

**LOUISIANA MOTOR FUELS UNDERGROUND STORAGE TANK  
TRUST FUND REIMBURSEMENT APPLICATION**

**PART 1  
SITE IDENTIFICATION**

FOR DEQ OFFICE USE ONLY			DATE RECEIVED/DATE TO BE ENTERED ON EDMS
TF No.		Reviewer's Initial Due Date	
Reviewer		Reviewer's Final Due Date	

**APPLICATIONS WILL BE RETURNED/REJECTED FOR ANY OF THE FOLLOWING REASONS:**

1. It is the 1<sup>st</sup> application for a release at the site and DEQ's eligibility determination letter is not attached to Part 1 of the application.
2. Proof of payment of the appropriate deductible is not provided.
3. The application addresses invoices for a prior period of time (Ex.: On 7/15/98, an applicant submits an application for 7/1/96 – 9/30/96 invoices, when an application for 10/1/97 – 12/31/97 invoices was previously submitted on 1/15/98). Note exception identified in B.1 below.

**A. SITE/OWNER INFORMATION**

(Site Name – Current Name)	Name of Responsible Party as Identified in Part 2 - Affidavit	
(Site Street Address – Physical Address, Not P.O. Box)	(DEQ Issued Owner Identification Number for Responsible Party)	
(City) (Parish)	(DEQ Issued Agency Interest No.)	(No. of tanks owned in La. at time of incident by responsible party)
	AIN:	<input type="checkbox"/> 1 –100 - \$1 mil annual agg. <input type="checkbox"/> 101 or more - \$2 mil ann. agg.

**B. APPLICATION INFORMATION**

1. This application includes **ALL INVOICES** to the owner (responsible party) dated from: [Check appropriate quarter(s) and indicate year(s)]:
  - July 1, \_\_\_\_ through September 30, \_\_\_\_
  - October 1, \_\_\_\_ through December 31, \_\_\_\_
  - January 1, \_\_\_\_ through March 31, \_\_\_\_
  - April 1, \_\_\_\_ through June 30, \_\_\_\_

Application requests must include all invoices dated during at least one calendar quarter: July through September, October through December, January through March, or April through June. A single application may include invoices which cover more than one calendar quarter, provided the application includes all invoices for the entire calendar quarter or quarters. However, all multiple calendar quarter invoices must be dated within a single state fiscal year, July 1 – June 30. Once an application is submitted to DEQ, invoices for the period submitted or any prior periods **WILL NOT** be accepted. Overlapping "Work Performed" dates in subsequent applications is not permitted. : When the RAC for a site changes during a quarter, two separate applications addressing each RAC's work should be submitted.

2. a. Program Grand Task Total \$ \_\_\_\_\_  
(Total shown in Part 5 of this application)
- b. Specialized Services \$ \_\_\_\_\_  
(Total shown in Part 6B of this application)
3. a.  Check here if this is the **FIRST** application for a release at the site.
- b.  Check here if this is the **LAST** application for a release at the site.

**PART 1(cont'd)**

**C. RELEASE INFORMATION**

1. The incident address in this application occurred as a result of a release from:  
 Tank  Piping  Dispenser  Fuel Port  Other\_\_\_\_\_
2. If the release is from a tank(s), please indicate the leaking tank identification number(s) as assigned by DEQ:  
 \_\_\_\_\_
3. a. Substance released\_\_\_\_\_ b. Date released\_\_\_\_\_ c. Incident no(s).\_\_\_\_\_

**Questions 4 and 5 pertain to the status of the facility at the time the incident occurred and will be used to determine the per occurrence amount designated for the site.**

4. This facility meets the definition of a petroleum marketing facility (petroleum marketing facility is defined as a facility at which petroleum is produced or refined, or a facility from which petroleum is sold or transferred to other petroleum marketers or to the public).  Yes  No
5. The average monthly throughput for this site is over 10,000 gallons (based on annual throughput for the previous calendar year).  Yes  No
6. Date of original registration\_\_\_\_\_
7. Site Assessment  
 Date Submitted to DEQ\_\_\_\_\_ DEQ Approval Date\_\_\_\_\_ Approved Cost\_\_\_\_\_  
 Date Addendum Submitted\_\_\_\_\_ DEQ Approval Date\_\_\_\_\_ Cost\_\_\_\_\_
8. Corrective Action Plan and Each Addendum  
 CAP Submittal Date \_\_\_\_\_ DEQ Approval Date \_\_\_\_\_ Approved Cost\_\_\_\_\_  
 Addendum Submittal Date \_\_\_\_\_ DEQ Approval Date \_\_\_\_\_ Approved Cost\_\_\_\_\_  
 Addendum Submittal Date \_\_\_\_\_ DEQ Approval Date \_\_\_\_\_ Approved Cost\_\_\_\_\_  
 Addendum Submittal Date \_\_\_\_\_ DEQ Approval Date \_\_\_\_\_ Approved Cost\_\_\_\_\_
9. Was any over-excavation approved? (attach approval letter)  Yes  No

**D. MOTOR FUEL DELIVERY FEES**

Name of each bulk operator collecting the motor fuel delivery fee for this site for the past four years and the bulk operator's DEQ certificate number.

