LOUISIANA MOTOR FUELS UNDERGROUND STORAGE TANK
TRUST FUND REIMBURSEMENT APPLICATION

PART 1
SITE IDENTIFICATION

FOR DEQ OFFICE USE ONLY

<table>
<thead>
<tr>
<th>TF No.</th>
<th>Reviewer’s Initial Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Reviewer’s Final Due Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(Site Name – Current Name)</th>
<th>Name of Responsible Party as Identified in Part 2 - Affidavit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Site Street Address – Physical Address, Not P.O. Box)</th>
<th>(DEQ Issued Owner Identification Number for Responsible Party)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(City) (Parish)</th>
<th>(DEQ Issued Agency Interest No.)</th>
<th>(No. of tanks owned in La. at time of incident by responsible party)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 1 –100 - $1 mil annual agg.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 101 or more - $2 mil ann. agg.</td>
</tr>
</tbody>
</table>

AIN: 

B. APPLICATION INFORMATION

1. This application includes ALL INVOICES to the owner (responsible party) dated from: [Check appropriate quarter(s) and indicate year(s)]:

   □ July 1, ____through September 30, ____

   □ October 1, _____through December 31, ____

   □ January 1, _____through March 31, ____

   □ April 1, _____through June 30, ____

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

2. a. Program Grand Task Total $ ________________  b. Specialized Services $ ________________

   (Total shown in Part 5 of this application)  (Total shown in Part 6B of this application)

3. a. □ Check here if this is the FIRST application for a release at the site.  

   b. □ Check here if this is the LAST application for a release at the site.

(Any application submitted to the Trust Fund Management Section for work performed after July 1, 2009, must be submitted on this form.)
PART 1 (cont’d)

C. RELEASE INFORMATION

1. The incident address in this application occurred as a result of a release from:
   - [ ] Tank
   - [ ] Piping
   - [ ] Dispenser
   - [ ] Fuel Port
   - [ ] Other_________

2. If the release is from a tank(s), please indicate the leaking tank identification number(s) as assigned by DEQ:
   _______________       _______________        _______________         _______________       _______________

3. a. Substance released__________  b. Date released______________   c. Incident no(s)._________________

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

4. This facility meets the definition of a petroleum marketing facility (petroleum marketing facility is defined as a facility at which petroleum is produced or refined, or a facility from which petroleum is sold or transferred to other petroleum marketers or to the public).  ☐ Yes  ☐ No

5. The average monthly throughput for this site is over 10,000 gallons (based on annual throughput for the previous calendar year).  ☐ Yes  ☐ No

6. Date of original registration____________

7. Site Assessment
   - Date Submitted to DEQ__________  DEQ Approval Date__________  Approved Cost__________
   - Date Addendum Submitted__________  DEQ Approval Date__________  Cost__________

8. Corrective Action Plan and Each Addendum
   - CAP Submittal Date__________  DEQ Approval Date__________  Approved Cost__________
   - Addendum Submittal Date__________  DEQ Approval Date__________  Approved Cost__________
   - Addendum Submittal Date__________  DEQ Approval Date__________  Approved Cost__________
   - Addendum Submittal Date__________  DEQ Approval Date__________  Approved Cost__________

9. Was any over-excavation approved? (attach approval letter) ☐ Yes  ☐ No

D. MOTOR FUEL DELIVERY FEES

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

<table>
<thead>
<tr>
<th>Name of the Bulk Operator</th>
<th>*DEQ Issued Certificate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

I certify the following:

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

<table>
<thead>
<tr>
<th>Preparer’s Certification (Original Signature Required)</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer’s Name</td>
<td>Firm Name</td>
</tr>
<tr>
<td>Telephone Number (    )</td>
<td>Mailing Address</td>
</tr>
<tr>
<td>Telex Number (    )</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>A. Site Owner, Operator, Responsible Party</th>
<th>H. Site Name</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>B. Mailing Address</th>
<th>I. Site Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Physical Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>City</th>
<th>Parish</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C. Telephone/Telefax Numbers</th>
<th>J. Facility I.D. Number and Agency Interest Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: ( )</td>
<td>FID:</td>
</tr>
<tr>
<td>Telefax: ( )</td>
<td>AIN:</td>
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</table>

<table>
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<tr>
<th>D. Signature of person designated to sign for the owner, operator or responsible party</th>
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| E. Check appropriate box below. The contract for work addressed in this application was signed: |

- [ ] Before August 1, 1995, the owner/operator/responsible party receives reimbursement.
- [ ] On or after August 1, 1995, and as required by Act 336 of the 1995 Regular Session, the RAC receives reimbursement.

