## LOUISIANA MOTOR FUELS UNDERGROUND STORAGE TANK TRUST FUND REIMBURSEMENT APPLICATION PART 1

#### **SITE IDENTIFICATION**

TF No. Reviewer's		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 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.
- 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	<b>Identified in Part 2 - Affidavit</b>			
(SACTIMAL CULTURAL MARC)	T.M. or Trusposition 2 mr. j mo				
(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:	! 1 −100 - \$1 mil annual agg.			
	AIN:	! 101 or more - \$2 mil ann. agg			

B. APPLICATION INFOR	KMATION	
1. This application incl	udes ALL INVOICES to the	owner (responsible party) dated from: [Check appropriate
quarter(s) and indica	te year(s)]:	
!	July 1,through Septe	ember 30,
!	October 1,through 1	December 31,
!	January 1,through N	March 31,
!	April 1,through June	
include <u>all</u> invoices dated during at application may include invoices w However, all multiple calendar quart	least one calendar quarter: July through Septe hich cover more than one calendar quarter, er invoices must be dated within a single sta	n <u>only</u> after the completion of the site investigation. Subsequent application requests must ember, October through December, January through March, or April through June. A single provided the application includes <u>all</u> invoices for the entire calendar quarter or quarters. te fiscal year, July 1 – June 30. Once an application is submitted to DEQ, invoices for the then the RAC for a site changes during a quarter, two separate applications addressing each
2. a. Program Grand Tas	k Total \$	b. Specialized Services \$
(Total show	n in Part 5 of this application)	(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)	
		LEASE INFORMATION		
1	1.	The incident address in this applicate ! Tank ! Piping ! Dispenser		
2	2.	If the release is from a tank(s), ples	ase indicate the leaking tank ide	entification number(s) as assigned by DEQ:
3	3.	a. Substance release	b. Date released	c. Incident no(s)
	Q	uestions 4 and 5 pertain to the status of	the facility at the time the incident of the courrence amount designated for the	occurred and will be used to determine the per
	1.	This facility meets the definition o	f a petroleum marketing facility oduced or refined, or a facility f	(petroleum marketing facility is defined as rom which petroleum is sold or transferred
	5.	The average monthly throughput for previous calendar year). ! Yes		ns (based on annual throughput for the
(	5.	Date of original registration		
-	7.	Site Assessment		
		Date Submitted to DEQ	DEQ Approval Date	Approved Cost
		Date Addendum Submitted	DEQ Approval Date	Cost
8	<b>.</b>	Corrective Action Plan and Each A		
				Approved Cost
				Approved Cost
				Approved Cost
		Addendum Submittal Date	DEQ Approval Date	Approved Cost
		Was any over-excavation approved DTOR FUEL DELIVERY FEES	d? (attach approval letter)! Yes!	No
		Name of each bulk operator collection	cting the motor fuel delivery fe	e for this site for the past four years and the
		bulk operator's DEQ certificate nu	mber.	- ,
Na	me	of the Bulk Operator		*DEQ Issued Certificate Number
*This	is fi	ve digit number with a hyphen between the secon	d and third digits. Ex. 01-002	

I certify the following:

- 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;
- the travel charges contained in this application are based on the mileage logs which indicate the person traveling, the 3. distance traveled and beginning/ending odometer readings;
- and, I personally examined and am familiar with the information submitted with this application, and that I 4. 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, C			sponding invoices <u>or</u> Pro arty	H. Site Name				
B. Mailing Addı	ess			I. Site A	Address			
				Physical	l Address			
City	State		Zip	City		Parish		
C. Telephone/Tel	efax Number	S		J. Facil	lity I.D. Numb	er and Agenc	y Interest Number	
Telephone: ( )		Telefax:	( )	FID:	·		V	
				AIN:				
D. Signature of operator or respo		gnated to	sign for the owner,		eral Tax ID# o	r Social Secu	rity Number	
E. Check approp	riate box belo	w. The co	ntract for work addres	sed in thi	s application v	was signed:		
! Before August 1	, 1995, the ow	ner/opera	tor/responsible party ro	eceives rei	imbursement.			
			ired by Act 336 of the 1				es reimbursement. er(s) and indicate year(s)]	
			Dec. 31,		Jan 1, M	arch 31,	!April 1, June 30,	
G. Program Gran	d Task Total	Addressed	l in Part 1, B.2.a and Pa	art 5:				
fore me the unde	rsigned notary	nublic ca	ime and appeared			nlease print	or type the name shown in	
				on affidavi			eing duly sworn, did state und	
th or affirmation th	at he/she exec	uted said d	ocument for the purpose	expressed	l therein.			
ITNESS my hand a	and official sea	al this	day of		·			
				My com	mission expires	3		
tary Public				, •••••				
ate of				County	or Parish of			

