OFFIC	E USE ONLY:	
,	'INITIAL APP	VSOTE
. 1	PHASE	

t	OFFICE USE ONLY:
-	LEAK # _ 3534
	ENTERED 5-5-91 And

MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD APPLICATION FOR REIMBURSEMENT

Please be advised that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and Minnesota Department of Commerce.

I.	APPLICANT INFORMAT	TON	
Che	eck if New Address or Phone Nur	mber	Back MAY 3 0 1997
Name _	Curtis Oil Co	om pany	Daux HAT 0 0 1001
Mail Ad		er Trunk Huy.	
City _	terman town	sta	te <u>Mn</u> Zip <u>55803</u>
	Person (if different from above "one (218) 729-5500	"Name") Mr. Gock (rurtis Fax()
Che	eck One:	Check One:	
	Responsible Party	Corporation	State of Minnesota
J-00-1980/18850	Volunteer	Partnership	State of Millinesota
	Non-Responsible Party e Application Guide)	Individual Other	MAY 0 5 1997
7/	1 /71 to 10 /110 / 90	Dates Owner/Operator of tank	(s). (Complete if "Respon Pert Part Contract Recked.)
			ty. (Complete if "Volunteer" box is checked.)
NOTE:			ties for dispensing motor vehicle fuels, please complete
II.	LEAK SITE INFORMATION	ON	
Tank Fa	34 Petrofund Leak Number cility Name Junction 5493 Miller Tr	unk Highway	MPCA Project Manager MN Zip _55803
Day Pho	ne (218) 729 - 8251 110 /90 Date petroleum lea	County of Leak Site k detected.	St. Louis County.
10/	10 / 90 Date petroleum lea	k reported to MPCA.	
Yes or	No Is tank leak on personal	I residential property? (Circle One)	
400		ount of contaminated soil excavate	
12 +0	[HERE] [HERE] [HERE] - HERE HERE HERE HERE HERE HERE HERE HE	of soil contamination concentratio	
ш.	ASSIGNMENT CERTIFIC	ATION AND/OR TERMINA	TION
×	CHECK ALL THAT APPLY: Petrofund Assignment Agreeme List Assignees:	nt has been executed (Attach original for the Testing Inc.	nal of new Assignment form.) a Hachment a.
٥٥١		ile with the Department of Comme	erce. ated. (Attach original Termination form.)

APPLICATION EFFECTIVE DECEMBER 11, 1996 - JUNE 30, 1997

IV. APPLICATION	PHASE		
Check appropriate box and	complete the information reque	sted for the box c	hecked (See Application Guide for further information
Pre-removal site ass	sessment		
, , Date	(s) of the assessment report		
	of property sale, if applicable.		
	or property sand, in Apparent		
Phase 1 Soil	Corrective Action Costs and/o	or Remedial Inve	stigation Costs
2/9/93 Date	of SCAP approval or MPCA s	oil treatment lette	r. (Attach copy) attachmen+B.
14-16-97 RI	Investigation Repor	+ Addendu	im a Hachment C.
Phase 2 Insta	llation Costs of MPCA Appro n System (CCAP/CAD) and/o	ved <u>Soil and/or (</u> or Groundwater	Groundwater Comprehensive Corrective Action Monitoring and System Maintenance Costs
/ / Date	of CCAP/CAD approval (Attac	ch copy)	
/ / Date	CCAP/CAD Installation Letter	(Attach copy)	
/ Date	of MPCA Site Closure letter (A	(ttach copy)	
COVERCE AND	CALIFE		
V. SOURCE AND			
			uide.) Source of contamination
was a 5000 a	allon regular le	aded gas	oline lot.
How was the release discove	ered? Rologne we	n disco	vered during exequation
of the social	on regular loader	dassolina	e IIC T
of the savogan	or regular sugar	a gasown	e usi.
If the release was not report	ed to the MPCA within 24 hours	s of discovery, sta	ite the reason why: N/A
To the best of your knowled petroleum release:	lge, list all persons other than the	e applicant who w	vere owners or operators of the tank during or after the
	f the persons listed above incur ne) If yes, list name(s) and addre		costs related to this petroleum release?
VI. TYPE OF REM	EDIATION SYSTEM	discount of the second of the	
Check the type of soil and	d/or groundwater remediation	n system used or	projected for your site.
Soil Remediation Techn	ologies:		indwater Remediation Technologies
☐ Biopiles		0	Air sparging
Bioventing Incineration Landfarming Low-temperature the Natural attenuation Soil vapor extraction Soil washing		2	Biosparging Dual above sufferior
Incineration		Dig C	Dual phase extraction In situ groundwater bioremediation
Landfarming Low-temperature the	hermal desorption	ď	Natural attenuation
Natural attenuation			
Soil vapor extraction			
☐ Soil washing	El garage		

A. <u>Underground Storage Tanks</u>. Complete the following information to reflect the status of your underground storage tanks at the time the release was discovered. Refer to the attachment "Do Underground Storage Tank and Piping Requirements Apply to Your Petroleum Tank?" and "What Do You Have to Do?"/"When Do You Have to Act?" to determine the applicability of registration, leak detection, corrosion protection, and spill/overfill protection requirements.

If you are unsure how tank rules apply to your tanks, please call the UST Compliance and Assistance Unit at (612) 297-8679. Please tell the receptionist you have questions about this form.

(List all tanks at the site. Please attach additional sheets if more than five tanks are involved.)

