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  Due Date |  |
| Reviewer Name |  | | |

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

1. **Proof of payment of the appropriate deductible is not provided.**
2. **The application addresses invoices for a prior period of time (Ex.: On 7/15/2011 an applicant submits an application for 7/1/2009 – 9/30/2009 invoices, when an application for 10/1/2010 – 12/31/2010 invoices was previously submitted on 1/15/2011). Note exception identified in B.1 below.**
3. **Application is submitted with incorrect and/or insufficient documentation.**
4. **Charges in the application exceed the cumulative Corrective Action Plan budget as approved by the Department.**

**Applications shall be returned to the party receiving reimbursement for the reasons outlined in the MFTF Guidance Document in section I.C.12.d.**

**A. SITE/OWNER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Name – Current Name** | | **Name of Responsible Party as Identified in Part 2 - Affidavit** | |
|  | |  | |
| **Site Street Address – Physical Address, Not P.O. Box** | | **DEQ Issued Owner Identification**  **Number for Responsible Party** | |
|  | |  | |
| **City** | **Parish** | **DEQ Issued**  **Agency Interest No.** | **No. of tanks owned in La.**  **at time of incident by**  **responsible party** |
|  |  |  | 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, \_\_\_\_

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

2. Application Grand Total (Reflecting the eligible pre-approved costs shown on Part 5 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)**

1. RELEASE INFORMATION

|  |  |  |
| --- | --- | --- |
| Incident No(s). | Date Released | Substance(s) Released |
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1. **CORRECTIVE ACTION PLAN AND ADDENSUMS**

CAP Submittal Date \_\_\_\_\_\_\_\_\_\_\_\_ DEQ Approval Date \_\_\_\_\_\_\_\_\_\_\_ Approved Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Addendum Submittal Date | DEQ Approval Date | Approved Cost |
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I certify the following:

* I have reviewed the time sheets and the personnel charges and verify that they are in line with the duties indicated in the UST Trust Fund Cost Control Guidance Document in effect at the time the work was performed;
* 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 distance traveled and beginning/ending odometer readings;
* 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 ( )** |
| **Email Address** |

**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 represented on invoices listed in section D 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.

|  |
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| **If charges within this application are being applied toward the deductible(s), the following statement must be certified 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Site Owner, Operator, Responsible Party** | | | | | | **I. Site Name** | | | |
|  | | | | | |  | | | |
| 1. **Mailing Address** | | | | | | **J. Site Address** | | | |
|  | | | | | | **Physical Address** | | | |
| **City** | **State** | | | | **Zip** | **City** | | **Parish** | |
| **C. Telephone/Telefax Numbers** | | | | | | **K. Agency Interest Number** | | | |
| **Telephone: ( )** | | | | **Telefax: ( )** | | **AIN:** | | | |
| **D. RAC/ Owner Invoice Nos.** | |  | | | | | | | |
| 1. **Signature of person designated to sign for the owner, operator or responsible party** | | | | | | **L. Federal Tax ID# if applicable**  **(SSN not applicable)** | | | |
|  | | | | | |  | | | |
| 1. **Check the 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.** | | | | | | | | | |
| 1. **Invoices to the owner (responsible party) addressed in this application are dated for the following quarters: [Check appropriate quarter(s) and indicate year(s)]** | | | | | | | | | |
| **July 1,\_\_\_\_ - Sept. 30,\_\_\_\_\_** | | | **Oct. 1,\_\_\_\_ - Dec. 31,\_\_\_\_** | | | | J**an 1,\_\_\_ - March 31,\_\_\_** | | **Apr 1,\_\_\_ - June 30,\_\_\_** |
| **H. Program Grand Task Total Addressed in Part 1, Part 3 and Part 5:** | | | | | | |  | | |

Before me, the undersigned notary public, came and appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please print or type the name shown in E 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 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Notary Public Name (Printed, typed, or stamped) Notary # or Bar Roll # (if a Louisiana notary)

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** | | | |
|  | | | |
| 1. **Site Address (Physical address, city).** | | | |
|  | | | |
| **C. Parish** | | **D. Site AI No.** | **E. Incident #** |
|  | |  |  |
| **Invoice No.**  **(As contained in this application)** | Date of Payment Received | **Check No.** | Amount |
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| **Total Deductible Amount Addressed in Affidavit** | | |  |

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

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

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

Notary Public (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Name (Printed, typed, or stamped) 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.