<table>
<thead>
<tr>
<th>F. Invoices to the owner (responsible party) addressed in this application: [Check appropriate quarter(s) and indicate year(s)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1,____ - Sept. 30,____</td>
</tr>
</tbody>
</table>

| 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)

State of _________________________________   County or Parish of _____________________________________
<table>
<thead>
<tr>
<th>Name of Site</th>
<th>Site Address (Physical address, city)</th>
<th>Parish Location</th>
<th>Site FID No.</th>
<th>Invoice No. (As contained in Part 6A, 6B or 6C of this application)</th>
<th>Date of Payment Received</th>
<th>Check No.</th>
<th>Amount</th>
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</tbody>
</table>

Total Deductible Amount Addressed in Affidavit

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

WITNESS my hand and official seal, this ________ day of ________, _______.

My commission expires _______________________

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

State of __________________________  County or Parish of __________________________
PART 3
RESPONSE ACTION CONTRACTOR CERTIFICATION AFFIDAVIT

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

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

If 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.

<table>
<thead>
<tr>
<th>A. Name principal/president of the company responsible for Conducting the site assessment/rehabilitation</th>
<th>H. Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Mailing Address</td>
<td>I. Response Action Contractor Telephone/Telefax Numbers</td>
</tr>
<tr>
<td>City</td>
<td>Telephone: (   )</td>
</tr>
<tr>
<td>State</td>
<td>Telefax: (   )</td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Facility Name</th>
<th>J. Facility I.D. Number &amp; Agency Interest Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>D Signature of the principal/president of the company or his Designee responsible for conducting site assessment/rehabilitation</td>
<td>K. Federal Tax ID# or Social Security Number</td>
</tr>
<tr>
<td>E. Check appropriate box below. The contract for work addressed in this application was signed:</td>
<td></td>
</tr>
<tr>
<td>☐ Before August 1, 1995, the owner/operator/responsible party receives reimbursement.</td>
<td></td>
</tr>
<tr>
<td>☐ On or after August 1, 1995, and as required by Act 336 of the Regular Session, the RAC receives reimbursement.</td>
<td></td>
</tr>
<tr>
<td>F. Invoices to the owner (responsible party) addressed in this application: [Check appropriate quarter(s) and indicate year(s)]</td>
<td></td>
</tr>
<tr>
<td>☐ July 1, ___ - Sept. 30,___</td>
<td>☐ Oct. 1,___ - Dec.31,____</td>
</tr>
<tr>
<td>☐ Jan.1,___ - March 31,___</td>
<td>☐ April 1,___ - June 30,____</td>
</tr>
<tr>
<td>G. Program Grand Task Total Addressed in Part 1, B.2.a and Part 5:</td>
<td></td>
</tr>
</tbody>
</table>

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

State of _______________________________    County or Parish of_______________________________
<table>
<thead>
<tr>
<th>PROGRAM GRAND TASK TOTAL</th>
<th>AIN</th>
<th>Owner ID No. (Responsible Party)</th>
<th>FID #</th>
<th>RAC Name:</th>
</tr>
</thead>
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<tr>
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</thead>
<tbody>
<tr>
<td>Charges</td>
<td>DEQ Adjustment</td>
<td>Charges</td>
<td>DEQ Adjustment</td>
<td>Charges</td>
</tr>
<tr>
<td><strong>A. Personnel</strong></td>
<td></td>
<td><strong>B. Soil/Water Disposal</strong></td>
<td></td>
<td><strong>C. Equipment</strong></td>
</tr>
<tr>
<td><strong>D. Travel</strong></td>
<td></td>
<td><strong>E. Transportation</strong></td>
<td></td>
<td><strong>F. Drilling &amp; P &amp; A</strong></td>
</tr>
<tr>
<td><strong>G. Analysis</strong></td>
<td></td>
<td><strong>H. Miscellaneous</strong></td>
<td></td>
<td>(Includes Unit Pricing)</td>
</tr>
</tbody>
</table>