# PART 2.A PROOF OF PAYMENT OF DEDUCTIBLE AFFIDAVIT

(To be completed by Response Action Contractor)

ontractor) certify that payments wontractor) in the amounts specified pecified site.	vere made toed below, which w	ere integral t	o the investigation/reme	_(name of response action diation of the below
1. Name of Site				
2 Site Address (Physical addre	ess, city).			
3.Parish Location	4.	Site FID No		
Invoice No. (As contained in Part 6A, 6B or 6C of this application)	Date of Payment	Received	Check No.	Amount
Total Deduc	ctible Amount Addres	ssed in Affidavi	t	
efore me, the undersigned notary public aragraph), who, being known to me, did nder oath or affirmation that he/she exec	e, came and appeared_ execute the foregoing cuted said document f	g certification a or the purposes	(please priffidavit in my presence, and expressed therein.	int or type name shown infirs who, being duly sworn, did st
VITNESS my hand and official seal, this	day of	· · · · · · · · · · · · · · · · · · ·	·	
otary Public		Му со	ommission expires	
otta of		G.	D 11 6	

# 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 DEO or a DEO contractor.

If 1st application for a release at this site, certification of the following statement must be provided by checking the box below:

H. Company Name
I. Response Action Contractor Telephone/Telefax Numbers
Telephone: ( )
Telefax: ( )
J. Facility I.D. Number & Agency Interest Number
FID:
AIN:
K. Federal Tax ID# or Social Security Number
this application was signed:
reimbursement.
Session, the RAC receives reimbursement.
on: [Check appropriate quarter(s) and indicate year(s)]
1, March 31, ! April 1, June 30,
(please print or type name shown in D above),
presence, and who, being duly sworn, did state under oath or ein.
My commission expires
1

# PART 5 – EVENT SUMMARY SHEET

PROGRAM GRAND TASK	FID No.					(	Owner II	D No. (Respons	sible Pa	arty)							
TOTAL	AIN					I	RAC Nai	me:									
	1. En	nergency Work	y/Initial	2.	Investig (Field	gation V Work)	Work	3. Monito	ring/In /ork	iterim		4. Corre tion Plan			Pre	5. Repeparation	oort n Work
	Charges	Ad	DEQ ljustment	Ch	arges		EQ stment	Charges		DEQ ustment	Char	ges	DE( Adjustn	_	Char	ges	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 Applic	ation for W			Freque						_							Notations for tment Units, &
Quarterly (No. of Wells)			nnually f Wells)			nnually . of Wells)	)	Program Tas								Last Appl	
								+ 2% Application + 2% A			+						
7. Groundwater Mon Period Charged in A		ort						Deductible of Adjustments		Q							
8. O & M Schedule	2X Week	V	Veekly	2X N	Month	Mo	onthly		DEQ								
9. No. of Discharge Sa	ampling Ev	ents Ch	arged in A	Applicat	tion	· ·		Reimb	urser	nent							
			e					Fiscal Year Cl	harges		FY				FY		
11. Dates work performed in application Beginning			Ending			Per Occurren	Per Occurrence Amount:			\$500,00	500,000			\$1 mill	ion		
10. Charge in Application for the DMR Report Submitted on the Following Date  11. Dates work performed in application  12. Application Addresses Invoices to the Owner:		(Enter	year)			Annual Aggr	Annual Aggregate			\$1 million			\$2 mill	ion			
July 1 – September 3	0		January	1 – Mai	rch 31			Remaining C	CAP Ba	lance				Paym To:	nent	RAC	
October 1 – Decembe	er 31		April 1 -	June 30	0			Reviewer Na	me				Trus	t Fund	l No.	Owner	

