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 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.

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 Identifica | ation Number for Responsible |
| | Par | rty) |
| | | |
| (City) (Parish) | (DEQ Issued Agency Interest | (No. of tanks owned in La. |
| | No.) | at time of incident by |
| | | responsible party) |
| | | □ 1 −100 - \$1 mil annual agg. |
| | AIN: | 101 or more - \$2 mil ann. agg |

B. APPLICATION INFORMATION

- 1. This application includes <u>ALL INVOICES</u> 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 <u>all</u> 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 <u>WILL NOT</u> 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 <u>FIRST</u> application for a release at the site. |
|-------|--|
| h | Check here if this is the IAST 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

Telefax Number (

)

| 1. | The incident address in this application occurred as Tank Piping Dispenser Fue | |
|----------|--|---|
| 2. | If the release is from a tank(s), please indicate the l | eaking tank identification number(s) as assigned by DEQ: |
| 3. | a. Substance released b. Date release | d c. Incident no(s). |
| Ç | Questions 4 and 5 pertain to the status of the facility at the ti | me the incident occurred and will be used to determine the per designated for the site. |
| 4. | This facility meets the definition of a petroleum ma | arketing facility (petroleum marketing facility is defined as l, or a facility from which petroleum is sold or transferred |
| 5. | The average monthly throughput for this site is ove previous calendar year). Yes No | er 10,000 gallons (based on annual throughput for the |
| 6. | Date of original registration | |
| 7. | Site Assessment Date Submitted to DEO DEO Appr | oval Date Approved Cost |
| | | roval Date Cost |
| 8. | Corrective Action Plan and Each Addendum CAP Submittal Date DEQ Approx | oval Date Approved Cost |
| | | oval Date Approved Cost |
| | | oval Date Approved Cost |
| | Addendum Submittal Date DEQ Appro | oval Date Approved Cost |
| | Was any over-excavation approved? (attach approval let OTOR FUEL DELIVERY FEES Name of each bulk operator collecting the motor f bulk operator's DEQ certificate number. | ter) Yes No |
| Nam | e of the Bulk Operator | *DEQ Issued Certificate Number |
| | | |
| certif | five digit number with a hyphen between the second and third digits. Ex. y the following: | |
| 1. | Cost Control Guidance in effect at the time the work wa | |
| 2. 3. | | with the response action contractor equipment rate sheet; sed on the mileage logs which indicate the person traveling, th |
| 4. | | the information submitted with this application, and that |
| Prep | parer's Certification (Original Signature Required) | Date Signed |
| Prep | parer's Name | Firm Name |
| Tele | phone Number () | Mailing Address |
| 1 | | |

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(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.

| A. Site Owner, Operator, Responsible Party | | | H. Site Name | | | | | |
|---|----------------|------------|-------------------------|--|--------------------------|---------------|----------------------|--|
| | | | | | | | | |
| B. Mailing Addre | SS | | | I. Site | Address | | | |
| | | | | Physic | al Address | | | |
| City | State | | Zip | City | | Parish | | |
| C. Telephone/Tele | fax Numbers | 5 | | J. Fac | cility I.D. Numb | er and Agency | y Interest Number | |
| Telephone: () | | Telefax: | () | FID: | | | | |
| | | | | AIN: | | | | |
| D. Signature of p operator or response | | nated to | sign for the owner, | K. Federal Tax ID# or Social Security Number | | | | |
| | | | | | | | | |
| E. Check appropri | iate box belo | w. The co | ntract for work addres | sed in t | his application v | vas signed: | | |
| Before August 1 | l, 1995, the o | wner/oper | ator/responsible party | receive | s reimbursemen | ıt. | | |
| On or after Aug | gust 1, 1995, | and as req | uired by Act 336 of the | e 1995 F | egular Session, | the RAC rece | vives 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, M | Iarch 31, | Apr 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 ______.

