State of Minnesota

OFFICE USE ONLY:	
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AUG 1 6 1996

Dept. or commerce

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MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD APPLICATION FOR REIMBURSEMENT

I. APPLICANT INFORMATION	
	State of Minnesota
Name Mr. Lobert Dittner Bittmes Oil Co., Inc	AUG 1 6 1996
Mail Address 600 East Lincoln Ane	Dept. of Commerce
City Fairfax State Mar Zip 55332	<u> </u>
Contact Person (if different from above "Name")	
Day Phone (507) 426 - 7796 Ext: Fax ()	
Check One: Responsible Party Corporation Volunteer Partnership Non-Responsible Party (See Application Guide) Individual Other Dates Owner/Operator of tank(s). (Complete if "Responsible Part")	
/ / to / / Dates Volunteer owned property. (Complete if "Volunteer" box	is checked.)
II. LEAK SITE INFORMATION	
194A M. 1 V. 1.4	
Tank Facility Name City Co. MPCA Project Man	ager
	<u> </u>
Day Phone () 426 - 72/8 County of Leak Site: Kennillo	
(0/ 00	
Date petroleum leak detected.	
Yes or No Is tank leak on personal residential property? (Circle One)	•
300 cyc Cubic Yards. Total amount of contaminated soil excavated at this site.	
80 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.) List Assignees:	
Assignment form is already on file with the Department of Commerce. Assignment Agreement from previous application has been terminated. (Attach original Termination Not applicable.	n form.)

IV.	APPLICA	ATION PHASE
Chec	k appropriate t	oox and complete the information requested for the box checked (See Application Guide for further information).
0	Pre-removal	site assessment
	1 1	Date(s) of the assessment report
o.	Phase 1	MPCA Approval of Soil Corrective Action Plan (SCAP)
	1 1	Date of SCAP approval (Attach copy) Date SCAP was submitted to MPCA
a	Phase 2	Submission of Documentation of Soil Treatment
	1 1	Date documentation was submitted to MPCA
a	Phase 3	MPCA approval of Soil and/or Groundwater Comprehensive Corrective Action Plan (CCAP/CAD)
<u> </u>	1 1	Date of CCAP/CAD approval (Attach copy)
		Date of CCAP/CAD was submitted to MPCA
a	Phase 4	Submission of CCAP/CAD Installation Letter to MPCA
	1 1	Date CCAP/CAD Installation Letter (Attach copy)
15	Phase 5	Ongoing Expenses. Following Phase 4 Reimbursement or MPCA Site Closure or Conditional Closure
	1 1	Date of MPCA Site Closure letter (Attach copy)
V.	SOURC	E AND CAUSE
Wha	at was the sour	ce of the petroleum release at this site? (See Application Guide.) Leaking pipe joint
- 00	na spen	
How	v was the releas	se discovered? Observed free product in a 10 manhole in the
ta	oh base	in association of the production of the producti
TEN		not reported to the MPCA within 24 hours of discovery, state the reason why:
	ic reicase was i	tot reported to the Mirch within 24 hours of discovery, state the reason why.
	the best of your roleum release:	knowledge, list all persons other than the applicant who were owners or operators of the tank during or after the
Yes		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:
ı		

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.

(Please attach additional sheets if more than five tanks are involved.)

(Please	attach additional sheets	if more than five	tanks are unvolves.)	Date	Date	Date Removed
Tank	Petroleum Product	Capacity	Tank Material	Installed	Registered	(If applicable)
#	100	4000	Steel (SIEP3)	Sept/oct	UNK	NA
	# Gao		HELL (AL 13)),	/	
2	Gas	8000		7.	1	-
3	Res. Gas	12000	V	Dec. 88		V
4		·				
5					<u></u>	