# PART 5.A PERSONNEL SUPPLEMENTARY SHEET

Check Event	© Emergency/Initial Work	© Investigation Work	© Monitoring/Interim Work © Corrective Action Plan Work
©Report Prepar	ation (Indicate type of report)-	<ul><li>Site Investigation</li></ul>	© CAP © Groundwater Monitoring Report ©
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	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	NET	\$90	\$90				
TOXICOLOGIST	NEI	φ90	\$90				
*SENIOR	\$85	\$90	\$90				
ENGINEER *SENIOR GEOLOGIST	\$85	\$90	\$90				
*PROJECT	\$75	\$90	\$90				
MANAGER							
*PROJECT COORDINATOR	\$60	\$60	\$60				
TOXICOLOGIST	NET #55	\$60	\$60				
ENGINEER GEOLOGIST	\$55 \$55	\$60 \$60	\$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				
		GLIDES		EG DA CE	ф		
		SUBTO	TAL TH	IS PAGE	\$		Onlar a

		SUBTO	TAL TH	IS PAGE		\$		
	nere can be only one persited number of hours sh		•	•	• •	given period	of time. **(	Only a
Pag	eof(Personn	nel Supplementary	Sheet)		FID NO			

# PART 5.A continued PERSONNEL SUPPLEMENTARY SHEET

Check Event: © Emergency/Initial Work © Investi	tigation Work ©	Monitoring/Interim Work ©	Corrective Action Plan Work
© Report Preparation (Indicate type of report) - ©	Site Investigation © C	CAP © Groundwater Monitori	ng Report © 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	8/1/95	7/1/00	1/1/02	WORK PERFORMED	INVOIC	E NO.	
DUTIES	RATE	RATE	RATE	(TIME PERIOD)	NO.	HRS.	TOTAL
FOREMAN	\$40	\$40	\$50				
DRAFTSMAN	\$35	\$60	\$60				
(Includes CAD							
Equipment)							
OPERATOR	\$35	\$35	\$35				
TECHNICIAN	\$35	NET	NET				
22 24							
CLERICAL	\$30	\$30	\$30				
LABORER	\$25	\$30	\$30				
Z.IDOREK	ΨΞυ	ΨΟΟ	φυσ				
	I	SUBT	OTAL TI	HIS PAGE	<b>B</b>		
					_		
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 Existin	g Position
1121 1101 201	<b>9</b> - 00-1-01
Pageof	(Personnel Supplementary Sheet)

### PART 5.B SOIL/WATER DISPOSAL 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

#### **Instructions:**

**Page** 

of

- 1. This form should include all soil disposal charges or water disposal charges.
- 2. Do not address the RAC markup on this page. Indicate markup on Miscellaneous Supplementary Sheet.
- 3. Written approval from DEQ must be provided with application when the following volumes are exceeded: soil-250 cubic yards, water 1500 gallons. When DEQ has approved at least 6 hours of vacuum event it is not necessary to submit documentation on volumes of water exceeding 1500 gallons. If the written approval is not received, the charges will be disallowed.
- 4. If the disposal invoice addresses multiple sites, copies of manifests, bills of lading, etc. must be provided.
- 5. Cubic Yards (Soil) X Cost Per Unit = Total
- 6. Gallons (Water) X Cost Per Unit = Total

	RAC INVOICE	OUTSIDE INVOICE	CUBIC YARDS OR	COST PER	
TYPE OF DISPOSAL	NO.	NO.	GALLONS	UNIT	TOTAL
	,	\$			
	TOTAL DI	SPOSAL COST	S		\$

(Soil/Water Disposal Supplementary Sheet)

### PART 5.C EOUIPMENT RENTAL/PURCHASE SUPPLEMENTARY SHEET

	•					
Che	ck Event: © Emergency/Initial Work	© Investigation Work	© Moni	oring/Interim Work	© Corrective Action Plan Work	
(O	Report Preparation (Indicate type of report	ort) - © Site Investigation	© CAP	© Groundwater N	Monitoring Report © Other	