Name of the Bulk Operator	*DEQ Issued Certificate Number

\*This is five digit number with a hyphen between the second and third digits. Ex. 01-002

I certify the following:

1. I have reviewed the time sheets and the personnel charges are in line with the duties indicated in the UST Trust Fund Cost Control Guidance in effect at the time the work was performed;
2. the rates identified in this application are in accordance with the response action contractor equipment rate sheet;
3. the travel charges contained in this application are based on the mileage logs which indicate the person traveling, the distance traveled and beginning/ending odometer readings;
4. and, I personally examined and am familiar with the information submitted with this application, and that I believe that the submitted information is true, accurate and complete.

<b>Preparer's Certification (Original Signature Required)</b>	<b>Date Signed</b>
<b>Preparer's Name</b>	<b>Firm Name</b>
<b>Telephone Number</b> (      )	<b>Mailing Address</b>
<b>Telefax Number</b> (      )	

**PART 2**  
**OWNER, OPERATOR, OR RESPONSIBLE PARTY CERTIFICATION AFFIDAVIT**

I certify that I have researched and determined that I have no assistance from private sources, such as insurance or other means of financial assurance, to pay for investigation or remediation costs at this site. I also certify that all outstanding financial obligations integral to this site investigation/remediation have been met.

I certify that this program task has been completed in accordance with La. R.S. 30:2194 et seq and La. R.S. 30:2195 et seq. I have reviewed and certify that all data and documentation submitted as part of this reimbursement application are a true and correct representation of costs actually incurred as an integral part of site rehabilitation from motor fuel contamination and that reimbursement from the Motor Fuels Underground Storage Tank Trust Fund has not been received on any of the charges identified in this application.

The site owner, operator, or responsible party warrants that he has not received any fee, commission, percentage, gift, or other consideration as a result of his employment of a person, company, corporation, individual, or firm for purposes of conducting the site assessment or rehabilitation.

**If 1<sup>st</sup> application(s) for a release at this site, certification of the following statement must be provided by checking the box below:**

I also certify that I have paid the appropriate deductible integral to this site rehabilitation program and that proof of payment of the deductible [canceled checks and a list of corresponding invoices or Proof of Payment of Deductible Affidavit (Part 2A)] is attached.

<b>A. Site Owner, Operator, Responsible Party</b>			<b>H. Site Name</b>	
<b>B. Mailing Address</b>			<b>I. Site Address</b>	
			<b>Physical Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>Parish</b>
<b>C. Telephone/Telefax Numbers</b>			<b>J. Facility I.D. Number and Agency Interest Number</b>	
Telephone: ( )		Telefax: ( )	<b>FID:</b>	
			<b>AIN:</b>	
<b>D. Signature of person designated to sign for the owner, operator or responsible party</b>			<b>K. Federal Tax ID# or Social Security Number</b>	
<b>E. Check appropriate box below. The contract for work addressed in this application was signed:</b>				
<input type="checkbox"/> Before August 1, 1995, the owner/operator/responsible party receives reimbursement.				
<input type="checkbox"/> On or after August 1, 1995, and as required by Act 336 of the 1995 Regular Session, the RAC receives reimbursement.				
<b>F. Invoices to the owner (responsible party) addressed in this application: [Check appropriate quarter(s) and indicate year(s)]</b>				
<input type="checkbox"/> July 1,____ - Sept. 30,____		<input type="checkbox"/> Oct. 1,____ - Dec. 31,____		<input type="checkbox"/> Jan 1,____ - March 31,____
				<input type="checkbox"/> Apr 1,____ - June 30,____
<b>G. Program Grand Task Total Addressed in Part 1, B.2.a and Part 5:</b>				

Before me, the undersigned notary public, came and appeared \_\_\_\_\_ (please print or type the name shown in D above), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purpose expressed therein.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public (Signed, printed and notary # or Bar Roll # if Louisiana Notary)

My commission expires \_\_\_\_\_

State of \_\_\_\_\_

County or Parish of \_\_\_\_\_

**PART 2.A**  
**PROOF OF PAYMENT OF DEDUCTIBLE AFFIDAVIT**  
**(To be completed by Response Action Contractor)**

I, \_\_\_\_\_ (signature of principal or his designee for the response action contractor) certify that payments were made to \_\_\_\_\_ (name of response action contractor) in the amounts specified below, which were integral to the investigation/remediation of the below specified site.

