

## OFFICE USE ONLY:

INITIAL APP  SCRP  
 PHASE 1

## OFFICE USE ONLY:

LEAK # 3534  
 ENTERED 5-5-97 *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 INFORMATION

Check if New Address or Phone Number

Back

MAY 30 1997

Name Curtis Oil CompanyMail Address 5497 Miller Trunk Hwy.City Herman town State Mn Zip 55803Contact Person (if different from above "Name") Mr. Jack CurtisDay Phone (218) 729-5500 Ext: \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_**Check One:**

- Responsible Party  
 Volunteer  
 Non-Responsible Party  
 (See Application Guide)

**Check One:**

- Corporation  
 Partnership  
 Individual  
 Other

State of Minnesota

MAY 05 1997

7/1/71 to 10/16/90 Dates Owner/Operator of tank(s). (Complete if "Responsible Party" box is checked.)

/ / to / / Dates Volunteer owned property. (Complete if "Volunteer" box is checked.)

**NOTE: If the applicant owns or owned three or fewer Minnesota facilities for dispensing motor vehicle fuels, please complete Section XIII.**

#### II. LEAK SITE INFORMATION

#3534 Petrofund Leak Number Mr. Steve Leppala MPCA Project ManagerTank Facility Name Junction Food-n-FuelAddress 5493 Miller Trunk HighwayCity Herman town MN Zip 55803Day Phone (218) 729-8256 County of Leak Site: St. Louis County.10/16/90 Date petroleum leak detected.10/16/90 Date petroleum leak reported to MPCA.Yes or  No Is tank leak on personal residential property? (Circle One)400 Cubic Yards. Total amount of contaminated soil excavated at this site.12 to 340 ppm. State the range of soil contamination concentration (total hydrocarbons)

#### III. ASSIGNMENT CERTIFICATION AND/OR TERMINATION

## CHECK ALL THAT APPLY:

Petrofund Assignment Agreement has been executed (Attach original of new Assignment form.) Attachment a.  
 List Assignees: Twin Parts Testing, Inc.

- Assignment form is already on file with the Department of Commerce.  
 Assignment Agreement from previous application has been terminated. (Attach original Termination form.)  
 Not applicable.

**DO NOT STAPLE OR BIND APPLICATION -- CLIP OR RUBBER BAND ONLY**

APPLICATION EFFECTIVE DECEMBER 11, 1996 - JUNE 30, 1997

PAGE 1 OF 14

#### IV. APPLICATION PHASE

Check appropriate box and complete the information requested for the box checked (See Application Guide for further information).

**Pre-removal site assessment**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date(s) of the assessment report  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of property sale, if applicable.

**Phase 1 Soil Corrective Action Costs and/or Remedial Investigation Costs**

2/9/93 Date of SCAP approval or MPCA soil treatment letter. (*Attach copy*) Attachment B.  
4-16-97 RI Investigation Report Addendum Attachment C.

**Phase 2 Installation Costs of MPCA Approved Soil and/or Groundwater Comprehensive Corrective Action Design System (CCAP/CAD) and/or Groundwater Monitoring and System Maintenance Costs**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of CCAP/CAD approval (*Attach copy*)  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date CCAP/CAD Installation Letter (*Attach copy*)  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of MPCA Site Closure letter (*Attach copy*)

#### V. SOURCE AND CAUSE

What was the source of the petroleum release at this site? (See Application Guide.) Source of contamination was a 5000 gallon regular leaded gasoline UST.

How was the release discovered? Release was discovered during excavation of the 5000 gallon regular leaded gasoline UST.

If the release was *not* reported to the MPCA within 24 hours of discovery, state the reason why: N/A

To the best of your knowledge, list all persons other than the applicant who were owners or operators of the tank during or after the petroleum release:

None.

Yes or  No Did any of the persons listed above incur corrective action costs related to this petroleum release? (Circle One) If yes, list name(s) and address(es) if known: \_\_\_\_\_

#### VI. TYPE OF REMEDIATION SYSTEM

Check the type of soil and/or groundwater remediation system used or projected for your site.

