



OFFICE USE ONLY

Project ID #		
Loc ID #		

Incident Response Unit Phone: 651-201-6061 Fax: 651-201-6112

**Agricultural Voluntary Investigation and Cleanup (AgVIC) Application**

**1. Instructions and Fees**

Complete all sections of this form. Submit your completed request to the attention of the Incident Response Program at the address above. List any attachments in Section 6 and be sure to include them with this form. Your request will be filled in order of receipt and as time permits.

Minnesota Statutes 115B.17, subdivision 14(b), requires that the person requesting assistance from the Minnesota Department of Agriculture (MDA) Commissioner under this subdivision reimburse the MDA Commissioner for the costs of providing such assistance. The fees associated with providing this assistance, including employee time and any other expenses related to this request, will be billed to the applicant at the address indicated in Section 3 of this form. Invoices are due and payable upon receipt. Finance charges may be added if payment is not received 30 days from the invoice date.

**2. General Information About the Site**

Property Name \_\_\_\_\_

Street Address \_\_\_\_\_

City or Township \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Public Land Survey Coordinates** For a general reference to the site, please provide the land survey coordinates:

Township # or Name \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Qtr \_\_\_\_\_ Qtr \_\_\_\_\_

County \_\_\_\_\_ (Please attach a map showing the area of interest)

Approximate Property Size \_\_\_\_\_ Previous MDA Site ID # \_\_\_\_\_

Property Identification Number (Pin) (If more than one, please list all)

**3. Information About Applicant** (This section will be used for billing purposes)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone Number (Include Area Code) \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State Taxpayer ID # \_\_\_\_\_ Federal Taxpayer ID # \_\_\_\_\_

**4. Applicant's Interest in Property** (Check one)

- Owner
- Operator
- Potential Buyer
- Insurer
- Bank
- Legal Counsel
- Lessee
- Consultant
- Other (Describe)



## 5. Other Parties to be Listed on the Letter(s) Requested

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone Number (Include Area Code) \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 6. Information About Current Property Owner (If different from applicant)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone Number (Include Area Code) \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 7. Description of Request

Please specify what assistance you are requesting from MDA staff.

Technical review or third-party review only.

Technical review which may lead to a **No Association Determination**.

For a **No Association Determination** request, please include the following with the application:

1. Names and address(es) of the individual(s) who is/are requesting the determination; and
2. A Proposed Actions Letter that includes a statement of any association with the property and releases at the property by the party(ies) requesting the determination, and a list of the actions the party(ies) **intends to** take at the site.

For a **Retroactive No Association Determination** request, please include the following with the application:

1. Names and address(es) of the individual(s) who is/are requesting the determination;
2. A Past Actions Letter that includes a statement of any past association with the property and release at the property by the party(ies) requesting the determination, and a list of the actions the party(ies) took at the site; and
3. An affidavit for each party requesting the determination, including a statement of the signing individual's relation to the party, and a statement that the party did not contribute or associate itself in any manner with the releases to be named in the determination.

Technical review and approval of an investigation or voluntary action plan which may lead to a **Limited No Action Letter** (See *MDA Guidance Document 7 under "No Action Letters"*).

Technical review and approval of an investigation or voluntary response action plan which may lead to a **No Action Letter or No Further Action Letter**.

Technical review and approval of an investigation plan which may lead to an **Off-Site Source Determination** under the Land Recycling Act (Minn.Stat. § 115B.177).

Technical review and approval of a voluntary response action plan leading to a **Certificate of Completion** under the Land Recycling Act (Minn. Stat § 115B.175).\*

\* If you checked this box, you will be asked to provide further information so that the MDA staff can determine whether you qualify for issuance of a Certificate of Completion of a Response Action under the Land Recycling Act, Minn. Stat § 115B.175. Persons who are not otherwise responsible under Minn. Stat § 115B.01 to 115B.18 for the release proposed to be cleaned up can obtain liability protection under the Land Recycling Act for themselves and other parties specified in the Act when all necessary response actions have been certified as complete by the MDA Commissioner (the response actions may not have to address all known releases at the property). Other persons (those who are responsible for the release) may not obtain liability protection for themselves under the Act, but may obtain such protection of other parties specified in the Act when response actions remedying all known releases at the property are certified as complete by the MDA Commissioner.



## 8. Information About Attachments to This Request Form

Please list reports, maps, or other attachments to this form below. *(Attach additional sheets if necessary)*

## 9. Involvement With Other Regulatory Programs

Please check if any of the following programs or agencies are now, or ever have been, involved with the subject property.