1. Name of Site			
2 Site Address (Physical address, city).			
3.Parish Location		4. Site FID No.	
<b>Invoice No.</b> <small>(As contained in Part 6A, 6B or 6C of this application)</small>	<b>Date of Payment Received</b>	<b>Check No.</b>	<b>Amount</b>
Total Deductible Amount Addressed in Affidavit			

Before me, the undersigned notary public, came and appeared \_\_\_\_\_ (please print or type name shown in first paragraph), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purposes expressed therein.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public (Signed, printed, and notary # or Bar Roll # if a Louisiana notary)

State of \_\_\_\_\_ County or Parish of \_\_\_\_\_

**PART 3**  
**RESPONSE ACTION CONTRACTOR CERTIFICATION AFFIDAVIT**

I certify that this program task has been completed in accordance with La. R.S. 30:2194 et seq and La. R.S. 30:2195 et seq. I have reviewed and certify that all data and documentation submitted as part of this reimbursement application are a true and correct representation of costs actually incurred as an integral part of site rehabilitation from motor fuel contamination. I also certify that reimbursement from the Motor Fuels Underground Storage Tank Trust Fund has not been received on any of the charges identified in this application. I agree to reimburse the owner, operator, or the responsible party of the referenced site any monies due to him upon reimbursement from the Motor Fuels Underground Storage Tank Trust Fund.

The person responsible for conducting site rehabilitation warrants that he/she has not received any fee, commission, percentage, gift, or other consideration as a result of his employment of a person, company, corporation, individual, firm or other legal entity for purposes of conducting the site assessment or rehabilitation. Copies of mileage logs, detailed timesheets and RAC equipment rental rates sheets will be maintained for a period of four years following reimbursement for auditing purposes and will be readily available upon request by the DEQ or a DEQ contractor.

**If 1<sup>st</sup> application(s) for a release at this site, certification of the following statement must be provided by checking the box below:**

I certify that I have received payment for the appropriate deductible integral to the assessment/remediation of this site.

<b>A. Name principal/president of the company responsible for Conducting the site assessment/rehabilitation</b>			<b>H. Company Name</b>	
<b>B. Mailing Address</b>			<b>I. Response Action Contractor Telephone/Telefax Numbers</b>	
			Telephone: (    )	
<b>City</b>	<b>State</b>	<b>Zip</b>	Telefax: (    )	
<b>C. Facility Name</b>			<b>J. Facility I.D. Number &amp; Agency Interest Number</b>	
			FID:	
			AIN:	
<b>D Signature of the principal/president of the company or his Designee responsible for conducting site assessment/rehabilitation</b>			<b>K. Federal Tax ID# or Social Security Number</b>	
<b>E. Check appropriate box below. The contract for work addressed in this application was signed:</b>				
<input type="checkbox"/> Before August 1, 1995, the owner/operator/responsible party receives reimbursement.				
<input type="checkbox"/> On or after August 1, 1995, and as required by Act 336 of the Regular Session, the RAC receives reimbursement.				
<b>F. Invoices to the owner (responsible party) addressed in this application: [Check appropriate quarter(s) and indicate year(s)]</b>				
<input type="checkbox"/> July 1, ___ - Sept. 30, ___	<input type="checkbox"/> Oct. 1, ___ - Dec.31, ___	<input type="checkbox"/> Jan .1, ___ - March 31, ___	<input type="checkbox"/> April 1, ___ - June 30, ___	
<b>G. Program Grand Task Total Addressed in Part 1, B.2.a and Part 5:</b>				

Before me, the undersigned notary public, came and appeared \_\_\_\_\_ (please print or type name shown in D above), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purposes expressed therein.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public (Signed, printed, and notary # or Bar Roll # if a Louisiana notary)