**Soil Remediation Technologies:**

- Biopiles
- Bioventing
- Incineration
- Landfarming
- Low-temperature thermal desorption
- Natural attenuation
- Soil vapor extraction
- Soil washing

**Groundwater Remediation Technologies**

- Air sparging
- Biosparging
- Dual phase extraction
- In situ groundwater bioremediation
- Natural attenuation

**VII. MPCA TANK INFORMATION AND COMPLIANCE**

A. **Underground Storage Tanks.** 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/overflow 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 Gasoline	5000 gal.	Steel	7/1/71	1/1/86	10/16/90
2	Unleaded gasoline	10,000 gal.	Fiberglass	5/1/84	1/1/86	-
3	Super Unleaded Gasoline	4,000 gal.	STIP3	10/1/90	7/1/94	-
4	Mo lead plus	4,000	STIP3	7/27/88	8/1/88	-
5						

**TANKS**

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 (A)	2	Yes	3
3	7, 3 (B)	4, 3	Yes	3
4	7, 3 (B)	4, 3	Yes	3
5				

<p><b>Leak detection method choices (select all that apply):</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Inventory control plus annual tightness testing</li> <li>Inventory control plus tightness testing every 5 years</li> <li>Manual tank gauging</li> <li>Manual tank gauging plus annual tightness testing</li> <li>Manual tank gauging plus tightness testing every 5 years</li> <li>Statistical inventory reconciliation (SIR)</li> <li>Automatic tank gauge</li> <li>Interstitial monitoring</li> <li>Vapor monitoring</li> <li>Ground water monitoring</li> <li>Other:</li> </ol>	<p><b>Corrosion protection choices:</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Fiberglass, jacketed steel or composite tank</li> <li>STI-P 3 tank</li> <li>Anodes installed</li> <li>Impressed current system</li> <li>Lined tank</li> <li>Other:</li> </ol>	<p><b>Overfill protection choices:</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Ball float valve</li> <li>Automatic shutoff</li> <li>Audible alarm</li> <li>Other:</li> </ol>
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If tank tightness tests performed, indicate dates of all tests: (A) 12-6-1994 (B) 7-12-1994

# PIPING

Tank #	Pressurized Piping Leak Detection		Suction Piping Leak Detection	Corrosion Protection (Select method below)
	Continuous Leak Detection (Select method below)	Periodic Leak Detection (Select method below)	Check valve located at: <input type="checkbox"/> Tank <input type="checkbox"/> Pump (Select method below)	
1	4	3	3	3
2	4	3	3	3
3	4	3	3	3
4				
5				
<b>Continuous method choices:</b>		<b>Periodic method choices:</b>	<b>Suction leak detection method choices:</b>	<b>Corrosion protection choices:</b>
1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous alarm		1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	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: \_\_\_\_\_

B + D Pump Service Identify MPCA certified tank removal contractor utilized during tank excavation

# 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	Description of Secondary Containment			Volume
					Walls	Base	Verification	Yes/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								

**VIII. ELIGIBLE COSTS**

Yes or  No Are any of the costs listed in the Eligible Cost Worksheets in dispute? (Circle One) (From pages 8 - 14)

Yes or No Are ongoing corrective action costs expected at this leak site? (Circle One)

Explain briefly any ongoing corrective action costs (approximate figures) relative to the petroleum release and work to be done: (Attach additional sheets if necessary.)

Type of Work Continued groundwater monitoring Approximate Cost \$ 3700.00 per year  
 Type of Work \_\_\_\_\_ Approximate Cost \$ \_\_\_\_\_  
 Total \$ 3700.00 per year

Yes or  No Did the applicant have in effect one or more insurance policies at the time of the release? (Circle One)  
 If yes, was a claim filed for coverage of any of the costs for which the applicant is seeking reimbursement in this application? If no, explain why no claim was filed: \_\_\_\_\_

If yes, did the insurer agree to cover your claim? \_\_\_\_\_  
 If yes, state the amount of benefits received (or to be received) and provide a copy of the insurer's explanation of benefits. \$ \_\_\_\_\_  
 If no, provide a copy of the insurer's letter explaining the reasons for denying your claim.

Yes or  No Is applicant aware of any other insurance policy, whether the policy is held by the applicant or another person, that could possibly cover any of the eligible costs in this application? (Circle One)  
 If "Yes", please explain: \_\_\_\_\_

Yes or  No Has the applicant made a claim against any third party for costs for which the applicant is seeking reimbursement or for any costs associated with this release? (Circle One)  
 If yes, identify all third parties and provide a copy of all correspondence between the applicant and third parties.