- 1. This form should include all charges for outside rental, contractor-owned rental equipment, and purchased equipment.
- 2. Treatment Units Must provide a completed Treatment Tracking Sheet & Purchase Agreement Sheet.
- 3. Claims for rental of vehicles are not reimbursable.
- 4. Do not address the RAC markup on this page. Indicate the markup on the Miscellaneous Supplementary Sheet.
- 5. No. of Units X Rental Rate X Hours Used At Site = Total
- 7. Daily rates are based on 8-hour day. Equipment rental costs for more or less than an 8-hour day must be prorated.
- 8. Equipment charges for work activities addressed in unit pricing should not be addressed in this form.
- 9. Rental rates for contractor owned equipment are addressed in Appendix B, Table 2 of the Cost Control Guidance Document.

10. The rating of the following equipment must be provided: Air Compressor – cfm, backhoe – bucket size, dump truck – yard capacity, trackhoe – horsepower, vacuum truck - horsepower.

capacity, tra	ickhoe – horsepow	er, vacuum tru	ck - horsepow	er.	T		r				
ITEM DESCRIPTION	EQUIPMENT RATING (Air compressor, backhoe, dump truck, trackhoe, vacuum truck)	RAC INVOICE NO.	OUTSIDE INVOICE NO.	DATES EQUIPMENT USED	RENTAL RATES	HOURS USED	TOTAL				
	SU	BTOTAL TI	HIS PAGE			\$					
	TOTA	L EQUIPM	ENT COST	'S		\$					
Page <u>of</u>	geof(Equipment Rental/Purchase Supplementary Sheet)										

Page\_\_\_\_\_of\_\_\_(Equipment Rental/Purchase Supplementary Sheet)

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

Check Event: © Eme	ergency/Initial Work © Investigat	ion Work © Moni	toring/Interim Work	© Corrective Acti	on Plan Work
© Report Preparation	on (Indicate type of report)- © S	ite Investigation © C	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.

7/1/97

- 5. No RAC markup allowed.
- 6. Single site visits: Hotel Charges + Meal Charges = Total

RATES

- 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.

Meals			\$24/day (\$28/day New Orleans)				\$26/day (\$29/Day New Orleans)		
	(See exceptions lis	st below)	\$50/nite					5/nite	
Monroe			\$55/nite					5/nite	
Baton Rouge					55/nite		\$60/nite		
	ssier/Lake Charles				660/nite		\$70/nite		
New Orleans					570/nite			0/nite	
						ES FOR MEAL/OVER	NIGHT STAY WILL B	E DISALLOWED.	
	reason charges for								
☐ Installed Treat					Geopro	be, Hydro-punch V			
☐ Six hour vacuu			)verexca				☐ Soil Treatmen	t	
☐ Multiple Site V	isits - Only Addres	ss for Non-	Unit Pri	ice Activitie			□ Other –		
<b>Facility Identification</b>	No.				Facility	Identification No.			
LAST NAME OF PERSON	RAC INVOICE NO.	DATI TRAVI		HOTI CHAR		TOTAL MEAL CHARGES	NO. OF SITES VISITED	TOTAL	
	THIS P	PAGE				\$			

Page\_\_\_\_of\_\_\_(Travel Supplementary Sheet)

# **PART 5.D(2)**

#### TRAVEL SUPPLEMENTARY SHEET

#### ALL TRAVEL ON OR AFTER 1/1/02 SHOULD BE SHOWN ON 5.D(3)

Che	ck Event: © Emergency/Initial Work © Investigation Work	©	Monitoring/Interim Work	©	Corrective Action Pla	n Work
0	Report Preparation (Indicate type of report) - © Site Investig	ation	© CAP © Groundwar	er Mo	nitoring Report ©	Other

MILEAGE (Use this form for travel performed before January 1, 2002, by non-environmental specialist personnel) Instructions:

- 1. No RAC markup for mileage allowed.
- 2. Mileage to a site will be paid from either the nearest workplace, nearest state line (for out-of-state RACs) or airport, whichever is shortest. No additional mileage will be allowed. Nearest workplace will be the office location closest to the UST site(s) visited.
- 3. Rates -8/1/95 .30, 7/1/97 .31, 7/1/98 .33 and 7/1/99 .31
- 4. Single Site Visits: Total Mileage X Rate = Total
- 5. Multiple Site Visit: Total Mileage ÷ No. of Sites Visited = Adjusted Mileage X Rate = Total
- 6. Travel charges for work activities addressed in unit pricing should not be addressed in this form.