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Registered	Date Removed (If applicable)
1	Regular leaded	5000 ad.	Steel	7/1/71	1/1/86	10/16/90
2	Unleaded greating			5/1/84	1/1/86	-
3	Super untended	4,000 gal.		Inlian	7///94	
4	Modern Plus	4,000	ST: P2	7/27/88	8/1/88	
5				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011100	

TANKS

		IAINAS		
Tank #	Leak Detection (Select Method Below)	Corrosion Protection (Select Method Below)	Spill Bucket (Yes/No)	Overfill Protection (Select Method Below)
1	NA	NA	N/A	N/A
2	7.3 ®	2	Yes	3
3	7 3 18	4.3	Yes	3
5	7,3B	4,3	Yes	3
(select : 1. No 2. Inv tigh 3. Inv test 4. Ma 5. Ma tigh 6. Ma test 7. Star (SII 8. Aut 9. Inte	rentory control plus annual atness testing rentory control plus tightness sing every 5 years rental tank gauging rental tank gauging plus annual atness testing rental tank gauging plus tightness ring every 5 years restitical inventory reconciliation reconstitution reconstitution restitution reconstitution	1. None 2. Fiberglass, jacketed stee composite tank 3. STI-P 3 tank 4. Anodes installed 5. Impressed current system 6. Lined tank 7. Other:	el or	Overfill protection choices: 1. None 2. Ball float valve 3. Automatic shutoff 4. Audible alarm 5. Other:

If tank tightness tests performed, indicate dates of all tests:	12-6-1994 B7-12-1994

PIPING

	Pressurized Pipi	ing Leak Detection	Suction Piping Leak Detection	· · · · · · · · · · · · · · · · · · ·	
Tank #	Continuous Leak Detection (Select method below)	Periodic Leak Detection (Select method below)	Check valve located at: ☐ Tank ☐ Pump (Select method below)	Corrosion Protection (Select method below)	
1	4	3	3	3	
2	4	3	. 3	3	
3	4	3	3	3	
4		70			
5					
Continuous method choices: 1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm		choices: 1. None 2. Annual tightness test matic shutoff device 3. Statistical inventory		Corrosion protection choices: 1. None 2. Steel with anodes 3. Coated steel with anodes 4. Impressed current 5. Fiberglass or flexible piping	

If piping tightness tests performed, indicate dates of all tests:	-	And the second		
B +D Pumo Strvill Identify MPCA certified tank rer	noval contractor u	tilized during tan	ak excavation	

	TO TWITE	CA VICE Identity in CA continue tank temoval conductor distance daring and the	
#	01974	MPCA contractor certification number. (Invoice(s) may be requested)	

B. Aboveground Storage Tanks. Complete the following information to reflect the status of all aboveground tanks at this site at the time the release was discovered.

In describing your secondary containment, specify:

- materials used to construct both the base and the walls, including type and thickness of materials (e.g.; 6" compacted clay; 30 mil HDPE; reinforced concrete slab floor/concrete block walls; none)
- how material specifications are known (e.g., permeability tests/dates, installation specifications)
- whether or not the volume of the secondary containment area is adequate for the contents of the largest tank (Y/N)

Tank	Contents	Capacity	Date Installed	Registered Yes/No/Ukn	Descriptio Walls	n of Secondary Contain Base Ve		Volume es/No
Sample	unleaded gas	15,000 gallons	1/1/47	Yes	Concrete Block	6" compact clay/6" gravel fill	Perm test on (date)	No
1								
2								
3				200 200 200	F		17	

VIII. ELIG	IBLE COSTS	
Yes or (No)	Are any of the costs listed in the Eligible Cost Worksheets in dis	pute? (Circle One) (From pages 8 - 14)
Yes or No	Are ongoing corrective action costs expected at this leak site? (C	
Explain briefly a	any ongoing corrective action costs (approximate figures) relative all sheets if necessary.)	to the petroleum release and work to be done:
Type of Work Type of Work	Continued groundwater monitoring	Approximate Cost \$ 3700.00 per year Approximate Cost \$
Yes or No	Did the applicant have in effect one or more insurance policies at If yes, was a claim filed for coverage of any of the costs for which in this application? If no, explain why no claim was filed:	the time of the release? (Circle One)
	If yes, did the insurer agree to cover your claim? If yes, state the amount of benefits received (or to be received) ar of benefits. \$ If no, provide a copy of the insurer's letter explaining the reasons.	
es or No	Is applicant aware of any other insurance policy, whether the polithat could possibly cover any of the eligible costs in this application of the eligible costs in the eligible costs in the application of the eligible costs in the elic	icy is held by the applicant or another person.
Yes or No	Has the applicant made a claim against any third party for costs for for any costs associated with this release? (Circle One) If yes, identify all third parties and provide a copy of all correspondence.	
special circumsta proundwale Soil and gou poundwaler	brief chronological description (including dates) of the clean-up ac inces: 1/31/96-TPT regins consulting work ex sampling of 5 wells a store well; 5/8/96 and water samples (8); 6/4/96-Monitoring we sampling including development of new ma monitoring; 1/31/97-Completion of Remedial	.; 3/11/96 & 4/19/96- Quarterly - Gaprole services collection of ell installation; p/25/96-Quarterly nitoring well: 9/30/96-Quarterly
Yes or No	Is applicant aware of any action the applicant committed or of any have caused or aggravated the contamination at this site? (Circle C	one) If "Yes", please explain:
X. COMP	ETITIVE BIDDING	
	L written bids/proposals obtained to perform corrective action at the	nis leak site. Attach copies of ALL signed and

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	Ø	Twin Ports Teoting, Inc.	6565.00	2/6/95	Consulting Service
		Huntingdon			Consulting Services
				a Same	
Contractors	Þ	Lake Superior Laboratories	4653.00	2/16/95	Chemical Andreis
	DA	Twin Ports Testing, Inc.			Drilling Services
		Huntingdon.	5456.00	1/17/95	chemical Analysis
		Hurtingdon	3383.00	1/17/95	Drilling Services

* Attachment 6. - Proposals

* Engoing costs are for continued quarterly groundwater PAGE 5 OF 14 monitoring only. addendum RI completed by Twin Ports Testing not get approved by HPCA.