Please provide a brief chronological description (including dates) of the clean-up activities covered on this application including any special circumstances: 1/31/96 - TPT begins Consulting work; 3/11/96 & 4/19/96 - Quarterly groundwater sampling of 5 wells & store well; 5/8/96 - Geoprobe services, collection of soil and groundwater samples (8); 6/4/96 - Monitoring well installation; 6/25/96 - Quarterly groundwater sampling including development of new monitoring well; 9/30/96 - Quarterly groundwater monitoring; 1/31/97 - Completion of Remedial Investigation Addendum Report

Yes or  No Is applicant aware of any action the applicant committed or of any action by a consultant or contractor which may have caused or aggravated the contamination at this site? (Circle One) If "Yes", please explain: \_\_\_\_\_

**IX. COMPETITIVE BIDDING**

List names of ALL written bids/proposals obtained to perform corrective action at this leak site. Attach copies of ALL signed and dated bids/proposals. (USE ADDITIONAL SHEETS IF NECESSARY):

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	<input checked="" type="checkbox"/>	Twin Ports Testing, Inc.*	6565.00	2/6/95	Consulting Services
	<input type="checkbox"/>	Huntingdon	7489.00	1/17/95	Consulting Services
Contractors	<input checked="" type="checkbox"/>	Lake Superior Laboratories*	4653.00	2/6/95	Chemical Analysis
	<input checked="" type="checkbox"/>	Twin Ports Testing, Inc.*	4299.00	2/6/95	Drilling Services
	<input type="checkbox"/>	Huntingdon	5456.00	1/17/95	Chemical Analysis
	<input type="checkbox"/>	Huntingdon	3383.00	1/17/95	Drilling Services

\*If lowest bid/proposal was not selected, on a separate sheet explain this decision.

\* Attachment 6 - Proposals

\* Ongoing costs are for continued quarterly groundwater monitoring only. Addendum R1 completed by Twin Ports Testing not yet approved by MPCA.

**X. CONSULTANTS/CONTRACTORS**

Complete the following for **ALL** contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at this release site (see Application Guide).

Describe below any relationship, financial or otherwise, between the applicant and anyone who performed work at this site: **NA**

**Land Farmer/Compost Site or Thermal Treatment Facility** (Attach a copy of the land farming/composting contract.):

# \_\_\_\_\_ Petrofund Registration Number  
Name \_\_\_\_\_  
Contact person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone # ( \_\_\_\_\_ )

**Consultants/Contractors** (Attach additional pages if necessary.)

# 1117 Petrofund Registration Number  
Name of individual or firm: Twin Ports Testing, Inc.  
Mailing Address: 728 Garfield Avenue Duluth Mn 55802  
(City) (State) (Zip)  
Contact Person: Mr. Mark Darby Day phone #: (218) 722-1911

# 1489 Petrofund Registration Number  
Name of individual or firm: Lake Superior Laboratories  
Mailing address: 728 Garfield Avenue Duluth Mn 55802  
(City) (State) (Zip)  
Contact person: Mr. Tim Bueck Day phone #: (218) 722-1911

# \_\_\_\_\_ Petrofund Registration Number  
Name of individual or firm: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
(City) (State) (Zip)  
Contact person: \_\_\_\_\_ Day phone #: ( \_\_\_\_\_ )

# \_\_\_\_\_ Petrofund Registration Number  
Name of individual or firm: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
(City) (State) (Zip)  
Contact person: \_\_\_\_\_ Day phone #: ( \_\_\_\_\_ )

**XI. CERTIFICATION PAGE (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) REQUIRED)**

Applicant name (print/type) JOHN F. CURTIS

Subscribed and sworn to before me this 28<sup>th</sup> day of April, 1997.

Applicant signature John F. Curtis

Notary Public Dee A. Jume

Date signed 28 APRIL 97

My commission expires 1/31/00

**CORPORATION AND/OR PARTNERSHIP SIGNATURES (IN ADDITION TO ABOVE SIGNATURES.)**

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

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title (See Application Guide, Part X) \_\_\_\_\_

Date \_\_\_\_\_

**CONSULTANT SIGNATURE (SIGNATURE REQUIRED)\***

I, BRIAN McVEAN, confirm that all costs claimed by TWIN PARTS TESTING as a part of this application are a true and accurate account of services performed. I further confirm that no costs submitted for inclusion on this application by my consulting company are ineligible as listed in Minn. Rule 2890.0071, A. through N.

Consultant Signature Brian McVean

Title Manager

Date 4/22/97

\*Duplicate this section if more than one consultant signature is required.

**APPLICATION PREPARER'S SIGNATURE (SIGNATURE REQUIRED)**

Toni Ealy  
(Preparer's name)

Preparer's Signature Toni Ealy

Title Hydrogeologist

Date Feb. 28, 1997

\* 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 SUMMARY (Pages 8 - 14)**

Yes or No Does this application contain costs that are listed as ineligible under Minn. Rule 2890.0071, A. through N.?

1/31/96 to 3/31/97 Dates of invoices submitted with this application.