**Subtotals**

<table>
<thead>
<tr>
<th>6. Charges in Application for Wells Sampled and Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly (No. of Wells)</td>
</tr>
<tr>
<td>Semi-Annually (No. of Wells)</td>
</tr>
<tr>
<td>Annually (No. of Wells)</td>
</tr>
<tr>
<td>+2% Application Prep. - Work Before 1/1/2002 +</td>
</tr>
</tbody>
</table>

**7. Groundwater Monitoring Report**

<table>
<thead>
<tr>
<th>Period Charged in Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Twice</td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Quarterly</td>
</tr>
</tbody>
</table>

**8. O & M Schedule**

| Weekly | Bi-weekly | Twice | Monthly | Quarterly |

**9. No. of Discharge Sampling Events Charged in Application**

**10. Charge in Application for the DMR Report Submitted on the Following Date**

**11. Dates work performed in application**

| Beginning | Ending |

**12. Application Addresses Invoices to the Owner:** (Enter year)

<table>
<thead>
<tr>
<th>July 1 – September 30</th>
<th>January 1 – March 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 – December 31</td>
<td>April 1 - June 30</td>
</tr>
</tbody>
</table>

**Program Task Total**

<table>
<thead>
<tr>
<th>Program Task Total</th>
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</thead>
<tbody>
<tr>
<td>Fiscal Year Charges</td>
</tr>
<tr>
<td>FY</td>
</tr>
<tr>
<td>FY</td>
</tr>
</tbody>
</table>

**LDEQ Reimbursement**

<table>
<thead>
<tr>
<th>Per Occurrence Amount: $500,000</th>
<th>$1 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Aggregate</td>
<td>$1 million</td>
</tr>
<tr>
<td>Remaining CAP Balance</td>
<td>$2 million</td>
</tr>
<tr>
<td>Payment To:</td>
<td>RAC</td>
</tr>
<tr>
<td>Owner</td>
<td>Trust Fund No.</td>
</tr>
</tbody>
</table>

**DEQ Comments, Notations for Deductibles, Treatment Units, & Last Applications**
1. Rates shown on this form cannot be adjusted higher.
2. Rate X No. Hrs. = Total
3. Personnel charges for work activities addressed in unit pricing should not be addressed in this form

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

SUBTOTAL 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.
PART 5.B
SOIL/WATER DISPOSAL SUPPLEMENTARY SHEET

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

Instructions:
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

<table>
<thead>
<tr>
<th>TYPE OF DISPOSAL</th>
<th>RAC INVOICE NO.</th>
<th>OUTSIDE INVOICE NO.</th>
<th>CUBIC YARDS OR GALLONS</th>
<th>COST PER UNIT</th>
<th>TOTAL</th>
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<tbody>
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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.

<table>
<thead>
<tr>
<th>ITEM DESCRIPTION</th>
<th>EQUIPMENT RATING (Air compressor, backhoe, dump truck, trackhoe, vacuum truck)</th>
<th>RAC INVOICE NO.</th>
<th>OUTSIDE INVOICE NO.</th>
<th>DATES EQUIPMENT USED</th>
<th>RENTAL RATES</th>
<th>HOURS USED</th>
<th>TOTAL</th>
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PART 5.D (1)
TRAVEL SUPPLEMENTARY SHEET

☐ Report Preparation (Indicate type of report)- ☐ Site Investigation ☐ CAP ☐ Groundwater Monitoring Report ☐ Other

LODGING/MEALS

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

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

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

Check below the reason charges for overnight stay or meals are being requested:
☐ Installed Treatment System ☐ Drilling, P/A Wells, Geoprobe, Hydro-punch Work
☐ Six hour vacuum event ☐ Overexcavation ☐ 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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### PART 5.D (2)
#### TRAVEL SUPPLEMENTARY SHEET

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

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<td>Report Preparation (Indicate type of report) -</td>
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<td>Other__________</td>
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MILEAGE (Use this form for travel performed before January 1, 2002, by non-environmental specialist personnel)