Now      Past

1. Minnesota Pollution Control Agency. Specify which program \_\_\_\_\_
2. Minnesota Department of Agriculture.
3. Minnesota Department of Natural Resources
4. Metropolitan Waste Control Commission or Local Sewer Board
5. Minnesota Department of Health
6. Other (describe) \_\_\_\_\_

If you checked any of the above, please detail the nature of the involvement and provide the contact person(s) name and telephone number(s). *(Attach additional sheet(s), if necessary.)*

## 10. Is an MDA AgVIC Program Response Required for an Environmental Grant(s) Application Deadline?

(such as Minnesota Department of Employment and Economic Development (DEED), Metropolitan  council, or County cleanup grants). For a list of grant sources, please see the *Brownfield Resource Guide* located at <http://www.pca.state.mn.us/lupg7f9>

Yes                      No, or unknown at this time

## 11. Disclosure of Incident/Release

Yes                      No      Are on-site or off-site wells contaminated? Please describe briefly (Include contaminants detected, well owner, depth and use. Please attach map showing location of wells, if possible)

Yes                      No      Are on-site or off-site soils contaminated? Please describe briefly, including whether pesticides, fertilizers or both are present.

Yes                      No      Is there known soil or ground water contamination?

If yes, please specify if this incident/release has been previously reported to the MDA pursuant to Minnesota Statutes Section 18D.103. \_\_\_\_\_

If yes, what is the date the release was reported? \_\_\_\_\_

## 12. Potential Contamination Sources

Check every known contaminant source that exists, or previously did exist on the property. Provide Map if possible.

Rinse Pad	Application Equipment Parking Areas
Bulk Containment	Scale Pits
Mixing/Loading Areas	Spill(s)
Water Fill Areas	Lagoon(s)
Drums	Seepage Pit(s)/Dry Wells
Drain Fields/Tile Lines	Industrial Accident
Septic Tanks/Sump Pits	Adjacent Property
Above-Ground Storage Tanks	Dump(s)/Burn Piles
Below-Ground Storage Tanks	Other (Describe below)
Discharge(s) Onto Ground (i.e., soil staining, dead vegetation)	

To your knowledge, does the release from the property pose an imminent health, safety, or environmental hazard? If so, please explain what leads you to this conclusion. *Use additional sheet(s) if necessary.*

## 13. Contact Persons

Please list the name(s) of your consultants and legal counsel, if applicable. Unless otherwise instructed, MDA staff may contact these individuals directly with questions about the site.

**Consultant** \_\_\_\_\_ Phone Number (Include Area Code) \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Attorney** \_\_\_\_\_ Phone Number (Include Area Code) \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 14. Request and Certification

Pursuant to Minnesota statutes Section 115B.17, I hereby request the MDA Commissioner to assist me, and the company/organization I represent, in determining whether the property described herein has been the site of an agricultural chemical incident and/or a release or threatened release of a hazardous substance, pollutant or contaminant.

I understand that this assistance may include a review of the MDA and/or Minnesota Pollution Control Agency records and files, and review and approval of my or my company/organization's investigation plans and reports, as well as corrective action plans and implementation.

I certify that I have read and understand the contents of this form, and all attached documents, and the submitted information is true, accurate, and complete to the best of the applicant's knowledge.

I understand that I must pay the MDA Commissioner for the MDA's costs of providing this assistance under Minn. Stat. 115B.17 subd. 14. I understand that the MDA Commissioner will send invoices for these costs and that failure to pay the MDA's costs in a timely manner may result in the MDA Commissioner taking appropriate administrative or legal action against me.

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The data you supply on this form will be used to process your request. You are not legally required to provide this data, but we will not be able to provide the requested service without it. This request and its attachments constitute a public record and copies of it may be made available to anyone upon request unless you exercise your trade secret protection rights (Minnesota Statutes, Chap. 13).

**NOTICE OF TRADE SECRET PROTECTION RIGHTS:** Pursuant to the Minnesota Pesticide Control Law, Minnesota Statutes Section 18B.38, and Minnesota Fertilizer Law, Section 18C.405, you have the right to request the MDA to protect information you feel may be trade secret, commercial, or financial in nature. In order to qualify, you must do the following:

- (1) Clearly mark any material or portion thereof that in your opinion are trade secrets, commercial or financial information; AND
- (2) Submit the marked material separately from other material being submitted. (You must identify the material with a cover sheet which indicates you have submitted under separate cover a Request for Agricultural Voluntary Investigation and Cleanup to ensure timely delivery of the material to the appropriate personnel.)

*Trade secrets are defined in Minnesota Statutes, Section 13.37, Subd. 1(b)*

After consideration of your request to protect such information, the MDA will not make public any information which in its judgement contains or relates to trade secrets or to commercial or financial information obtained from you. If after you exercise these rights and the MDA Commissioner proposes to release information you feel is protected from disclosure under either of these statutes, the MDA Commissioner will notify you by certified mail. You will have thirty days after receipt of the notice to institute an action in appropriate court for a declaratory judgment as to whether the information is subject to protection under Minnesota Statutes, Section 13.37, Subd. 2.

**Return completed application to:** [greg.hanson@state.mn.us](mailto:greg.hanson@state.mn.us)

**Minnesota Department of Agriculture**  
Pesticide & Fertilizer Management Division  
Incident Response Unit  
625 Robert Street North  
St. Paul, MN 55155-2538