Cost worksheets/standardized invoices and bid forms summary: (Details requested on this and next pages A - L)

A \$ \$4270.00 C \$ — E \$ — G \$ — I \$ \$912.27 K \$ \$138.55  
 B \$ \$1300.00 D \$ — F \$ — H \$ — J \$ \$16,164.45 L \$ —

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ 23,285.27

Insurance Reimbursement (Subtract) - \$ ( 0 )

= \$ 23,285.27

Total Reimbursement Request = \$ 20,951.74

X 90%\*

\* Calculate at 92.5% if leak is on personal residential property

**ELIGIBLE COST WORKSHEETS**

- \* Complete the section of each category (A-L) that corresponds with the dates of your cleanup contract.
- \* 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.
- \* ATTACH A COPY OF SITE MAP INDICATING TANK LOCATIONS AND LIMITS OF CONTAMINATED SOIL EXCAVATION. IF NEW TANKS WERE INSTALLED, NOTE TANK SIZE AND LOCATION ON SITE MAP. Attachment D.
- \* Duplicate this form if additional worksheets are needed.

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

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
Geoprobe - Soil consumables	Twin Ports Testing, Inc.	151610	8.0	2.00	16.00
Geoprobe - Water Consumables	"	"	4.0	24.00	96.00
Truck Rig	"	"	1.0 day	48.00	48.00
A Page # 1 of 6 Subtotal					160.00
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	Subtotal
A Page #			Subtotal
Grand Total			



**XII. COST WORKSHEET SUMMARY (Pages 8 - 14)**

Yes or No Does this application contain costs that are listed as ineligible under Minn. Rule 2890.0071, A. through N.?

\_\_\_\_\_ to \_\_\_\_\_ Dates of invoices submitted with this application.

Cost worksheets/standardized invoices and bid forms summary: (Details requested on this and next pages A - L)

A \$ \_\_\_\_\_ C \$ \_\_\_\_\_ E \$ \_\_\_\_\_ G \$ \_\_\_\_\_ I \$ \_\_\_\_\_ K \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_ D \$ \_\_\_\_\_ F \$ \_\_\_\_\_ H \$ \_\_\_\_\_ J \$ \_\_\_\_\_ L \$ \_\_\_\_\_

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ \_\_\_\_\_

Insurance Reimbursement (Subtract) - \$( \_\_\_\_\_ )

= \$ \_\_\_\_\_

X 90%\*

Total Reimbursement Request = \$ \_\_\_\_\_

\* Calculate at 92.5% if leak is on personal residential property

**ELIGIBLE COST WORKSHEETS**

- \* Complete the section of each category (A-L) that corresponds with the dates of your cleanup contract.
- \* 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.
- \* ATTACH A COPY OF SITE MAP INDICATING TANK LOCATIONS AND LIMITS OF CONTAMINATED SOIL EXCAVATION. IF NEW TANKS WERE INSTALLED, NOTE TANK SIZE AND LOCATION ON SITE MAP.
- \* Duplicate this form if additional worksheets are needed.

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

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
Travel Cost Drill Rig Crew	Twin Ports Testing, Inc.	15610	1.0 day	61.00	61.00
Admin. /Supervisory	"	"	4.0 hrs	52.00	208.00
Daily Rig Rentals	"	"	1.0 day	138.00	138.00
A Page # 2 of 6 Subtotal					407.00
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	Subtotal
A Page #			Subtotal
Grand Total			

**XII. COST WORKSHEET SUMMARY (Pages 8 - 14)**

Yes or No Does this application contain costs that are listed as ineligible under Minn. Rule 2890.0071, A. through N.?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Dates of invoices submitted with this application.

Cost worksheets/standardized invoices and bid forms summary: (Details requested on this and next pages A - L)

A \$ \_\_\_\_\_ C \$ \_\_\_\_\_ E \$ \_\_\_\_\_ G \$ \_\_\_\_\_ I \$ \_\_\_\_\_ K \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_ D \$ \_\_\_\_\_ F \$ \_\_\_\_\_ H \$ \_\_\_\_\_ J \$ \_\_\_\_\_ L \$ \_\_\_\_\_

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ \_\_\_\_\_

Insurance Reimbursement (Subtract) - \$( \_\_\_\_\_ )

= \$ \_\_\_\_\_

Total Reimbursement Request = \$ \_\_\_\_\_ X 90%\*

\* Calculate at 92.5% if leak is on personal residential property

**ELIGIBLE COST WORKSHEETS**

- \* Complete the section of each category (A-L) that corresponds with the dates of your cleanup contract.
- \* Description must be specific as to work performed.
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- \* Duplicate this form if additional worksheets are needed.

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

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
Steam Cleaning	Twin Ports Testing, Inc.	151610	1.0	120.00	120.00
Geoprobe Water Sampling	"	"	8.0	46.00	368.00
Geoprobe Services	"	"	320 ft.	14.00	448.00
A Page # 3 of 6 Subtotal					936.00
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	Subtotal
A Page #			Subtotal
Grand Total			

**XII. COST WORKSHEET SUMMARY (Pages 8 - 14)**

Yes or No Does this application contain costs that are listed as ineligible under Minn. Rule 2890.0071, A. through N.?