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| --- |
| **If charges within this application are being applied toward the deductible(s), the following statement must be certified 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 of 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. Agency Interest Number** | |
|  | | | | | **AIN:** | |
| **D Signature of the principal/president of the company or his**  **designee responsible for conducting site assessment/rehabilitation** | | | | | **K. Federal Tax ID# if applicable** | |
|  | | | | |  | |
| **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 are dated for the following quarters: [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, Part 2 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 \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

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

Notary Public (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Name (Printed, typed, or stamped) Notary # or Bar Roll #(if a Louisiana notary)

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

# PART 5 – EVENT SUMMARY SHEET

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **APPLICATION GRAND TOTAL** | | | **AIN:** | | |  | | | | | | | **RAC Name:** | | | | | | | |  | | | | | | | | | |
|  | | | 1. **Emergency/Initial**   **Work** | | | | | | 1. **Investigation Work**   **(Field Work)** | | | | | | **3. Monitoring/Interim Work** | | | | | | | **4. Corrective**  **Action Plan Work** | | | | | **5. Report**  **Preparation Work** | | | |
| **Charges** | | **DEQ Adjusted Charges** | | | | **Charges** | | **DEQ Adjusted Charges** | | | | **Charges** | | | | | **DEQ Adjusted Charges** | | **Charges** | | **DEQ Adjusted Charges** | | | **Charges** | | **DEQ Adjusted Charges** | |
| **A. Personnel** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | |  | |
| 1. **Soil/Water**   **Disposal** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | | | |
| 1. **Equipment** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | | | |
| 1. **Travel** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | |  | |
| 1. **Transportation** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | | | |
| 1. **Drilling &**   **P & A** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | | | |
| 1. **Analysis** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | | | |
| 1. **Miscellaneous**   **(Includes Unit Pricing)** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | |  | |
| **Subtotals** | | |  | |  | | | |  | |  | | | |  | | | | |  | |  | |  | | |  | |  | |
| **6. Dates work performed in application:** | | | | | | | **Beginning** | | | **Ending** | | | | | | **7. Application addresses invoices to the owner dated: (Select quarter by entering year)** | | | | | | | | | | | | | | |
|  | | |  | | | | | | **July 1 – September 30 \_\_\_\_\_\_\_** | | | | | | | | | **January 1 – March 31 \_\_\_\_\_\_\_** | | | | | |
| **8. DEQ Fiscal Year (July – June) \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **October 1 – December 31 \_\_\_\_\_\_\_** | | | | | | | | **April 1 - June 30 \_\_\_\_\_\_** | | | | | |
| **The area below is for DEQ Trust Fund use only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Information:** | | | | | | | | | | **Program Task Total $** | | | | | | | | | | | |  | | | | **DEQ Comments, Notations for**  **Deductibles , Treatment Units, & Last Applications** | | | | |
| **Incident No.** | | | | **Release Date** | | | **Substance** | | |
|  | | | |  | | |  | | | **LDEQ Adjustments** | | | | **Trust Fund No.** | | | | | **CAP Amount** | | |  | | | |
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|  | | | |  | | |  | | | **Deductible Amount ($)** | | | | | | | | | | | |  | | | |
| **Reviewer Name** |  | | | | | | | | | **LDEQ Reimbursement $** | | | | | | | | | | | |  | | | |
| **Trust Fund Number** |  | | | | | | | | | **Annual Aggregate** | | | | | | | | | | | |  | **$1 million** | | |  | | **$2 million** | | |
| **ICAP Charges $** | |  | | | | | | **ICAP Balance $** | | | |  | | | | | | **(ROG Aprvd.) CAP Balance $** | | | |  | | | | **Payment To:** | | **RAC** | |  |
| **Owner** | |  |