DATE	DESTINATION Show Beginning, Interim, Ending Areas Traveled (Ex.: Laf., Crowley, Abbeville, Laf.)	RAC INVOICE NO.	TOTAL MILEAGE	Comp columns multipl	olete these s only when de site visits curred  ADJUSTED MILEAGE	R A T E	TOTAL		
	STIDTOT	AT THE DAC	7				\$		
	SUBTOTAL THIS PAGE								

Page o	f (	ľ	ľ	ra	V	el	Šτ	ıp	$\mathbf{p}$	le	m	e	ní	$\mathbf{a}$	ry	Sh	1e	et	.)	

# PART 5.D(3) TRAVEL SUPPLEMENTARY SHEET

Check Event: © Emergency/Initial Work © Investigation Work	©	Monitoring/Interim Work	©	Corrective Action Plan Work	
© Report Preparation (Indicate type of report) - © Site Investig	ation	© CAP © Groundw	ater M	onitoring Report © Other	

#### UNIT PRICE TRAVEL

#### (The 1.50 unit price addresses costs associated with vehicle mileage and employees' travel time)

#### **Instructions**

- 1. Rate \$1.50/mile Work performed July 2000 December 31, 2001 On this form you should address travel charges associated with unit price activities, groundwater sampling events, NPDES sampling events, routine scheduled treatment unit operation & maintenance events, treatment unit major repair events, free product recovery events and travel performed by environmental specialists
- 2. Work performed after January 1, 2002 All travel charges should be addressed on this form.
- 3. When multiple sites are visited in a single day and only activities identified in 1, above are conducted, the total amount of the travel charge shall be divided by the number of sites visited.
- 4. Activity Performed Codes

1 – Treatment Unit Operation & Maintenance; 2 – Discharge Sampling; 3 – Groundwater Sampling; 4 – Free-Product Recovery (Handbailing of Wells); 5 - Non-Unit Price Activity (Charged Time/Materials)

ACTIVITY PERFORMED		DESTINATION Show Beginning, Interim, Ending Areas Traveled	RAC	TOTAL MILAGE	column multipl	olete these s only when e site visits curred ADJUSTED	R A T	
ED ED	DATE	(Ex.: Laf,., Crowley, Abbeville, Laf.)	INVOICE NO.	E	VISITED	MILEAGE	E	TOTAL
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
							1.50	
		SUBTOTAL	THIS PAGE					\$
		TOTAL	ΓRAVEL					\$

Page\_\_\_\_of\_\_\_(Travel Supplementary Sheet)

### PART 5.E TRANSPORTATION /SHIPPING SUPPLEMENTARY SHEET

Che	ck Event: © Emergency/Initial Work © Investigation Work ©	Monitoring/Interim Work	© Corrective Action Plan Work
©	Report Preparation (Indicate type of report) © Site Investigation	© CAP © Groundwate	ter Monitoring Report © Other

- This form should include shipping charges for contaminated soils and/or water; shipping charges for laboratory analysis; 1. and mobilization and demobilization of equipment used other than for well drilling, plugging/abandonment, geoprobe & hydro-punch work.
- Do not address RAC markup on this sheet. RAC markup is to be shown on the Miscellaneous Supplementary Sheet.
- If a single invoice addresses charges for multiple sites, indicate on the invoice each site name and the amount charged to each site.
- Rush charges not required by DEQ will not be paid.

