

OFFICE USE ONLY		
Project		
Loc		

INCIDENT RESPONSE UNIT Phone: 651-201-6681 Fax: 651-201-6117

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, provide the land survey coordinates)

Township #

or Name _____ Range _____ Section _____ Qtr _____ Qtr _____

 County _____ *(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, include the following with the application:

1. Name and address of each individual who is 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, include the following with the application:

1. Name and address of each individual who is 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 (Minnesota Statutes § 115B.177).

Technical review and approval of a voluntary response action plan leading to a **Certificate of Completion** under the Land Recycling Act (Minnesota Statutes § 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, Minnesota Statutes § 115B.175. Persons who are not otherwise responsible under Minnesota Statutes § 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

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

9. Involvement With Other Regulatory Programs

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 sheets, 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, see the Brownfield Resource Guide located at www.mnbrownfields.org/home/available-resources/financial-technical-resources

Yes No, or unknown at this time

11. Disclosure of Incident/Release

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

Yes No Are on-site or off-site soils contaminated? 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>(i.e., soil staining, dead vegetation)</i>	

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. *(Attach additional sheets, if necessary.)*

13. Contact Persons

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

Consultant _____	Phone Number <i>(Include area code)</i> _____
Address _____	Email Address _____
City _____	State _____ Zip _____
Accounts Payable Clerk _____	Phone Number <i>(Include area code)</i> _____
Address _____	Email Address _____
City _____	State _____ Zip _____
Attorney _____	Phone Number <i>(Include area code)</i> _____
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 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 Minnesota Statutes 115B.17 Subdivision 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 collected from this form and during MDA's investigation will only be used in support of the service requested on this AgVIC application. You are not required to provide MDA with this data; however, failure to do so will result in MDA's inability to provide the service requested on this AgVIC application. Only people with a need to access your data in support of this AgVIC application will have the authority to access your data unless you provide MDA with informed consent to release the data, a court orders the release of the data, or upon request of a legislative auditor to review the data.

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, Subdivision 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, Subdivision 2.

Return completed application to: 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