility to receive this reimbursement.

TANK INFORMATION

Enter the requested information for each tank in transport involved in the release.

Type of Tank	Petroleum Product	Capacity

Do not submit this form with your application if it does not apply.