Transportation charges for ESCRIPTION OF EACH ITEM SHIPPED	RAC INVOICE NO.	OUTSIDE INVOICE NO.	TOTAL
<u> </u>	SUBTOTAL THIS PAGE	•	\$
mom i t	D A MODODINA DI OMANONI	ALC, COCEE	
TOTAL	TRANSPORTATION/SHIPPI	NG COSTS	\$

#### **PART 5.F**

#### DRILLING/PLUGGING & ABANDONMENT SUPPLEMENTARY SHEET

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

	<u> </u>	_ \		•	, 0		
Che	ck Event: © Emergency/Initial Work	© Invest	igation Work ©	Monitoring	Interim Work	© Corrective Acti	on Plan Work
©	Report Preparation (Indicate type of I	eport) - ©	Site Investigation	© CAP	© Groundwate	er Monitoring Report	© Other

#### **Instructions:**

- 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.
- Companies that do not bill using a per foot rate should compute the per foot rate as follows: 2.
  - Add all invoices associated with the borings, monitoring wells, recovery wells, piezometers. Delete exception charges
  - В. 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.
- **Depth of Well X Cost Per Foot = Total.**

- RAC markup for subcontracted work only is to be shown on the Miscellaneous Supplementary Sheet. 4.
- If a boring is converted to a monitoring well, it should be noted on this sheet. When a boring is converted to a monitoring 5. well, the Department will pay only for the monitoring well cost.
- DEQ will only reimburse for drilling/P & A of borings, piezometers & wells that have been required or approved by the 6.
- 7. Copy of drilling logs and plugging and abandonment documentation required.
- See Appendix B, Table 5 of Cost Control Guidance Document for rates. 8.

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 n/2 was limited to pulling easing/screen and grouting well

	p/a was limited	d to pulling ca	sing/screen and gro	outing 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
	I	SUBTO	OTAL THIS PA	GE			\$
	,	TOTAL DR	RILLING/P & A	COSTS			\$
Pageof	(Drilling/	P & A Supple	mentary Sheet)				

## PART 5.G ANALYSIS SUPPLEMENTARY SHEET

Che	eck Event: © Emergency/Initial Work © Inves	stigation ©	Monitoring/Interim	Work ©	Corrective Action Plan	Work
©	Report Preparation (Indicate type of report) -	© Site Investi	igation © CAP	© Groundwa	ter Monitoring Report	© Other

#### Instructions

- 1. Do not address RAC markups on this sheet. RAC markups should be shown on the Miscellaneous Supplementary Sheet.
- 2. Charges for analyzing samples will only be reimbursed at the intervals required by DEQ.
- 3. Reimbursement will not be given for analysis of samples not required or approved by DEQ.
- 4. If owner directly billed for analysis, no markup allowed.
- 5. Rush charges assessed by the laboratory to analyze a sample will not be paid when not required by DEQ.
- 6. No. of Test <sup>s</sup>yCost Per Test = Total

7. See Appendix B, Table 4 of the Trust Fund Cost Control Guidance Document for Rates

LAB INVOICE NUMBER	RAC INVOICE NO.	TYPES OF ANALYSES /METHOD (Ex.: BTEX, Method 8021B)	MEDIUM ANALYZED SOIL/WATER	NO. OF TESTS	COST PER TEST	TOTAL
	SUBT	TOTAL THIS PAGE		\$		
	TOTA	\$				

Page	of	(Analysis Supplementary Sheet)

# **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 repo	ort)- © Site Investigation	© CAP © Groundwate	er 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)

disposal sampling kits and balling kits)  Miscellaneous charges for work activities addressed	in unit pricing should n	ot be addressed	in this forn	1.	
3. All markups allowed to the RAC should be identified				1.	
			7/1/97	7/1/98	7/1/99
ITEMS					
Subcontracted Spec. Service, Landfill Charges, Transporta	ation Costs (Excluding a	nalysis	10%	10%	10%
shipment), Outside Surveyor & Equipment Purchases (excluding overhead & travel), Sampling & Ana	Arraia Cond Ell Dint Da	o Croval	5%	10%	10%
Drums, Concrete, Replacement Blowers, Pumps & Compr	nysis, Sana, Fin Dirt, Pe essors	ea Gravei,	5%	10%	10%
Shipment of Samples to Laboratory (when not unit price a			5%	10%	10%
Sampling Kit (when not unit price activity)			5%	\$22	\$22
Rentals (when not unit price activity)			0	0	10%
		OUTSII	DE		
DESCRIPTION OF EACH	RAC	INVOI	CE		
MISCELLANEOUS ITEM AND NO. OF	INVOICE NO.	NO.		CC	OST
ITEMS					
SUBTOTAL TH	IS PAGE			\$	

