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|  **For Internal Use only:**Petrofund Tracking #: Entered: Initials:   |

**Minnesota Petroleum Tank Release Compensation Board**

**Application for**

### ABANDONED UNDERGROUND PETROLEUM STORAGE TANK REMOVAL

**TANKS LOCATED ON TAX-FORFEITED PROPERTIES**

I. PROPERTY OWNER INFORMATION

Name

Mailing Address

City State Zip

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address

Day Phone Ext Fax

II. UNDERGROUND STORAGE TANK LOCATION INFORMATION

Site/Facility Name

Street Address

City MN Zip

Day Phone County

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| III. UNDERGROUND STORAGE TANK INFORMATION |

**Please complete the table below for the abandoned underground storage tank(s) at this location.**

|  |  |  |
| --- | --- | --- |
| **Tank Number** | **Tank capacity (gallons)** | **Tank contents** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**Date tax forfeiture of property was final \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any pump islands present at the site?**  Yes No **If so, how many?**

**Are the tank fill pipes exposed/accessible?**  Yes No

**Are tank vent pipes visible?**  Yes No

**What type of surfacing overlies the tank(s) (e.g., concrete, asphalt, grass)?**

**Is any tank partially or totally under a building foundation?** Yes No

**Are there any obstructions (e.g., air conditioning unit, gas meter) above or in vicinity of the tank?** Yes No

If “Yes,” to either of the last two questions, please explain (*attach additional sheets if necessary*):

|  |  |
| --- | --- |
| IV. | ELIGIBILITY DOCUMENTATION |
| Please attach documentation showing that the tanks located on the property have been taken out of service, and that the property is being held by the State in trust for local taxing districts under Minnesota Statute §281.25 |

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| V. APPLICANT CERTIFICATION  |
| * I certify that the tank(s) located on the property described above have been taken out of service, and the property is being held by the State in trust for local taxing districts under Minnesota Statute §281.25;
* I certify that, if at the time of the forfeiture of property, the property owner or the owner's heirs, devisees, or representatives, or any person to whom the right to pay taxes was granted by statute, mortgage, or other agreement, repurchases the property under Minnesota Statute §282.241, the Petrofund's contracted costs for the underground storage tank removal project will be included as a special assessment included in the repurchase price, as provided under Minnesota Statute §282.251, and will be returned to the Petrofund upon the sale of the property.
* I waive and release all claims against the state and its officers, agents, and employees for damages resulting directly or indirectly from the tank pulling or soil removal;
* I agree to transfer ownership of the tanks and their contents to the state upon removal;
* I agree that the state will fill the excavation back to grade after tank removal, but will not replace or repair any surfaces (i.e. concrete, asphalt, rock, gardens, landscaping, etc.) removed or damaged during tank removal;
* I agree to consent to officers, agents, employees, and authorized representatives of the state of Minnesota entering and having continued access to the property for the removal of abandoned underground storage tanks and petroleum-contaminated soil;
* I agree to fully cooperate with the Petrofund Board and, in the event a release is discovered during the tank removal activities and further investigation or cleanup is determined by the Minnesota Pollution Control Agency (MPCA) to be necessary, I agree to fully cooperate with the MPCA; and
* 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.

 **NOTARIZATION**Signature Subscribed and sworn to before me this dayName (print/type) of , 20 .Title Notary Public Date Signed [***Stamp***] My commission expires  |

***Please send this application and accompanying documents to:***

**Minnesota Department of Commerce - Petrofund**

**85 Seventh Place East, Suite 280**

**St. Paul, MN 55101-2198**

**or**

**Petrofund.commerce@state.mn.us**

***Questions:***

**(651) 539-1515** **or (800) 638-0418**

**petrofund.commerce@state.mn.us**