My commission expires \_\_\_\_\_

State of \_\_\_\_\_

County or Parish of \_\_\_\_\_



**PART 5 – EVENT SUMMARY SHEET**

<b>PROGRAM GRAND TASK TOTAL</b>	<b>AIN</b>					<b>Owner ID No. (Responsible Party)</b>					
	<b>FID #</b>					<b>RAC Name:</b>					
	<b>1. Emergency/Initial Work</b>	<b>2. Investigation Work (Field Work)</b>		<b>3. Monitoring/Interim Work</b>		<b>4. Corrective Action Plan Work</b>		<b>5. Report Preparation Work</b>			
	<b>Charges</b>	<b>DEQ Adjustment</b>	<b>Charges</b>	<b>DEQ Adjustment</b>	<b>Charges</b>	<b>DEQ Adjustment</b>	<b>Charges</b>	<b>DEQ Adjustment</b>	<b>Charges</b>	<b>DEQ Adjustment</b>	
<b>A. Personnel</b>											
<b>B. Soil/Water Disposal</b>											
<b>C. Equipment</b>											
<b>D. Travel</b>											
<b>E. Transportation</b>											
<b>F. Drilling &amp; P &amp; A</b>											
<b>G. Analysis</b>											
<b>H. Miscellaneous (Includes Unit Pricing)</b>											
<b>Subtotals</b>											
<b>6. Charges in Application for Wells Sampled and Frequency</b>											
<b>Quarterly (No. of Wells)</b>			<b>Semi-Annually (No. of Wells)</b>			<b>Annually (No. of Wells)</b>					
<b>7. Groundwater Monitoring Report Period Charged in Application</b>											
<b>8. O &amp; M Schedule</b>		<b>Weekly</b>	<b>Bi-weekly</b>	<b>Twice Monthly</b>	<b>Monthly</b>						
					<b>Quarterly</b>						
<b>9. No. of Discharge Sampling Events Charged in Application</b>											
<b>10. Charge in Application for the DMR Report Submitted on the Following Date</b>											
<b>11. Dates work performed in application</b>		<b>Beginning</b>			<b>Ending</b>						
<b>12. Application Addresses Invoices to the Owner: (Enter year)</b>											
<b>July 1 – September 30</b>		<b>January 1 – March 31</b>									
<b>October 1 – December 31</b>		<b>April 1 - June 30</b>									
<b>Program Task Total</b>								<b>DEQ Comments, Notations for Deductibles , Treatment Units, &amp; Last Applications</b>			
<b>+ 2% Application Prep. - Work Before 1/1/2002</b>						+					
<b>Deductible or LDEQ Adjustments</b>											
<b>LDEQ Reimbursement</b>											
<b>Fiscal Year Charges</b>						<b>FY</b>		<b>FY</b>			
<b>Per Occurrence Amount:</b>							<b>\$500,000</b>		<b>\$1 million</b>		
<b>Annual Aggregate</b>							<b>\$1 million</b>		<b>\$2 million</b>		
<b>Remaining CAP Balance</b>								<b>Payment To:</b>	<b>RAC</b>		
								<b>Owner</b>			
<b>Reviewer Name</b>								<b>Trust Fund No.</b>			

**PART 5.A (1)**  
**PERSONNEL SUPPLEMENTARY SHEET**

Check Event	<input type="checkbox"/>	Emergency/Initial Work	<input type="checkbox"/>	Investigation Work	<input type="checkbox"/>	Monitoring/Interim Work	<input type="checkbox"/>	Corrective Action Plan Work	<input type="checkbox"/>
<input type="checkbox"/>	Report Preparation (Indicate type of report)	<input type="checkbox"/>	Site Investigation	<input type="checkbox"/>	CAP	<input type="checkbox"/>	Groundwater Monitoring Report	<input type="checkbox"/>	
<input type="checkbox"/>	Other								

1. Rates shown on this form cannot be adjusted higher.
2. Rate X No. Hrs. = Total
3. Personnel charges for work activities addressed in unit pricing should not be addressed in this form

PERSONNEL DUTIES	1/1/02 RATE	10/1/04 RATE	7/1/09 RATE	WORK PERFORMED (TIME PERIOD and DESCRIPTION)	INVOICE NO.	NO. HRS.	TOTAL
*PRINCIPAL	\$110	\$120	\$125				
*SENIOR TOXICOLOGIST	\$90	\$90	\$100				
*SENIOR ENGINEER	\$90	\$90	\$100				
*SENIOR GEOLOGIST	\$90	\$90	\$100				
*PROJECT MANAGER	\$90	\$90	\$100				
*PROJECT COORDINATOR	\$60	\$60	\$72				
TOXICOLOGIST	\$60	\$60	\$72				
ENGINEER	\$60	\$60	\$72				
GEOLOGIST	\$60	\$60	\$72				
ENVIRONMENTAL SPECIALIST	\$50	\$55	\$65				
FOREMAN	\$40	\$50	\$65				
DRAFTSMAN (Includes CAD Equipment)	\$60	\$60	\$65				
CLERICAL	\$30	\$30	\$35				
LABORER	\$30	\$30	\$35				
<b>SUBTOTAL THIS PAGE</b>							\$
<b>TOTAL PERSONNEL COSTS</b>							\$

\*There can be only one person in this designated job title performing these duties shown at any given period of time.

\*\*Only a limited number of hours should be shown for this position.