\_\_\_\_\_ to \_\_\_\_\_ Dates of invoices submitted with this application.

Cost worksheets/standardized invoices and bid forms summary: (Details requested on this and next pages A - L)

A \$ \_\_\_\_\_ C \$ \_\_\_\_\_ E \$ \_\_\_\_\_ G \$ \_\_\_\_\_ I \$ \_\_\_\_\_ K \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_ D \$ \_\_\_\_\_ F \$ \_\_\_\_\_ H \$ \_\_\_\_\_ J \$ \_\_\_\_\_ L \$ \_\_\_\_\_

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ \_\_\_\_\_  
 Insurance Reimbursement (Subtract) - \$( \_\_\_\_\_ )  
 = \$ \_\_\_\_\_ X 90%\*  
 Total Reimbursement Request = \$ \_\_\_\_\_

\* Calculate at 92.5% if leak is on personal residential property

**ELIGIBLE COST WORKSHEETS**

- \* Complete the section of each category (A-L) that corresponds with the dates of your cleanup contract.
- \* Description must be specific as to work performed.
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- \* Duplicate this form if additional worksheets are needed.

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

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
Drilling Services	Twin Ports Testing	15610	5.00	14.00	70.00
Well Installation	"	15610	45.00	39.00	1,755.00
Travel Cost Drill Rig	"	15610	2.0	48.00	96.00
A Page # 4 of 6 Subtotal					1,921.00
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	Subtotal
A Page # Subtotal			
Grand Total			

**XII. COST WORKSHEET SUMMARY (Pages 8 - 14)**

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\_\_\_\_\_ to \_\_\_\_\_ Dates of invoices submitted with this application.

Cost worksheets standardized invoices and bid forms summary: (Details requested on this and next pages A - L)

A \$ \_\_\_\_\_ C \$ \_\_\_\_\_ E \$ \_\_\_\_\_ G \$ \_\_\_\_\_ I \$ \_\_\_\_\_ K \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_ D \$ \_\_\_\_\_ F \$ \_\_\_\_\_ H \$ \_\_\_\_\_ J \$ \_\_\_\_\_ L \$ \_\_\_\_\_

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ \_\_\_\_\_  
 Insurance Reimbursement (Subtract) - \$( \_\_\_\_\_ )  
 = \$ \_\_\_\_\_  
 Total Reimbursement Request = \$ \_\_\_\_\_ X 90%\*

\* Calculate at 92.5% if leak is on personal residential property

**ELIGIBLE COST WORKSHEETS**

- \* Complete the section of each category (A-L) that corresponds with the dates of your cleanup contract.
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- \* Invoices must be submitted for each cost listed below.
- \* Invoices must contain sufficient detail to verify costs and services entered below.
- \* ATTACH A COPY OF SITE MAP INDICATING TANK LOCATIONS AND LIMITS OF CONTAMINATED SOIL EXCAVATION. IF NEW TANKS WERE INSTALLED, NOTE TANK SIZE AND LOCATION ON SITE MAP.
- \* Duplicate this form if additional worksheets are needed.

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

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
Travel Cost Drill Crew	Twin Ports Testing	156610	2.0	61.00	122.00
Administrative	"	156610	4.0	52.00	208.00
Daily Rig Rentals	"	156610	2.0	138.00	276.00
A Page # 5 of 6 Subtotal					606.00
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	Subtotal
A Page # Subtotal			
Grand Total			

**XII. COST WORKSHEET SUMMARY (Pages 8 - 14)**

Yes or No Does this application contain costs that are listed as ineligible under Minn. Rule 2890.0071, A. through N.?

\_\_\_\_\_ to \_\_\_\_\_ Dates of invoices submitted with this application.

Cost worksheets/standardized invoices and bid forms summary: (Details requested on this and next pages A-L)

A \$ \_\_\_\_\_ C \$ \_\_\_\_\_ E \$ \_\_\_\_\_ G \$ \_\_\_\_\_ I \$ \_\_\_\_\_ K \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_ D \$ \_\_\_\_\_ F \$ \_\_\_\_\_ H \$ \_\_\_\_\_ J \$ \_\_\_\_\_ L \$ \_\_\_\_\_

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ \_\_\_\_\_  
 Insurance Reimbursement (Subtract) - \$( \_\_\_\_\_ )  
 = \$ \_\_\_\_\_  
 Total Reimbursement Request = \$ \_\_\_\_\_ X 90%\*

\* Calculate at 92.5% if leak is on personal residential property

**ELIGIBLE COST WORKSHEETS**

- \* Complete the section of each category (A-L) that corresponds with the dates of your cleanup contract.
- \* 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.
- \* ATTACH A COPY OF SITE MAP INDICATING TANK LOCATIONS AND LIMITS OF CONTAMINATED SOIL EXCAVATION. IF NEW TANKS WERE INSTALLED, NOTE TANK SIZE AND LOCATION ON SITE MAP.
- \* Duplicate this form if additional worksheets are needed.