Describe below any relationship, financial or otherwise, be Land Farmer/Compost Site or Thermal Treat Petrofund Registration Number Name Contact person			
Petrofund Registration Number Name	ment Facility (Attach a c	opy of the land far	
Petrofund Registration Number Name	ment Facility (Attach a c	opy of the land far	
Petrofund Registration Number Name	ment Facility (Attach a c	opy of the land far	
Name			ming/composting contract
Contact person			
Address			
		State	Zip
City			
Day Phone # ()			
Mailing Address: 728 Garfield Aven Contact Person: Mr. Mark Darby	Day phone #:(218)	722 - 1911	55802 (Zip)
14 1489 Petrofund Registration Number Name of individual or firm: Lake Superior	Laboratori	• \$	
Mailing address: 728 Garfield Aven			55802
Contact person: Mr. Tim Buck	(City) Day phone #:(2)8)	(State)	(Zip)
Petrofund Registration Number			
Name of individual or firm:		120	
Mailing address:	(City)	(State)	(Zip)
Contact person:	Day phone #:()		

(City)
Day phone #:(

Mailing address:

Contact person:_

(Zip)

(State)

XI. CERTIFICATION PAG (See Application Guide.)

"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 gathered and evaluated 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 of 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, then 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."

If information contained in this application changes in any material way after this application is submitted to the Petrofund, I will immediately notify the Petrofund in writing of those changes.

APPLICANT SIGNATURE(S) (SIGNATURE(S)	REOUIRED)
τ	Subscribed and sworn to before me this 28 day
Applicant name (print/type) OHN F. U	URTIS of april 1997.
Sub & las	A COUNTY
Applicant signature / / / / / / / / / / / / / / / / / / /	Notary Public fith a. June
Date signed 28 April 97	My commission expires 1/31/00
CORPORATION AND/OR PARTNERSHIP S	SIGNATURES (IN ADDITION TO ABOVE SIGNATURES.)
"I further certify that I am authorized to sign and subm	nit this application on behalf of"
Signature	Name (please print)
Title (See Application Guide, Part X)	Date
CONSULTANT SIGNATURE (SIGNATURE RE I, BRIAN MEVERY confirm that all conf	osts claimed by Twin Parts Testing as a part of this (Consultant company) performed. I further confirm that no costs submitted for inclusion on this is listed in Minn. Rule 2890.0071, A. through N. Manager Title Date
CONSULTANT SIGNATURE (SIGNATURE RE I, BRIAN ME VERY confirm that all conf	osts claimed by Twin Parts Testing as a part of this (Consultant company) performed. I further confirm that no costs submitted for inclusion on this is listed in Minn. Rule 2890.0071, A. through N. Manager Date Signature is required.
CONSULTANT SIGNATURE (SIGNATURE RE I, BRIAN MEVERY confirm that all confi	osts claimed by Twin Parts Testing as a part of this (Consultant company) performed. I further confirm that no costs submitted for inclusion on this is listed in Minn. Rule 2890.0071, A. through N. Manager Date Signature is required.
CONSULTANT SIGNATURE (SIGNATURE RE I, BRIAN MEVERY confirm that all confi	osts claimed by Twin Parts Testing as a part of this (Consultant company) performed. I further confirm that no costs submitted for inclusion on this is listed in Minn. Rule 2890.0071, A. through N. Manager Date Signature is required.

NOTE: SUBMIT CERTIFICATION PAGE CONTAINING ORIGINAL SIGNATURES.

> Please send this application and accompanying documents to: MINNESOTA DEPARTMENT OF COMMERCE - PETROFUND 133 EAST SEVENTH STREET ST. PAUL, MN 55101-2333

(612) 297-1119, (612) 297-4203

APPLICATION EFFECTIVE DECEMBER 11, 1996 - JUNE 30, 1997

XII. COST WORKSHEET M	MARY (Pages 8 - 1	4)	A Property of	ria e salina.	
Yes or No Does this application 1 /3 /96 to 3 /3 /9	contain costs that are			ule 2890.0071	, A. through N.?
Cost worksheets/standardized invoices and	bid forms summary: (I	Details requested	on this and next pa	iges A - L)	
AS \$ 4270.00 CS -					s#138.55
B \$ \$ 1300.00 DS -	_ F \$	н \$		664.45 L	
Total of all eligible costs as listed in the El	igible Cost Worksheets		\$ 23,28	5.27	_
	Insurance Reimburse (Subtract)	ment -	s 23,285	5, 27	-
Calculate at 92.5% if leak is on personal residual.	Total Reimbursement	Request =	s 20,950	X 90%*	-
ELIGIBLE COST WORKSHEETS			12121		
* Duplicate this form if additional works! A. SOIL BORINGS/MONITOR	ING WELLS - ETC				
Fill out this section if you are submi	tting invoices from			fore Oct. 5,	1995.
Description	Firm Name	Invoice Numb or Date	er Total Units	Unit Costs	Subtotal
Geoprobe - Soil consumable	Twin Ports	15610	8.0	2.00	16.00
Geopobe - Water Consumable	, "	- 4	4.0	24.00	96.00
Truck Ria	K	4	1.0 day	48.00	48.00
7		A Page #	10f 6 Subtota	ı	160.00
	and the second second		Grand Tota	1	
Fill out this section if you are using on or after October 6, 1995.	the Standardized In	voice and Bid	forms for contro	acts entered	into
Description	Firm Name	e.g	Invoice Name UST Removal &		Subtotal
	10.00		of the second		
6.349					
		A Page #	Subtota	ıl	
			C 1 T.	1	