# PART 5.A

# PERSONNEL SUPPLEMENTARY SHEET

|  |
| --- |
| **Check Event**  **Emergency/Initial Work**  **Investigation Work**  **Monitoring/Interim Work**  **Corrective Action Plan Work**  **Report Preparation** |

1. **Rates shown on this form cannot be adjusted higher.**
2. **(Rate) X (No. Hrs.) = Total**
3. **Personnel charges for work activities included in unit pricing should not be addressed on this form.**
4. **For work performed prior to 4/1/2012, use the appropriate Trust Fund Guidance Document Rates.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONNEL DUTIES** | **EMPLOYEE NAME** | **Trust Fund Guidance**  **RATE** | **WORK PERFORMED**  **DATE, LOCATION (field or office) and DESCRIPTION** | INVOICE **NO.** | | NO. **HRS.** | TOTAL |
| \*\*Principal |  | **$125** |  |  | |  |  |
| \*Senior Toxicologist |  | **$100** |  |  | |  |  |
| \*Senior Engineer |  | **$100** |  |  | |  |  |
| \*Senior Geologist |  | **$100** |  |  | |  |  |
| \*Project Manager |  | **$100** |  |  | |  |  |
| \*Project Manager |  | **$100** |  |  | |  |  |
| \*Project Manager |  | **$100** |  |  | |  |  |
| \*Project Coordinator |  | **$72** |  |  | |  |  |
| \*Project Coordinator |  | **$72** |  |  | |  |  |
| Geologist |  | **$72** |  |  | |  |  |
| Engineer |  | **$72** |  |  | |  |  |
| Toxicologist |  | **$72** |  |  | |  |  |
| Environmental Specialist |  | **$65** |  |  | |  |  |
| Environmental Specialist |  | **$65** |  |  | |  |  |
| Environmental Specialist |  | **$65** |  |  | |  |  |
| Foreman |  | **$65** |  |  | |  |  |
| Draftsman |  | **$65** |  |  | |  |  |
| Operator |  | **$45** |  |  | |  |  |
| Operator |  | **$45** |  |  | |  |  |
| Laborer/Clerical |  | **$35** |  |  | |  |  |
| Laborer/Clerical |  | **$35** |  |  | |  |  |
| SUBTOTAL OF THIS PAGE | | | | | **$** | | |
| TOTAL PERSONNEL COSTS | | | | | **$** | | |

**\*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** |

1. **The unit rate for purge water disposal related to Groundwater Sampling events is $4.00/gal.**
2. **All other water disposal is under the unit rate of $0.55 /gal.**
3. **Do not address the RAC markups on this page. Indicate markups on the Miscellaneous Supplementary Sheet.**
4. **Pre-approval is required from the Team Leader or ROG for all work.**
5. **For disposal invoices: addresses, copies of manifests, bills of lading, etc. must be provided.**
6. **(Tons [Soil]) X (Cost Per Unit) = Total**
7. **(Gallons [Water]) X (Cost Per Unit) = Total**
8. **Soil drum disposal (not associated with excavation): $500.00 minimum, $200.00 for the first drum, $150.00 each additional drum.**
9. **For excavation/transportation/disposal unit rates, please refer to the MS Excel spreadsheet located at <http://www.deq.louisiana.gov/trustfund>.**
10. **For non-impacted soil and onsite, treated soil cost reductions, enter the tonnage in the bottom two rows.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE OF DISPOSAL(Soil or Water) | DISPOSAL DATE | RAC **INVOICE**  **NO.** | OUTSIDE **INVOICE**  **NO.** | **TONS, DRUMS OR**  **GALLONS** | **QUANTITY** | COST **PER** UNIT | TOTAL |
|  |  |  |  |  |  |  |  |
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| **Non-Impacted Soil** |  |  |  | **TONS** |  | **$ (45.00)** |  |
| **Treated Soil** |  |  |  | **TONS** |  | **$ (30.00)** |  |
| **SUBTOTAL OF THIS PAGE** | | | | | | | **$** |
| **TOTAL DISPOSAL COSTS** | | | | | | | **$** |