<u> </u>		TANKS		
Tank #	Leak Detection (Select Method Below)	Corrosion Protection (Select Method Below)	Spill Bucket (Yes/No)	Overfill Protection (Select Method Below)
1	Red Jacket + 4	3	unk	unk
2	/ /	3		
3	V	3	V	
5				Overfill protection choices:
(select 1. N 2. In the select 1. N 3. If the select 1. N 4. If 5. If the select 1. N 5. If the select 1. If the select 1. If the select 1. If the select 1	detection method choices t all that apply): lone nventory control plus annual ightness testing nventory control plus tightness esting every 5 years Manual tank gauging Manual tank gauging plus annual tightness testing Manual tank gauging plus tightness testing every 5 years Statistical inventory reconciliation (SIR) Automatic tank gauge Interstitial monitoring Vapor monitoring Ground water monitoring Other:	1. None 2. Fiberglass, jacketed st composite tank 3. STI-P 3 tank 4. Anodes installed 5. Impressed current sys 6. Lined tank 7. Other:	teel or	 None Ball float valve Automatic shutoff Audible alarm Other:

If tank tightness tests performed, indicate dates of all tests:		
		

PIPING

	Pressurized Pipi	ng 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				/
2				/
3				/
4				
5				
 None Autor Autor 	matic flow restrictor matic shutoff device inuous alarm	Periodic method choices: 1. None 2. Annual tightness test 3. Statistical inventory reconciliation (SIR) 4. Electronic line leak detector 5. Interstitial monitoring 6. Groundwater monitoring	Suction leak detection method choices: 1. None 2. Tightness test every 3 years 3. Statistical inventory reconciliation (SIR) 4. Interstitial monitoring 5. Vapor monitoring 6. Groundwater monitoring	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:	May , 93	

B. Aboveground Storage Tanks. Complete the following information to reflect the status of the aboveground tanks involved in the release 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	Registered	Descriptio	Description of Secondary Containment		Volume
			Installed	Yes/No/Ukn	Walls	Base Vo	erification	Yes/No
Sample	unieaded gas	15,000 gallons	1/1/47	Yes	Concrete Block	6" compact clay/6" gravel fill	Perm test on (date)	No
1								
2								
3								