Page	of	(Miscellaneous	Sup	plementar	v Sheet	)

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

CI I E	TO 00 4.0 5.0	*** 1 0 *		ICING FORM			
		Work © Investiga		Monitoring/Interim  © CAP © G1		forrective Action Plan Work ring Report © Other	
Charges for the f	ollowing activities	shall be addressed	on this form: gro	undwater sampling	discharge sampli	ng and routine scheduled tre	atment unit
						es/items covered under these	
						ork activities addressed under	
be based on unit		•gg varj 1, 20	oo. Deggea	1,2001,1010	indicated y that we		a unit priving
					RAC		
	UNI	F PRICE ACTIV	VITY		INVOICE		
	0111	· · · · · · · · · · · · · · · · · · ·	,		NO.	RATES	COST
Groundwater S	ampling Total N	Number of Wells	Samplad		110.	475.00 - 1 <sup>st</sup> Well	0001
				— halowy		125.00 - Others	
Date sampling occurred List wells sampled below:		below.	1	123.00 - Others			
					<u> </u>		
					<u> </u>		
Groundwater S	ampling - Total	Number of Wells	Sampled	<del>-</del>		475.00 - 1 <sup>st</sup> Well	
Date sampling			t wells sampled	below:		125.00 - Others	
					-		
					1		
					1		
Canara deriotan C	ompling Total	Number of Wells	Compled			475.00 - 1 <sup>st</sup> Well	
		Number of Wells		 halarri		125.00 - Others	
Date sampling	occurred	LIS	wells sampled	Delow:		123.00 - Others	
					1		
		Sumber of Wells S				475.00 - 1 <sup>st</sup> Well	
Date sampling	occurred	List	t wells sampled	below:		125.00 - Others	
Treatment Unit	Operation and M	Taintenance - Tot	al No. of Events	3		550.00/event -	
List Dates O/M						Single Unit	
						300.00/event -	
					1	Each Additional	
					1	Unit	
					-		
					1		
					1		
					1		
Discharge Com	nling Exect No.	of Everts	List dates some	lina coovered		7/1/00 – 12/31/01	
		of Events					
		nts is being reques				275.00/event	
copy of the ana	iyticai result doc	umenting the exc	eedance must be	e provided.		Doginaria - 1/1/00	
						Beginning 1/1/02	
						\$200.00/event	
		L					
	SUB'	TOTAL THIS P	AGE		\$		

Page of (Miscellaneous Supplementary Sheet)

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

Check Event: © Emergency/Initial Work © Report Preparation (Indicate type of rep		n Work © Froundwater Moni	Corrective Action Plan Work toring Report © Other	
application/invoicing preparation charges, a Document regarding specific items covered	addressed on this form: groundwater monitoring Risk Evaluation/Correction Action Report (under these unit prices. Use of the unit prices dressed under unit pricing be based on unit prices.	Appendix K Sites is voluntary begin	s Only). Refer to the Cost Cont	
UNIT PRIC	CE ACTIVITY	RAC INVOICE NO.	RATES	COST
Free Product Recovery - Total Number Date handbailing occurred		\$135.00 - 1 <sup>st</sup> Well *\$30.00 - Others The \$30.00 rate applies to all wells handbailed on same the date as sampling		
Quarterly Monitoring Reports (if Jan - March	applicable) – Indicate report period  April - June		2,500.00 - Initial 1,500.00 Subsequent	
July - Sept.  Semi-Annual Report (if app  Jan June	_	2,500.00 - Initial 1,500.00 Subsequent		
	July - Dec.  port - Indicate report period		2,500.00 - Initial 1,650.00 - Subsequent	
Annual State Discharge Monitoring	Report - Indicate date report submitted		400.00/ Report	
Quarterly Municipal Discharge Monito Submitted	ring Report – Indicate date report		\$100.00/Report	
Trust Fund Reimbur	sement for Application Invoicing Work		\$250.00/Quarter	
Jan – March	April – June			
July – Sept	Oct. – Dec.			
Work Related to Site Investiga	Application Preparation/Invoicing - tion or Treatment Unit Installation		\$1,000.00/Quarter Site Investigation – No	
Jan – March	April – June		more than 3 quarters Treatment Unit Installation – No more	
July – Sept	Oct. – Dec.		than 3 quarters	
Risk Evaluation/Corrective Action Rep Date Report Submitted to LDEQ			\$4,500.00 Report \$5,000.00 Report – (Greater than 20 Borings & Used Oil or Diesel)	
SUB	TOTAL THIS PAGE		\$	
TOTAL M	ISCELLANEOUS COSTS		\$	