**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** |

1. **This form should include all charges for outside rentals, contractor-owned rental equipment, and purchased equipment.**
2. **Treatment Units–Must provide a completed Treatment System Tracking Form (Part 7) & Purchase Agreement Form (Part 8).**
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 (Time 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 an 8-hour day. Equipment rental costs for more or less than an 8-hour day must be prorated.**
7. **Equipment charges for work activities included in unit pricing should not be included on 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.**

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| **ITEM**  **DESCRIPTION** | **EQUIPMENT**  **RATING**  **(See Note 9)** | RACINVOICE **NO.** | **OUTSIDE INVOICE NO.** | **DATES**  **EQUIPMENT**  **USED** | **RENTAL**  **RATES** | **TIME USED** | **TOTAL** |
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| TOTAL EQUIPMENT COSTS | | | | | | **$** | |

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

# PART 5.D (1)

**TRAVEL SUPPLEMENTARY SHEET**

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| **Check Event:**  **Emergency/Initial Work**  Investigation **Work**   **Monitoring/Interim Work**  **Corrective Action Plan Work**  **Report Preparation** |

LODGING/MEALS

1. **Overnight stay is allowed for any continuous site work such as multiple site visits, treatment system installation, drilling/P&A wells, geoprobe work, over-excavation, soil treatment or multiple vacuum events of at least 6 hours.**
2. **Prior approval from the Trust Fund Management 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 a room. Do not provide charge card receipts. Names can not be added after the receipt is generated.**
5. **No RAC markup allowed**
6. **Single site visits: (Hotel Charges) + (Meal Charges) = Total**
7. **Multiple site visits: [(Hotel Charges) + (Meal Charges)] ÷ (No. Of Sites Visited) = Total**
8. **Airfares, toll charges, and taxi charges are not reimbursable.**
9. **Travel charge for work activities addressed in unit pricing should not be addressed on this form.**

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| **RATES** | | | **4/1/2012 MAXIMUM RATES** | | | | |
| **Meals - Statewide** | | | **$30/day** | | | | |
| **Meals – New Orleans** | | | **$35/day** | | | | |
| **Hotel – Statewide** | | | **$100/night** | | | | |
| **Hotel** - **New Orleans** | | | **$150/night** | | | | |
| **Required information- Check below the reason charges for overnight stay or meals are being requested:**  **Installed Treatment System**  **Drilling, P/A Wells, Geoprobe Work**  **Vacuum event**   **Excavation**  **Soil Treatment**  **Multiple Site Visits**  **Other – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| LAST **NAME OF**  **PERSON** | RAC **INVOICE**  **NO.** | **DATE(S)**  **TRAVELED** | | HOTEL **CHARGES** | TOTAL **MEAL**  **CHARGES** | NO. OF **SITES**  **VISITED** | **TOTAL** |
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**Page\_\_\_\_\_of\_\_\_\_\_\_ (Travel Supplementary Sheet)**

**PART 5.D (2)**

**TRAVEL SUPPLEMENTARY SHEET**

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| **Check Event:**  **Emergency/Initial Work**  Investigation **Work**   **Monitoring/Interim Work**  **Corrective Action Plan Work**  **Report Preparation** |

**UNIT PRICE TRAVEL**

**(The unit price addresses costs associated with vehicle mileage and employees’ travel time)**

1. **When multiple sites are visited in a single day, the total amount of the travel charge shall be divided by the number of sites visited. Total Mileage should be rounded UP to a whole number and adjusted mileage should be rounded to two (2) decimal places.**
2. **Activity Performed Codes:**

**1 - Groundwater Sampling, Free Product Recovery (Hand bailing of Wells), Gauging, Treatment Unit Operation & Maintenance, Discharge Sampling, Plugging and Abandonment;**

**2 - Excavation, System Installation, Major Renovation, Major Repair, Site Investigation, Soil Confirmation Sampling;**

**3 - Non-Unit Price Activity (Charged Time/Materials)**

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| **ACTIVITY**  **PERFORMED** | **DATE**  **Sort By**  **Oldest to**  **Newest** | **DESTINATION**  **Show Beginning,**  **Interim, Ending Areas**  **Traveled**  **(Ex.: BR, Rayne,**  **Lafayette, BR.)** | **RAC**  **INVOICE**  **NO.** | **TOTAL MILEAGE** | **Complete these**  **columns only when**  **multiple site visits**  **occurred** | | R **A**  **T**  **E** | **TOTAL** |
| **NO. OF**  **SITES**  **VISITED** | **ADJUSTED**  **MILEAGE** |
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# PART 5.E

**TRANSPORTATION/SHIPPING SUPPLEMENTARY SHEET**

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| **Check Event:**  **Emergency/Initial Work**  **Investigation Work**   **Monitoring/Interim Work**  **Corrective Action Plan Work** |

1. **This form should include shipping charges for contaminated soils and/or water, shipping charges for laboratory analysis, RAC markup on this sheet. RAC markup is to be shown on the Miscellaneous Supplementary Sheet.**
2. **If a single invoice addresses charges for multiple sites, indicate on the invoice each site name and the amount charged to each site.**
3. **Rush charges not required by DEQ will not be paid.**
4. **Transportation charges for work activities addressed in unit pricing should not be addressed on this form.**

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| DESCRIPTION OF EACH **ITEM SHIPPED** | RAC **INVOICE NO.** | OUTSIDEINVOICE NO. | TOTAL |
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| TOTAL TRANSPORTATION/SHIPPING COSTS | | | **$** |

**Page\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_ (Transportation/Shipping Supplementary Sheet)**

# PART 5.F

**DRILLING/PLUGGING & ABANDONMENT SUPPLEMENTARY SHEET**

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| **Check Event:**  **Emergency/Initial Work**  **Investigation Work**   **Monitoring/Interim Work**  **Corrective Action Plan Work** |

1. **The per foot rates encompass all costs associated with drilling or plugging & abandoning of wells, borings, and recovery wells with the exceptions of mileage, mob/demob unit price, analysis, and transportation and disposal of cuttings.**
2. **Depth of (Boring or Well) X Cost Per Foot = Total.**
3. **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.**
4. **Please reduce the applicable cost per foot rate by $15/foot, if soil samples were not taken, prior to calculating the row total.**
5. **Include drilling logs, well registrations, and plugging and abandonment forms as required.**
6. **Methods of Plugging and Abandonment Wells (P&A) - In “P&A Wells” column, enter**
7. **if P&A includes overdrilling of wells**
8. **if P&A was limited to pulling casing/screen and grouting well**
9. **if well is grouted only**
10. **If a minimum rate, or per day rate for chemical injection, is being charged, please indicate the number of events next to the appropriate activity. All well/activity information must still be documented excluding the Cost Per Foot Rate; this includes listing the dates of chemical injection events.**

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| **WELL/BORING**  **IDENTIFICATION NUMBER**  **(As shown in technical**  **reports to DEQ)** | **Date of activity** | **TYPE OF ACTIVIY** | **RAC**  **INVOICE**  **NO.** | **P&A**  **WELLS**  **(Enter**  **1, 2, or 3:**  **see note 6)** | **WELL**  **DIAMETER (inches)** | **DEPTH**  **(in feet)** | **COST PER**  **FOOT**  **RATE** | **TOTAL** |
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| **TYPE OF ACTIVITY** | | | **LIST # OF EVENTS** | | **MINMUM RATE** | | |  |
| DRILLING | | |  | | **3360.00** | | |  |
| DIRECT PUSH | | |  | | **2700.00** | | |  |
| TEMPORARY WELL | | |  | | **3000.00** | | |  |
| CHEMICAL INJECTION | | |  | | **4000.00** | | |  |
| PLUGGING AND ABANDONMENT | | |  | | **1680.00** | | |  |
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| **TOTAL DRILLING/P&A COSTS** | | | | | | **$** | | |

**Page \_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_ (Drilling/P&A Supplementary Sheet)**

# PART 5.G

**ANALYSIS SUPPLEMENTARY SHEET**

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| **Check Event:**  **Emergency/Initial Work**  **Investigation**   **Monitoring/Interim Work**  **Corrective Action Plan Work** |

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 designated by DEQ.**
3. **If the owner is directly billed for analysis, no markup allowed.**
4. **Rush charges assessed by the laboratory to analyze a sample will not be paid when not required by DEQ.**
5. **(No. of Tests) X (Cost Per Test) = Total**
6. **See Appendix B, Table 4 of the Trust Fund Cost Control Guidance Document for rates.**
7. **Purchase of sampling equipment (EnCores, preserved vials, etc.) should be addressed on the Part 5.H (1).**

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| **RAC**  **INVOICE**  **NO.** | **LAB INVOICE NUMBER** | **PARAMETER**  **(Ex: BTEX, TPH-G, etc.)** | **METHOD USED** | **MEDIUM**  **ANALYZED** | **NO. OF**  **TESTS** | **COST**  **PER**  **TEST** | **TOTAL** |
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**Page\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_ (Analysis Supplementary Sheet)**

# PART 5.H (1)

**MISCELLANEOUS SUPPLEMENTARY SHEET**

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| **Check Event:**  **Emergency/Initial Work**  **Investigation Work**   **Monitoring/Interim Work**  **Corrective Action Plan Work**  **Report Preparation** |

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

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| **DESCRIPTION OF EACH**  **MISCELLANEOUS ITEM AND NO. OF**  **ITEMS** | **RAC**  **INVOICE NO.** | OUTSIDE **INVOICE**  **NO.** | **COST** |
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**Page\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_ (Miscellaneous Supplementary Sheet)**

# PART 5.H (2)

**MISCELLANEOUS SUPPLEMENTARY SHEET**

**UNIT PRICING FORM**

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| **Check Event:**  **Emergency/Initial Work**  **Investigation Work**   **Monitoring/Interim Work**  **Corrective Action Plan Work** | | | | | | | |
| 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.  It is mandatory unit pricing for these activities. | | | | | | | |
| **UNIT PRICE ACTIVITY** | | | | | **RAC**  **INVOICE NO.** | **RATES** | **COST** |
| **Groundwater Sampling** Total Number of Wells Sampled:\_\_\_\_\_\_\_\_  List wells sampled below: Date sampling occurred:\_\_\_\_\_\_\_\_\_\_ | | | | |  | $560.00 - 1st Well  $175.00 – Others |  |
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| **Free Product Recovery** Total Number of Wells Hand bailed:\_\_\_\_\_\_\_\_  List wells hand bailed below: Date hand bailing ccurred:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | $170.00 - 1st Well  $55.00 – Others  The $55.00 rate applies to all wells hand bailed on the same date as sampled. |  |
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| **Gauging Wells** Total Number of Wells Gauged:\_\_\_\_\_\_\_\_  List wells gauged below: Date gauging occurred:\_\_\_\_\_\_\_\_\_ | | | | |  | $15.50 per well |  |
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| **Treatment Unit Operation and Maintenance** - Total No. of Events:\_\_\_\_\_\_\_\_\_  Select Rate: \_\_\_\_\_\_\_\_\_ | | | | |  | Active Remediation  $337.50 - Weekly Dual Media Unit\*  $675.00 - Biweekly or Twice monthly Dual Media Unit\*  $200.00 - Weekly Single Medium Un  $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 |  |
| List Dates O/M Occurred | | Number of Multi-System O/M:­­\_\_\_\_\_\_\_\_\_ | | |
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| **Discharge Sampling Event** - List dates sampling occurred  (When additional sampling events is being requested due to an exceedance, a copy of the analytical result documenting the exceedance must be provided.) | | | | |  | $225.00 per event |  |
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| **Mob/Demob for Drilling/Direct Push/P&A**  Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | $275.00 once per event |  |
| **Obtaining offsite access**    **Number of Property Accessed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please attach required documentation** | | | | |  | $395.00 per property |  |
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**Page\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_ (Miscellaneous Supplementary Sheet)**

**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** | | | | | |
| **Unit pricing for these activities is mandatory.** | | | | | |
| **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 > 50 cu. yd excavation  $560.00 - Treatment Unit Purchase or Used Treatment System Sale |  |
| Treatment System Design/Engineering/Planning and Treatment System Installation Design/Engineering/Planning | | |  | $4,500.00 (to be paid with system installation) |  |
| **Conveyance Notice**  (Copy of conveyance notice for each property is required for payment) | | |  | $900.00 per affected property |  |
| **Corrective Action Plan Construction and Operations Report**  Date of Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | $1,770.00 per report |  |
| **P&A Report**  Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of P&A Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | 17% with  $560.00 Minimum   $1,000.00 Maximum. |  |
| **Quarterly Monitoring Reports** (if applicable) – Indicate report period | | |  | Without Active Treatment Unit  $1,680.00 - Initial  $1,400.00 - Subsequent  Active Treatment Unit  $2,800.00 - Initial w/New Wells  $2,520.00 - Subsequent |  |
| Jan - March | April - June | |
| July - Sept. | Oct. - Dec. | |
| **Annual or Semi-Annual Report** (if applicable) - Indicate report period | | |  | Without Active Treatment Unit  $1,960.00 - Initial  $1,680.00 - Subsequent  Active Treatment Unit  $3,080.00 - Initial w/New Wells  $2,800.00 - Subsequent |  |
| Start Month & Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    End Month & Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **State or Municipal/Parish Quarterly Discharge Monitoring Report**  Report period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permit Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | $200.00/ Report ($75.00 for “No Discharge”) |  |
| **Soil Confirmation Report** Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of Field Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | 17% of reimbursed field work performed |  |
| **Vacuum Events Report** Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | $550.00 – 1st Event  $100.00 – Others |  |
| List Dates of Events: | | |
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|  | |  |
| **Vacuum Event Planning**  Number of events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | $82.50 per event |  |
| **Vacuum Extraction Pilot Test Report**  Date of Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | **$**2,800.00 |  |
| **SUBTOTAL OF THIS PAGE** | | | | $ | |
| **Miscellaneous Total** | | | | $ | |

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

# PART 5.H (4)

**MISCELLANEOUS SUPPLEMENTARY SHEET**

**UNIT PRICING FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check Event:**  **Report Preparation** | | | | |
| **Unit pricing for these activities is mandatory.** | | | | |
| **UNIT PRICE ACTIVITY** | | **RAC**  **INVOICE**  **NO.** | **RATES** | **COST** |
| **Corrective Action Plan**  Date of Work Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Work Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | $6,720.00 - Initial CAP  Development  $3,920.00 - CAP Addendum –  Cont’d. Operation  of Systems  5% CAP for Vacuum Events (maximum - $3,920)  10% All Others  (maximum - $3,920)  $200 – CAP Addendum requesting additional funds for excavation |  |
| **Plugging & Abandonment Work Plan**  Date of Work Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | $100.00 |  |
| **Risk Evaluation/Corrective Action Report – Appendix I Sites Only**  Date of Work Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Work Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | $6,720.00 Appendix I Only  + $500.00 Appendix I and > 20  Borings  + $500.00 Appendix I and Diesel  or Used Oil  + $500.00 Enclosed Space  $3,360.00 MO-1 Only  $500.00 Response to TL/ROG  requested revisions  $560.00 Input Parameter Form |  |
| **Remediation Oversight Group Meeting Preparation and Attendance**  Date of Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | $675.00 per meeting |  |
| **Site Investigation Report**  Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of Field Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | 17% of reimbursed field work performed |  |
| **Site Investigation or Soil Confirmation Work Plan**    Date of Work Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Team Leader Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of Approved Field Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | 4% of approved field work in work plan |  |
| **Trust Fund Reimbursement for Application Preparation/Invoicing Work** | |  | $50.00 - Between $.01 and  $249.99  $115.00 - Between $250.00  and $999.99  $280.00 - Between $1,000.00  and $29,999.99 $560.00 - $30,000 and above |  |
| January - March | April – June |
| July – September | October - December |
| **SUBTOTAL OF THIS PAGE** | | | $ | |
| **TOTAL MISCELLANEOUS COSTS** | | | $ | |

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

# PART 6

# RAC OR OWNER INVOICE SUMMARY

**List in chronological order, all RAC invoices to the owner and all other invoices billed directly to the owner on this sheet. Each application can not address invoices dated for a period of more than one fiscal year (July 1 thru June 30). Copies of all listed invoices must be attached. Outside invoices/receipts must be attached to the appropriate RAC/Owner Invoice.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site Name: | | | Invoice Reporting Period: Through | | |
| Site Address: | | | | | AIN: |
| WORKED PERFORMED  (TIME PERIOD) | INVOICE  DATE | COMPANY NAME | INVOICE NO. | AMOUNT | DEQ COMMENTS |
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| TOTAL RACE OR OWNER INVOICE SUMMARY | | | | |  |

PART 7

**TREATMENT SYSTEM TRACKING FORM**

**Name of Current Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Interest Number (AIN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide the following for groundwater or vapor recovery equipment in use at the above listed site for which reimbursement is being, or will be, requested.

1. Detailed invoice indicating price of major components must be supplied.

Purchase Cost $\_\_\_\_\_\_ Invoice No.\_\_\_\_\_\_\_ (Invoice attached)

Rental (5% of unit cost-**DEQ approval only)** Rate $\_\_\_\_\_\_ Minimum Term:\_\_\_\_\_\_\_Months

1. Manufacturer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Serial Number of Equipment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Prior location of the unit, if previously used at another site (include AIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Brief information on the unit: (Please circle appropriate method noted below)

Groundwater  Vapor  Bio-Remediation  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Components**:

Motor Size (quantity and size)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carbon filter (yes/no, size)\_\_\_\_\_\_\_\_\_\_\_\_\_

Pump (quantity and size)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oil Capacity (in gallons)\_\_\_\_\_\_\_\_\_\_\_\_\_

Air Stripper (flow rate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oil Change Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Period Operated (If original location, please estimate number of months of expected use at the site.)

**Original Location/AIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Estimated time-frame) From\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Installation Date) (Estimated Stay)

**New Location/ AIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Estimated time-frame) From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_

(Installation Date) (Estimated Stay)

|  |
| --- |
| DEQ USE ONLY:  **Cost Comparison:** Purchase vs. Rental of the Treatment System  No. Of Months Projected for Use at the Site\_\_\_\_\_\_X .05 of Cost of Unit (\_\_\_\_\_\_\_) = $\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby certify that all of the above information is true and correct to the best of my knowledge and I agree to notify the Trust Fund Section, in writing, indicating the specific address of the relocation of the treatment equipment as soon as possible, but prior to relocation of the equipment.

# RAC Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner, Operator, or RP Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of Signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telefax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Signature is required of Owner, Operator, RP, or RAC (person purchasing unit). RAC signature is required for rental.

**PART 8**

**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

5. If the owner, operator, RP, or RAC relocates the equipment to a non-Trust Fund site, 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 Date Signed

(Circle: Owner, Operator, RP, or RAC)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed or Printed Name of Owner, Operator, RP, or RAC Cost of Unit

(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_