**PART 5.D (1)**  
**TRAVEL SUPPLEMENTARY SHEET**

Check Event:	<input type="checkbox"/> Emergency/Initial Work	<input type="checkbox"/> Investigation Work	<input type="checkbox"/> Monitoring/Interim Work	<input type="checkbox"/> Corrective Action Plan Work
<input type="checkbox"/> Report Preparation (Indicate type of report)-	<input type="checkbox"/> Site Investigation	<input type="checkbox"/> CAP	<input type="checkbox"/> Groundwater Monitoring Report	<input type="checkbox"/> Other _____

**LODGING/MEALS**

**Instructions:**

1. Overnight stay is allowed for any continuous type site work such as multiple site visits, treatment system installation, drilling/P&A wells, geoprobe/hydro-punch work at a site, over-excavation, soil treatment or at least 6 hour vacuum events.
2. Prior approval from the Trust Fund Management Section should be obtained for overnight stay for work other than that specifically identified in 1, above.
3. Meals are only reimbursable when overnight stay is required.
4. Claims for hotel charges must be accompanied by legible receipts indicating names of persons staying in room. Do not provide charge cards receipts. Names can not be added after receipt is generated.
5. No RAC markup allowed.
6. Single site visits: Hotel Charges + Meal Charges = Total
7. Multiple site visits: Hotel Charges + Meal Charges ÷ No. Of Sites Visited = Total
8. Airfares, toll charges, and taxi charges are not reimbursable
9. Travel charge for work activities addressed in unit pricing should not be addressed in this form.

RATES	7/1/07	7/1/09
Meals	\$26/day (\$29/day New Orleans)	\$30/day (\$35/day New Orleans)
Hotel – Statewide (See exceptions list below)	\$60/night	\$100/night
Shreveport//Bossier, Baton Rouge, LC/Sulphur, Gretna	\$65/night	
Kenner/Metairie	\$70/night	
New Orleans	\$100/night	\$150/night

**IMPORTANT: IF THE FOLLOWING SECTION IS NOT COMPLETED, CHARGES FOR MEAL/OVERNIGHT STAY WILL BE DISALLOWED.**

Check below the reason charges for overnight stay or meals are being requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Installed Treatment System | <input type="checkbox"/> Drilling, P/A Wells, Geoprobe, Hydro-punch Work |
| <input type="checkbox"/> Six hour vacuum event      | <input type="checkbox"/> Overexcavation                                  |
| <input type="checkbox"/> Multiple Site Visits       | <input type="checkbox"/> Soil Treatment                                  |
| <input type="checkbox"/> Other – _____              |  |

LAST NAME OF PERSON	RAC INVOICE NO.	DATE(S) TRAVELED	HOTEL CHARGES	TOTAL MEAL CHARGES	NO. OF SITES VISITED	TOTAL
<b>SUBTOTAL THIS PAGE</b>						\$







**PART 5.F**

**DRILLING/PLUGGING & ABANDONMENT SUPPLEMENTARY SHEET**

**Exception: Direct Push Equipment (Geoprobe & Hydro-Punch) charges are to be reported under Part 5.H.**

Check Event:	<input type="checkbox"/> Emergency/Initial Work	<input type="checkbox"/> Investigation Work	<input type="checkbox"/> Monitoring/Interim Work	<input type="checkbox"/> Corrective Action Plan Work
<input type="checkbox"/> Report Preparation (Indicate type of report) -	<input type="checkbox"/> Site Investigation	<input type="checkbox"/> CAP	<input type="checkbox"/> Groundwater Monitoring Report	<input type="checkbox"/> Other _____

**Instructions:**

1. The per foot rates encompass all costs associated with drilling or plugging & abandoning of wells, borings, piezometers, recovery wells with the exception of mileage, mob/demob unit price, analysis, and transportation and disposal of cuttings.
2. Companies that do not bill using a per foot rate should compute the per foot rate as follows:
  - A. Add all invoices associated with the borings, monitoring wells, recovery wells, piezometers. Delete exception charges noted in 1 above.
  - B. After arriving at the total, divide this figure by the total feet drilled for the borings, wells and piezometers. This amount will be the per foot rate. This rate cannot exceed the maximum allowable rates established by the LDEQ.
3. Depth of Well X Cost Per Foot = Total.
4. RAC markup for subcontracted work only is to be shown on the Miscellaneous Supplementary Sheet.
5. If a boring is converted to a monitoring well, it should be noted on this sheet. When a boring is converted to a monitoring well, the Department will pay only for the monitoring well cost.
6. DEQ will only reimburse for drilling/P & A of borings, piezometers & wells that have been required or approved by the DEQ.
7. Copy of drilling logs/well registration/ plugging and abandonment documentation required.
8. See Appendix B, Table 5 of Cost Control Guidance Document for rates.
9. Plugging and Abandonment of Wells (P/A) - In P/A Wells column, enter "1" if the wells p/a included overdrilling of wells, "2" if well p/a was limited to pulling casing/screen and grouting well, and "3" if well is grouted only.