	n contain costs that are		igiote t	inder Minn. F	tule 2070.007	A. through N.?
to	Dates of invoice	es submitted w	ith this	application.		
Cost worksheets/standardized invoices an	nd bid forms summary: (Details reques	ted on	his and next p	ages A - L)	
A \$ C \$	E \$	_ G \$	_	2 1	K	. s
B \$ D \$	F S	_ н.s		J \$	L	. S
Total of all eligible costs as listed in the E	Eligible Cost Worksheers			3		
	Insurance Reimburse	ement	- 5	5()	
	Journal,		= 5	S		
 Calculate at 92.5% if leak is on personal regard 	Total Reimbursemen	t Request	= 5	3	X 90%*	
					4	
* Complete the section of each						
EXCAVATION. IF NEW TANKS WERE Duplicate this form if additional works		K SIZE AND LO	CATION	FAMINATED SO N ON SITE MAP		. A
* Duplicate this form if additional works A. SOIL BORINGS/MONITO	sheets are needed. RING WELLS - ETO	K SIZE AND LO	CATION	ON SITE MAP		1995.
Duplicate this form if additional works SOIL BORINGS/MONITOR	RING WELLS - ETC nitting invoices from Firm Name	K SIZE AND LO	ntered	ON SITE MAP		1995. Subtotal
Duplicate this form if additional works SOIL BORINGS/MONITO Fill out this section if you are submodules of the section in the secti	RING WELLS - ETC nitting invoices from Firm Name Twin Ports	C. contracts en	ntered	into <u>on or b</u>	efore Oct. 5.	Subtotal
A. SOIL BORINGS/MONITOR Fill out this section if you are subm Description Travel Cost Drill Rig Crew	RING WELLS - ETC nitting invoices from Firm Name	C. contracts en	ntered	into on or b	efore Oct. 5.	S .
Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule of the properties of the prop	RING WELLS - ETC nitting invoices from Firm Name Twin Ports	C. contracts er	ntered	into on or b Total Units	efore Oct. 5. Unit Costs	Subtotal
* Duplicate this form if additional works A. SOIL BORINGS/MONITO Fill out this section if you are subm Description Travel Cost Drill Rig Crew Admin. Supervisory	RING WELLS - ETC nitting invoices from Firm Name Twin Ports Testing Inc.	C. contracts en Invoice Nu or Dat	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs	efore Oct. 5. Unit Costs 101.00 52.00 138.00	Subtotal (61.00) 208.00
* Duplicate this form if additional works A. SOIL BORINGS/MONITO Fill out this section if you are subm Description Travel Cost Drill Rig Crew Admin. Supervisory	RING WELLS - ETC nitting invoices from Firm Name Twin Ports Testing Inc.	C. contracts en Invoice Nu or Dat	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs 1.0 day	efore Oct. 5. Unit Costs 101.00 52.00 138.00	Subtotal (61.00 208.00
Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule and Description Travel Cost Drill Rig Crew Admin. /Supervisory Daily Rig Rentals Fill out this section if you are using	RING WELLS - ETC nitting invoices from Firm Name Twin Ports Testing Inc.	C. contracts er Invoice Nu or Dat 151010 11	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs 1.0 day Total Subtota	efore Oct. 5. Unit Costs Lal.00 52.00 138.00	Subtotal (61.00 208.00 138.00 407.00
Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule for Drill Rig Crew Admin. /Supervisory Daily Rig Rentals Fill out this section if you are using on or after October 6, 1995.	Firm Name Twin Ports Treating, Inc.	C. contracts er Invoice Nu or Dat 151010 11	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs 1.0 day flo Subtota Grand Tota ms for contr	efore Oct. 5. Unit Costs lal. 00 52.00 138.00 al	Subtotal [6].00 208.00 138.00 407.00
Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule Cost Drill Rig Crew Admin. /Supervisory Daily Rig Rentals Fill out this section if you are using	RING WELLS - ETC nitting invoices from Firm Name Twin Ports Testing Inc.	C. contracts er Invoice Nu or Dat 151010 11	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs 1.0 day Grand Tota ms for contr	efore Oct. 5. Unit Costs lal. 00 52.00 138.00 al	Subtotal (61.00 208.00 138.00 407.00
Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule for Drill Rig Crew Admin. /Supervisory Daily Rig Rentals Fill out this section if you are using on or after October 6, 1995.	Firm Name Twin Ports Treating, Inc.	C. contracts er Invoice Nu or Dat 151010 11	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs 1.0 day flo Subtota Grand Tota ms for contr	efore Oct. 5. Unit Costs lal. 00 52.00 138.00 al	Subtotal [6].00 208.00 138.00 407.00
Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule for Drill Rig Crew Admin. /Supervisory Daily Rig Rentals Fill out this section if you are using on or after October 6, 1995.	Firm Name Twin Ports Treating, Inc.	C. contracts er Invoice Nu or Dat 151010 11	ntered umber te	into on or b Total Units 1.0 day 4.0 hrs 1.0 day flo Subtota Grand Tota ms for contr	efore Oct. 5. Unit Costs lal. 00 52.00 138.00 al	Subtotal [6].00 208.00 138.00 407.00
* Duplicate this form if additional works A. SOIL BORINGS/MONITOR Fill out this section if you are submodule for Drill Rig Crew Admin. / Supervisory Daily Rig Rentals Fill out this section if you are using on or after October 6, 1995.	Firm Name Twin Ports Treating, Inc.	C. contracts er Invoice Nu or Dat 151010 11	ntered umber te)	into on or b Total Units 1.0 day 4.0 hrs 1.0 day flo Subtota Grand Tota ms for contr	efore Oct. 5. Unit Costs lal.00 52.00 138.00 al eacts entered	Subtotal [6].00 208.00 138.00 407.00

XII.

COST WORKSHEET SUMMARY (Pages 8 - 14)

