TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PETROLEUM STORAGE TANK REMEDIATION FUND
APPLICATION FOR REIMBURSEMENT

PST REIMBURSEMENT SECTION, MC-139
P.O. BOX 13087
AUSTIN, TEXAS 78711-3087

LPST ID No:

For TCEQ Use Only

Applicant Information

Applicant		
Mailing Address	City, State	Zip Code
Contact Person	Phone	Fax

Applicant Is the:

☐ Tank Owner ☐ Tank Operator ☐ Facility Owner ☐ Land Owner ☐ Former Tank Owner

☐ Former Tank Operator ☐ Former Facility Owner ☐ Former Land Owner

Agent or Assignee Information (If there is an Agent or Assignee, Complete and Include Assignment)

Agent or Assignee		
Mailing Address	City, State	Zip Code
Contact Person	Phone	Fax

Agent or Assignee is the:

☐ Insurer ☐ Lending Institution ☐ Purchaser of the Property ☐ Purchaser of the Tanks

☐ Contractor who performed work at site and is financing corrective action

Site Information

Facility Name		
Facility Address	City, State	Zip Code
LPST ID Number	Facility Registration Number	Owner ID Number

Payee Identification Numbers

Applicant ☐ Federal Employer's Identification (FEI) Number ☐ Social Security Number (SSN) ☐ Comptroller's Assigned Number ☐ Texas Taxpayer Number	Number: _____
Agent or Assignee ☐ Federal Employer's Identification (FEI) Number ☐ Social Security Number (SSN) ☐ Comptroller's Assigned Number ☐ Texas Taxpayer Number	Number: _____

OWNER/OPERATOR CONTRIBUTION OR DEDUCTIBLE

A required owner/operator contribution or "deductible" must be met before costs can be reimbursed. The required deductible is based on:

- how many single petroleum storage tanks the applicant owns or operates in Texas;
- if specific corrective action milestones are met; and
- the number of occurrences when the application is determined to be administratively complete at the TCEQ.

An initial deductible is required for each Occurrence (LPST ID Number - the deductible may increase based upon the failure to meet specific corrective action milestones). The deductible, or "owner/operator contribution" will be as follows:

NUMBER OF SINGLE PETROLEUM STORAGE TANKS APPLICANT OWNS OR OPERATES IN TEXAS	REQUIRED DEDUCTIBLE ($)	FAILURE TO SUBMIT A SITE ASSESSMENT PRIOR TO 12/23/96	FAILURE TO SUBMIT AND RECEIVE APPROVAL FOR CORRECTIVE ACTION PLAN PRIOR TO 6/23/98	FAILURE TO MEET THE GOALS IN THE APPROVED CORRECTIVE ACTION PLAN BY 12/23/99
less than 13 tanks;	$ 1,000	$ 2,000	$ 4,000	$ 8,000
13 to 99 tanks, inclusive;	$ 2,500	$ 5,000	$10,000	$20,000
100 to 999 tanks, inclusive; or	$ 5,000	$10,000	$20,000	$40,000
1,000 or more tanks.	$10,000	$20,000	$40,000	$80,000
If a site has received a closure letter on or after 9/1/95 and has a subsequent release, the deductible will be $50,000.				

Number of single petroleum storage tanks owned or operated in Texas by applicant: _____

Enter required deductible:

. . . . . $_____

For the corrective action expenses requested to be reimbursed in this application, provide the amount of any private insurance reimbursement that has already been received for these expenses or for which a claim was filed prior to July 17, 1990:

. . . . . $_____

Insurer name:

Policy number:

As of _____/_____/_____ (date), insurance reimbursement has been (check one): ☐ received ☐ claimed

The total costs submitted in the application for reimbursement is to be reduced by the deductible amount and any amount of reimbursement received from a private insurer:

A.	**Total Cost of Activities Submitted in this Application:**	**$**
B.	**Deductible Amount:**	**$**
C.	**Reimbursement received from Insurer:**	**$**
D.	**TOTAL REIMBURSEMENT REQUEST (A) - (B) - (C): . . . . . .**	$_____

REIMBURSEMENT AFFIDAVIT

State of _____ §
§
County of_____ §

BEFORE ME, the undersigned authority, on this day appeared_____, known to be the person whose name is subscribed to the following instrument and having been by me duly sworn, upon his oath deposes and states as follows:

My name is_____. I am over the age of eighteen (18) years, am an adult, and am competent and able to testify herein. I am fully aware cognizant, and have personal knowledge of all facts set forth in this affidavit, and am able to swear, and I do swear, that all facts and statements herein contained are true and correct.

This affidavit pertains to the following:

LPST ID No: _____ **Requested Amount: _____**

Facility Address:_____

City_____ County_____, Texas

I certify that this reimbursement application and all attachments were prepared under my direction or supervision and that qualified personnel properly managed or performed applicable remedial activities and/or gathered and evaluated the information submitted.

I affirm that this claim does not seek reimbursement for the lease/rental or the purchase of any equipment for which the eligible purchase cost has already been paid from the Petroleum Storage Remediation (PSTR) Account as part of a reimbursement claim pertaining to this or any other LPST site, or for which the eligible purchase cost is currently being claimed as part of another pending reimbursement claim pertaining to this or any other LPST site.

I agree to return to the Texas Commission on Environmental Quality (TCEQ), upon its demand, all or any part of the reimbursed amount, as the TCEQ considers appropriate, if I knowingly falsified, misrepresented, or omitted any fact relevant to the determinations made by the TCEQ or the Executive Director, oral or written.

As the claimant for reimbursement from the PSTR Account, I certify that I have paid, or ensured payment through the posting of a bond, all contractors and/or subcontractors in compliance with Title 30, Texas Administrative Code (TAC), §334.306(b)(7), §334.306(b)(10), and §334.309(d). I further certify that: (clearly mark one of the following):

____ I am the eligible owner or operator of the referenced Leaking Petroleum Storage Tank (LPST) site as described at Title 30 TAC § 334.304. I have paid all amounts owed to the prime contractor in full or I have ensured that those amounts will be paid in full through the posting of a payment bond in the amount not yet paid in full; or

____ I am an insurer who has paid claims for remediation costs for the referenced LPST site or a person who holds legal or equitable title to the referenced LPST site who has been properly assigned the right to accept payment on behalf of that owner or operator under Title 30 TAC, §334.302 (j) & (k). The complete assignment document is submitted with this application or is on file with the TCEQ. I have paid all amounts owed to the prime contractor in full or I have ensured that those amounts will be paid in full through the posting of a payment bond in the amount not yet paid in full; or

____ I am properly registered with the TCEQ as a LPST Corrective Action Specialist in accordance with the requirements of Title 30, TAC, Chapter 334, Subchapter J. I have been hired by the eligible owner or operator of the referenced LPST site to perform corrective action activities and have been properly assigned the right by that owner/operator to accept payment on behalf of the owner or operator under Title 30, TAC, §334.302 (j) & (k). The complete assignment document has been submitted with this application or is on file with the TCEQ. I also affirm that the eligible owner or operator of the referenced LPST site is aware of the work performed and the amounts requested for this application. I have paid all amounts owed to the subcontractors in full or I have ensured that those amounts will be paid in full through the posting of a payment bond in the amount not yet paid in full.

_____ _____
Signature Printed Name

_____ _____
Company Name (if applicable) Title (if applicable)

Subscribed and sworn to before me the undersigned authority on this_____ day of_____,20___, to certify which witness my hand and seal.

_____
Notary Public in and for the State of _____

My Commission expires the _____day of_____, 20___.

Comments:

APPLICATION CHECKLIST (Please read carefully)

Please review your application for completeness, clarity, and legibility prior to submittal. The following checklist will help ensure that your application is complete and help expedite our processing of it. **Incomplete applications will be returned for completion and subsequent resubmission.**

All applications for reimbursement **must** be submitted with the following information. Complete the application checklist to determine if your application is complete.

Check Box When Verified

1. ☐ All appropriate spaces completed in the Application Form (Page 1 and 2).

2. ☐ The Reimbursement Affidavit signed by the eligible owner, operator or assignee and notarized (Original must be submitted - copy not acceptable).

3. ☐ All appropriate spaces completed on the Reimbursement Claim Summary.

4. ☐ A completed Reimbursement Activity Summary Cost Sheet for each completed phase or pre-approved activity.

5. ☐ Attached to each completed Summary Cost Sheet are copies of all referenced invoices and subcontractor invoices. At minimum, all invoices must contain a description of the work performed, who performed the work, the dates the work was performed, where the work was performed, the unit cost of the work performed and the total cost of the work. If the provided detail is insufficient for review; time sheets, cost breakdowns and other information may be requested during the course of the reimbursement review process. If multiple activities are submitted in an application, copies of appropriate invoices should be attached to each Summary Cost Sheet. Identify which costs on the invoice apply to each activity.

6. ☐ Attached to each completed Summary Cost Sheet are copies of all cost proposals and preapproval documentation and a completed Reimbursement Preapproval/Actual Cost Comparison Form.

7. ☐ Attached to the application is a copy of the technical report(s) that document the performance of the corrective action for which reimbursement is sought. The report(s) must contain all appropriate attachments such as boring logs, water well drillers reports, laboratory samples and chain-of-custody, waste manifests and all appropriate maps, graphs, and tables.

8. ☐ **Assignees/Agents** - an original of the Assignment Contract must already be on file with the agency. If not, it must be submitted with this application.

We have reviewed the application for reimbursement and all of its' attachments using this Application Checklist as a guide and we have verified that this application contains all of the information required for review. We understand that if the application does not contain the above-referenced information, the application will be returned and may be resubmitted when it contains all the required information.

_____

Applicant (Date)

_____ _____ _____

Application Preparer (Date) (Phone Number) (Fax Number)

_____

(Email Address)

REIMBURSEMENT CLAIM SUMMARY

Please check the appropriate activity box, provide the pre-approved cost, and provide the subtotal cost for each Reimbursement Activity Summary Cost Sheet (Schedule A) submitted for reimbursement. Please see the back of Schedule A for additional instructions.

	PREAPPROVED COSTS	REQUESTED COSTS
☐ ACTIVITY - 00: TANK REMOVAL		SUBTOTAL $ _____
☐ ACTIVITY - 01: INITIAL ABATEMENT	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 02: PSH RECOVERY	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 03: EXCAVATION/WASTE MANAGEMENT	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 04: SITE ASSESSMENT	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 05: RISK ASSESSMENT	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 06: CAP FEASIBILITY TESTING	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 07: GW MONITORING	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 08: CORRECTIVE ACTION PLAN PREPARATION	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 09: REMEDIATION SYSTEM INSTALLATION	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 10: OPERATION, MONITORING & PERFORMANCE	$ _____	SUBTOTAL $ _____
☐ ACTIVITY - 11: SITE CLOSURE	$ _____	SUBTOTAL $ _____
Total Costs:	$	$

Reimbursement Activity Summary Cost Sheet

LPST ID No.: _____	Billing Period
Facility Registration No.: _____	From: _____
	To: _____

ACTIVITY	

Title and Date of Applicable Report(s)	

Company	Invoice No.	Invoice Date	Invoice Amount	Amount Requested
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

Total Amount Requested for Activity	$

Attach to this form all referenced contractor invoices, associated subcontractor invoices and preapproval documentation for this activity.

Total Amount Pre-approved for this Activity	$
Date Activity Approved (approval date indicated on the Corrective Action Response Form - CARF)	

How to complete the Reimbursement Activity Summary Cost Sheet

1. Fill in the Leaking Petroleum Storage Tank (LPST) identification number and facility registration number in the specified blanks.

2. Complete the billing period dates. This provides the TCEQ with the time period for the work performed at your facility.

3. Fill in the appropriate activity description. Additionally, one Reimbursement Activity Summary Cost Sheet must be completed for each activity for which you are seeking reimbursement. For example, if you are requesting reimbursement for a tank removal and a site assessment, then one form for each of these activities must be submitted (i.e., one form for the tank removal costs and one form for the site assessment costs). You should only submit a claim when the activity is complete or at the end of a preapproval period.

4. For each Summary Cost Sheet, list the invoices for which you are seeking reimbursement. Detail the following: (1) Company performing work, (2) their invoice number, (3) invoice date, (4) total invoice amount, and (5) the amount you are requesting for reimbursement from that invoice.

5. Attach to each Summary Cost Sheet a copy of the referenced contractor invoices, associated subcontractor invoices, cost proposal and preapproval documentation, and proof of payment. At a minimum, all invoices must contain a description of the work performed, who performed the work, the dates the work was performed, where the work was performed, the unit cost of the work performed and the total amount of the work. If the invoices lack sufficient detail for review, time sheets, cost breakdowns and other information may be requested during the course of the reimbursement review process.

   When requesting reimbursement for more than one activity in an application, one invoice may contain costs for more than one activity. When this occurs, attach a copy of that invoice to each appropriate Summary Cost Sheet. Then identify (i.e.. use a highlighter or by underlining) which costs on the invoice apply to the activity identified on the Summary Cost Sheet. For example, one invoice contains costs for the tank removal and a portion of the site assessment. In this case, a copy of the invoice (identifying all costs associated with the tank removal) must be attached to the Summary Cost Sheet for the Tank Removal Activity and a copy of the invoice (identifying all costs associated with the site assessment) must be attached to the Summary Cost Sheet for the Site Assessment Activity.

6. Enclose a copy of the technical report(s) that document(s) the performance of the corrective action activity for which costs are being requested in the application. The report(s) must contain all appropriate attachments such as boring logs, water well drillers reports, laboratory samples and chain-of-custody, waste manifests and all appropriate tables, maps, and graphs. Submission of deficient reports will result in a delay in the processing of the application until sufficient information is provided or may result in the return of the application for reimbursement.

Reimbursement
Preapproval/Actual Cost
Comparison Forms

The Preapproval/Actual Cost Comparison Forms are modified cost proposal forms that are normally submitted with the workplan to the Responsible Party Remediation (RPR) Section in the preapproval process. Only complete and submit the form or forms that corresponds to the activity or activities being submitted in the application. Please do not submit any blank or unused forms with the application. To complete the form, in the left column of each page fill in the units of pre-approved scope of work and costs for the activity and in the right column of each page fill in the actual units and costs for the work performed. For older submitted pre-approved activities, where the line item detail on costs is unavailable, then the units of the approved scope of work should be completed along with the pre-approved bottom-line costs.

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Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 01& 02 - Initial Abatement/PSH Removal

LPST # | Facility ID:

Responsible Party: | Facility Name and Address:

Mark appropriate activity: 01-1 Initial Abatement | 02 - 1 PSH Removal | 02 - MDPE

Preapproved

Date Approved:

Reimbursement Application

Interim Corrective Action Plan	$

Interim Corrective Action Plan	$

Initial Abatement/Manual PSH Removal

A. Personnel

		Sub.	Total
Report Preparation		% =	$
Office Personnel		% =	$
Field Personnel		% =	$
PI - 7 Exemption			$
Subtotal Subcontracted Personnel	$		
Subcontractor Markup	%	=	$
Cost Proposal Preparation		=	$
A. Total Personnel			**$**

B. Equipment

	Units		$/Unit	Sub.	Total
Bailers		x	$	% =	$
Small Items		x	$	% =	$
Drums		x	$	% =	$
Skimmers (sm.)		x	$	% =	$
Skimmers (lg.)		x	$	% =	$
Canisters		x	$	% =	$
Sorbents		x	$	% =	$
MDPE Equipment		x	$	% =	$
Holding tank		x	$	% =	$
Construction Costs		x	$	% =	$
		x	$	% =	$
		x	$	% =	$
Subtotal Subcontracted Equipment		=	$		
Subcontractor Markup			%	=	$
B. Total Equipment					**$**

C. Waste Management

	Units		$/Unit	Sub.	Total
Vacuum Truck					
Fluids Disposal		x	$	% =	$
Discharge Permit		x	$	% =	$
Subtotal Subcontracted Waste Mgmt.		=	$		
Subcontractor Markup			%	=	$
C. Total Waste Management					**$**

D. Travel

	Units		$/Unit	Sub.	Total
MDPE Personnel Travel - Subcontractor					
MDPE Personnel - Prime Contractor					
Gauging Visits					
Mileage (>100 r.t.)		x	$	% =	$
One way mileage to site					
Travel Time		x	$	% =	$
Per Diem		x	$	% =	$
Airfare		x	$	% =	$
Equipment Truck		x	$	% =	$
Subtotal Subcontracted Travel		=	$		
Subcontractor Markup			%	=	$
D. Total Travel					**$**

Initial Abatement/Manual PSH Removal

A. Personnel

		Sub.	Total
Report Preparation		% =	$
Office Personnel		% =	$
Field Personnel		% =	$
PI - 7 Exemption			$
Subtotal Subcontracted Personnel	$		
Subcontractor Markup	%	=	$
Cost Proposal Preparation		=	$
A. Total Personnel			**$**

B. Equipment

	Units		$/Unit	Sub.	Total
Bailers		x	$	% =	$
Small Items		x	$	% =	$
Drums		x	$	% =	$
Skimmers (sm.)		x	$	% =	$
Skimmers (lg.)		x	$	% =	$
Canisters		x	$	% =	$
Sorbents		x	$	% =	$
MDPE Equipment		x	$	% =	$
Holding tank		x	$	% =	$
Construction Costs		x	$	% =	$
		x	$	% =	$
		x	$	% =	$
Subtotal Subcontracted Equipment		=	$		
Subcontractor Markup			%	=	$
B. Total Equipment					**$**

C. Waste Management

	Units		$/Unit	Sub.	Total
Vacuum Truck					
Fluids Disposal		x	$	% =	$
Discharge Permit		x	$	% =	$
Subtotal Subcontracted Waste Mgmt.		=	$		
Subcontractor Markup			%	=	$
C. Total Waste Management					**$**

D. Travel

	Units		$/Unit	Sub.	Total
MDPE Personnel Travel - Subcontractor					
MDPE Personnel - Prime Contractor					
Gauging Visits					
Mileage (>100 r.t.)		x	$	% =	$
One way mileage to site					
Travel Time		x	$	% =	$
Per Diem		x	$	% =	$
Airfare		x	$	% =	$
Equipment Truck		x	$	% =	$
Subtotal Subcontracted Travel		=	$		
Subcontractor Markup			%	=	$
D. Total Travel					**$**

Activity 01 & 02 - Initial Abatement/PSH LPST # Removal

Facility ID:

Responsible Party:

Facility Name and Address:

E. Analytical

	Units		$/Unit		Sub.		Total
TPH - Air		x	$		%	=	$
BTEX - Water		x	$		%	=	$
BTEX - Air		x	$		%	=	$
BTEX w/MTBE - Water		x	$		%	=	$
Total Lead		x	$		%	=	$
Tedlar Bags		x	$		%	=	$
Shipping		x	$		%	=	$
		x	$		%	=	$
Subtotal Subcontracted Analytical		=	$				
Subcontractor Markup				%		=	$
E. Total Other Expenses							**$**

E. Analytical

	Units		$/Unit		Sub.		Total
TPH - Air		x	$		%	=	$
BTEX - Water		x	$		%	=	$
BTEX - Air		x	$		%	=	$
BTEX w/MTBE - Water		x	$		%	=	$
Total Lead		x	$		%	=	$
Tedlar Bags		x	$		%	=	$
Shipping		x	$		%	=	$
		x	$		%	=	$
Subtotal Subcontracted Analytical		=	$				
Subcontractor Markup				%		=	$
E. Total Other Expenses							**$**

F. Other Expenses

	Units		$/Unit		Sub.		Total
		x	$		%	=	$
		x	$		%	=	$
		x	$		%	=	$
Subtotal Subcontracted Other		=	$				
Subcontractor Markup				%		=	$
E. Total Other Expenses							**$**

F. Other Expenses

	Units		$/Unit		Sub.		Total
		x	$		%	=	$
		x	$		%	=	$
		x	$		%	=	$
Subtotal Subcontracted Other		=	$				
Subcontractor Markup				%		=	$
E. Total Other Expenses							**$**

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 03 - Excavation/Waste Management

LPST # _____ **Facility ID:** _____

Responsible Party _____ Facility Name and Address _____

Mark Appropriate Activity: _____ 03-1 Excavation _____ 03-2 Waste Management

Preapproved

Date Approved: _____

Soils Table

	Length(ft)	Width(ft)	Depth(ft)	Vol(cuyd)
Original Exc.				
Over Exc. Area 1				
Over Exc. Area 2				
Over Exc. Area 3				
Over Exc. Area 4				
Totals				

A. Personnel

		Sub.	Total
Office and fixed field costs		% =	$
Field oversight		% =	$
Subtotal Subcontracted Items	= $	=	
Subcontractor Markup %	%	=	$
Cost Proposal Preparation		=	$
A. Total Personnel			**$**

B. Excavation and Remove/Replace Cover

Surface Material Type ___A=Asphalt, C=6" Concrete, N=None, O=Other

	Units		$/Unit	Sub.	Total
Remove cover (Asphalt)		sq ft x $		% =	$
Remove cover (Concrete)		sq ft x $		% =	$
Excavation		cu yd x $		% =	$
Visqueen		rolls x $		% =	$
Import backfill		cu yd x $		% =	$
Compact backfill		cu yd x $		% =	$
Replace cover (Asphalt)		sq ft x $		% =	$
Replace cover (Concrete)		sq ft x $		% =	$
Small Items		x $		% =	$
Subtotal Subcontracted Items		= $			
Subcontractor Markup %			%	=	$
B. Total Excavation					**$**

C. Waste Management _____

Soil - Disposal/Treatment Method _____

	Units		$/Unit	Sub.	Total
Loading and hauling		cu yd x $		% =	$
Disposal/Treatment		cu yd x $		% =	$
Water					
Truck time		hrs x $		% =	$
Disposal		gal x $		% =	$
Subtotal Subcontracted Items		= $			
Subcontractor Markup %			%	=	$
C. Total Waste Management					**$**

Reimbursement Application

Soils Table

	Length(ft)	Width(ft)	Depth(ft)	Vol(cuyd)
Original Exc.				
Over Exc. Area 1				
Over Exc. Area 2				
Over Exc. Area 3				
Over Exc. Area 4				
Totals				

A. Personnel

		Sub.	Total
Office and fixed field costs		% =	$
Field oversight		% =	$
Subtotal Subcontracted Items	= $	=	
Subcontractor Markup %	%	=	$
Cost Proposal Preparation		=	$
A. Total Personnel			**$**

B. Excavation and Remove/Replace Cover

Surface Material Type ___A=Asphalt, C=6" Concrete, N=None, O=Other

	Units		$/Unit	Sub.	Total
Remove cover (Asphalt)		sq ft x $		% =	$
Remove cover (Concrete)		sq ft x $		% =	$
Excavation		cu yd x $		% =	$
Visqueen		rolls x $		% =	$
Import backfill		cu yd x $		% =	$
Compact backfill		cu yd x $		% =	$
Replace cover (Asphalt)		sq ft x $		% =	$
Replace cover (Concrete)		sq ft x $		% =	$
Small Items		x $		% =	$
Subtotal Subcontracted Items		= $			
Subcontractor Markup %			%	=	$
B. Total Excavation					**$**

C. Waste Management _____

Soil - Disposal/Treatment Method _____

	Units		$/Unit	Sub.	Total
Loading and hauling		cu yd x $		% =	$
Disposal/Treatment		cu yd x $		% =	$
Water					
Truck time		hrs x $		% =	$
Disposal		gal x $		% =	$
Subtotal Subcontracted Items		= $			
Subcontractor Markup %			%	=	$
C. Total Waste Management					**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 03 - Excavation/Waste Management

LPST # _____ **Facility Id:** _____

Responsible Party _____ Facility Name and Address _____

D. Analytical

	# Smpl.		$/Smpl		Sub.		Amount
TPH - Soil		x	$		%	=	$
TPH (Rush) - Soil		x	$		%	=	$
BTEX - Soil		x	$		%	=	$
BTEX (Rush) - Soil		x	$		%	=	$
PAH (8100) - Soil		x	$		%	=	$
PAH (8270) - Soil		x	$		%	=	$
Total Pb - Soil		x	$		%	=	$
Total Pb (Rush) - Soil		x	$		%	=	$
TOX - Soil		x	$		%	=	$
8 RCRA Metals - Soil		x	$		%	=	$
TCLP Lead		x	$		%	=	$
TCLP Benzene		x	$		%	=	$
TPH - Water		x	$		%	=	$
TPH (Rush) - Water		x	$		%	=	$
BTEX - Water		x	$		%	=	$
BTEX (Rush) - Water		x	$		%	=	$
Total Pb - Water		x	$		%	=	$
Total Pb (Rush) - Water		x	$		%	=	$
Shipping (per sample)		x	$		%	=	$
Other		x	$		%	=	$
		x	$		%	=	$
		x	$		%	=	$
Subtotal Subcontracted Items		=	$				
Subcontractor Markup %				%		=	$
D. Total Analytical							**$**

D. Analytical

	# Smpl.		$/Smpl		Sub.		Amount
TPH - Soil		x	$		%	=	$
TPH (Rush) - Soil		x	$		%	=	$
BTEX - Soil		x	$		%	=	$
BTEX (Rush) - Soil		x	$		%	=	$
PAH (8100) - Soil		x	$		%	=	$
PAH (8270) - Soil		x	$		%	=	$
Total Pb - Soil		x	$		%	=	$
Total Pb (Rush) - Soil		x	$		%	=	$
TOX - Soil		x	$		%	=	$
8 RCRA Metals - Soil		x	$		%	=	$
TCLP Lead		x	$		%	=	$
TCLP Benzene		x	$		%	=	$
TPH - Water		x	$		%	=	$
TPH (Rush) - Water		x	$		%	=	$
BTEX - Water		x	$		%	=	$
BTEX (Rush) - Water		x	$		%	=	$
Total Pb - Water		x	$		%	=	$
Total Pb (Rush) - Water		x	$		%	=	$
Shipping (per sample)		x	$		%	=	$
Other		x	$		%	=	$
		x	$		%	=	$
		x	$		%	=	$
Subtotal Subcontracted Items		=	$				
Subcontractor Markup %				%		=	$
D. Total Analytical							**$**

E. Travel

	Units		$/Unit		Sub.		Total
Equipment truck		x	$		%	=	$
One way mileage to site							
Mileage (>100, r.t.)		x	$		%	=	$
Travel time		x	$		%	=	$
Per Diem		x	$		%	=	$
Airfare		x	$		%	=	$
Subtotal Subcontracted Items		=	$				
Subcontractor Markup %				%		=	$
E. Total Travel							**$**

E. Travel

	Units		$/Unit		Sub.		Total
Equipment truck		x	$		%	=	$
One way mileage to site							
Mileage (>100, r.t.)		x	$		%	=	$
Travel time		x	$		%	=	$
Per Diem		x	$		%	=	$
Airfare		x	$		%	=	$
Subtotal Subcontracted Items		=	$				
Subcontractor Markup %				%		=	$
E. Total Travel							$

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 04 - Site Assessment LPST # Facility ID:

Responsible Party | Facility Name and Address

Mark appropriate activity ☐ 04-1 Risk Based Assessment ☐ 04-2 Other Assessment

Preapproved

Date Approved:

Reimbursement Application

A. Personnel

	Sub	Total
Preliminary Planning		= $
Searches/Surveys		
Water Well/Other Facility Search	%	= $
Walking Receptor Survey	%	= $
Site/Monitor Well Survey	%	= $
Offsite Access ☐ # of properties		= $
Report Generation	%	= $
Additional Office Personnel	%	= $
Additional Field Personnel	%	= $
Subtotal Subcontracted Personnel = $		
Subcontractor Markup %	%	= $
License/Permit		= $
Cost Proposal Preparation		= $
A. Total Personnel		**$**

B. Drilling

Type - Hollow Stem/Air or Mud Rotary/Air Coring	#	Avg. Depth		Csg. Dia.	Sub	Total
Borings			ft.	N/A	%	= $
Borings			ft.	N/A	%	= $
Wells			ft.		%	= $
Wells			ft.		%	= $
Small items		site days			%	= $
Mob/Demob	miles one way				%	= $
Drillers Per Diem	# in crew		days		%	= $
Direct Push	total footage		days		%	= $
Small Items	site days				%	= $
Mob/Demob	miles one way				%	= $
Drillers Per Diem	# in crew		days		%	= $
Subtotal Subcontracted Drilling = $						
Subcontractor Markup %				%		= $
B. Total Drilling						**$**

C. Waste Management

	Units		$/Unit	Sub	Total
Vacuum Truck		x	$	%	= $
Fluids Disposal		x	$	%	= $
Soil Disposal - cu. yd.		x	$	%	= $
Soil Disposal - drum		x	$	%	= $
Sub. H or Alt. Disch.		x	$	%	= $
Subtotal Subcontracted Waste Mgmt. = $					
Subcontractor Markup %			%		= $
C. Total Waste Management					**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 04 - Site Assessment LPST # Facility ID:

Responsible Party | Facility Name and Address

D. Analytical

	# Smpls		$/unit	Sub	Total
BTEX - Soil		x	$	%	= $
TPH - Soil		x	$	%	= $
BTEX - Water		x	$	%	= $
TPH - Water		x	$	%	= $
BTEX/MTBE - Water		x	$	%	= $
Total Lead - Soil		x	$	%	= $
PAH(8100) - Soil		x	$	%	= $
PAH(610) - Water		x	$	%	= $
PAH(8270) - Soil		x	$	%	= $
PAH(8270) - Water		x	$	%	= $
TDS		x	$	%	= $
VOC - Soil		x	$	%	= $
VOC - Water		x	$	%	= $
8 RCRA Mtls - Soil		x	$	%	= $
Soil Parameters		x	$	%	= $
		x	$	%	= $
Shipping		x	$	%	= $
Subtotal Subcontracted Analytical		=	$		
Subcontractor Markup %			%		= $
D. Total Analytical					**$**

D. Analytical

	# Smpls		$/unit	Sub	Total
BTEX - Soil		x	$	%	= $
TPH - Soil		x	$	%	= $
BTEX - Water		x	$	%	= $
TPH - Water		x	$	%	= $
BTEX/MTBE - Water		x	$	%	= $
Total Lead - Soil		x	$	%	= $
PAH(8100) - Soil		x	$	%	= $
PAH(610) - Water		x	$	%	= $
PAH(8270) - Soil		x	$	%	= $
PAH(8270) - Water		x	$	%	= $
TDS		x	$	%	= $
VOC - Soil		x	$	%	= $
VOC - Water		x	$	%	= $
8 RCRA Mtls - Soil		x	$	%	= $
Soil Parameters		x	$	%	= $
		x	$	%	= $
Shipping		x	$	%	= $
Subtotal Subcontracted Analytical		=	$		
Subcontractor Markup %			%		= $
D. Total Analytical					**$**

E. Travel

	Units		$/Unit	Sub.	Total
Equipment Truck		x	$	%	= $
One way mileage to site					
Mileage (>100 r.t.)		x	$	%	= $
Travel Time		x	$	%	= $
Per Diem		x	$	%	= $
Airfare		x	$	%	= $
Subtotal Subcontracted Travel		=	$		
Subcontractor Markup %			%		= $
E. Total Travel					**$**

E. Travel

	Units		$/Unit	Sub.	Total
Equipment Truck		x	$	%	= $
One way mileage to site					
Mileage (>100 r.t.)		x	$	%	= $
Travel Time		x	$	%	= $
Per Diem		x	$	%	= $
Airfare		x	$	%	= $
Subtotal Subcontracted Travel		=	$		
Subcontractor Markup %			%		= $
E. Total Travel					

F. Other Expenses

	Units		$/Unit	Sub.	Total
Disposable bailers		x	$	%	= $
Drums		x	$	%	= $
		x	$	%	= $
Subtotal Subcontracted Other		=	$		
Subcontractor Markup %			%		= $
F. Total Other Expenses					**$**

F. Other Expenses

	Units		$/Unit	Sub.	Total
Disposable bailers		x	$	%	= $
Drums		x	$	%	= $
		x	$	%	= $
Subtotal Subcontracted Other		=	$		
Subcontractor Markup %			%		= $
F. Total Other Expenses					**$**

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 05, 08, and 11 - Plan B, CAP, and Site Closure

LPST # **Facility ID:**

Responsible Party

Facility Name and Address

Mark Appropriate Activity

__05-2 Plan B Assessment

__ 08-1 Corrective Action Plan Preparation

__ 11-1 Site Closure

Pre-approved

Date Approved:

Plan B Assessment or Corrective Action Plan

	Sub	Total
Plan B Assessment		
Basic Report Only	% = $	
Groundwater ingestion		
a) On-Site (Vert. F&T Modeling only)	% = $	
b) Off -Site (Vert. + Lat. F&T Modeling to POE)	% = $	
Construction Worker		
a) Off -Site (Vert. + Lat. F&T Modeling to POE)	% = $	
Indoor Air		
a) Soil to Air	% = $	
b) Groundwater to Air	% = $	
Outdoor Air		
a) Soil to Air	% = $	
b) Groundwater to Air	% = $	
Soil Ingestion	% = $	
Subtotal Subcontracted Personnel = $		
Subcontractor Markup % %	= $	
Total	= $	
Corrective Action Plan		
CAP Preparation - No Remediation System	% = $	
CAP Preparation - With Remediation System	% = $	
Subtotal Subcontracted Personnel = $		
Subcontractor Markup % %	= $	
Total	= $	

Site Closure

A. Personnel

	Units	$/Unit	Sub	Total
Office Costs				
Site Closure Request		x $	% = $	
Project Manager		x $	% = $	
Final Closure Report		x $	% = $	
Field Costs				
P&A First well		x $	% = $	
P&A add. wells <100' deep		x $	% = $	
P&A add. wells >100' deep		x $	% = $	
Remove Remediation System		x $	% = $	
Subtotal Subcontracted Personnel = $				
Subcontractor Markup % %			= $	
Cost Proposal Preparation			= $	
A. Total Personnel				$

B. Rig Costs

	Units	$/Unit	Sub	Total
Mobilization (<100 mi. r.t.)		x $	% = $	
Mileage (>100 mi. r.t.)		x $	% = $	
P&A Wells (first 25')		x $	% = $	
P&A Wells (add. footage 26'-100')		x $	% = $	
P&A Wells (add. footage >100')		x $	% = $	
Drill Crew Per Diem		x $	% = $	
Subtotal Subcontracted Rig Costs = $				
Subcontractor Markup % %			= $	
B. Total Rig Costs				$

Reimbursement Application

Plan B Assessment or Corrective Action Plan

	Sub	Total
Plan B Assessment		
Basic Report Only	% = $	
Groundwater ingestion		
a) On-Site (Vert. F&T Modeling only)	% = $	
b) Off -Site (Vert. + Lat. F&T Modeling to POE)	% = $	
Construction Worker		
a) Off -Site (Vert. + Lat. F&T Modeling to POE)	% = $	
Indoor Air		
a) Soil to Air	% = $	
b) Groundwater to Air	% = $	
Outdoor Air		
a) Soil to Air	% = $	
b) Groundwater to Air	% = $	
Soil Ingestion	% = $	
Subtotal Subcontracted Personnel = $		
Subcontractor Markup % %	= $	
Total	= $	
Corrective Action Plan		
CAP Preparation - No Remediation System	% = $	
CAP Preparation - With Remediation System	% = $	
Subtotal Subcontracted Personnel = $		
Subcontractor Markup % %	= $	
Total	= $	

Site Closure

A. Personnel

	Units	$/Unit	Sub	Total
Office Costs				
Site Closure Request		x $	% = $	
Project Manager		x $	% = $	
Final Closure Report		x $	% = $	
Field Costs				
P&A First well		x $	% = $	
P&A add. wells <100' deep		x $	% = $	
P&A add. wells >100' deep		x $	% = $	
Remove Remediation System		x $	% = $	
Subtotal Subcontracted Personnel = $				
Subcontractor Markup % %			= $	
Cost Proposal Preparation			= $	
A. Total Personnel				$

B. Rig Costs

	Units	$/Unit	Sub	Total
Mobilization (<100 mi. r.t.)		x $	% = $	
Mileage (>100 mi. r.t.)		x $	% = $	
P&A Wells (first 25')		x $	% = $	
P&A Wells (add. footage 26'-100')		x $	% = $	
P&A Wells (add. footage >100')		x $	% = $	
Drill Crew Per Diem		x $	% = $	
Subtotal Subcontracted Rig Costs = $				
Subcontractor Markup % %			= $	
B. Total Rig Costs				$

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 05, 08, and 11 Plan B, CAP, Closure and Site **LPST #** **Facility ID:**

Responsible Party

Facility Name and Address

C. Other Costs

	Units		$/Unit		Sub		Total
Disposal of Wastes		x	$		%	= $	
Small Items		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
Subtotal Subcontracted Other	=		$				
Subcontractor Markup %			%			=$	
C. Total Other						$	

C. Other Costs

	Units		$/Unit		Sub		Total
Disposal of Wastes		x	$		%	= $	
Small Items		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
Subtotal Subcontracted Other	=		$				
Subcontractor Markup %			%			=$	
C. Total Other						$	

D. Travel

	Units		$/Unit		Sub		Amount
Equipment Truck		x	$		%	= $	
One way mileage to site						$	
Mileage (>100 r.t.)		x	$		%	= $	
Travel Time		x	$		%	= $	
Per Diem		x	$		%	= $	
Airfare		x	$		%	= $	
Subtotal Subcontracted Travel	=		$				
Subcontractor Markup %			%			=$	
D. Total Travel						$	

D. Travel

	Units		$/Unit		Sub		Amount
Equipment Truck		x	$		%	= $	
One way mileage to site						$	
Mileage (>100 r.t.)		x	$		%	= $	
Travel Time		x	$		%	= $	
Per Diem		x	$		%	= $	
Airfare		x	$		%	= $	
Subtotal Subcontracted Travel	=		$				
Subcontractor Markup %			%			=$	
D. Total Travel						$	

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 06 - CAP Feasibility Testing

LPST# | Facility ID

Responsible Party | Facility Name and Address

Mark appropriate activity. xx 06-1 Rap Feasibility Testing

Date Approved:

Preapproved

A. Personnel

Test Type			Sub.	Total
Slug and Bail				
1st. six hours			% =	$
Add. hours >6			% =	$
Aquifer Pump Test				
1st. six hours			% =	$
Add. hours >6			% =	$
Soil Vapor Extraction				
1st. six hours			% =	$
Add. hours >6			% =	$
Dual-Phase Extraction				
1st. six hours			% =	$
Add. hours >6			% =	$
Other (specify)				
1st. six hours			% =	$
Add. hours >6			% =	$
PI-7 Standard Exemption (if required)			% =	$
Subtotal Subcontracted Personnel	=	$		
Subcontractor Markup %		%	=	$
Cost Proposal Preparation			=	$
A. Total Personnel				**$**

B. Equipment

Item	Units		$/Unit	Sub.	Total
Datalogger (2 chan.)		x	$	% =	$
Datalogger (8 chan.)		x	$	% =	$
Generator (3500 watt)		x	$	% =	$
Compressor (5 hp.)		x	$	% =	$
Pressure Transducer		x	$	% =	$
185 cfm Compressor		x	$	% =	$
Regen. Blower (1.5 hp.)		x	$	% =	$
Liquid Ring Pump		x	$	% =	$
SVE Trailer (self-cont.)		x	$	% =	$
Air Stripper.		x	$	% =	$
Holding tank (1000 gal.)		x	$	% =	$
Holding tank (5000 gal.)		x	$	% =	$
Carbon Canister		x	$	% =	$
Small Items		x	$	% =	$
Miscellaneous Supplies		x	$	% =	$
		x	$	% =	$
		x	$	% =	$
Subtotal Subcontracted Equipment		=	$		
Subcontractor Markup %			%	=	$
B. Total Equipment					**$**

C. Waste Management

	Units		$/Unit	Sub.	Total
Vacuum Truck		x	$	% =	$
Fluids Disposal		x	$	% =	$
Subtotal Subcontracted Waste Mgmt.		=	$		
Subcontractor Markup %			%	=	$
C. Total Waste Management					**$**

Reimbursement Application

A. Personnel

Test Type			Sub.	Total
Slug and Bail				
1st. six hours			% =	$
Add. hours >6			% =	$
Aquifer Pump Test				
1st. six hours			% =	$
Add. hours >6			% =	$
Soil Vapor Extraction				
1st. six hours			% =	$
Add. hours >6			% =	$
Dual-Phase Extraction				
1st. six hours			% =	$
Add. hours >6			% =	$
Other (specify)				
1st. six hours			% =	$
Add. hours >6			% =	$
PI-7 Standard Exemption (if required)			% =	$
Subtotal Subcontracted Personnel	=	$		
Subcontractor Markup %		%	=	$
Cost Proposal Preparation			=	$
A. Total Personnel				$

B. Equipment

Item	Units		$/Unit	Sub.	Total
Datalogger (2 chan.)		x	$	% =	$
Datalogger (8 chan.)		x	$	% =	$
Generator (3500 watt)		x	$	% =	$
Compressor (5 hp.)		x	$	% =	$
Pressure Transducer		x	$	% =	$
185 cfm Compressor		x	$	% =	$
Regen. Blower (1.5 hp.)		x	$	% =	$
Liquid Ring Pump		x	$	% =	$
SVE Trailer (self-cont.)		x	$	% =	$
Air Stripper.		x	$	% =	$
Holding tank (1000 gal.)		x	$	% =	$
Holding tank (5000 gal.)		x	$	% =	$
Carbon Canister		x	$	% =	$
Small Items		x	$	% =	$
Miscellaneous Supplies		x	$	% =	$
		x	$	% =	$
		x	$	% =	$
Subtotal Subcontracted Equipment		=	$		
Subcontractor Markup %			%	=	$
B. Total Equipment					**$**

C. Waste Management

	Units		$/Unit	Sub.	Total
Vacuum Truck		x	$	% =	$
Fluids Disposal		x	$	% =	$
Subtotal Subcontracted Waste Mgmt.		=	$		
Subcontractor Markup %			%	=	$
C.Total Waste Management					**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 06 - CAP Feasibility Testing

LPST# **Facility ID**

Responsible Party

Facility Name and Address

D. Analytical

	Units		$/Unit	Sub.		Total
TPH - Water		x	$	%	=	$
BTEX - Water		x	$	%	=	$
TPH - Air		x	$	%	=	$
BTEX - Air		x	$	%	=	$
Total Lead - Water		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
Tedlar bags		x	$	%	=	$
Shipping		x	$	%	=	$
Subtotal Subcontracted Analytical		=	$			
Subcontractor Markup %			%		=	$
D. Total Analytical						$

D. Analytical

	Units		$/Unit	Sub.		Total
TPH - Water		x	$	%	=	$
BTEX - Water		x	$	%	=	$
TPH - Air		x	$	%	=	$
BTEX - Air		x	$	%	=	$
Total Lead - Water		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
Tedlar bags		x	$	%	=	$
Shipping		x	$	%	=	$
Subtotal Subcontracted Analytical		=	$			
Subcontractor Markup %			%		=	$
D. Total Analytical						$

E. Travel

	Units		$/Unit	Sub.		Total
Equipment Truck		x	$	%	=	$
One way mileage to site						
Mileage (100 r.t.)		x	$	%	=	$
Travel Time		x	$	%	=	$
Per Diem		x	$	%	=	$
Airfare		x	$	%	=	$
Subtotal Subcontracted Travel		=	$			
Subcontractor Markup %			%		=	$
E. Total Travel						**$**

E. Travel

	Units		$/Unit	Sub.		Total
Equipment Truck		x	$	%	=	$
One way mileage to site						
Mileage (100 r.t.)		x	$	%	=	$
Travel Time		x	$	%	=	$
Per Diem		x	$	%	=	$
Airfare		x	$	%	=	$
Subtotal Subcontracted Travel		=	$			
Subcontractor Markup %			%		=	$
E. Total Travel						**$**

F. Other Expenses

	Units		$/Unit	Sub.		Total
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
Subtotal Subcontracted Other		=	$			
Subcontractor Markup %			%		=	$
F. Total Other Expenses						**$**

F. Other Expenses

	Units		$/Unit	Sub.		Total
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
Subtotal Subcontracted Other		=	$			
Subcontractor Markup %			%		=	$
F. Total Other Expenses						**$**

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 07 - Groundwater Monitoring LPST # Facility ID

Responsible Party | Facility Name and Address

Mark appropriate activity:

- 07-1 Quarterly Monitoring (4 events/yr + Annual Report)
- 07-2 Semi-Annual Monitoring (1 event w/MESSR)
- 07-3 Annual Monitoring (1 event w/Annual Report)
- 07-4 Semi-& Annual Monitoring (2 events + Annual Report)

Preapproved

Date Preapproved:

Reimbursement Application

A. Personnel

	Year	# of Wells	Avg. Depth	Sub	Total
Fixed Annual				% = $	
1st Event				% = $	
2nd Event				% = $	
3rd Event				% = $	
4th Event				% = $	
Subtotal Subcontracted Personnel			= $		
Subcontractor Markup %			%	= $	
Cost Proposal Preparation				= $	
A. Total Personnel					**$**

A. Personnel

	Year	# of Wells	Avg. Depth	Sub	Total
Fixed Annual				% = $	
1st Event				% = $	
2nd Event				% = $	
3rd Event				% = $	
4th Event				% = $	
Subtotal Subcontracted Personnel			=$		
Subcontractor Markup %			%	= $	
Cost Proposal Preparation				= $	
A. Total Personnel					**$**

B. Equipment

	Units		$/Unit	Sub	Total
Disposable Bailers		x	$	% = $	
Small items		x	$	% = $	
Drums		x	$	% = $	
Field Instruments - Natural Attenuation		x	$	% = $	
		x	$	% = $	
		x	$	% = $	
Subtotal Subcontracted Equipment		= $			
Subcontractor Markup %		%		=$	
B. Total Equipment					**$**

B. Equipment

	Units		$/Unit	Sub	Total
Disposable Bailers		x	$	% = $	
Small items		x	$	% = $	
Drums					
Field Instruments - Natural Attenuation		x	$	% = $	
		x	$	% = $	
		x	$	% = $	
Subtotal Subcontracted Equipment		=$			
Subcontractor Markup %		%		=$	
B. Total Equipment					**$**

C. Waste Management

	Units		$/Unit	Sub	Total
Vacuum Truck		x	$	% = $	
Fluid Disposal		x	$	% = $	
Sub H or Alt. Disp.		x	$	% = $	
Subtotal Subcontracted Waste Mgmt.		= $			
Subcontractor Markup %		%		=$	
C. Total Waste Management					**$**

C. Waste Management

	Units		$/Unit	Sub	Total
Vacuum Truck		x	$	% = $	
Fluid Disposal		x	$	% = $	
Sub H or Alt. Disp.		x	$	% = $	
Subtotal Subcontracted Waste Mgmt.		=$			
Subcontractor Markup %		%		=$	
C. Total Waste Management					**$**

D. Analytical

Type	# Smpls		$/Unit	Sub	Total
TPH/BTEX		x	$	% = $	
TPH/BTEX/MTBE		x	$	% = $	
TDS		x	$	% = $	
PAH(610)		x	$	% = $	
PAH(8270)		x	$	% = $	
Chlorides		x	$	% = $	
Iron		x	$	% = $	
Nitrates		x	$	% = $	
Phosphates		x	$	% = $	
Sulfates		x	$	% = $	
		x	$	% = $	
			$	% = $	
			$	% = $	
			$	% = $	
Shipping		x	$	% = $	
Subtotal Subcontracted Analytical		= $			
Subcontractor Markup %		%		= $	
D. Total Analytical					**$**

D. Analytical

Type	# Smpls		$/Unit	Sub	Total
TPH/BTEX		x	$	% = $	
TPH/BTEX/MTBE		x	$	% = $	
TDS		x	$	% = $	
PAH(610)		x	$	% = $	
PAH(8270)		x	$	% = $	
Chlorides		x	$	% = $	
Iron		x	$	% = $	
Nitrates		x	$	% = $	
Phosphates		x	$	% = $	
Sulfates		x	$	% = $	
		x	$	% = $	
			$	% = $	
			$	% = $	
			$	% = $	
Shipping		x	$	% = $	
Subtotal Subcontracted Analytical		=$			
Subcontractor Markup %		%		= $	
D. Total Analytical					**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 07 - Groundwater Monitoring LPST # Facility ID

Responsible Party Facility Name and Address

E. Travel

Type	Units		$/Unit	Sub	Total
Equipment Truck		x	$	% =	$
One way mileage to site					
Mileage (>100 r.t.)		x	$	% =	$
Travel Time		x	$	% =	$
Per Diem		x	$	% =	$
Airfare		x	$	% =	$
Subtotal Subcontracted Travel		=	$		
Subcontractor Markup %			%	=	$
E. Total Travel					**$**

E. Travel

Type	Units		$/Unit	Sub	Total
Equipment Truck		x	$	% =	$
One way mileage to site					
Mileage(>100 r.t.)		x	$	% =	$
Travel Time		x	$	% =	$
Per Diem		x	$	% =	$
Airfare		x	$	% =	$
Subtotal Subcontracted Travel		=	$		
Subcontractor Markup %			%	=	$
E. Total Travel					**$**

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 09 Remediation System Installation

LPST # Facility ID

Responsible Party Facility Name and Address

Mark appropriate activity:

- 09-1 GW Pump & Treat
- 09-2 SVE
- 09-3 Air Sparge
- 09-4 SVE + GW Pump & Treat
- 09-5 SVE + Air Sparge + GW Pump & Treat
- 09-6 In Situ Bioremediation
- 09-7 Other - explain)
- 09-8 Remediation System Change/Modification

Preapproved

Date Approv

A. Personnel

	Sub	Total
Installation and Startup - 3 well system	% = $	
Add Soil Vapor Extraction - 3 well system	% = $	
Add Off-gas Treatment	% = $	
Add/Delete Wells to/from any system # of wells (+ or -)	% = $	
PI-7 Standard Exemption Form (if required)	% = $	
FAR - System Installation	% = $	
Subtotal Subcontracted Personnel = $		
Subcontractor Markup % %	= $	
Cost Proposal Preparation	= $	
A. Total Personnel		$

B. Component Equipment*

	Units	$/Unit	Sub	Total
Air Compressor	x	$	% = $	
Air Stripping Tower	x	$	% = $	
Catalytic Oxidizer	x	$	% = $	
Control Panel	x	$	% = $	
Oil/Water Separator	x	$	% = $	
Pneumatic Pump	x	$	% = $	
Electric Downhole Pumps	x	$	% = $	
Regenerative Blowers	x	$	% = $	
Holding Tanks	x	$	% = $	
Carbon Polishing Units	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
Subtotal Subcntr Component Eqpmnt = $				
Subcontractor Markup % %			= $	
B. Total Component Equipment				$

*Major parts of the system.

C. Installation

	Units	$/Unit	Sub	Total
Trenching	x	$	% = $	
Plumbing (within trench)	x	$	% = $	
Resurfacing	x	$	% = $	
Wellhead Modifications	x	$	% = $	
Well Electrics	x	$	% = $	
Well Plumbing	x	$	% = $	
System Plumbing	x	$	% = $	
Compound Fencing	x	$	% = $	
Concrete Slab	x	$	% = $	
Outside Electrical Power Connections	x	$	% = $	
System Integration costs	x	$	% = $	
Small Items	x	$	% = $	
Miscellaneous	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
Subtotal Subcontracted Installation = $				
Subcontractor Markup % %				$
C. Total Installation				$

Reimbursement Application

A. Personnel

	Sub	Total
Installation and Startup - 3 well system	% = $	
Add Soil Vapor Extraction - 3 well system	% = $	
Add Off-gas Treatment	% = $	
Add/Delete Wells to/from any system # of wells (+ or -)	% = $	
PI-7 Standard Exemption Form (if required)	% = $	
FAR - System Installation	% = $	
Subtotal Subcontracted Personnel = $		
Subcontractor Markup % %	= $	
Cost Proposal Preparation	= $	
A. Total Personnel		$

B. Component Equipment*

	Units	$/Unit	Sub	Total
Air Compressor	x	$	% = $	
Air Stripping Tower	x	$	% = $	
Catalytic Oxidizer	x	$	% = $	
Control Panel	x	$	% = $	
Oil/Water Separator	x	$	% = $	
Pneumatic Pump	x	$	% = $	
Electric Downhole Pumps	x	$	% = $	
Regenerative Blowers	x	$	% = $	
Holding Tanks	x	$	% = $	
Carbon Polishing Units	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
Subtotal Subcntr Component Eqpmnt = $				
Subcontractor Markup % %			= $	
B. Total Component Equipment				$

*Major parts of the system.

C. Installation

	Units	$/Unit	Sub	Total
Trenching	x	$	% = $	
Plumbing (within trench)	x	$	% = $	
Resurfacing	x	$	% = $	
Wellhead Modifications	x	$	% = $	
Well Electrics	x	$	% = $	
Well Plumbing	x	$	% = $	
System Plumbing	x	$	% = $	
Compound Fencing	x	$	% = $	
Concrete Slab	x	$	% = $	
Outside Electrical Power Connections	x	$	% = $	
System Integration costs	x	$	% = $	
Small Items	x	$	% = $	
Miscellaneous	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
	x	$	% = $	
Subtotal Subcontracted Installation = $				
Subcontractor Markup % %				$
C. Total Installation				$

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 09 Remediation System **LPST #** **Facility ID**

Installation

Responsible Party | Facility Name and Address

D. Waste Management

	Units		$/Unit	Sub		Total
Load and Haul Excavtd Soil/Conc.		x	$	%	=	$
Dispose Excavated Soil/Conc.		x	$	%	=	$
Vacuum Truck		x	$	%	=	$
Dispose Fluids		x	$	%	=	$
Alternative Fluid Disposal		x	$	%	=	$
Subtotal Subcontracted Waste Mgmt.		=	$			
Subcontractor Markup %			%			$
D. Total Waste Management						$

D. Waste Management

	Units		$/Unit	Sub		Total
Load and Haul Excavtd Soil/Conc.		x	$	%	=	$
Dispose Excavated Soil/Conc.		x	$	%	=	$
Vacuum Truck		x	$	%	=	$
Dispose Fluids		x	$	%	=	$
Alternative Fluid Disposal		x	$	%	=	$
Subtotal Subcontracted Waste Mgmt.		=	$			
Subcontractor Markup %			%			$
D. Total Waste Management						$

E. Analytical

	Units		$/Unit	Sub		Total
TPH - Water		x	$	%	=	$
TPH - Air		x	$	%	=	$
BTEX - Water		x	$	%	=	$
BTEX - Air		x	$	%	=	$
BTEX w/MTBE - Water		x	$	%	=	$
Total Lead		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
Shipping		x	$	%	=	$
Subtotal Subcontracted Waste Mgmt.		=	$			
Subcontractor Markup %			%			$
E. Total Analytical						$

E. Analytical

	Units		$/Unit	Sub		Total
TPH - Water		x	$	%	=	$
TPH - Air		x	$	%	=	$
BTEX - Water		x	$	%	=	$
BTEX - Air		x	$	%	=	$
BTEX w/MTBE - Water		x	$	%	=	$
Total Lead		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
		x	$	%	=	$
Shipping		x	$	%	=	$
Subtotal Subcontracted Waste Mgmt.		=	$			
Subcontractor Markup %			%			$
E. Total Analytical						$

F. Travel

	Units		$/Unit	Sub		Total
Equipment Truck		x	$	%	=	$
One way Mileage to site						
Mileage (>100 r.t.)		x	$	%	=	$
Travel Time		x	$	%	=	$
Per Diem		x	$	%	=	$
Airfare		x	$	%	=	$
Subtotal Subcntr Component Eqpmnt.		=	$			
Subcontractor Markup %			%		=	$
F. Total Travel						$

F. Travel

	Units		$/Unit	Sub		Total
Equipment Truck		x	$	%	=	$
One way Mileage to site						
Mileage (>100 r.t.)		x	$	%	=	$
Travel Time		x	$	%	=	$
Per Diem		x	$	%	=	$
Airfare		x	$	%	=	$
Subtotal Subcntr Component Eqpmnt.		=	$			
Subcontractor Markup %			%		=	$
F. Total Travel						$

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**

Reimbursement Application Cost Comparison: Preapproved to Actual

Activity 10 Operation, Monitoring, and Performance

LPST # **Facility ID**

Responsible Party

Facility Name and Address

Mark Appropriate Activity XXX10-1 Operation, Maintenance and Performance of Remediation System

Preapproved

Date Approved:

Reimbursement Application

A. Personnel

			Sub.	Total
Fixed Annual Office Costs			= $	
Quarterly Monitoring	# of Wells	Avg. Depth		
First Quarter			% = $	
Second Quarter			% = $	
Third Quarter			% = $	
Fourth Quarter			% = $	
OMP	Units	$/Unit	Subttl.	
First System (up to 3 wells)	x $		=$	
Emissions Control	x $		=$	
Additional Systems	x $		=$	
# of Wells >3/system	x $		=$	
Field Prep./Data Form.	x $		=$	
Add Prep./Form.	x $		=$	
Subtotal OMP			$	
Number of Visits x Sub OMP	x $		= $	
Subtotal of Subcontracted Personnel =				
Subcontractor Markup %		%	= $	
Cost Proposal Preparation			= $	
A. Total Personnel				**$**

A. Personnel

			Sub.	Total
Fixed Annual Office Costs			= $	
Quarterly Monitoring	# of Wells	Avg. Depth		
First Quarter			% = $	
Second Quarter			% = $	
Third Quarter			% = $	
Fourth Quarter			% = $	
OMP	Units	$/Unit	Subttl.	
First System (up to 3 wells)	x $		=$	
Emissions Control	x $		=$	
Additional Systems	x $		=$	
# of Wells >3/system	x $		=$	
Field Prep./Data Form.	x $		=$	
Add Prep./Form.	x $		=$	
Subtotal OMP			$	
Number of Visits x Sub OMP	x $		= $	
Subtotal of Subcontracted Personnel =				
Subcontractor Markup %		%	= $	
Cost Proposal Preparation			= $	
A. Total Personnel				**$**

B. Equipment

	Units	$/Unit	Sub.	Total
System/Component Rent/Lease	x $		% = $	
Disposable Bailers	x $		% = $	
Small Items	x $		% = $	
Carbon Canister (inc. disposal)	x $		% = $	
Electrical Service	x $		% = $	
Natural Gas Service	x $		% = $	
Water/Wastewater Service	x $		% = $	
Fencing	x $		% = $	
Soundproofing	x $		% = $	
Winterization	x $		% = $	
Telecommunications	x $		% = $	
Storage Tank	x $		% = $	
Maintenance	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
Subtotal of Subcontracted Equipment = $				
Subcontractor Markup %		%	= $	
B. Total Equipment				**$**

B. Equipment

	Units	$/Unit	Sub.	Total
System/Component Rent/Lease	x $		% = $	
Disposable Bailers	x $		% = $	
Small Items	x $		% = $	
Carbon Canister (inc. disposal)	x $		% = $	
Electrical Service	x $		% = $	
Natural Gas Service	x $		% = $	
Water/Wastewater Service	x $		% = $	
Fencing	x $		% = $	
Soundproofing	x $		% = $	
Winterization	x $		% = $	
Telecommunications	x $		% = $	
Storage Tank	x $		% = $	
Maintenance	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
	x $		% = $	
Subtotal of Subcontracted Equipment = $				
Subcontractor Markup %		%	= $	
B. Total Equipment				**$**

Reimbursement Application Cost Comparison: Preapproved to Actual
Activity 10 Operation, Monitoring, and Performance

LPST # _____ **Facility ID** _____

Responsible Party _____ Facility Name and Address _____

C. Analytical

	Units		$/Unit		Sub.		Total
Groundwater Monitoring							
TPH/BTEX		x	$		%	= $	
TPH/BTEX/MTBE		x	$		%	= $	
PAH (610)		x	$		%	= $	
PAH (8270)		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
Shipping		x	$		%	= $	
System Performance							
TPH (w)		x	$		%	= $	
TPH (a)		x	$		%	= $	
BTEX (w,a)		x	$		%	= $	
BTEX/MTBE (w)		x	$		%	= $	
Total Lead (w)		x	$		%	= $	
		x	$		%	= $	
Shipping		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
C. Total Analytical						**$**	

C. Analytical

	Units		$/Unit		Sub.		Total
Groundwater Monitoring							
TPH/BTEX		x	$		%	= $	
TPH/BTEX/MTBE		x	$		%	= $	
PAH (610)		x	$		%	= $	
PAH (8270)		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
		x	$		%	= $	
Shipping		x	$		%	= $	
System Performance							
TPH (w)		x	$		%	= $	
TPH (a)		x	$		%	= $	
BTEX (w,a)		x	$		%	= $	
BTEX/MTBE (w)		x	$		%	= $	
Total Lead (w)		x	$		%	= $	
		x	$		%	= $	
Shipping		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
C. Total Analytical						**$**	

D. Waste Management

	Units		$/Unit		Sub.		Total
Vacuum Truck		x	$		%	= $	
Fluid Disposal		x	$		%	= $	
Sub. H or Alt. Disp.		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
D. Total Waste Management						**$**	

D. Waste Management

	Units		$/Unit		Sub.		Total
Vacuum Truck		x	$		%	= $	
Fluid Disposal		x	$		%	= $	
Sub. H or Alt. Disp.		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
D. Total Waste Management						**$**	

E. Travel

	Units		$/Unit		Sub.		Total
Equipment Truck		x	$		%	= $	
One way mileage to site							
Mileage (>100 r.t.)		x	$		%	= $	
Travel Time		x	$		%	= $	
Per Diem		x	$		%	= $	
Airfare		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
E. Total Travel						**$**	

E. Travel

	Units		$/Unit		Sub.		Total
Equipment Truck		x	$		%	= $	
One way mileage to site							
Mileage (>100 r.t.)		x	$		%	= $	
Travel Time		x	$		%	= $	
Per Diem		x	$		%	= $	
Airfare		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
E. Total Travel						**$**	

F. Other Expenses

	Units		$/Unit		Sub.		Total
		x	$		%	= $	
		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
F. Total Other Expenses						**$**	

F. Other Expenses

	Units		$/Unit		Sub.		Total
		x	$		%	= $	
		x	$		%	= $	
Subtotal of Subcontracted Personnel =			$				
Subcontractor Markup %				%		= $	
F. Total Other Expenses						**$**	

Total Preapproved Cost	**$**
Total Application Cost	**$**
Amount Under Preapproved Cost	**$**
Amount Over Preapproved Cost	**$**