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

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
Steam cleaning	Twin Ports Treatment	15610	2.0	120.00	240.00
A Page # 1 of 6 Subtotal					240.00
Grand Total					\$4270.00

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	Subtotal
A Page #			Subtotal
Grand Total			

**B. LABORATORY TESTS AND ANALYSIS**

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
GRO/BTEX (water)	Lake Superior Laboratories	14801	5.0	45.00	225.00
BTEX (water)	"	15296	1.0	45.00	45.00
GRO/BTEX (soil)	"	15100	4.0	55.00	220.00
GRO/BTEX (water)	"	"	4.0	45.00	180.00
B Page # 1 of 3 Subtotal					670.00
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	Subtotal
B Page #			Subtotal
Grand Total			

**C. EXCAVATION**

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
C Page #					Subtotal
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	Subtotal
C Page #			Subtotal
Grand Total			

**D. SOIL DISPOSAL**

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
D Page #				Subtotal	
				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	Subtotal
D Page #			Subtotal
			Grand Total

**E. WATER TREATMENT**

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
E Page #				Subtotal	
				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	Subtotal
E Page #			Subtotal
			Grand Total

**B. LABORATORY TEST AND ANALYSIS**

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
GRO/BFTX (water)	Lake Superior Laboratories	110195	10.0	45.00	270.00
GRO/BETX (water)	"	17281	8.0	45.00	360.00
B Page # 2 of 2 Subtotal					1030.00
Grand Total					\$ 1300.00

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	Subtotal
B Page #			Subtotal
Grand Total			

**C. EXCAVATION**

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
C Page #					Subtotal
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	Subtotal
C Page #			Subtotal
Grand Total			



**F. TRUCKING**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
F Page #				Subtotal	
				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	Subtotal
F Page #		Subtotal	
		Grand Total	

**G. EMERGENCY and TEMPORARY HAZARD CONTROL (See Application Guide.)**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
G Page #				Subtotal	
				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	Subtotal
G Page #		Subtotal	
		Grand Total	

**H. SITE RESTORATION and CLOSURE**

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
H Page #				Subtotal	
				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	Subtotal
H Page #		Subtotal	
		Grand Total	

**I. OTHER CLEAN-UP COSTS OR INTEREST** (If reimbursement of interest is being requested, to substantiate that interest has been incurred please document through canceled checks or paid receipts all payments for corrective action costs made to consultants or contractors to date AND fill out attached Interest Reimbursement Worksheet.)

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
Incurring Interest + (180 days)	Twin Ports Testing	14571	-	-	53.82
" "	"	14801	-	-	38.88
" "	"	15296	-	-	39.24
" "	"	15610	-	-	356.58
I Page # 0 of 4				Subtotal	488.52
				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	Subtotal
I Page #		Subtotal	
		Grand Total	

\* Attachments H.

**H. SITE RESTORATION and CLOSURE**

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
H Page #				Subtotal	
					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	Subtotal
H Page #			Subtotal
			Grand Total

**I. OTHER CLEAN-UP COSTS OR INTEREST** (If reimbursement of interest is being requested, to substantiate that interest has been incurred please document through canceled checks or paid receipts all payments for corrective action costs made to consultants or contractors to date AND fill out attached Interest Reimbursement Worksheet.)

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
Incurring Interest (180 days)	Twin Ports Testing	116195	-	-	14.16
" "	"	116649	-	-	24.48
" "	"	116897	-	-	75.84
" "	"	17582	-	-	5.64
I Page # 2 of 4				Subtotal	120.12
					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	Subtotal
I Page #			Subtotal
			Grand Total

**H. SITE RESTORATION and CLOSURE**

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
H Page #				Subtotal	
				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	Subtotal
H Page #		Subtotal	
		Grand Total	

**I. OTHER CLEAN-UP COSTS OR INTEREST** (If reimbursement of interest is being requested, to substantiate that interest has been incurred please document through canceled checks or paid receipts all payments for corrective action costs made to consultants or contractors to date AND fill out attached Interest Reimbursement Worksheet.)