XII. COST WORKSHEET SUM	IMARY (Pages 8 -	14)				
Yes or No Does this application	n contain costs that are	listed as ineli	gible	Index Mina D	200 003	
					tule 2890.007	1, A. through N.
/ / to/	Dates of invoice	es submitted wi	th this	application.	/	
Cost worksheets/standardized invoices an	d bid forms summary: (Details request	ed on	this and next pa	ages A - L)	
A S C S	E \$	_ G \$		_/(s		K \$
B \$ D \$	F \$	_ н \$	/	1 \$		L S
Total of all eligible costs as listed in the E	ligible Cost Worksheets	s: /	· :	S		_
	Insurance Reimburse	ement	- 5	S()	
	(Subtract)		= (
					X 90%*	
Calculate at 92.5% if leak is on personal res	Total Reimbursemen	t Request	= 5	S		_
		7	-73	FINE COLUMN		
ELIGIBLE COST WORKSHEETS						
Duplicate this form if additional works A. SOIL BORINGS/MONITOR	RING WELLS - ETO		A.			
Fill out this section if you are subm	itting invoices from	THE RESIDENCE PROPERTY.	_	into on or be	efore Oct. 5	5, 1995.
Description	Firm Name	Invoice Num or Date		Total Units	Unit Costs	Subtotal
Steam Cleaning	Twin Ports Testing Inc.	15610		1.0	120.00	120.00
Separabe Water Sampling	" 7.	. 11		8.0	46.00	368.00
peoprobe Services	u + C , 1	.,		32.0°f+.		448.00
		A Page	#3	of 6 Subtota	The second secon	936.00
				Grand Tota	1	
Fill out this section if you are using	the Standardized Ir	nvoice and B	id for	ms for contr	acts entered	d into
on or after October 6, 1995.						
Description	Firm Name		e.g. U.	Invoice Name ST Removal &		Subtotal
		.4 Page	e #	Subtoto	al	
				Grand Total	7/	

XII. ÇOST WORKSHEET S	MARY (Pages 8 - 14	1)			
Yes or No Does this applicati	on contain costs that are	listed as ineligible u	nder Minn. R	ule 2890.0071	, A. through N.?
/ / to/	Dates of invoices	submitted with this	application.		
Cost worksheets/standardized invoices	and bid forms summary: (D	etails requested on t	his and next	ages A - L)	
			/5		
C \$			_/s	K	. \$
3 \$ D\$	F \$	Н\$	J \$	L	\$
Total of all eligible costs as listed in the	Eligible Cost Worksheets:	// 3			
	Insurance Reimburser (Subtract)	ment - S	6()	
		= 9		X 90%*	-
	Total Reimbursement	Request =	:	A 90%	_ 73
Calculate at 92.5% if leak is on personal	residential property				No. 1
ELIGIBLE COST WORKSHEET	rs /				* * * * * * * * * * * * * * * * * * *
A. SOIL BORINGS/MONIT Fill out this section if you are sub	ORING WELLS - ETC	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	into on or b	efore Oct. 5.	, 1995.
Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Drilling Services	Twin Ports Testing	15610	5.06	14.00	70.00
Well Installation	1.	15610	45.00	39.00	1,755.00
Travel (ost Drill Rig	и	15610	2.0	48.00	96.00
7		A Page # 4	of le Subtot	al	1,921.00
		en de la companya de	Grand Tot	al	
Fill out this section if you are us on or after October 6, 1995.	ing the Standardized Ir	voice and Bid for	ms for conti	racts entered	ł into
Description	Firm Name	e.g. U	Invoice Nam ST Removal &		Subtotal
		.4 Page #	Subto	tal	
			Grand To	4-1	

XII. COST WORKSHEET S	MARY (Pages 8 - 14)				- A
Yes or No Does this applicat	tion contain costs that are li	sted as ineligible u	nder Minn. R	ule 2890.0071	, A. through N.?
	Dates of invoices s	submitted with this	application.		
Cost worksheets standardized invoices	and bid forms summary: (De	tails requested on t	his and next pa	ages A - L)	
A \$ C \$	E \$	G \$	_ ı s	К	\$
B \$ D \$	F \$	н \$	J \$	L	\$
Total of all eligible costs as listed in th	e Eligible Cost Worksheets:	/ :	5		
	Insurance Reimbursern (Subtract)	ent - \$	6() X 90%*	_
	Total Reimbursement F	Request = §		X 90%*	-
 Calculate at 92.5% if leak is on persona 	i residentiai property				
ELIGIBLE COST WORKSHEE	TS/				
* Duplicate this form if additional was A. SOIL BORINGS/MONIT Fill out this section if you are su	ORING WELLS - ETC.				1995
Fill out this section if you are su	bilitting invoices from c	Invoice Number	litto on or o	Clore Oct. 3,	1773.
Description	Firm Name	or Date	Total Units	Unit Costs	Subtotal
Travel Cost Drill Crew	Twin Ports Teating	15610	2.0	61.00	122.00
Administrative	., 3	15410	4.0	52.00	208.00
Daily Rig Rentals	<u> </u>	15610	2.0	138.00	276.00
1 3		A Page # 5	oflo Subtot	al	606.00
	A CONTRACTOR		Grand Total	Name and Address of the Owner, where the Party of the Par	
Fill out this section if you are us on or after October 6, 1995.	sing the Standardized Inv	roice and Bid for	ms for conti	racts entered	' into
Description	Firm Name	e.g. U	Invoice Nam ST Removal &		Subtotal
		A Page #	Subto	tal	
			Grand To	tal	

XII. COST WORKSHEET	SMARY (Pages 8 - 14)	•	A	
Yes or No Does this appli	cation contain costs that are l	isted as ineligible u	nder Minn. R	ule 2890.0071	, A. through N.?
to	Dates of invoices	submitted with this	application.		
Cost worksheets/standardized invoi	ces and bid forms summary: (De	etails requested on t	his and next pa	iges A L)	
A S C S	E \$	G \$	_ 1 \$	к	\$
B \$ D \$	F \$	Н \$	/s	L	\$
Total of all eligible costs as listed in	the Eligible Cost Worksheets:	/	<u> </u>		_
	Insurance Reimbursem (Subtract)	nent - 5	5) X 90%*	-
	Total Reimbursement	Request = 5	3	X 90%*	
Calculate at 92.5% if leak is on pers	onal residential property			No. 14	
ELIGIBLE COST WORKSHI	EETS			and the second	
A. SOIL BORINGS/MON Fill out this section if you are	Submitting invoices from o		into <u>on or b</u>	efore Oct. 5,	1995.
Description	Firm Name	or Date	Total Units	Unit Costs	Subtotal
Steam Cleaning	Twin Abrts Teating	15610	2.0	120.06	240.00
		A Page # (c	of 6 Subtota	al	240.00
			Grand Tota		4270.00
Fill out this section if you are on or after October 6, 1995.	using the Standardized In	voice and Bid for	ms for contr	The state of the s	ENGLISHED STREET
Description	Firm Name	e.g. U	Invoice Nam ST Removal &	ET CO. L. C.	Subtotal
			N. Committee	Property of the second	
			6.1	-/	
		A Page #	Subtot	75 5 5 50	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