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

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<thead>
<tr>
<th>DATE</th>
<th>DESTINATION Show Beginning, Interim, Ending Areas Traveled (Ex.: Laf., Crowley, Abbeville, Laf.)</th>
<th>RAC INVOICE NO.</th>
<th>TOTAL MILEAGE</th>
<th>Complete these columns only when multiple site visits occurred</th>
<th>R A T E</th>
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UNIT PRICE TRAVEL
(The unit price addresses costs associated with vehicle mileage and employees’ travel time)

Instructions
1. Rate $1.95/mile – (1/1/02—6/30/07 = $1.50/mile, 7/1/07—6/30/09 = $1.70/mile) - On this form you should address travel charges associated with unit price activities, groundwater sampling events, NPDES sampling events, routine scheduled treatment unit operation & maintenance events, treatment unit major repair events, free product recovery events and travel performed by environmental specialists.
2. Work performed after January 1, 2002 - All travel charges should be addressed on this form.
3. When multiple sites are visited in a single day and only activities identified in 1, above are conducted, the total amount of the travel charge shall be divided by the number of sites visited.
4. Activity Performed Codes:
   1 – Treatment Unit Operation & Maintenance; 2 – Discharge Sampling; 3 – Groundwater Sampling; 4 – Free-Product Recovery (Handbailing of Wells); 5 - Non-Unit Price Activity (Charged Time/Materials)

<table>
<thead>
<tr>
<th>ACTIVITY PERFORMED</th>
<th>DATE</th>
<th>DESTINATION Show Beginning, Interim, Ending Areas Traveled (Ex.: Laf., Crowley, Abbeville, Laf.)</th>
<th>RAC INVOICE NO.</th>
<th>TOTAL MILEAGE</th>
<th>Complete these columns only when multiple site visits occurred</th>
<th>R A T E</th>
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TOTAL TRAVEL $
1. This form should include shipping charges for contaminated soils and/or water; shipping charges for laboratory analysis; and mobilization and demobilization of equipment used other than for well drilling, plugging/abandonment, geoprobe & hydro-punch work.

2. Do not address RAC markup on this sheet. RAC markup is to be shown on the Miscellaneous Supplementary Sheet.

3. If a single invoice addresses charges for multiple sites, indicate on the invoice each site name and the amount charged to each site.

4. Rush charges not required by DEQ will not be paid.

5. Transportation charges for work activities addressed in unit pricing should not be addressed in this form.

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<tr>
<th>DESCRIPTION OF EACH ITEM SHIPPED</th>
<th>RAC INVOICE NO.</th>
<th>OUTSIDE INVOICE NO.</th>
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TOTAL TRANSPORTATION/SHIPPING COSTS $
PART 5.F
DRILLING/PLUGGING & ABANDONMENT SUPPLEMENTARY SHEET

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

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

<table>
<thead>
<tr>
<th>MONITORING WELL, RECOVERY WELL, PIEZOMETER OR BORING IDENTIFICATION NUMBER (As shown in technical reports to DEQ for this site)</th>
<th>RAC INVOICE NO.</th>
<th>P/A WELLS (Enter 1, 2, or 3 based on instructions in 9 above)</th>
<th>WELL DIAMETER</th>
<th>DEPTH</th>
<th>COST PER FOOT RATE</th>
<th>TOTAL</th>
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TOTAL P&A COSTS $
### PART 5.G

**ANALYSIS SUPPLEMENTARY SHEET**

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<th>Check Event:</th>
<th>Emergency/Initial Work</th>
<th>Investigation</th>
<th>Monitoring/Interim Work</th>
<th>Corrective Action Plan Work</th>
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#### Instructions

1. Do not address RAC markups on this sheet. RAC markups should be shown on the Miscellaneous Supplementary Sheet.
2. Charges for analyzing samples will only be reimbursed at the intervals required by DEQ.
3. Reimbursement will not be given for analysis of samples not required or approved by DEQ.
4. If owner directly billed for analysis, no markup allowed.
5. Rush charges assessed by the laboratory to analyze a sample will not be paid when not required by DEQ.
6. No. of Test Cost Per Test = Total
7. See Appendix B, Table 4 of the Trust Fund Cost Control Guidance Document for Rates

<table>
<thead>
<tr>
<th>LAB INVOICE NUMBER</th>
<th>RAC INVOICE NO.</th>
<th>TYPES OF ANALYSES / METHOD (Ex.: BTEX, Method 8021B)</th>
<th>MEDIUM ANALYZED</th>
<th>NO. OF TESTS</th>
<th>COST PER TEST</th>
<th>TOTAL</th>
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**PART 5.H (1) MISCELLANEOUS SUPPLEMENTARY SHEET**

