

**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 ALPS
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 1st 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.
4. An application has been submitted before the DEQ required assessment of the site has been completed.

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 Facility Identification Number and Agency Interest No.)	(No. of tanks owned in La. at time of incident by responsible party)
	FID: AIN:	! 1 –100 - \$1 mil annual agg. ! 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, ____

The initial request for reimbursement will be accepted by the Trust Fund Section **only** after the completion of the site investigation. Subsequent 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. Exception: 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.

(Any application submitted to the Trust Fund Management Section on and after February 1, 2002, must be submitted on this form.)

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 release_____ 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.

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

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 1st application 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.

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

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

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.	
Invoice No. <small>(As contained in Part 6A, 6B or 6C of this application)</small>	Date of Payment Received	Check No.	Amount
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 _____, _____.

Notary Public

My commission expires _____

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 1st application 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.

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

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

My commission expires _____

State of _____

County or Parish of _____

PART 5 – EVENT SUMMARY SHEET

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

**PART 5.A
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"/> 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				

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

PERSONNEL DUTIES	8/1/95 RATE	7/1/00 RATE	1/1/02 RATE	WORK PERFORMED (TIME PERIOD)	INVOICE NO.	NO. HRS.	TOTAL
*PRINCIPAL	\$110	\$110	\$110				
*SENIOR TOXICOLOGIST	NET	\$90	\$90				
*SENIOR ENGINEER	\$85	\$90	\$90				
*SENIOR GEOLOGIST	\$85	\$90	\$90				
*PROJECT MANAGER	\$75	\$90	\$90				
*PROJECT COORDINATOR	\$60	\$60	\$60				
TOXICOLOGIST	NET	\$60	\$60				
ENGINEER	\$55	\$60	\$60				
GEOLOGIST	\$55	\$60	\$60				
ENVIRONMENTAL SPECIALIST	\$45	\$50	\$50				
FIELD ENGINEER	\$45	NET	NET				
FIELD GEOLOGIST	\$45	NET	NET				
*SENIOR DRAFTSMAN	\$45	NET	NET				
*SENIOR TECHNICIAN	\$45	NET	NET				
SUBTOTAL THIS PAGE					\$		

*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. NET – Not Existing Title

PART 5.A continued
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"/> 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

1. **RATES SHOWN ON THIS SHEET 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	8/1/95 RATE	7/1/00 RATE	1/1/02 RATE	WORK PERFORMED (TIME PERIOD)	INVOICE NO.	NO. HRS.	TOTAL
FOREMAN	\$40	\$40	\$50				
DRAFTSMAN (Includes CAD Equipment)	\$35	\$60	\$60				
OPERATOR	\$35	\$35	\$35				
TECHNICIAN	\$35	NET	NET				
CLERICAL	\$30	\$30	\$30				
LABORER	\$25	\$30	\$30				
SUBTOTAL THIS PAGE					\$		
TOTAL PERSONNEL COSTS					\$		

*There can be only one person in this designated job title performing these duties at any given period of time.
NET – Not Existing Position

PART 5.D(1)
TRAVEL SUPPLEMENTARY SHEET

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 _____

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.
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	7/1/97	7/1/99
Meals	\$24/day (\$28/day New Orleans)	\$26/day (\$29/Day New Orleans)
Hotel – Statewide (See exceptions list below)	\$50/nite	\$55/nite
Monroe	\$55/nite	\$55/nite
Baton Rouge	\$55/nite	\$60/nite
Shreveport//Bossier/Lake Charles	\$60/nite	\$70/nite
New Orleans	\$70/nite	\$80/nite

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

Check below the reason charges for overnite 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 - Only Address for Non-Unit Price Activities | <input type="checkbox"/> Soil Treatment |
| | <input type="checkbox"/> Other – _____ |

Facility Identification No.	Facility Identification No.

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

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 _____
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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 a single project manager and a single geologist, their travel, 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 and 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 and "2" if well p/a was limited to pulling casing/screen and grouting well.