B. LABORATORY TESTS	D ANALYSIS				
Fill out this section if you are s	submitting invoices from	contracts enter	ed into on or l	pefore Oct. 5	, 1995.
Description	Firm Name	Invoice Numb or Date	Total Units	Unit Costs	Subtotal
GRO BTEX (water)	Lake Superior Lammatories	14801	5.0	45.00	225.00
BIXE (water)	II.	15296	1.0	45.00	45.00
GROBITEX (Soil)	- 11	151010	4.0	.55.00	220.00
GRO/BTEX (water)	·	N	4.0	45.00	180.00
		B Page #	of 2 Subtot	al	670.00
			Grand Tot	al	
Fill out this section if you are i	ising the Standardized In	voice and Bid	forms for conti	racts entered	into
on or after October 6, 1995.					
Description	Firm Name	e.g.	Invoice Nan UST Removal &		Subtotal
				- 7-44	
					-
4		B Page #	Subto	tal	
			Grand To	tal	
			3	Telepor .	
C. EXCAVATION		- 12 Marie 12 12 12 12 12 12 12 12 12 12 12 12 12		Carlo College	
Fill out this section if you are s	ubmitting invoices from	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Name and Address of the Owner, where the Owner, while the	efore Oct. 5,	1995.
Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Description	Total Control		1		60
				21 21 2	
		C Page #	Subtot	al	PIN NO.
a real Act of the control of			Grand Tot	al	
Fill out this section if you are i	ising the Standardized In	voice and Bid j	forms for conti	racts entered	into
on or after October 6, 1995.					
Description	Firm Name	e.g.	Invoice Nan UST Removal &		Subtotal
Description	/ I'm reame	0.8	ODT Nomoral C		
					-4, -4
				9-2-52	1.0
			7.00		12 1- 17 19 2
		C Page #	Subto	tal	

l out this section if you are s	ubmitting invoices from			before Oct.	5, 1995.
Description	Firm Name	Invoice Number or Date		Unit Costs	
•					
		1	-		
		1/			
		D Page #	Subtot	al	
		A Property of the Property of	Grand Tot	al	
ll out this section if you are u	sing the Standardized I	nvoice and Bid fo			ed into
or after October 6, 1995.			Invoice Nam		
Description	Firm Name	e.g. (Invoice Nam IST Remova! &		Subtotal
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		D Page #	Subtot	,	
	the same and the s	D ruge #	Subtoti	al	
		D rage #	Grand Total	Est Establishment	
WATER TREATMENT		D rage w		Est Establishment	
			Grand Total	al	5, 1995.
l out this section if you are su	abmitting invoices from		Grand Total	al	5, 1995.
		contracts entered	Grand Total	al	
l out this section if you are su	abmitting invoices from	contracts entered	Grand Total	efore Oct. 5	
l out this section if you are su	abmitting invoices from	contracts entered	Grand Total	efore Oct. 5	
l out this section if you are su	abmitting invoices from	contracts entered	Grand Total	efore Oct. 5	5, 1995. Subtotal
l out this section if you are su	abmitting invoices from	contracts entered	Grand Total	efore Oct. 5	
l out this section if you are su	abmitting invoices from	contracts entered	Grand Total	efore Oct. 5 Unit Costs	
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Description Description l out this section if you are us or after October 6, 1995.	Firm Name Sing the Standardized In	E Page #	Grand Total into on or be Total Units Subtota Grand Total ms for control	Unit Costs Unit Costs Costs entered Assessmt	Subtotal

Fill out this section if you are su		Invoice Numb	er	The oct	. 5, 1995.
Description	Firm Name	or Date	Total Units	Unit Cost	s Subtotal
GRO/BETX (water)	Lake Superior	110195	100	45.00	
GRO/BETX (water)	11	17281	8.0		
		17801	9.0	45.00	360.00
		B Page #	30f2Subto	 	10
	2.2%	2 1480 117			1030.00
fill out this section if you are us	ing the Standardized Im	voice and Did	Grand To	al	\$ 1300.00
n or after October 6, 1995.	mg me Standar dized Int	voice ana Bia j	orms for cont	racts enter	ed into
			Invoice Nan	ne I	
Description	Firm Name	e.g.	UST Removal &		Subtotal
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		B Page #	Subto	al	
		- 0	0.000	4.	
			Grand Tot	-1	
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EXCAVATION			Grand Tot	al -4	
	omitting invoices from co	ontracts entere			5 1995
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	omitting invoices from co		d into <u>on or b</u> e		5, 1995. Subtotal
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ll out this section if you are sub		Invoice Number	d into <u>on or b</u>	efore Oct. 5	
ll out this section if you are sub		Invoice Number	d into <u>on or b</u>	efore Oct. 5	
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ll out this section if you are sub		Invoice Number	Total Units	Unit Costs	
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ll out this section if you are sub	Firm Name	Invoice Number or Date C Page #	Total Units Subtota Grand Tota	Unit Costs	Subtotal
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Description Description l out this section if you are using or after October 6, 1995.	Firm Name	C Page #	Subtota Grand Tota Invoice Name	Unit Costs Unit Costs	Subtotal