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
Incurring Interest (180 days)	Twin Ports Testing	17889	-	-	17.10
" "	"	18177	-	-	158.88
" "	"	18312	-	-	53.28
" "	"	18613	-	-	20.25
I Page # 3 of 4				Subtotal	249.51
				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	Subtotal
I Page #		Subtotal	
		Grand Total	

**H. SITE RESTORATION and CLOSURE**

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
H Page #				Subtotal	
				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	Subtotal
H Page #		Subtotal	
		Grand Total	

**I. OTHER CLEAN-UP COSTS OR INTEREST** (If reimbursement of interest is being requested, to substantiate that interest has been incurred please document through canceled checks or paid receipts all payments for corrective action costs made to consultants or contractors to date AND fill out attached Interest Reimbursement Worksheet.)

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
Incurring Interest (180 days)	Twin Ports Testing	17281	-	-	54.12
I Page # 4 of 4				Subtotal	54.12
				Grand Total	\$912.27

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	Subtotal
I Page #		Subtotal	
		Grand Total	

**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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
Environmental Tech II (oi)	Twin Ports Testing, Inc.	14571	18.0 hrs	50.00	900.00
Environmental Tech II (PM)	"	"	7.0 hrs	50.00	350.00
Computer Tech. (RG)	"	"	3.5 hrs	45.00	157.50
Environmental Tech II (PM)	"	14801	0.5 hr.	50.00	25.00
Environmental Tech II (oi)	"	"	3.5 hrs	50.00	175.00
Project Manager	"	"	2.0 hrs	63.00	126.00
Environmental Tech II (EI)	"	"	8.0 hrs	50.00	400.00
Environmental Tech II (RW)	"	"	2.0 hrs	50.00	100.00
Minimum Trip Charge	"	"	1.0 trip	26.00	26.00
Disposable Baiters	"	"	4.0	10.50	42.00
J Page # 1 of 7 Subtotal					2,301.50
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	Subtotal
J Page #			Subtotal
Grand Total			

**K. MARK-UP**

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

Description	Firm Name	General Contractor Invoice #	Sub Contractor Invoice #	Mark up %	Subtotal
Well Supplies (\$27.42)	Twin Ports Testing	TPT # 110897	-	15.0%	31.53
Well Supplies (\$93.06)	"	TPT # 16897	-	15.0%	107.02
K Page #				Subtotal	
				Grand Total	\$138.55

There is NO additional section for Letter K.**NOTE: PLEASE REMEMBER TO COMPLETE THE COST WORKSHEET SUMMARY ON PAGE 8.****XIII. COMBINED LEAKSITE COSTS OVER \$250,000**

The 1996 Minnesota Legislature, under Minn. Stat. 115C.09, Subd. 3a (3), added a level of reimbursement for applicants who meet the following criteria:

1. Owned three or fewer Minnesota facilities for dispensing motor vehicle fuels, and if more than one facility has been owned, operations at all facilities must now be discontinued.
2. Dispensed less than 1,000,000 gallons of petroleum at each Minnesota facility for each of the past three calendar years.
3. The MPCA had not issued a site closure notice for the site or sites before April 3, 1996.

If you meet the above criteria, you *may* be eligible for reimbursement of 90% of the first \$250,000 in combined reimbursable costs among all applicant owned sites and 100% of such costs in excess of \$250,000.

To be eligible for this category, you must be able to document ownership through tax statements or other documents and you must also document the annual amount of petroleum dispensed at each owned site for a three calendar year period. ***These documents must accompany your application for reimbursement.*** We also need to know whether retail petroleum operations have been *discontinued* at any of the facilities. Please list below your qualifications for receiving this level of reimbursement.

Facility Name(s), Address(es), and Dates of Ownership/Operation: \_\_\_\_\_

Number of annual gallons dispensed per site for three calendar years (Attach distributor documentation): \_\_\_\_\_

MPCA Site Closure Dates (each site), if applicable: \_\_\_\_\_

**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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 Testing, Inc.	14801	.5 box	5.00	2.50
Water Level Meter	"	"	1.0 day	15.75	15.75
Rope	"	"	70.0 ft	0.20	14.00
Environmental Tech II (oil)	"	15296	8.5 hrs	50.00	425.00
Minimum Trip Charge	"	"	1.0 trip	26.00	26.00
Project Manager	"	"	1.5 hrs	63.00	94.50
Environmental Tech II (PM)	"	"	3.0 hrs	50.00	150.00
Environmental Tech II (oil)	"	"	5.5 hrs	52.00	286.00
Environmental Tech II (oil)	"	15610	24.0 hrs	50.00	1,200.00
PID Meter	"	"	1.0 day	75.00	75.00
J Page # 2 of 7 Subtotal					2,288.75
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	Subtotal
J Page #			Subtotal
Grand Total			