MONITORING WELL, RECOVERY WELL, PIEZOMETER OR BORING IDENTIFICATION NUMBER (As shown in technical reports to DEQ for this site)	RAC INVOICE NO.	P/A WELLS (Enter 1, 2, or 3 based on instructions in 9 above)	WELL DIAMETER	DEPTH	COST PER FOOT RATE	TOTAL
<b>SUBTOTAL THIS PAGE</b>					\$	
<b>TOTAL P&amp;A COSTS</b>					\$	







**PART 5.H (2)**  
**MISCELLANEOUS SUPPLEMENTARY SHEET**  
**UNIT PRICING FORM**

Check Event:  Emergency/Initial Work  Investigation Work  Monitoring/Interim Work  Corrective Action Plan Work  
 Report Preparation (Indicate type of report)-  Site Investigation  CAP  Groundwater Monitoring Report  Other \_\_\_\_\_

Charges for the following activities shall be addressed on this form: groundwater sampling, discharge sampling and routine scheduled treatment unit operation and maintenance events. Refer to the Cost Control Guidance Document regarding specific activities/items covered under these unit prices. Use of the unit prices is voluntary beginning July 1, 2000. Beginning January 1, 2001, it is mandatory that work activities addressed under unit pricing be based on unit pricing.

UNIT PRICE ACTIVITY	RAC INVOICE NO.	RATES	COST
Groundwater Sampling - Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:		\$560.00 - 1 <sup>st</sup> Well \$175.00 – Others	
Groundwater Sampling - Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:		\$560.00 - 1 <sup>st</sup> Well \$175.00 – Others	
Groundwater Sampling - Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:		\$560.00 - 1 <sup>st</sup> Well \$175.00 – Others	
Groundwater Sampling - Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:		\$560.00 - 1 <sup>st</sup> Well \$175.00 - Others	
Treatment Unit Operation and Maintenance - Total No. of Events _____ List Dates O/M Occurred		<u>Active Remediation</u> \$337.50 - Weekly Dual Media Unit* \$675.00 - Biweekly or Twice monthly Dual Media Unit* \$395.00 - Biweekly Single Medium Unit \$170.00 - *Additional Units  <u>Post-Remediation</u> \$337.50 - Monthly Dual Media Unit \$560.00 - Quarterly Dual Media Unit \$337.50 - Quarterly Single Medium Unit \$170.00 - Additional Units	
Discharge Sampling Event -No. of Events ____ List dates sampling occurred (When additional sampling events is being requested due to an exceedance, a copy of the analytical result documenting the exceedance must be provided.)		\$225.00/event	
<b>SUBTOTAL THIS PAGE</b>	<b>\$</b>		

**PART 5.H (3)**  
**MISCELLANEOUS SUPPLEMENTARY SHEET**  
**UNIT PRICING FORM**

Check Event: <input type="checkbox"/> Emergency/Initial Work <input type="checkbox"/> Investigation Work <input type="checkbox"/> Monitoring/Interim Work <input type="checkbox"/> Corrective Action Plan Work <input type="checkbox"/> Report Preparation (Indicate type of report)- <input type="checkbox"/> Site Investigation <input type="checkbox"/> CAP <input type="checkbox"/> Groundwater Monitoring Report <input type="checkbox"/> Other _____																			
Use of the unit prices is voluntary beginning July 1, 2000. Beginning January 1, 2001, it is mandatory that work activities addressed under unit pricing be based on unit pricing.																			
UNIT PRICE ACTIVITY	RAC INVOICE NO.	RATES	COST																
Free Product Recovery - Total Number of Wells Handbailed _____ Date handbailing occurred _____ List wells handbailed below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 25%; height: 20px;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> </table>																		\$170.00 - 1 <sup>st</sup> Well *\$55.00 – Others The \$55.00 rate applies to all wells handbailed on same the date as sampled.	
Quarterly Monitoring Reports (if applicable) – Indicate report period		<u>Without Active Treatment Unit</u> \$1,680.00 - Initial \$1,400.00 - Subsequent  <u>Active Treatment Unit</u> \$2,800.00 - Initial w/New Wells \$2,520.00 - Subsequent																	
Jan - March	April - June																		
July - Sept.	Oct. - Dec.																		
Semi-Annual Report (if applicable) - Indicate report period		<u>Without Active Treatment Unit</u> \$1,960.00 - Initial \$1,680.00 - Subsequent  <u>Active Treatment Unit</u> \$3,080.00 - Initial w/New Wells \$2,800.00 - Subsequent																	
Jan. - June	July - Dec.																		
State or Municipal/Parish Quarterly Discharge Monitoring Report - Indicate date report submitted NOTE : The state permit now requires quarterly reporting, not annual.		\$200.00/ Report (\$75.00 for “No Discharge”)																	
Trust Fund Reimbursement for Application Preparation/Invoicing Work		\$50.00 - Between \$.01 and \$249.99 \$115.00 - Between \$250.00 and \$999.99 \$280.00 - Between \$1,000.00 and \$29,999.99 \$560.00 - \$30,000 and above																	
Jan – March	April – June																		
July – Sept	Oct. – Dec.																		
Risk Evaluation/Corrective Action Report – Appendix I Sites Only Date Report Submitted to LDEQ _____		\$6,720.00 - Appendix I Only +\$500.00 - Appendix I & >20 Borings +\$500.00 - Appendix I & Diesel or Oil +\$550.00 - Enclosed structure \$3,360 – MO-1 only \$500.00 – Response to TL requested revisions																	
<b>SUBTOTAL THIS PAGE</b>		\$																	