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t dis section it you are s	domitting invoices from	AND PERSONAL PROPERTY AND PERSONS ASSESSMENT	THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH.	before Oct. 5	, 1995.
Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtot
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		/			
			19 29		
	region to the second second	F Page #	Subtot	al	
			Grand Tot	al	40-14-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
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fter October 6, 1995.					
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			Grand Tot	al	
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H. SITE RESTORATION 8	and CLOSURE				
Fill out this section if you are su	abmitting invoices from	contracts entere	d into on or b	efore Oct.	5, 1995.
Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
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		11 1480 11	Grand Total		
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		H Page #	Subtoto	al l	
	/		Grand Total		
			Grana Toll	44	_
Reimbursement Worksheet.) fill out this section if you are su	bmitting invoices from o	contracts entered	into on or be	fore Oct 5	
Description	Firm Name	Invoice Number or Date	T T	TOTE OCL. 3	, 1995.
ncurring Interest (1800		Of Date	Total Units	Unit Costs	, 1995. Subtotal
" 7 "	bus Twin Ports Testunia	14571	Total Units		Subtotal
	by Twin Ports Testing		Total Units		Subtotal
h u		14571	Total Units		Subtotal 53.82 38.88
h u	11	14571 14801	Total Units		Subtotal 53.82 38.88 39.24
	11	14571 14801 15296 15610		Unit Costs	Subtotal 53.82 38.88 39.24 356.58
	11	14571 14801 15296		Unit Costs	Subtotal 53.82 38.88 39.24 356.58
ill out this section if you are us	11 11 11 11 11 11 11 11 11 11 11 11 11	14571 14801 15296 15610 I Page # 0	- - - - - Grand Total	Unit Costs	Subtotal 53.82 38.88 39.24 356.58 488.52
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H. SITE RESTORATION	Productive transfer and the second	When the second second second			
Fill out this section if you are su	ibmitting invoices from	contracts entere	d into on or	before Oct.	5, 1995.
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Fill out this section if you are us	ing the Standardized In	voice and Bid for			ed into
n or after October 6, 1995.		,	ma yor com	. 40.5 6/116/6	a imo
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OTHER CLEAN-UP COSTS substantiate that interest has be payments for corrective action of Reimbursement Worksheet.)	en incurred please docum	ent through cance	led checks or	requested, t	ts all
substantiate that interest has be payments for corrective action (Reimbursement Worksheet.)	een incurred please docum costs made to consultants	ent through cance or contractors to o	erest is being led checks of late AND fill	requested, to paid receip out attached	ts <u>all</u> I Interest
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nourring Interest (180 days)	Twin Ports Teating	17889	-	-	17.10
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Description	Firm Name	or Date	Total Units	Unit Costs	Subtotal
Incurring Interest(180 days)	Twin Ports Testing	17.281	_	-	54.12
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REPORT PREPARATION; ATA COLLECTION; OPERATION OF RSIGHT AND MAINTENANCE; SYSTEM ONITORING; CORRESPONDENCE, LILEAGE; POSTAGE; PER DIEM Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995. Invoice Number Description Firm Name or Date **Total Units Unit Costs** Subtotal Twin Ports Environmental Tech I (a) 18.0 hrs 50.00 14571 900.00 Environmental Tech I (PM) 7.0 hrs 50.00 350.CC smarter Tech. (RG 45.00 3.5 hrs 157.50 Environmental Tech II (PM) 11 14831 0.5 hr. 50.00 25.00 Environmental Tech II (oi 3.5 hrs 175.00 50.00 2.0 hrs 103.00 126.00 8.0 hrs 50.00 400.00 11 Environmental Truh II (RW) 2.0 hrs 50.00 100.00 Minimum Trio Charge 1.0 trin 210.00 210.00 Disposable Bailers 42.00 10.50 J Page # | Subtotal 2:30(.5) Grand Total Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995. Invoice Name Description Firm Name e.g. UST Removal & Assessmt Subtotal

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Subtotal

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Description	Firm Name	General Contractor Invoice #	Sub Contractor Invoice #	Mark up %	Subtotal
Well Symlies (\$27.42)	Twin Ports Testinia	TPT #110897	_	15.0%	31.5
Well Supplies (\$27.42) Well Supplies (\$93.06)	,, ,	TPT # 16897	-	15.0%	107.02
	100	K Page #	Subtota	d .	_
			Grand Tota	ıl	138.55
NOTE: PLEASE REMEMBE	R TO COMPLETE TH	E COST WORK	PHEEL SOW!	MAKY ON	PAGE 8.
					36 · · ·
The 1996 Minnesota Legislature, und			ed a level of r	eimbursemen	
The 1996 Minnesota Legislature, und who meet the following criteria: 1. Owned three or fewer Minnesota been owned, operations at all fact. 2. Dispensed less than 1,000,000 gas calendar years. 3. The MPCA had not issued a site of the site of th	a facilities for dispensicilities must now be displayed a facilities of petroleum at a closure notice for the cay be eligible for reimbent owned sites and 100% must be able to document about of petroleum dispour application for reimbent induced at any of the facilities.	ing motor vehicle scontinued. each Minnesota factor sites before ursement of 90% of such costs in the ownership through the pensed at each ownership through th	fuels, and if a neility for each re April 3, 19 of the first \$25 excess of \$256 agh tax statements also need to ke st below your	more than on the of the past 96. 60,000 in com 0.000. ents or other of three calendar mow whether qualifications	t for applicant for applicant three
The 1996 Minnesota Legislature, under who meet the following criteria: 1. Owned three or fewer Minnesota been owned, operations at all fact. 2. Dispensed less than 1,000,000 gas calendar years. 3. The MPCA had not issued a site of you meet the above criteria, you must elimbursable costs among all applications are the annual at these documents must accompany you betroleum operations have been discourse.	a facilities for dispensicilities must now be displayed a facilities of petroleum at a closure notice for the cay be eligible for reimbent owned sites and 100% must be able to document about of petroleum dispour application for reimbent induced at any of the facilities.	ing motor vehicle scontinued. each Minnesota factor sites before ursement of 90% of such costs in the ownership through pensed at each ownership through the collities. Please light ration:	fuels, and if a neility for each re April 3, 19 of the first \$25 excess of \$256 agh tax statements also need to ke st below your	more than on the of the past 96. 60,000 in com 0.000. ents or other of three calendar mow whether qualifications	t for applicante facility has three