**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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
Environmental Tech II (FI)	Twin Ports Testing, Inc.	151010	32.0 hrs	50.00	1,600.00
Sample Jars	"	"	12.0 jars	0.85	10.20
Disposable Gloves	"	"	1.5 box	5.00	7.50
Minimum Trip Charge	"	"	4.0 trips	26.00	104.00
Project Manager	"	"	1.0 hr	163.00	163.00
Computer Tech. (BG)	"	"	2.0 hrs	45.00	90.00
Disposable Baiters	"	"	10.0	10.00	100.00
Rope	"	"	70.0 ft	0.20	14.00
Water Level Meter	"	"	2.0 days	15.00	30.00
Environmental Tech II (PM)	"	110195	2.0 hrs	50.00	100.00
J Page # 3 of 7 Subtotal					2,086.20
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	Subtotal
J Page #			Subtotal
Grand Total			

**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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
Environmental Tech II (PM)	Twin Ports Testing, Inc.	116149	14.5 hrs	50.00	725.00
Environmental Tech II (PM)	"	116897	10.0 hrs	50.00	500.00
Environmental Tech II (MM)	"	"	6.0 hrs	50.00	300.00
Minimum Trip Charge	"	"	4.0 trips	26.00	104.00
Environmental Tech II (FI)	"	"	19.0 hrs	50.00	950.00
Environmental Tech II (FP)	"	"	0.5 hr	50.00	25.00
Project Manager	"	"	1.0 hr	103.00	103.00
Water Level Meter	"	"	1.0 day	15.00	15.00
Disposable Bailer	"	"	8.0	10.00	80.00
Rope	"	"	100.0 ft	0.20	20.00
J Page # 4 of 7 Subtotal					2,782.00
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	Subtotal
J Page #			Subtotal
Grand Total			

**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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 Testing, Inc.	112897	0.5 box	5.00	2.50
Environmental Tech. I (oi)	"	17281	2.0 hrs	46.00	92.00
Environmental Tech II (FI)	"	"	4.5 hrs.	50.00	225.00
Environmental Tech II (PM)	"	"	16.0 hrs	50.00	800.00
Minimum Trip Charge	"	"	1.0 trip	26.00	26.00
Environmental Tech II (RW)	"	17582	2.5 hrs	50.00	125.00
Environmental Tech II (PM)	"	17889	2.0 hrs	50.00	100.00
Environmental Tech II (RW)	"	"	7.5 hrs	50.00	375.00
Minimum Trip Charge	"	18177	1.0 trip	26.00	26.00
Water Level Meter	"	"	1.0 day	15.00	15.00
J Page # 5 of 7 Subtotal					1,786.50
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	Subtotal
J Page #			Subtotal
Grand Total			

**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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	
Environmental Tech II (RW)	Twin Ports Testing	18177	19.0 hrs	52.00	988.00	
Environmental Tech I (FI)	"	"	1.0 hr	416.00	416.00	
Environmental Tech II (FI)	"	"	5.5 hrs	52.00	286.00	
Environmental Tech II (OI)	"	"	1.0 hr	50.00	50.00	
Environmental Tech II (FI)	"	"	4.5 hrs	50.00	225.00	
Environmental Tech II (RW)	"	"	9.5 hrs	50.00	475.00	
Environmental Tech II (PI)	"	"	0.5 hr	52.00	26.00	
Environmental Tech II (PI)	"	"	10.5 hrs	50.00	525.00	
Elevation Survey Equip.	"	"	1.0 day	30.00	30.00	
Computer Tech (RG)	"	"	12.5 hrs	45.00	562.50	
J Page # 10 of 7					Subtotal	3,813.50
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	Subtotal
J Page #			Subtotal
Grand Total			

**J. REPORT PREPARATION; DATA COLLECTION; OPERATION OVERSIGHT 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
Environmental Tech II (RW)	Twin Ports Testing	18177	16.0 hrs	46.00	276.00
Environmental Tech II (PM)	"	18362	8.5 hrs	50.00	425.00
Environmental Tech II (RW)	"	"	14.5 hrs	50.00	725.00
Computer Tech. (RG)	"	"	4.0 hrs	45.00	180.00
Environmental Tech II (OI)	"	"	3.0 hrs	50.00	150.00
Environmental Tech II (OI)	Twin Ports Testing	18613	7.0 hrs	50.00	350.00
Environmental Tech II (PM)	"	"	2.0 hrs	50.00	100.00
J Page # 7 of 7 Subtotal					\$2,206.00
Grand Total					\$10,164.45

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	Subtotal
J Page #			Subtotal
Grand Total			