Page \_\_\_\_\_ of \_\_\_\_ (Miscellaneous Supplementary Sheet)

# 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 Repor	ting Period:	Through		
Site Addess:			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 PERFORME (TIME PERIOD)	ED INVOICE DATE	COMPANY NAME	INVOICE NO.	ADJUSTED AMOUNT	DEQ COMMENTS	
FOR DEQ USE ONLY SUBTOTAL SUBC			ACTOR INVOICES	8	\$	
ADJUSTED TOTAL \$	3	TOTAL SUBCONTRACT	OR 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). <u>Attach to this sheet, copies of all laboratory invoices listed on the sheet. IDENTIFY ON EACH SUBCONTRACTED INVOICE THE CORRESPONDING RAC INVOICE NUMBER.</u>

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 PERFORM		INVOICE	COLONANTANA	N 475	INVOICE	ADJUSTED	
(TIME PERIOD	<u>)</u>	DATE	COMPANY NA	ME	NO.	AMOUNT	DEQ COMMENTS
FOR DEQ USE ONLY		SUBTOTAL LAB ANALYS	SUBTOTAL LAB ANALYSES INVOICES		\$		
ADJUSTED TOTAL	\$		TOTAL LAB ANALYSES	TOTAL LAB ANALYSES INVOICES		\$	

# PART 7 of APPLICATION LOUISIANA MOTOR FUELS TANK TRUST FUND TREATMENT SYSTEM TRACKING FORM

Nam	ie of Current Site				_		
Faci	lity Identification Number (FII	<b>)</b> ):	Agency Interest Number (AIN):				
	se provide the following for groups bursement is being or will be required Detailed invoice indicating properties of Purchase of Rental (5% of unit cost- <b>DE</b> 0	uested. ice of major compor	nents must be Cost \$	supplied Invoice No	_(Invoice attached)		
2.	Manufacturer's Name						
3. 4.	Serial Number of Equipment_ Prior location of the unit, if pr						
4.	Filor location of the unit, if pr	eviously used at and	other site (flict	ude PID No.)			
5.	Brief information on the unit so (Please circle appropriate methods) Groundwater Vapor	hod noted below)		regarding operation and Other			
	Major Components						
6.	Period Operated (If original lo Original Location/FID No:	) From_ (Instal	lation Date)	<u>=</u>			
	(Estimated time-frame	From		To(Estimated Stay)			
Cos	Q USE ONLY: st Comparison: Purchase vs. Re Of Months Projected for Use at		•	Jnit () = \$			
the T	reby certify that all of the above in Frust Fund Section, in writing, incossible, but prior to relocation of the Name:	dicating the specifice the equipment.	address of the		ment equipment as soon		
Own	ner, Oper, or RP Name:		Titl	e of Signatory:			
Tele:	fax Number:gnature is required of Owner, Ope	erator, RP, or RAC	<b>Tel</b> (person purchasin	ephone Number:ng unit). RAC signature	is required for rental.		

# 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)

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

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

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

Site Name: \_\_\_\_\_\_ Agency Interest No. \_\_\_\_\_\_

Type of Equipment: \_\_\_\_\_\_ Equipment Serial Number: