

COMPENSATION BOARD
Application for Reimbursement

Supp-

4526
closed
M.K.

Due Back 3/28/94

PART I APPLICATION PROCESS

(Check One) Check appropriate Phase and complete the information requested for the Phase checked (See Application Guide).

[] **Phase 1. MPCA approval of Soil Corrective Action Plan (SCAP)**

a) Date of SCAP approval / / (Attach Copy)

b) Date SCAP was submitted to MPCA / /

STATE OF MINNESOTA

[] **Phase 2. Submission of Soil Treatment Letter to MPCA**

Date of Soil Treatment Letter / / (Attach copy)

JUN 27 1994

DEPARTMENT OF COMMERCE

[] **Phase 3. MPCA approval of Comprehensive Corrective Action Plan (CCAP)**

a) Date of CCAP approval / / (Attach copy)

b) Date CCAP was submitted to MPCA / /

[] **Phase 4. Submission of CCAP Installation Letter to MPCA**

Date of CCAP Installation Letter / / (Attach copy)

[✓] **Ongoing Expenses**
Closure Letter from MPCA (Attach Copy)

PART II APPLICANT INFORMATION

1. "Responsible Person" [] "Volunteer" [] or "Non-Responsible Person" []
(check one) (see application guide)

Name: Cargill, Inc. MLPD

2. Mailing Address: 12105 Lynn Avenue
Savage, MN. 55378 Phone: () (612) 890-2050

3. Site ID: Leak # 4526

4. The applicant is a: [X] Corporation [] Partnership [] Individual [] Other _____

5. Applicant was the owner or operator of the tank from 1966 to 4/30/93.

6. Has applicant executed any Petrofund assignment agreements? yes _____ no X

Name of assignee N/A (attach copy of agreement)

PART III TANK FACILITY

1. Name of "Tank Facility" (see application guide) where the petroleum release occurred:

Cargill, Inc. MLPD

2. Tank Facility address: 12120 Lynn Avenue
Savage, MN. 55378

3. Contact Person at Tank Facility: Randy Rarick
Phone: (612) 890-2050

4. Date when petroleum release was detected: 9 / 11 / 91

What test was performed to initially establish that a release occurred? Visual/Line Pressure

5. Date when petroleum release was reported to the MPCA: 9/12/91

6. Please complete the following information on the tanks at this Tank Facility. (see application guide)

| <u>Tank #</u> | <u>Capacity</u> | <u>Petroleum Product</u> | <u>"X" if tank removed</u> | <u>Date of Removal</u> |
|----------------------|-----------------|--------------------------|----------------------------|------------------------|
| <u>No # Assigned</u> | <u>12,000</u> | <u>#2 Fuel Oil</u> | <u>X</u> | <u>4 / 30 / 93</u> |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <u>_____</u> | <u> / /</u> |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <u>_____</u> | <u> / /</u> |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <u>_____</u> | <u> / /</u> |

7. a. Which tanks were the source of the release at this tank facility? (see application guide)

The tank referenced above

b. What was the cause of the release?

Leaking underground lines

8. What date was the MPCA notified of the existence of the tanks as required by Minnesota Statute 116.48? 3 / ? / 89

None

10. Did any of the persons listed in question 9 incur corrective action costs related to this petroleum release? yes X no ____ If yes, list name and address if known:

Applicant - Cargill, Inc. MLPD

12105 Lynn Avenue
Savage, MN. 55378

PART IV ELIGIBLE COSTS

1. The Eligible Cost Worksheets attached are for INVESTIGATION costs, CLEAN-UP costs, and CONSULTANT costs. These worksheets must be completed listing each corrective action for which you are requesting reimbursement.
2. Invoices submitted with this application cover the period from 2 / 29 / 92 to 12 / 17 / 93
3. Are any of the costs listed in the Eligible Cost Worksheets in dispute? yes ____ no X
(see application guide)
4. a. Please state the total amount of contaminated soil which was excavated at this site (cubic yards or tons): 67.60 Tons
- b. What was the soil contamination concentration (total hydrocarbons) 670 ppm?
5. Has the applicant been eligible to recover cleanup costs arising from this petroleum release under any insurance policy at any time since June 4, 1987? yes ____ no X

If yes, provide the following:

| <u>Insurance Company</u> | <u>Policy #</u> | <u>Policy Limits</u> | <u>Deductible</u> | <u>Period Covered</u> |
|--------------------------|-----------------|----------------------|-------------------|-----------------------|
| | | | | |
| | | | | |

| | |
|---|-----------------------|
| 6. Total of all eligible costs as listed in the Eligible Cost Worksheets: | \$ <u>13,361.98</u> |
| | X 90% |
| | = \$ <u>12,025.78</u> |
| Insurance Reimbursement (Subtract) | - \$ <u>(0)</u> |
| Total Reimbursement Request (See application guide) | = \$ <u>12,025.78</u> |

7. At this time, do you anticipate incurring any Ongoing corrective action costs relative to the petroleum release at this Tank Facility? yes ___ no X.

If yes, explain briefly what work will be done and an approximate cost of that work.

PART V **CONTRACTORS/CONSULTANTS**

1. Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this release site. (see application guide) Failure to provide this information for **ALL** persons who performed corrective action may result in an action to recover any reimbursement which may be paid. (Attach additional sheets if necessary.)



Name of individual or firm: Edward Kraemer & Sons, Inc.

Mailing address: 1020 West Cliff Road, Burnsville, MN. 55337

Contact person: Ed Kraemer Phone: (612) 890-3611

Name of individual or firm: C. S. McCrossan Construction, Inc.

Mailing address: 7865 North Jefferson Hwy. P. O. Box 1240

Contact person: Bob Dangoske Phone: (612) 425-4167 ext. 259

Name of individual or firm: R. F. Dangoske Sales Inc.

Mailing address: 4655 Nicols Road, Suite 201, Eagan, MN. 55122

Contact person: Bob Dangoske Phone: (612) 452-0823

* See Attachment # 1 for additional contractors

2. Describe below any relationship, financial or otherwise, between the applicant and any contractor who performed work at this site:

There is no relationship (other than a customer/supplier relationship)
between Cargill and any of the contractors listed in # 1 above.

LUNDGREN EXCAVATING
7130 Quail Circle
Eden Prairie, MN. 55346

DETERMAN'S WELDING SERVICE, INC.
1241-72nd Ave. N.E.
Minneapolis, MN. 55432

KEY'S WELL DRILLING
413 North Lexington Parkway
St. Paul, MN. 55104

BAY WEST, INC.
5 Empire Drive
St. Paul, MN. 55103-1867

A. "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

"I certify that if I have submitted invoices for costs that I have incurred but that remain unpaid, I will pay these invoices within 30 days or receipt of reimbursement from the board. I understand that if I fail to do so, the board may demand return of all or any portion of reimbursement paid to me and that if I fail to comply with the board's demand, that the board may recover the reimbursement, plus administrative and legal expenses in a civil action in district court. I understand that I may also be subject to a civil penalty."

Randy E. Razick
Signature of Applicant

RANDY E. RAZICK
Name (Please Print)

1-13-94
Date

Witnessed by:
AGORCE
Name
1/13/94
Date

Every applicant must sign Part A. above. If applicant is a corporation or partnership, the following certification must also be made:

"I further certify that I am authorized to sign and submit this application on behalf of

CARGILL, INC. MLPD

Randy E. Razick
Signature

Superintendent
Title (See Application Guide, Part VI)

RANDY E. RAZICK
Name (Please Print)

1-13-94
Date

Please send this application and accompanying documents to:

**Petroleum Tank Release Compensation Board
Minnesota Department of Commerce
133 East Seventh Street
St. Paul, Minnesota 55101
(612) 297-4017**

RT IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

A.-1 SOIL BORINGS/MONITORING WELLS - ETC.

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|-------------------|-------------------------------|-----------|----------------------|----------------|---------------|---------------|
| 1. | Soil Monitoring | Bay West | 50323 | .5 | 111.24 | 55.62 |
| 2. | Monitoring Well Inst. | Bay West | 80063 | 29.50 | 54.15 | 1597.43 |
| 3. | Monitoring Well Inst at Grade | Bay West | 80063 | 1.0 | 243.00 | 243.00 |
| 4. | Well Development | Bay West | 80063 | 3.0 | 287.70 | 863.10 |
| 5. | Well Installation Permit | Bay West | 80063 | 1.0 | 150.00 | 150.00 |
| 6. | Inner Chem. Resistant Gloves | Bay West | 80063 | 6.0 | .52 | 3.12 |
| 7. | Head Space Sample Jars | Bay West | 80063 | 6.0 | 4.38 | 26.28 |
| 8. | Water Level Indicator | Bay West | 80063 | 1.0 | 25.75 | 25.75 |
| 9. | Inner Chem Resistant Gloves | Bay West | 80063 | 8.0 | .52 | 4.16 |
| 10. | Head Space Jars | Bay West | 80063 | 7.0 | 4.38 | 30.66 |
| 11. | ½" Well Development Tubing | Bay West | 80063 | 90.0 | .41 | 36.90 |
| 12. | Disposable Bailer | Bay West | 80063 | 1.0 | 8.14 | 8.14 |
| 13. | Service Vehicle | Bay West | 80063 | .50 | 56.65 | 28.33 |
| 14. | Survey Equipment | Bay West | 80063 | .50 | 51.50 | 25.75 |
| 15. | Inner Chem Resistant Gloves | Bay West | 80063 | 1.0 | .52 | .52 |
| 16. | Sample Jars 950 ML | Bay West | 80063 | 1.0 | 3.86 | 3.86 |
| 17. | Disposable Bailer | Bay West | 80063 | 1.0 | 8.14 | 8.14 |
| 18. | Field Tech II | Bay West | 80063 | 1.5 | 49.44 | 74.16 |
| 19. | Field Tech II | Bay West | 80063 | 1.0 | 49.44 | 49.44 |
| 20. | Field Tech II | Bay West | 80063 | 1.5 | 49.44 | 74.16 |
| 21. | Field Tech II | Bay West | 80063 | .25 | 49.44 | 12.36 |
| Sub- TOTAL | | | | | | 3320.88 |

*** PLEASE FIND THE INVOICES FOR ALL LISTED EXPENSES AT THE
BACK OF THIS PACKET - UNDER ATTACHMENT #2 ***

PF6/91

- Descriptions must be specific as to work performed.
- Invoices must be submitted for each cost listed below.
- Invoices must contain sufficient detail to verify costs and services entered below.
- Duplicate this form if additional worksheets are needed.

A.-2 SOIL BORINGS/MONITORING WELLS - ETC.

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|-----|-----------------------------|--------------------|----------------------|----------------|---------------|---------------|
| 22. | Field Tech II | Bay West | 10033 | .50 | 49.44 | 24.72 |
| 23. | Field Tech II | Bay West | 10033 | 7.0 | 49.44 | 346.08 |
| 24. | Field Tech II | Bay West | 10033 | 6.5 | 49.44 | 321.36 |
| 25. | Hermit Transducer | Bay West | 10033 | 1.0 | 123.60 | 123.60 |
| 26. | Water Level Indicator | Bay West | 10033 | 1.0 | 25.75 | 25.75 |
| 27. | Service Vehicle | Bay West | 10033 | 1.0 | 56.65 | 56.65 |
| 28. | Inner Chem Resistant Gloves | Bay West | 10033 | 6.0 | .52 | 3.12 |
| 29. | Head Space Sample Jars | Bay West | 10033 | 5.0 | 4.38 | 21.90 |
| 30. | Disposable Bailer | Bay West | 10033 | 4.0 | 8.14 | 32.56 |
| 31. | Field Tech II | Bay West | 110218 | .30 | 49.44 | 14.83 |
| 32. | Field Tech II | Bay West | 40016 | .30 | 49.44 | 14.83 |
| 33. | Field Tech II | Bay West | 40016 | 3.50 | 49.44 | 173.04 |
| 34. | Water Level Indicator | Bay West | 40016 | .50 | 25.75 | 12.88 |
| 35. | Service Vehicle | Bay West | 40016 | .50 | 56.65 | 28.33 |
| 36. | Inner Chem Resistant Gloves | Bay West | 40016 | 6.00 | .52 | 3.12 |
| 37. | Disposable Bailer | Bay West | 40016 | 3.00 | 8.14 | 24.42 |
| 38. | Well Capping | Keys Well Drilling | 93172 | 3.00 | ----- | 1500.00 |
| | | | | | | |
| | | | Sub Total A-2 | | | 1727.19 |
| | | | Sub Total A-1 | | | 3320.88 |
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| | | | | | TOTAL | 5048.07 |

B. LABORATORY TESTS AND ANALYSIS

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|--------------|---------------------|-----------|----------------------|----------------|---------------|----------------|
| B-1. | PH Meter | Bay West | 80063 | 1.0 | 25.75 | 25.75 |
| 2. | Conductivity Meter | Bay West | 80063 | 1.0 | 25.75 | 25.75 |
| 3. | 40 ML VOAS | Bay West | 80063 | 10.0 | 1.29 | 12.90 |
| 4. | Deionized Water | Bay West | 80063 | 1.0 | 2.06 | 2.06 |
| 5A. | Lab Work (615 TPH) | Bay West | 80063 | 3.0 | 75.00 | 225.00 |
| 5B. | Lab Work (465 MDH) | Bay West | 80063 | 3.0 | 170.00 | 510.00 |
| 6. | PH Meter | Bay West | 10053 | 1.0 | 25.75 | 25.75 |
| 7. | Conductivity Meter | Bay West | 10053 | 1.0 | 25.75 | 25.75 |
| 8. | 40 ML VOAS | Bay West | 10053 | 21.0 | 1.29 | 27.09 |
| 9. | Deionized H2O | Bay West | 10053 | 3.0 | 2.06 | 6.18 |
| 10A. | Lab Work (EPA 8240) | Bay West | 10053 | 3.0 | 250.00 | 750.00 |
| 10B. | Lab Work (EPA 8020) | Bay West | 10053 | 3.0 | 115.00 | 345.00 |
| 11. | PH Meter | Bay West | 40016 | .50 | 25.75 | 12.88 |
| 12. | Conductivity Meter | Bay West | 40016 | .50 | 25.75 | 12.88 |
| 13. | 40 ML VOAS | Bay West | 40016 | 9.0 | 1.29 | 11.61 |
| 14. | Deionized Water | Bay West | 40016 | 2.0 | 2.06 | 4.12 |
| 15. | Disposable Bailer | Bay West | 40016 | 3.0 | 8.14 | 24.42 |
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| TOTAL | | | | | | 2047.14 |

ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

C. EXCAVATION

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|--------------|-----------|----------------------|----------------|---------------|---------------|
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| TOTAL | | | | | - 0 - |

D. SOIL DISPOSAL

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|-------------------|-----------------|----------------------|----------------|---------------|---------------|
| Soil Incineration | C. S. McCrossan | 703 | 67.60 | 23.573 | 1593.53 |
| Soil Incineration | C. S. McCrossan | 704 | 9.04 | 24.02 | 217.17 |
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| TOTAL | | | | | 1810.70 |

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

E. WATER TREATMENT

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
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| TOTAL | | | | | - 0 - |

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

F. TRUCKING

1.

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|------------------------|----------------|-------------------|-------------|------------|-----------|
| Transportation of Soil | R. F. Dangoske | N/A | 54.75 | 12.90 | 706.27 |
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| TOTAL | | | | | 706.27 |

G. EMERGENCY and TEMPORARY HAZARD CONTROL
(see application guide)

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|--------------|-----------|-------------------|-------------|------------|-----------|
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| TOTAL | | | | | - 0 - |

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

H. SITE RESTORATION and CLOSURE

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|--------------|---------------|-----------------------|-------------------|-------------|------------|-----------|
| 1. | Burma Stone | Edward Kraemer & Sons | 24268 | 16.47 | 6.863 | 113.04 |
| 2. | Burma Stone | Edward Kraemer & Sons | 27009 | 33.73 | 6.96 | 234.75 |
| 3. | Grading Burma | Lundgren Excavating | N/A | 1.5 | 65.00 | 97.50 |
| 4. | Tank Disposal | Determan Welding | 221267 | 1.0 | 600.00 | 600.00 |
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| TOTAL | | | | | | 1045.29 |

I. OTHER CLEAN-UP or INVESTIGATION COSTS

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|--------------|---------------------|-----------|-------------------|-------------|------------|-----------|
| 1. | Hot Pressure Washer | Bay West | 80063 | .25 | 103.00 | 25.75 |
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| TOTAL | | | | | | 25.75 |

PART IV ELIGIBLE COST WORKSHEET - CONSULTANT SERVICES

- * Description must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional sheets are needed.

J. -1 REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|-----|---------------------------|-----------|----------------------|----------------|-------------------|---------------|
| 1. | Travel Costs - Rig | Bay West | 80063 | 1.0 | 115.88 | 115.88 |
| 2. | Travel Costs- Rig Crew | Bay West | 80063 | 3.0 | 98.88 | 296.64 |
| 3. | Dept. Manager | Bay West | 80063 | .5 | 111.24 | 55.62 |
| 4. | Staff Professional I | Bay West | 80063 | .2 | 67.98 | 13.60 |
| 5. | Staff Professional I | Bay West | 80063 | .3 | 67.98 | 20.39 |
| 6. | Dept. Manager | Bay West | 80063 | .25 | 111.24 | 27.81 |
| 7. | Dept. Manager | Bay West | 80063 | .25 | 111.24 | 27.81 |
| 8. | Mileage - Service Vehicle | Bay West | 80063 | 45.0 | .52 | 23.40 |
| 9. | Dept. Manager | Bay West | 80063 | .25 | 111.24 | 27.81 |
| 10. | Staff Prof. I | Bay West | 80063 | 1.50 | 67.98 | 101.97 |
| 11. | Staff Tech. | Bay West | 80063 | 2.75 | 61.80 | 169.95 |
| 12. | Staff Tech. | Bay West | 80063 | .25 | 61.80 | 15.45 |
| 13. | Staff Prof. I | Bay West | 80063 | .50 | 67.98 | 33.99 |
| 14. | Staff Tech. | Bay West | 80063 | 7.00 | 61.80 | 432.60 |
| 15. | Staff Tech. | Bay WEst | 80063 | 2.00 | 61.80 | 123.60 |
| 16. | Dept. Manager | Bay West | 10033 | .13 | 111.24 | 14.46 |
| 17. | Dept. Manager | Bay WEst | 10033 | .13 | 111.24 | 14.46 |
| 18. | Dept. manager | Bay West | 10033 | 1.25 | 111.24 | 139.05 |
| 19. | Staff Prof. I | Bay West | 10033 | .20 | 67.98 | 13.60 |
| 20. | Dept. Manager | Bay West | 10033 | .13 | 111.24 | 14.46 |
| | | | | | Sub- TOTAL | 1682.55 |

PART IV ELIGIBLE COST WORKSHEET - CONSULTANT SERVICES

- * Description must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional sheets are needed.

J. -2 REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

| | Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub- total |
|-----|---------------|-----------|----------------------|----------------|-------------------|---------------|
| 21. | Staff Tech | Bay West | 10033 | 1.50 | 61.80 | 92.70 |
| 22. | Staff Tech | Bay West | 10033 | 1.50 | 61.80 | 92.70 |
| 23. | Staff Tech | Bay West | 10033 | 1.50 | 61.80 | 92.70 |
| 24. | Staff Pro I | Bay West | 10033 | 1.00 | 67.98 | 67.98 |
| 25. | Staff Pro I | Bay West | 10033 | .70 | 67.98 | 47.59 |
| 26. | Staff Pro III | Bay West | 10033 | .30 | 88.58 | 26.57 |
| 27. | Dept. Manager | Bay West | 10033 | .25 | 111.24 | 27.81 |
| 28. | Dept. Manager | Bay West | 10033 | .20 | 111.24 | 22.25 |
| 29. | Staff Tech | Bay West | 10033 | .40 | 61.80 | 24.72 |
| 30. | Dept. Manager | Bay West | 110128 | 1.0 | 111.24 | 111.24 |
| 31. | Staff Pro I | Bay West | 110128 | .20 | 67.98 | 13.60 |
| 32. | Staff Pro I | Bay West | 110128 | .30 | 67.98 | 20.39 |
| 33. | Staff Pro III | Bay West | 110128 | .30 | 88.58 | 26.57 |
| 34. | Staff Pro III | Bay West | 110128 | .30 | 88.58 | 26.57 |
| 35. | Dept. Manager | Bay West | 110128 | .30 | 111.24 | 33.37 |
| 36. | Dept. Manager | Bay West | 110128 | .30 | 111.24 | 33.37 |
| 37. | Staff Pro I | Bay West | 110128 | 1.20 | 67.98 | 81.58 |
| 38. | Staff Pro I | Bay West | 110128 | .30 | 67.98 | 20.39 |
| 39. | Dept. Manager | Bay West | 110128 | .50 | 111.24 | 55.62 |
| 40. | Staff Pro | Bay West | 110128 | .10 | 67.98 | 6.80 |
| | | | | | Sub- TOTAL | 924.52 |

PART IV

ELIGIBLE COST WORKSHEET - CONSULTANT SERVICES

- * Description must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional sheets are needed.

J. -3 REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|-------------------|-----------|-------------------|-------------|------------|-----------|
| 41. Field Tech II | Bay West | 40016 | .30 | 49.44 | 14.83 |
| 42. Dept. Manager | Bay West | 40016 | .20 | 111.24 | 22.25 |
| 43. Field Tech II | Bay West | 40016 | .25 | 49.44 | 12.36 |
| 44. Dept. Manager | Bay West | 40016 | .20 | 111.24 | 22.25 |
| | | Sub Total J -3 | | | 71.69 |
| | | Sub Total J-2 | | | 924.52 |
| | | Sub Total J-1 | | | 1682.55 |
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| TOTAL | | | | | 2678.76 |

PART IV ELIGIBLE COST WORKSHEET - INVESTIGATION AND CLEAN-UP

- * Descriptions must be specific as to work performed.
- * Invoices must be submitted for each cost listed below.
- * Invoices must contain sufficient detail to verify costs and services entered below.
- * Duplicate this form if additional worksheets are needed.

K. MARK-UP

| Description | Firm Name | General Contractor Invoice # | Sub-Contractor Invoice # | Mark Up % | Sub-Total |
|--------------|-----------|------------------------------|--------------------------|-----------|-----------|
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| | | | | | |
| TOTAL | | | | | - 0 - |

L. OTHER CONSULTANT SERVICES (specify)

| Description | Firm Name | Invoice # or date | Total Units | Unit Costs | Sub-total |
|--------------|-----------|-------------------|-------------|------------|-----------|
| | | | | | |
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| | | | | | |
| TOTAL | | | | | - 0 - |