**PART 5.H (4)**  
**MISCELLANEOUS SUPPLEMENTARY SHEET**  
**UNIT PRICING FORM**

Check Event:  Emergency/Initial Work  Investigation Work  Monitoring/Interim Work  Corrective Action Plan Work  
 Report Preparation (Indicate type of report)-  Site Investigation  CAP  Groundwater Monitoring Report   
 Other \_\_\_\_\_

Use of the unit prices is voluntary beginning July 1, 2000. Beginning January 1, 2001, it is mandatory that work activities addressed under unit pricing be based on unit pricing.

UNIT PRICE ACTIVITY	RAC INVOICE NO.	RATES	COST
Bid Package Preparation: Provide Bid Summary with RAC Invoice.  Description of work _____  Description of work _____		\$0.00 - Work \$0.00 - \$1,999.99 \$112.00 - Work \$2,000.00 - \$9,999.99 \$280.00 - Work = or >\$10,000.00 \$1,680.00 - Treatment System Installation; = or > 500 cu. yd excavation \$560.00 - Treatment Unit Purchase or Used Treatment System Sale	
Conveyance Notice		<b>\$900.00 per Affected Property</b>	
Corrective Action Plan		\$6,720.00 - Initial CAP Development \$3,920.00 - CAP Addendum - Cont'd. Operation of Systems 5% CAP for Vacuum Events (maximum - \$3,920) 10% All Others (maximum - \$3,920)	
Corrective Action Plan Constructions & Operations Report		<b>\$1,770.00/ Report</b>	
Gauging Wells		<b>\$15.50 per well</b>	
High Cost Panel Meeting Preparation and Attendance Date of Meeting _____		<b>\$675.00 per meeting</b>	
Mob/Demob for Drilling/Direct Push/P&A Date/Type of event _____		<b>\$275.00 one time per event</b>	
Obtaining offsite access Date/Type of event _____		<b>\$395.00 per property</b>	
Plugging & Abandonment Report		17% with \$560 Minimum \$1,680 Maximum.	
Plugging & Abandonment Work Plan		4% with \$280 Minimum	
Site Investigation or Soil Confirmation Report (Report has to have been submitted)		17% cost of reimbursed work performed	
Site Investigation or Soil Confirmation Work Plan		4% of cost of work proposed in work plan	
Vacuum Extraction Pilot Test		<b>\$2,800.00</b>	
<b>SUBTOTAL THIS PAGE</b>		\$	
<b>TOTAL MISCELLANEOUS COSTS</b>		\$	

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**PART 6.A**  
**RAC OR OWNER INVOICE SUMMARY**

List in chronological order, all RAC invoices to the owner and all other invoices billed directly to the owner (except laboratory) on this sheet. Each application can address invoices dated for a period of no more than a single fiscal year (July 1 thru June 30). Attach to this sheet copies of all invoices listed on the sheet. Outside invoices/receipts should be attached to the RAC/Owner Invoice.

**NOTE:** All markups are to be included in the adjusted amount column total on this form and must be listed as a separate line item on the invoice.

Calculate the total in the “Adjusted Amount” column as follows:

**Total Shown on Invoice – (Minus) Ineligible Charges Shown in the Invoice, Actual Specialized Services Amounts, and Actual Laboratory Amounts = Adjusted Amount Column Total**

<b>Site Name:</b>			<b>Invoice Reporting Period:</b>			<b>Through</b>
<b>Site Address:</b>			<b>Facility ID#:</b>			
WORK PERFORMED (TIME PERIOD)	INVOICE DATE	COMPANY NAME	INVOICE NO.	ADJUSTED AMOUNT	DEQ COMMENTS	

<b>FOR DEQ USE ONLY</b>		<b>SUBTOTAL RAC OR OWNER INVOICE SUMMARY</b>	<b>\$</b>
<b>ADJUSTED TOTAL</b>	<b>\$</b>	<b>TOTAL RAC OR OWNER INVOICE SUMMARY</b>	<b>\$</b>

**PART 6.B**  
**SUBCONTRACTED SPECIALIZED SERVICE INVOICE SUMMARY**  
**(EXCLUDING LABORATORY SERVICES)**

List, in chronological order, all subcontracted specialized service invoices to the RAC addressed in the reimbursement application on this sheet. Each application can address invoices dated for a period of no more than a single fiscal year (July 1 thru June 30). Attached to this sheet, copies of all subcontracted specialized service invoices listed on the sheet. IDENTIFY ON EACH SUBCONTRACTOR INVOICE THE CORRESPONDING RAC INVOICE NUMBER.

Calculate the total in the "Adjusted Amount" column as follows: Total Shown on Subcontractor Invoice – (Minus) Ineligible Charges = Adjusted Amount Column.

<b>Site Name:</b>			<b>Invoice Reporting Period:</b> _____ <b>Through</b> _____		
<b>Site Address:</b>			<b>Facility ID#:</b> _____		
WORK PERFORMED (TIME PERIOD)	INVOICE DATE	COMPANY NAME	INVOICE NO.	ADJUSTED AMOUNT	DEQ COMMENTS
<b>FOR DEQ USE ONLY</b>		<b>SUBTOTAL SUBCONTRACTOR INVOICES</b>			\$
<b>ADJUSTED TOTAL</b>	\$	<b>TOTAL SUBCONTRACTOR INVOICES</b>			\$

**PART 6.C**  
**LABORATORY ANALYSES INVOICE SUMMARY**

List in chronological order, all laboratory analyses invoices addressed in the reimbursement application on this sheet. Each application can address invoices dated for a period of no more than a single fiscal year (July 1 thru June 30). Attach to this sheet, copies of all laboratory invoices listed on the sheet. IDENTIFY ON EACH SUBCONTRACTED INVOICE THE CORRESPONDING RAC INVOICE NUMBER.

Calculate the total in the “Adjusted Amount” column as follows: Total Shown on Laboratory Invoice – (Minus) Ineligible Charges = Adjusted Amount Column Total.

<b>Site Name:</b>			<b>Invoice Reporting Period:</b>			<b>Through</b>		
<b>Site Address:</b>			<b>Facility ID#:</b>					
WORK PERFORMED (TIME PERIOD)	INVOICE DATE	COMPANY NAME	INVOICE NO.	ADJUSTED AMOUNT	DEQ COMMENTS			
<b>FOR DEQ USE ONLY</b>		<b>SUBTOTAL LAB ANALYSES INVOICES</b>				<b>\$</b>		
<b>ADJUSTED TOTAL</b>	<b>\$</b>	<b>TOTAL LAB ANALYSES INVOICES</b>				<b>\$</b>		





**PART 8 of APPLICATION  
PURCHASE AGREEMENT FORM  
(TREATMENT SYSTEMS ONLY)**

1. Treatment systems are defined as systems used in remediation of a contaminated underground storage tank site (hereinafter referred to as "equipment").
2. The owner, operator, RP, or Response Action Contractor (RAC) (person retaining ownership) is responsible for and will ensure that the equipment is inspected, serviced and repaired as required to ensure its continued effectiveness.
3. Prior to relocating the equipment to another site, the owner, operator, RP, or RAC will notify the Trust Fund Section of the Financial Services Division of the relocation by completing a new Treatment System Tracking Form.
4. After selling the equipment, the owner, operator, RP, or RAC will reimburse the Trust Fund all proceeds, less commission or other related expenses, (not to exceed 20% of the selling price).
5. If the owner, operator, RP, or RAC relocates the equipment to a non-Trust Fund, the owner, operator, RP or RAC will reimburse the Trust Fund ten percent (10%) of the purchase cost of the equipment.

I agree to comply with the terms and conditions as stated above.

\_\_\_\_\_  
Signature of Owner, Operator, RP, or RAC  
(Circle: Owner, Operator, RP, or RAC)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Typed or Printed Name of Owner, Operator, RP, or RAC  
(Circle: Owner, Operator, RP, or RAC)

\_\_\_\_\_  
Cost of Unit

\_\_\_\_\_  
Mailing Address of Owner, Operator, RP, or RAC (above)

Phone No. \_\_\_\_\_                      Telefax No. \_\_\_\_\_

Site Name: \_\_\_\_\_

Facility ID No. \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Equipment Serial Number: \_\_\_\_\_