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MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE;
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Disposable Sample Glova	Twin Ports		Total Units	Unit Costs	Subtotal
Water Level Heter	Testing inc.	14801	.5 box	5.00	2.50
Rope			1.0 day	15.75	15.75
Environmental Tech I (oi)	,,	15 201	70.05	0.20	14.00
Minimum Trip Charge	IV.	15296	8.5 hrs	50.00	425.00
Project Manager	11-	u	1.0 trip	26.00	26.00
nuironmental Tech II (PM)	- 1	, u	1.5 ms	63.00	94.50
nuironmental Tech II (01)	ν.		3.0 hrs	.50.00	150.00
		1,	5.5 WS	52.00	286.00
Dironmental TechTI (01)	U .	1560	24.0 hrs	5000	1,200.00
PID Heler		μ	1.Oday	75.00	75.00
ll out this section if you are using t	the Standardized Inv		2 of 7 Subtotal Grand Total forms for contra	-	2,288,7
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Fill out this section if you are subm Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Environmental Tech I (FI)	Testing inc.	15610	32.0 mc	50.00	1,100.00
Sample Jars	1, 3		12.0 jans		10.20
Disposable Gloves	u	1	1.5 box	5.00	7.50
Minimum Trip Charge	u .	u		A CONTRACTOR OF THE CONTRACTOR	104.00
Project Manager	N.	K	1.0 br	6300	103.00
Computer Tech (RG)	и	, v	2.0 nrs	45.00	90.00
Disposable Bailers	k		6.0	10.00	60.00
Bape	ıt.	n .	70.0 ft	0.20	14.00
Water Level Heter	II	•	2.0 days	15.00	30.00
Invironmental Tech II (PH)	ų	110195	2.0 nrs		100.00
		J Page # 30	f⊋ Subtotal		2,086.20
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Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

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			- 11
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de me e	•		
State of the state	F. San		
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Fill out this section if you are subm Description	Firm Name	Invoice Number or Date			47 14 14 14
Environmental Tech II (PM)	Twin Ports		Total Units	Unit Costs	Subtotal
Environmental Tech II (PM)	Testing Inc.	16649	14.5 hrs		725.00
Environmental Tech II (MM)	li li	10097 N	10.0 ks	50.00	500.00
Minimum Trip Charge	u .	1	6.Onrs	50.00	300.00
Environmental Tech II (FI)	W .	10	4.0+rps		104.00
invironmental TechTI (FP)	1.		19.0 nrs	50.00	950.00
Project Manager	N	10	0.5 m	50.00	25.00
water Level Meter	N	1	1.0 hr	103.00	103.00
Disposable Bailers	· ·	N N	1.0 day	15.00	15.00
Bone	u u		8.0	10.00	80.00
		1 1	100.0ft	0.20	20.00
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J. REPORT PREPARATION; TA COLLECTION; OPERATION OF RSIGHT AND MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM

Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Disposable Sample Gloves	Twin Ports	11.897	0.5 box	5.00	2.50
Environmental Tech. I (01)	1, 3,	17281	2.0 nrs	46.00	92.00
Environmental Tech II (FI)	1,	11	4.5 hrs.	50.00	225.00
Environmental Tech II (PM)	ls .	**	16.0 hrs	50.00	800.00
Hinimum Trip Charge	и	D.	1.0 trip	26.00	26.00
Environmental Tech II (Rw)	11	17582	2.5 hrs	50.00	125.00
Environmental Teeh II (PM)	n	17889	2.0 nrs	50.00	100.00
Environmental Trut (Rw)	N * -	\u00e4	75 hs	50.00	375.00
Minimum Trip Charge	W.	18177	1.0 trio	2600	26.00
Water Level Meter		li .	1.0 day	15.00	15.00

Grand Total

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	Firm Name	Invoice Name e.g. UST Removal & Assessmt	Subtota
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Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995.

Description	Firm Name	Invoice Number or Date	Total Units	Unit Costs	Subtotal
Environmental Tech I (RW)	Twin Ports Testing	18177	19.0 hrs	52.00	988.00
Environmental TechI(F)	, ,	ч	1.0 hr	46.00	46.00
Environmental Tech II (FI)	ν(11	5.5 hrs	52.00	286.00
Environmental Tech I (OI)	,,	U	1.0 hr.	50.00	50.00
Environmental Teun II (FI)	11	۸,	4.5 hrs	50.00	225.00
Environmental Teen II (Rw)	``C	Li .	9.5 nrs	50.00	475.00
Environmental Tech II (Pt)	a y	•1	0.5 hr.	52,00	26.00
Environmental Tech II (A)	'1	,,	10.5 hrs	50.00	525.00
Eteration Survey Equip.	-1	u	1.0 day	30.00	30.00
Computer Tech (RG)	u	4	12.5 pm	45.00	562.50

Grand Total

Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995.

Description	Firm Name	Invoice Name e.g. UST Removal & Assessmt	Subtota
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J. REPORT PREPARATION; ATA COLLECTION; OPERATION C MAINTENANCE; SYSTEM MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE; PER DIEM Fill out this section if you are submitting invoices from contracts entered into on or before Oct. 5, 1995. Invoice Number Description Firm Name or Date Total Units Unit Costs Subtotal Environmental Tech II (Rw) Twin Ports Tothing 18177 10.0 hs 46.00 276.00 Environmental Tech II CPM 18362 8.5 hrs 50.00 425.00 Environmental TechII (RW) 14.5 hrs 50.00 725.00 Computer Tech. (BG) 4.0 hrs 45.00 180.00 Environmental Tech II (o) 3.0 hrs 50.00 150.00 Environmental TechTI (OI) Twin Ports Testing 18/013 7.0 hrs 50.00 350.00 Environmental Tech II (PM) 11 2.0 hrs 50.00 100.00 \$2,206.00 J Page # 701 7 Subtotal \$16,664.45 Grand Total Fill out this section if you are using the Standardized Invoice and Bid forms for contracts entered into on or after October 6, 1995. Invoice Name Description Firm Name e.g. UST Removal & Assessmt Subtotal

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