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

PART 5.H(1)
MISCELLANEOUS SUPPLEMENTARY SHEET

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

1. All costs not associated with the previous categories should be listed here. (Ex.: utility charges, geoprobe/hydro-punch charges, DOTD permits/maps, DEQ permits, surveying charges, subcontracted drafting charges, purchases of supplies, disposal sampling kits and bailing kits)
2. Miscellaneous charges for work activities addressed in unit pricing should not be addressed in this form.
3. All markups allowed to the RAC should be identified on this sheet based on the rates shown below:

ITEMS		7/1/97	7/1/98	7/1/99
Subcontracted Spec. Service, Landfill Charges, Transportation Costs (Excluding analysis shipment), Outside Surveyor & Equipment		10%	10%	10%
Purchases (excluding overhead & travel), Sampling & Analysis, Sand, Fill Dirt, Pea Gravel, Drums, Concrete, Replacement Blowers, Pumps & Compressors		5%	10%	10%
Shipment of Samples to Laboratory (when not unit price activity)		5%	10%	10%
Sampling Kit (when not unit price activity)		5%	\$22	\$22
Rentals (when not unit price activity)		0	0	10%
DESCRIPTION OF EACH MISCELLANEOUS ITEM AND NO. OF ITEMS		RAC INVOICE NO.	OUTSIDE INVOICE NO.	COST
SUBTOTAL THIS PAGE			\$	

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

Check Event: <input type="radio"/> Emergency/Initial Work <input type="radio"/> Investigation Work <input type="radio"/> Monitoring/Interim Work <input type="radio"/> Corrective Action Plan Work <input type="radio"/> Report Preparation (Indicate type of report)- <input type="radio"/> Site Investigation <input type="radio"/> CAP <input type="radio"/> Groundwater Monitoring Report <input type="radio"/> 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:					475.00 - 1 st Well 125.00 - Others	
Groundwater Sampling - Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:					475.00 - 1 st Well 125.00 - Others	
Groundwater Sampling - Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:					475.00 - 1 st Well 125.00 - Others	
Groundwater Sampling- Total Number of Wells Sampled _____ Date sampling occurred _____ List wells sampled below:					475.00 - 1 st Well 125.00 - Others	
Treatment Unit Operation and Maintenance - Total No. of Events _____ List Dates O/M Occurred _____					550.00/event - Single Unit 300.00/event - Each Additional Unit	
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.					7/1/00 – 12/31/01 275.00/event Beginning 1/1/02 \$200.00/event	
SUBTOTAL THIS PAGE				\$		

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 _____																			
Charges for the following activities shall be addressed on this form: groundwater monitoring reports, annual discharge reports, trust fund application/invoicing preparation charges, and Risk Evaluation/Correction Action Report (Appendix K Sites Only) . Refer to the Cost Control Guidance Document regarding specific 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																
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>																		\$135.00 - 1 st Well *\$30.00 – Others The \$30.00 rate applies to all wells handbailed on same the date as sampling..	
Quarterly Monitoring Reports (if applicable) – Indicate report period		2,500.00 - Initial 1,500.00 Subsequent																	
Jan - March	April - June																		
July - Sept.	Oct. - Dec.																		
Semi-Annual Report (if applicable) - Indicate report period		2,500.00 - Initial 1,500.00 Subsequent																	
Jan. - June	July - Dec.																		
Annual Groundwater Report - Indicate report period		2,500.00 - Initial 1,650.00 - Subsequent																	
Jan. - Dec.																			
Annual State Discharge Monitoring Report - Indicate date report submitted		400.00/ Report																	
Quarterly Municipal Discharge Monitoring Report – Indicate date report Submitted		\$100.00/Report																	
Trust Fund Reimbursement for Application Preparation/Invoicing Work		\$250.00/Quarter																	
Jan – March	April – June																		
July – Sept	Oct. – Dec.																		
Trust Fund Reimbursement for Application Preparation/Invoicing - Work Related to Site Investigation or Treatment Unit Installation		\$1,000.00/Quarter Site Investigation – No more than 3 quarters Treatment Unit Installation – No more than 3 quarters																	
Jan – March	April – June																		
July – Sept	Oct. – Dec.																		
Risk Evaluation/Corrective Action Report – Appendix K Sites Only Date Report Submitted to LDEQ _____		\$4,500.00 Report \$5,000.00 Report – (Greater than 20 Borings & Used Oil or Diesel)																	
SUBTOTAL THIS PAGE		\$																	
TOTAL MISCELLANEOUS COSTS		\$																	

**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

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

FOR DEQ USE ONLY		SUBTOTAL RAC OR OWNER INVOICE SUMMARY	\$
ADJUSTED TOTAL	\$	TOTAL RAC OR OWNER INVOICE SUMMARY	\$

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.

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

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.

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

**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: _____