My commission expires

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

County or Parish of _____

State 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 |
|--|-----------------|------------------|-------------------------------|-------------------------|
| ontractor) certify that payments w | iona mada ta | - | | (nome of records action |
| ontractor) in the amounts specifie | d below, whic | h were integr | al to the investigation/reme | diation of the below |
| pecified site. | | | | |
| 1. Name of Site | | | | |
| | | | | |
| | | | | |
| 2 Site Address (Physical addre | ss, city). | | | |
| | | | | |
| | | | | |
| 3.Parish Location | | 4. Site FID | No. | |
| | | | | |
| | | | | |
| Invoice No. | Date of Payme | ent Received | Check No. | Amount |
| (As contained in Part 6A, 6B or 6C of this application) | | | | |
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| I otal Deduc | tible Amount Ad | uressea in Affi | Javit | |

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 1st 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.

| A. Name principal/president of the company responsible for Conducting the site assessment/rehabilitation | | | | H. Company Name | | | |
|---|------------------|--------------|---|-----------------|----------------------------------|------------------|--|
| | | | | | | | |
| B. Mailing Addres | SS | | | | I. Response Action Co Numbers | ontractor Telepl | none/Telefax |
| | | | | | Telephone: () | | |
| City | State | | Zip | | Telefax: () | | |
| C. Facility Name | 1 | | | | J. Facility I.D. Numbe | er & Agency Int | erest Number |
| | | | | | FID: | | |
| | | | | | AIN: | | |
| D Signature of the Designee respon | | | he company or his assessment/rehabil | itation | K. Federal Tax ID# or | Social Security | v Number |
| | | | | | | | |
| E. Check approp | riate box belo | w. The cor | ntract for work add | ressed in t | this application was signed | ed: | |
| □ Before August 1 | , 1995, the ow | ner/operat | or/responsible part | y receives | reimbursement. | | |
| □ On or after Aug | gust 1, 1995, an | nd as requi | red by Act 336 of th | ne Regular | Session, the RAC receiv | ves reimbursem | ent. |
| F. Invoices to the | e owner (respo | onsible part | y) addressed in this | applicati | on: [Check appropriate | quarter(s) and | indicate year(s)] |
| July 1, Se | ept. 30, | Oct. 1, | , Dec.31, | Ja: | n .1, March 31, | April 1, | June 30, |
| G. Program Gran | nd Task Total | Addressed | in Part 1, B.2.a and | l Part 5: | | | |
| Before me, the underst who, being known to r iffirmation that he/she | ne, did execut | e the forego | ing certification affi | davit in my | presence, and who, being | | wn in D above), I state under oath or |
| WITNESS my hand a | nd 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 5 – EVENT SUMMARY SHEET

| PROGRAM GRAND TASK | AIN | | | Owner II | D No. (Responsib | ole Party) | | | | | | | |
|--|----------------|-----------------------------------|-------------------------------|----------------------|---|-------------------------------|-------|-----------------------------------|--------------------|-------------|---|--|--|
| TOTAL | FID # | | | RAC Na | ne: | | | | | | | | |
| | | rgency/Initial Vork | | gation Work Work) | | 3. Monitoring/Interim Work | | 4. Corrective Action Plan Work | | | 5. Report Preparation Work | | |
| | Charges | DEQ Adjustment | Charges | DEQ Adjustment | Charges | DEQ Adjustment | Charg | es Adjusti | - | arges | DEQ Adjustment | | |
| A. Personnel | | Rujustment | Charges | Rujustment | Charges | Rujustment | Charg | | | iai ges | Rujustinent | | |
| 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 Applica Quarterly | | Semi-Annually | A | nnually | Program Task | Total | | | | uctibles, T | tts, Notations for reatment Units, & plications | | |
| (No. of Wells) | | (No. of Wells) | (190. | of Wells) | + 2% Application Prep Work Before 1/1/2002 | | + | | | | F | | |
| 7. Groundwater Mon Period Charged in Ap | | rt | L | | Deductible or l Adjustments | | | | | | | | |
| 8. O & M Schedule 9. No. of Discharge Sa | Weekly | Bi- weekly ts Charged in Ap | Twice Monthly plication | Monthly Quarterly | LDEQ Reimbursement | | | | | | | | |
| 10. Charge in Applica Report Submitted on | | | | | Fiscal Year Cha | irges | FY | | FY | | | | |
| 11. Dates work perfor | | Beginning | Ending | | Per Occurrence Amount: | | | \$500,000 | | \$1 m | illion | | |
| 12. Application Addre | esses Invoices | to the Owner: (I | Enter year) | | Annual Aggreg | gate | | \$1 million | | \$2 m | illion | | |
| July 1 – September 30 |) | January 1 | - March 31 | | Remaining CA | P Balance | | | Payment | RAC | | | |
| October 1 – Decembe | r 31 | April 1 - Ju | ine 30 | | Reviewer Nam | ie | | Tru | To: st Fund No. | Own | er | | |

| | | PERS | | SUPPLEMENTARY SHEE | Т | | | |
|-------------------------|---|-----------------|----------------|---|--------------|-----------|---------------|----------|
| Check Event Emergen | cy/Initial W | | Investigation | | | Correctiv | e Action Plan | Work |
| | Report Preparation (Indicate type of report) Site Investigation CAP Groundwater Monitoring Report | | | | | | | |
| Other | | | | | | | | |
| 1. Rates shown on th | | innot be ad | justed high | er. | | | | |
| 2. Rate X No. Hrs. = | | | | ······································ | •• 4.*- | • | | |
| | | | | unit pricing should not be addre | | | NO | <u> </u> |
| PERSONNEL DUTIES | 1/1/02 RATE | 10/1/04 RATE | 7/1/09 RATE | WORK PERFORMED (TIME PERIOD and DESCRIPTION) | INVOI NO. | | NO. HRS. | TOTAL |
| *PRINCIPAL | \$110 | \$120 | \$125 | | | | 111.0. | 1011 |
| | φΠυ | φ120 | φ125 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| *SENIOR | \$90 | \$90 | \$100 | | | | | |
| TOXICOLOGIST | | | | | | | | |
| | | | | | | | | |
| *SENIOR ENGINEER | \$90 | \$90 | \$100 | | | | | |
| | ± 2.0 | 120 | ± | | | | | |
| *SENIOR GEOLOGIST | \$90 | \$90 | \$100 | | | | | |
| | | | | | | | | |
| *PROJECT MANAGER | \$90 | \$90 | \$100 | | | | | |
| | | | | | | | | |
| *DDAIEAT | ¢<0 | ¢<0 | \$73 | | | | | |
| *PROJECT COORDINATOR | \$60 | \$60 | \$72 | | | | | |
| COMDINATOR | | | | | | | | |
| | | | | | | | | |
| TOXICOLOGIST | \$60 | \$60 | \$72 | | | | | |
| ENGINEER | \$60 | \$60 | \$72 \$72 | | | | | |
| GEOLOGIST | \$60 | \$60 | \$72 | | | | | |
| | | | | | | | | |
| ENVIRONMENTAL | \$50 | \$55 | \$65 | | | | | |
| SPECIALIST | | | | | | | | |
| | | | | | | | | |
| FOREMAN | \$40 | \$50 | \$65 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DRAFTSMAN | \$60 | \$60 | \$65 | | | | | |
| (Includes CAD | | | | | | | | |
| Equipment) | | | | | | | | |
| | | | | | | | | |
| CLERICAL | \$30 | \$30 | \$35 | | | | | |
| | | | | | | | | |
| LABORER | \$30 | \$30 | \$35 | | | | | |
| LADOKEK | \$30 | φου | φυυ | | | | | |
| | | | | | | | | |
| | S | SUBTOT A | AL THIS | PAGE | | \$ | | |
| | TO | | | | | ¢ | | |
| | 10 | IAL PER | SONNE | L COSTS | | \$ | | |

PART 5.A (1)

*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.

Page____of____(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) - | |
| Other | |

Instructions:

- 1. This form should include all T & M soil disposal charges or water disposal charges. As well as unit rate charges for purge water disposal (\$4.00/gal.)
- 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. For disposal invoices: addresses, 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 | OUTSIDE | CUBIC YARDS | COST | | | | |
|------------------|----------------------|----------------|----------------|-------------|-------|--|--|--|
| TYPE OF DISPOSAL | INVOICE NO. | INVOICE NO. | OR GALLONS | PER UNIT | TOTAL | | | |
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| | TOTAL DISPOSAL COSTS | | | | | | | |

Page______of_____(Soil/Water Disposal Supplementary Sheet)

PART 5.C EQUIPMENT RENTAL/PURCHASE 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. 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
- 6. Weekly rate goes into effect when equipment is used at a site for more than three days in a week (Monday Sunday). Daily rates are based on 8-hour day. Equipment rental costs for more or less than an 8-hour day must be prorated.
- 7. Equipment charges for work activities addressed in unit pricing should not be addressed in this form.
- 8. Rental rates for contractor owned equipment are addressed in Appendix B, Table 2 of the Cost Control Guidance Document.
- 9. The rating of the following equipment must be provided: Air Compressor cfm, backhoe bucket size, dump truck yard capacity, trackhoe horsepower, vacuum truck horsepower.

| 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 | |
|---------------------|---|-----------------------|---------------------------|----------------------------|-----------------|---------------|-------|--|
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| | | BTOTAL TI | | | | \$ \$ | | |
| | TOTAL EQUIPMENT COSTS | | | | | | | |
| Pageof | geof (Equipment Rental/Purchase Supplementary Sheet) | | | | | | | |

PART 5.D (1) TRAVEL SUPPLEMENTARY SHEET

| Check Event: | Emergency/Initial Wo | rk 🗌 Inve | stigation V | Vork | Monitor | ing/Interim Work | | Corrective Acti | on Plan Work |
|---|---|-------------|-------------|----------------|-----------|------------------|-----------|-------------------|----------------------------|
| Report Prepa | ration (Indicate type of | report)- | Site In | vestigation | CAP | Ground | lwater M | onitoring Report | Other |
| | | | Ι | LODGING | G/MEA | ALS | | | |
| 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. | | | | | | | | | |
| | . Prior approval from the Trust Fund Management Section should be obtained for overnight stay for work other than that specifically identified in 1, above. | | | | | | | | |
| | reimbursable who | | ht stav is | roquirod | | | | | |
| | | | | | ote indie | pating names o | fnorso | ns staving in ro | om. Do not provide |
| | eceipts. Names ca | | | | | | i perso | ns staying in roo | oni. Do not provide |
| 5. No RAC mark | | n not be ut | iucu urit | a receipt is | Senerat | eu. | | | |
| | ts: Hotel Charges | + Meal Ch | arges = ' | Total | | | | | |
| | isits: Hotel Charg | | | | tes Visit | ted = Total | | | |
| 8. Airfares, toll c | harges, and taxi ch | narges are | not reim | bursable | | | | | |
| 9. Travel charge | for work activities | addressed | in unit | pricing shou | ıld not | be addressed i | n this fo | | |
| | RATES | | | | 7/1/07 | | | | 1/09 |
| Meals | | | \$ | 26/day (\$29 | • | | | | ay New Orleans) |
| | e (See exceptions lis | | | \$0 | 60/night | ţ | | \$100 |)/night |
| | ssier, Baton Rouge | , | | \$ | 65/night | ţ | | | |
| LC/Sulphur, G | | | | | 0 | | | | |
| Kenner/Metair | le | | | | 70/night | | | ¢1 <i>20</i> | \/ ? - 1 : 4 |
| New Orleans | IF THE FOLLOWING | SECTION | S NOT CO | | 00/nigh | | VERNIC | |)/night F DISALLOWED |
| | reason charges for | | | | | | ERITO | III SIAI WILL D | E DISALLO WED. |
| | atment System | | | | | be, Hydro-pu | nch Wo | ork | |
| Six hour vacu | | | Overexc | | | J I I | | Soil Treatm | ent |
| Multiple Site | Visits | | Other – | | | | | | |
| LAST | RAC | | | | | TOTAL | | NO. OF | |
| NAME OF | INVOICE | DATI | | HOTE | | MEAL | | SITES | |
| PERSON | NO. | TRAVE | ELED | CHARG | GES | CHARGES | 5 | VISITED | TOTAL |
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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)

| | | tion Work | Monitoring/I | | Corr dwater Monitorir | | ction Plan Work rt | | |
|--|---|-----------------------|------------------|--------------------------|--|--------|-----------------------|--|--|
| Instructions: 1. No RAC markup | MILEAGE (Use this form for travel performed before January 1, 2002, by non-environmental specialist personnel) astructions: No RAC markup for mileage allowed. | | | | | | | | |
| whichever is short site(s) visited. | whichever is shortest. No additional mileage will be allowed. Nearest workplace will be the office location closest to the UST site(s) visited. | | | | | | | | |
| Single Site Visits: Multiple Site Visit | Single Site Visits: Total Mileage X Rate = Total Multiple Site Visit: Total Mileage ÷ No. of Sites Visited = Adjusted Mileage X Rate = Total | | | | | | | | |
| | DESTINATION Show Beginning, Interim, Ending Areas | ¥ | | Comp column multip | olete these s only when le site visits curred | RA | | | |
| DATE | Traveled (Ex.: Laf., Crowley, Abbeville, Laf.) | RAC INVOICE NO. | TOTAL MILEAGE | SITES VISITED | ADJUSTED MILEAGE | T E | TOTAL | | |
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Page_____ of_____ (Travel Supplementary Sheet)

| | | TRAVELS | PART 5.D SUPPLEME | | Y SHEET | [| | |
|--|--|---|--|--|---|--|-------------------------------------|--|
| Check Even Repo Other | it: Emergency/I ort Preparation (Indica | | Vork Mo | nitoring/Ir CAP | nterim Work | Corr | | ion Plan Work |
| nstructions | | U Lit price addresses costs ass | UNIT PRICE T sociated with ve | | leage and e | mployees' tra | vel tim | e) |
| Rate \$1 associat & maint specialis Work po When n charge s Activity 1 – Trea | .95/mile –(1/1/02– ed with unit price a tenance events, trea sts erformed after Janu nultiple sites are vis shall be divided by Performed Codes: atment Unit Operati | -6/30/07 = \$1.50/mile, 7/1/0 activities, groundwater samp atment unit major repair even uary 1, 2002 - All travel char sited in a single day and only the number of sites visited. ion & Maintenance; 2 – Disc Non-Unit Price Activity (C | ling events, NP nts, free product ges should be a activities ident charge Sampling | DES sam recovery ddressed ified in 1 g; 3 – Gr | pling events v events and on this forn , above are roundwater | s, routine sche travel perforn h. conducted, the Sampling; 4 – | duled tre ned by e e total ar | eatment unit operation invironmental nount of the travel |
| ACTIVITY PERFORMED | | DESTINATION Show Beginning, Interim, Ending Areas | DAG | TOTAL MILAGE | column multipl occ NO. OF | Complete these olumns only when multiple site visits occurred OF | | |
| ACTI PERF | DATE | Traveled (Ex.: Laf., Crowley, Abbeville, Laf.) | RAC INVOICE NO. | EL | SITES VISITED | ADJUSTED MILEAGE | T E | TOTAL |
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Page____of____ (Travel Supplementary Sheet)

PART 5.E TRANSPORTATION /SHIPPING SUPPLEMENTARY SHEET

| Check Event: Emergency/Initial | | | Corrective Action Plan Work |
|--|-----------------------------------|---|-----------------------------|
| Report Preparation (Indicate ty | vpe of report) Site Investigation | CAP Groundwater Monit | oring Report |
| | | ted soils and/or water; shipping ch ther than for well drilling, pluggir | |
| Do not address RAC man If a single invoice addres | |) is to be shown on the Miscellaneo licate on the invoice each site name | |
| site. Rush charges not require | ed by DEQ will not be paid. | | d in this form |
| Transportation charges | RAC | nit pricing should not be addresse OUTSIDE INVOICE | a in this form. |
| ITEM SHIPPED | INVOICE NO. | NO. | TOTAL |
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| | SUBTOTAL THIS PAGE | | \$ |
| TOTAL | TRANSPORTATION/SHIPPIN | IG COSTS | \$ |
| geof | (Transportation/Shipping Sup | plementary Sheet) | |

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: 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:

- The per foot rates encompass all costs associated with drilling or plugging & abandoning of wells, borings, piezometers, 1. 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:
 - Add all invoices associated with the borings, monitoring wells, recovery wells, piezometers. Delete exception charges A. 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 LDEO.
- Depth of Well X Cost Per Foot = Total. 3.
- RAC markup for subcontracted work only is to be shown on the Miscellaneous Supplementary Sheet. 4.
- 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.
- DEQ will only reimburse for drilling/P & A of borings, piezometers & wells that have been required or approved by the 6. DEO.
- 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 |
|--|-----------------------|--|------------------|-------|--------------------------|-------|
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| TOTAL P&A COSTS | | | | | | |

PART 5.G ANALYSIS SUPPLEMENTARY SHEET

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

- 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 Cost 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 |
|--------------------------|-----------------------|---|----------------------------------|-----------------|---------------------|-------|
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| TOTAL ANALYSIS COSTS | | | | \$ | | |

Page_____of____(Analysis Supplementary Sheet)

| MISCELLANEOUS S | SUPPLEMENTA | RY SHEET | |
|---|------------------------|-------------------------------------|--------------------|
| Check Event: Emergency/Initial Work Investigation Work | Monitoring/Interin | | on Plan Work |
| Report Preparation (Indicate type of report)- Site Investigation | | roundwater Monitoring Report | Other |
| 1. All costs not associated with the previous categories sh charges, DOTD permits/maps, DEQ permits, surveying | hould be listed here. | (Ex.: utility charges, geoprol | oe/hydro-punch |
| disposal sampling kits and bailing kits) | ig charges, subcontra | icted drafting charges, purch | lases of supplies, |
| 2. Miscellaneous charges for work activities addressed in | n unit pricing should | not be addressed in this form | 1. |
| 3. All markups allowed to the RAC should be identified | on this sheet based or | n the rates shown below: OUTSIDE | |
| DESCRIPTION OF EACH | RAC | INVOICE | |
| MISCELLANEOUS ITEM AND NO. OF | INVOICE NO. | NO. | COST |
| ITEMS | | | |
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PART 5.H (1)

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

| Check Event: Emer | gency/Initial Work Inve | | Monitoring/Int | | Corrective Action Plan We | ork |
|---|---|----------------------|---------------------|-----------------------|---|--------------|
| | Indicate type of report)- | Site Investigation | | | Ionitoring Report Othe | |
| Operation and maintenan | ce events. Refer to the Cost (| Control Guidance Doc | ument regarding | specific activiti | ing and routine scheduled trea es/items covered under these u | unit prices. |
| Use of the unit prices is be based on unit pricing. | voluntary beginning July 1, 20 | 000. Beginning Janua | ry 1, 2001, it is r | - | ork activities addressed under | unit pricing |
| | UNIT PRICE ACTI | VITY | | RAC INVOICE NO. | RATES | COST |
| | g - Total Number of Wells | | | 110. | \$560.00 - 1 st Well | 0001 |
| Date sampling occurre | dLis | t wells sampled belo | ow: | | \$175.00 – Others | |
| | | | | | | |
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| | | | | | | |
| Groundwater Samplin | g - Total Number of Wells | | _ | | \$560.00 - 1 st Well | |
| Date sampling occurre | d Lis | t wells sampled belo | ow: | | \$175.00 – Others | |
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| | | | | | | |
| | g - Total Number of Wells | | - | | \$560.00 - 1 st Well | |
| Date sampling occurre | d Lis | t wells sampled belo | ow: | | \$175.00 – Others | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | g - Total Number of Wells | | | | \$560.00 - 1 st Well | |
| Date sampling occurre | Lis | t wells sampled belo | ow: | | \$175.00 - Others | |
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| Treatment Unit Operat List Dates O/M Occur | tion and Maintenance - To | tal No. of Events | | | Active Remediation \$337.50 - Weekly Dual Media Unit* | |
| List Dates 0/M Occur | | | | | \$675.00 - Biweekly or Twice monthly Dual Media Unit* \$395.00 - Biweekly Single Medium | |
| | | | | | Unit \$170.00 - *Additional Units | |
| | | | | | Post-Remediation | |
| | | | | | \$337.50 - Monthly Dual Media Unit \$560.00 - Quarterly Dual Media Unit | |
| | | | | | \$337.50 - Quarterly Single Medium Unit \$170.00 - Additional Units | |
| | vent -No. of Events l | | | | | |
| | pling events is being reque result documenting the exc | | | | \$225.00/event | |
| | | | oviucu. | | φ223.00/event | |
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PART 5.H (3) MISCELLANEOUS SUPPLEMENTARY SHEET UNIT PRICING FORM

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|---|---|---|---|--|--|--|--|
| 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 | RAC INVOICE NO. | RATES | COST | | | | |
| Free Product Recovery - Total Number of Date handbailing occurred | - | \$170.00 - 1 st Well *\$55.00 – Others The \$55.00 rate applies to all wells handbailed on same the date as sampled. | | | | | |
| Quarterly Monitoring Reports (if applical | ble) – Indicate report period | | Without Active | | | | |
| Jan - March | April - June | | <u>Treatment Unit</u> \$1,680.00 - Initial \$1,400.00 - Subsequent | | | | |
| July - Sept. | Active Treatment Unit \$2,800.00 - Initial w/New Wells \$2,520.00 - Subsequent | | | | | | |
| Semi-Annual Report (if applicable) - Ind | icate report period | | Without Active | | | | |
| Jan June | July - Dec. | - | <u>Treatment Unit</u> \$1,960.00 - Initial \$1,680.00 - Subsequent | | | | |
| | | | Active Treatment Unit \$3,080.00 - Initial w/New Wells \$2,800.00 - Subsequent | | | | |
| State or Municipal/Parish Quarterly Disc | harge Monitoring Report - Indicate date | | \$200.00/ Report | | | | |
| report submitted | | | (\$75.00 for "No | | | | |
| NOTE : The state permit now requi | | | Discharge) | | | | |
| Trust Fund Reimburse | | | \$50.00 - Between \$.01 and | | | | |
| Preparation/In | 8 | 1 | \$249.99 \$115.00 - Between \$250.00 | | | | |
| Jan – March | April – June | - | and \$999.99 \$280.00 - Between \$1,000.00 and \$29,999.99 | | | | |
| July – Sept | Oct. – Dec. | | \$560.00 - \$30,000 and above | | | | |
| Risk Evaluation/Corrective Action Repor 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 | | | | | |
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Page _____ of _____ (Miscellaneous Supplementary Sheet)

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 Corrective Action Plan | | \$900.00 per Affected Property \$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 | | \$1,770.00/ Report | | | | | |
| Gauging Wells | - | \$15.50 per well | | | | | |
| High Cost Panel Meeting Preparation and Attendance Date of Meeting | | \$675.00 per meeting | | | | | |
| Mob/Demob for Drilling/Direct Push/P&A Date/Type of event | | \$275.00 one time per event | | | | | |
| Obtaining offsite access Date/Type of event | | \$395.00 per property | | | | | |
| 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 | | \$2,800.00 | | | | | |
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| TOTAL MISCELLANEOUS COSTS | | \$ | | | | | |

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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). <u>Attach to this sheet copies of all invoices listed on the sheet. Outside invoices/receipts should be attached to the RAC/Owner Invoice.</u>

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 Repo | rting Period: | Through |
|---------------------------------|-----------------|--------------|----------------|--------------------|--------------|
| Site Address: | | | Facility ID#: | | |
| WORK PERFORMED (TIME PERIOD) | INVOICE DATE | COMPANY NAME | INVOICE NO. | ADJUSTED AMOUNT | DEQ COMMENTS |
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| FOR DEC | 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). <u>Attached to this sheet, copies of all subcontracted specialized service invoices listed on the sheet.</u> 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 PERFORM | | INVOICE | | INVOICE | ADJUSTED | |
| (TIME PERIOD |) | DATE | COMPANY NAME | NO. | AMOUNT | DEQ COMMENTS |
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| ADJUSTED TOTAL | \$ | | TOTAL SUBCONTRACT | CTOR 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 | | | Through |
|------------------------------|---------|-----------------|----------------------|-----------------------------------|----------------|--------------------|--------------|
| Site Address: | | | | Facility ID# | • | | |
| WORK PERFORM (TIME PERIOD | | INVOICE DATE | COMPANY NAM | /IE | INVOICE NO. | ADJUSTED AMOUNT | DEQ COMMENTS |
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| FOR DEQ | USE ONL | Y | SUBTOTAL LAB ANALYS | ES INVOICES | | \$ | |
| ADJUSTED TOTAL | \$ | | TOTAL LAB ANALYSES I | NVOICES | | \$ | |

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

| Nam | ne of Current Site | | | | |
|----------------|--|--|-----------------|--------------------------|---------------------------|
| Faci | lity Identification Number (FID):_ | | _ Agency In | nterest Number (AIN |): |
| | se provide the following for ground bursement is being or will be request | ted. | | | pove listed site for whic |
| 1. | Detailed invoice indicating price o □ Purchase □ Rental (5% of unit cost- DEQ a) | | Cost \$ | Invoice No | |
| 2. 3. 4. | Manufacturer's Name Serial Number of Equipment Prior location of the unit, if previo | | | | |
| 5. | Brief information on the unit such (Please circle appropriate method Groundwater Vapor | noted below) | | | d efficiency of the unit. |
| | Major Components | | | | |
| 6. | Period Operated (If original locati Original Location/FID No: (Estimated time-frame) | on, please estim | nate number of | - | at the site.) |
| | New Location/FID No: | `````````````````````````````````````` | | | · |
| DE | (Estimated time-frame | From (Instal | lation Date) | To (Estimated Stay | 7) |
| Cos | Q USE ONLY: <u>st Comparison:</u> Purchase vs. Rental Of Months Projected for Use at the | | • | Jnit () = \$ | |
| the T as po | reby certify that all of the above information Frust Fund Section, in writing, indications of the operation | ting the specific equipment. | e address of th | e relocation of the trea | atment equipment as soo |
| | C Name: ner, Oper., or RP Name: | | | - | |
| | fax Number: gnature is required of Owner, Operato | | | | |

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 | e) | |
| Phone No | Telefax No | |
| Site Name: | | |
| Facility ID No | Agency Interest No | |
| Type of Equipment: | | |
| Equipment Serial Number: | | |