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<th>DESCRIPTION OF EACH MISCELLANEOUS ITEM AND NO. OF ITEMS</th>
<th>RAC INVOICE NO.</th>
<th>OUTSIDE INVOICE NO.</th>
<th>COST</th>
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</tbody>
</table>

1. All costs not associated with the previous categories should be listed here. (Ex.: utility charges, geoprobe/hydro-punch charges, DOTD permits/maps, DEQ permits, surveying charges, subcontracted drafting charges, purchases of supplies, disposal sampling kits and bailing kits)

2. Miscellaneous charges for work activities addressed in unit pricing should not be addressed in this form.

3. All markups allowed to the RAC should be identified on this sheet based on the rates shown below:

**SUBTOTAL THIS PAGE** $
**MISCELLANEOUS SUPPLEMENTARY SHEET**

**UNIT PRICING FORM**

|--------------|------------------------|--------------------|-------------------------|----------------------------|---------------------------------------------|------------------|-----|-------------------------------|-------|

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

### UNIT PRICE ACTIVITY

<table>
<thead>
<tr>
<th>UNIT PRICE ACTIVITY</th>
<th>RAC INVOICE NO.</th>
<th>RATES</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groundwater Sampling - Total Number of Wells Sampled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date sampling occurred</td>
<td>List wells sampled below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groundwater Sampling - Total Number of Wells Sampled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date sampling occurred</td>
<td>List wells sampled below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groundwater Sampling - Total Number of Wells Sampled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date sampling occurred</td>
<td>List wells sampled below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groundwater Sampling - Total Number of Wells Sampled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date sampling occurred</td>
<td>List wells sampled below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Unit Operation and Maintenance - Total No. of Events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Dates O/M Occurred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Sampling Event - No. of Events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List dates sampling occurred</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(When additional sampling events is being requested due to an exceedance, a copy of the analytical result documenting the exceedance must be provided.)

<table>
<thead>
<tr>
<th>Subtotal This Page</th>
<th>$</th>
</tr>
</thead>
</table>

Page of (Miscellaneous Supplementary Sheet)
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

<table>
<thead>
<tr>
<th>UNIT PRICE ACTIVITY</th>
<th>RAC INVOICE NO.</th>
<th>RATES</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Product Recovery - Total Number of Wells Handbailed</td>
<td></td>
<td>$170.00 - 1st Well</td>
<td></td>
</tr>
<tr>
<td>Date handbailing occurred</td>
<td></td>
<td>*$55.00 – Others</td>
<td></td>
</tr>
<tr>
<td>List wells handbailed below:</td>
<td></td>
<td>The $55.00 rate applies to all wells handbailed on same the date as sampled.</td>
<td></td>
</tr>
<tr>
<td>Quarterly Monitoring Reports (if applicable) – Indicate report period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan - March</td>
<td></td>
<td>Without Active Treatment Unit</td>
<td></td>
</tr>
<tr>
<td>April - June</td>
<td></td>
<td>Treatment Unit</td>
<td></td>
</tr>
<tr>
<td>July - Sept.</td>
<td></td>
<td>$1,680.00 - Initial</td>
<td></td>
</tr>
<tr>
<td>Oct. - Dec.</td>
<td></td>
<td>$1,400.00 - Subsequent</td>
<td></td>
</tr>
<tr>
<td>Semi-Annual Report (if applicable) - Indicate report period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan. - June</td>
<td></td>
<td>Without Active Treatment Unit</td>
<td></td>
</tr>
<tr>
<td>July - Dec.</td>
<td></td>
<td>Treatment Unit</td>
<td></td>
</tr>
<tr>
<td>State or Municipal/Parish Quarterly Discharge Monitoring Report - Indicate date report submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: The state permit now requires quarterly reporting, not annual.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Fund Reimbursement for Application Preparation/Invoicing Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January – March</td>
<td></td>
<td>$50.00 - Between $.01 and $249.99</td>
<td></td>
</tr>
<tr>
<td>April – June</td>
<td></td>
<td>$115.00 - Between $250.00 and $999.99</td>
<td></td>
</tr>
<tr>
<td>July – Sept</td>
<td></td>
<td>$280.00 - Between $1,000.00 and $29,999.99</td>
<td></td>
</tr>
<tr>
<td>Risk Evaluation/Corrective Action Report – Appendix I Sites Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Report Submitted to LDEQ</td>
<td></td>
<td>$6,720.00 - Appendix I Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>+$500.00 - Appendix I &amp; &gt;20 Borings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>+$500.00 - Appendix I &amp; Diesel or Oil</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>+$550.00 - Enclosed structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$3,360 – MO-1 only</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$500.00 – Response to TL requested revisions</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL THIS PAGE**

$
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.

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

**SUBTOTAL THIS PAGE** $ 

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

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

Calculate the total in the “Adjusted Amount” column as follows:
Total Shown on Invoice – (Minus) Ineligible Charges Shown in the Invoice, Actual Specialized Services Amounts, and Actual Laboratory Amounts = Adjusted Amount Column Total

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Invoice Reporting Period:</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address:</td>
<td>Facility ID#:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORK PERFORMED (TIME PERIOD)</th>
<th>INVOICE DATE</th>
<th>COMPANY NAME</th>
<th>INVOICE NO.</th>
<th>ADJUSTED AMOUNT</th>
<th>DEQ COMMENTS</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>FOR DEQ USE ONLY</th>
<th>SUBTOTAL RAC OR OWNER INVOICE SUMMARY</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJUSTED TOTAL</td>
<td>$</td>
<td>TOTAL RAC OR OWNER INVOICE SUMMARY</td>
</tr>
</tbody>
</table>
List, in chronological order, all subcontracted specialized service invoices to the RAC addressed in the reimbursement application on this sheet. Each application can address invoices dated for a period of no more than a single fiscal year (July 1 thru June 30). Attached to this sheet, copies of all subcontracted specialized service invoices listed on the sheet. IDENTIFY ON EACH SUBCONTRACTOR INVOICE THE CORRESPONDING RAC INVOICE NUMBER.

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

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Invoice Reporting Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address:</td>
<td>Facility ID#:</td>
</tr>
<tr>
<td><strong>WORK PERFORMED</strong> (TIME PERIOD)</td>
<td><strong>INVOICE DATE</strong></td>
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</tbody>
</table>

| FOR DEQ USE ONLY | SUBTOTAL SUBCONTRACTOR INVOICES $ |
| ADJUSTED TOTAL $ | TOTAL SUBCONTRACTOR INVOICES $ |
**PART 6.C**

**LABORATORY ANALYSES INVOICE SUMMARY**

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

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

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Invoice Reporting Period:</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address:</td>
<td>Facility ID#:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORK PERFORMED (TIME PERIOD)</th>
<th>INVOICE DATE</th>
<th>COMPANY NAME</th>
<th>INVOICE NO.</th>
<th>ADJUSTED AMOUNT</th>
<th>DEQ COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**FOR DEQ USE ONLY**

<table>
<thead>
<tr>
<th>SUBTOTAL LAB ANALYSES INVOICES</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJUSTED TOTAL</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL LAB ANALYSES INVOICES</td>
<td>$</td>
</tr>
</tbody>
</table>
Name of Current Site__________________________________________________________

Facility Identification Number (FID):______________ 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

2. Manufacturer’s Name________________________________________________________

3. Serial Number of Equipment__________________________________________________

4. Prior location of the unit, if previously used at another site (include FID No.) __________________________
   _______________________________________________________________________

5. Brief information on the unit such as manufacturer’s pamphlet regarding operation and efficiency of the unit.
   (Please circle appropriate method noted below)
   Groundwater    Vapor    Bio-Remediation    Other_________________________

   Major Components

   ________________________________
   ________________________________

6. Period Operated (If original location, please estimate number of months expected use at the site.)
   Original Location/FID No: ____________________________________________________

   (Estimated time-frame) From______________         To______________
   (Installation Date) (Estimated Stay)

   New Location/FID No: _________________________________________________________

   (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, Oper., 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.
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                               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: ________________________________________________________________________________

Facility ID No._________________________________ Agency Interest No. ______________________________

Type of Equipment: _____________________________________________________________________________

Equipment Serial Number: ________________________________________________________________________