Yes or No	Are any of t	he costs listed	in the Eligible Cost	Worksheets in di	State? (Ci-	le One) C	
Yes or No	J		TOTA CORP. EXPECTED SI	inis leak site? ((Circle One)		
Explain briefly	any ongoing o	orrective action	n costs (approximate	figures) misting	.	_	
	nal sheets if ne	cessary.)	,	Perron, TETATIAC	to rue betto	leum release an	ed work to be done
Type of Work	Con	ined 1	Monitorina		A =====	ate Cost \$)
Type of Work					Approxima	ate Cost \$ ate Cost \$	OK
Y- (· · · · · · · · · · · · · · · · · · ·	Total		
Yes or No	Did the appli If yes, was a	cant have in eact claim filed for	ffect one or more ins coverage of any of the	urance policies a	t the time of	f the release? (Circle One)
	in this applic	ation? If no, e	coverage of any of the coverage of the co	was filed:	n the applica	ant is seeking n	eimbursement
	If yes, did the	insurer agree	to cover your claim?				
	If yes, state the	ne amount of b	enefits received (or t	o be received) a-	d manida		
	of benefits.	\$		circu) an	n binaide 3	copy of the inst	irer's explanation
V	T IN' BLOAIGE	a copy of the	insurer's letter expla	ining the reasons	for denvine	Z Vour claim	
Yes or No	ra abbricant a	Wate of any of	her incurrence seli-				
	if "Yes", plea	isibly cover any	y of the eligible costs	in this applicati	on? (Circle	One) One	or another person,
	T IM, Pies	se exbram:					
Yes or No	If yes, identify	all third parti	aim against any third rith this release? (Cir es and provide a cop	y of all correspon	dence between	een the applica	ne and shind
Please provide a special circumsta	brief chronologunces:	rical description	es and provide a cop	y of all corresponding the clean-up ac	tivities cove	red on this applican	nt and third parties
Please provide a special circumsta	brief chronologunces:	rical description	es and provide a cop	y of all corresponding the clean-up ac	idence between	red on this applican	nt and third parties
Please provide a special circumsta	brief chronologunces:	rical description	es and provide a cop	y of all corresponding the clean-up ac	tivities cove	red on this applican	nt and third parties
Please provide a pecial circumsta	brief chronologunces: This lim of a lim of g	pical description pical description pical way pical	in (including dates) of the Cupple with Samples samples	y of all corresponding the clean-up acting excapable of the clean-up acting the clean-	tivities cove	een the applicant red on this applicant for the Control Contro	ication including
Please provide a pecial circumsta	brief chronologunces: This lim of a lim of g	pical description pical description pical way pical	in (including dates) of the Cupple with Samples samples	y of all correspond f the clean-up active except at the clean of the	tivities cove	een the applicant red on this applicant for the Control Contro	ication including
Please provide a pecial circumsta	brief chronologunces: This lim of a lim of g	pical description pical description pical way pical	in (including dates) of the current with	y of all correspond f the clean-up active except at the clean of the	tivities cove	een the applicant red on this applicant for the Control Contro	ication including
Please provide a pecial circumsta	brief chronologunces: This lim of a lim of g	pical description pical description pical way pical	in (including dates) of the Cupple with Samples samples	y of all correspond f the clean-up active except at the clean of the	tivities cove	een the applicant red on this applicant for the Control Contro	ication including
Please provide a special circumstation with the second sec	brief chronology unces: This was of a Is applicant as contamination	pical description pical descrip	in (including dates) of the Cupple with Samples samples	y of all correspond f the clean-up active except at the clean of the	tivities cove	een the applicant red on this applicant for the Control Contro	ication including
Please provide a special circumstance for No.	brief chronology mces: This min of a ls applicant as contamination	vall third particular	in (including dates) of the Cappelle of Sample	of all correspond the clean-up active of all correspond to the clean-up active of the clean	tivities cove	red on this applicant on this applicant of the control Co	lication including
Please provide a pecial circumsta la circums	Is applicant as contamination	vall third particular	in (including dates) of the Cappelle of Sample	y of all correspond f the clean-up act f excar f contractor which please explain:	tivities cove	red on this applicant on this applicant of the control Co	lication including
Please provide a special circumstation of AL.	Is applicant as contamination ETITIVE BI L written bids/sals. (USE A)	vall third particular	in (including dates) of the Cupple with Samples samples	y of all correspond f the clean-up act f excar f contractor which please explain:	tivities cove	red on this applicant on this applicant of the control Co	lication including
Please provide a special circumstation of AL.	Is applicant as contamination ETITIVE BI L written bids/ sals. (USE A)	vall third particular	in (including dates) of the Cappella Ca	y of all correspond f the clean-up act f excar f contractor which please explain:	tivities covered for the state of the state	red on this applicant of the copies of the applicant of the copies of th	lication including
Please provide a special circumstate of AL ated bids/proposition of AL ated bids/propo	Is applicant as contamination ETITIVE BI L written bids/sals. (USE A)	vall third particular	in (including dates) of the Carpolic Action of the Carpolic Action of the Carpolic Action of the Carpolic Action by a consultant of Circle One) If "Yes" ined to perform correspond to perform correspond to perform correspond to the Carpolic Action of th	of all correspond the clean-up action of all correspond to the clean-up action of the clean	tivities covered to the covered to t	caused or aggra	lication including avated the
Please provide a special circumstation of AL ated bids/proposition of AL ated bids/pro	Is applicant as contamination ETITIVE BI L written bids/sals. (USE A) Bidder Selected*	vall third particular	in (including dates) of the Carpella Manager of the Property of the Carpella Manager of the Carpella M	of all correspond the clean-up action of all correspond to the clean-up action of the clean	tivities covered for the state of the state	caused or aggra	lication including avated the
Please provide a special circumstate of No. VIII. COMP. ist names of AL ated bids/proportions.	Is applicant as contamination ETITIVE BI L written bids/sals. (USE A Bidder Sciected*	vall third particular	in (including dates) of the Carpolic Action of the Carpolic Action of the Carpolic Action of the Carpolic Action by a consultant of Circle One) If "Yes" ined to perform correspond to perform correspond to perform correspond to the Carpolic Action of th	of all correspond the clean-up action of all correspond to the clean-up action of the clean	tivities covered to the covered to t	caused or aggra	lication including a lication
Please provide a special circumsta (NATALIAN (es or No /III. COMP ist names of AL ated bids/propo	Is applicant as contamination ETITIVE BI L written bids/sals. (USE A) Bidder Selected*	vall third particular	in (including dates) of the Carpolic Action of the Carpolic Action of the Carpolic Action of the Carpolic Action by a consultant of Circle One) If "Yes" ined to perform correspond to perform correspond to perform correspond to the Carpolic Action of th	of all correspond the clean-up action of all correspond to the clean-up action of the clean	tivities covered to the covered to t	caused or aggra	lication including avated the
Please provide a special circumstation with the control of the con	Is applicant as contamination ETITIVE BI L written bids/sals. (USE A Bidder Sciected*	vall third particular	in (including dates) of the Carpolic Action of the Carpolic Action of the Carpolic Action of the Carpolic Action by a consultant of Circle One) If "Yes" ined to perform correspond to perform correspond to perform correspond to the Carpolic Action of th	of all correspond the clean-up action of all correspond to the clean-up action of the clean	tivities covered to the covered to t	caused or aggra	lication including avated the

			•
IX.	CONSULTANTS/CONT	TORS	
Compl action:	lete the following for <u>ALL</u> contracts at this release site (see Application	tors, subcontractors, consultants, engineering firms or others who performed corrective on Guide).	
Descri	be below any relationship, financi	al or otherwise, between the applicant and anyone who performed work at this site:	
Land	l Farmer/Compost Site or	Thermal Treatment Facility (Attach a copy of the land farming/composting contra	ict.):
#	Petrofund Registration Nu	mber	
Name			·
Conta	ct person		
Addre	×ss		
	City	State Zip	
Day P	Phone # ()		
Cons	sultants/Contractors (Atta	ch additional pages if necessary.)	
# /	238 Petrofund Registration N	mber	
Name	e of individual or firm: 6M	E Consultanto	
Maili	ng Address: P.O. Box o		
		OSO Crosby MN 56441 (City) 218 546 - 6371 (Zip)	
	///AC	4	
#-	Petrofund Registration N e of individual or firm:		
Mail	ing address: P.O. Box	349 Cambridge MN 55008	
1	act person: John Dele	City) (City) (State) 2/75 (Zip) Day phone #: (6/2) (89 - 2/75 (Zip)	
<u> </u>			
#	Petrofund Registration N	imber,	
Nam	e of individual or firm: H	W. Kesearch	
Mail	ing address: 7/1 Law	el St. Brainerd MW 56401	
Cont	tact person:	(City) Day phone #:(2/8) 629 - 7974	
	polical Petrofund Registration N		
1	ne of individual or firm:	terson Well Drilling	
1	ling address: Rt. 2	Sleen Ene MN 56085	
	tact person. Jell Peters		

CERTIFICATION PAGE . , see Applica	tion Guide.)
with a system designed to assure that qualified personne inquiry of the person or persons who manage the system information submitted is, to the best of my knowledge at	l attachments were prepared under my direction or supervision in accordance el properly gathered and evaluated the information submitted. Based on my a, or those persons directly responsible for gathering the information, the and belief, true, accurate and complete.
days of receipt of reimbursement from the Board. I und portion of reimbursement paid to me and that if I fail to reimbursement, plus administrative and legal expenses civil penalty."	have incurred but that remain unpaid, I will pay these invoices within 30 lerstand that if I fail to do so, the Board may demand return of all or any comply with the Board's demand, then the Board may recover the in a civil action in District Court. I understand that I may also be subject to a
If information contained in this application changes in immediately notify the Petrofund in writing of those ch	any material way after this application is submitted to the Petrofund, I will anges.
	hermunder set their hands this day of, 199
IN WITNESS WHEREOF, the Applicant(s) have Applicant name (print or type)	Subscribed and sworm to octore ma data
	of, 199
Applicant signature	Notary Public
Date signed	My commission expires
CORPORATION AND/OR PARTNERSH "I further certify that I am authorized to sign and subt	IP SIGNATURES (IN ADDITION TO ABOVE SIGNATURES.) mit this application on behalf of
Signature	Name (please print)
Title (See Application Guide, Part XX)	Date
CONSULTANT SIGNATURE(S) (SIGNA	ATURE(S) REQUIRED)
I, Jay Brekke confirm that all	costs claimed by <u>GME</u> as a part of this (Consultant company)
application are a true and accurate account of service	i Gest Engr. 8/7/96 Title Date
Signature	Little
I, ROBERT A. D. TIMER, confirm that al application are a true and accurate account of services.	\-
Signature Rapid Ch. Call Mc	

* NOTE: SUBMIT CERTIFICATION PAGE CONTAINING <u>ORIGINAL</u> SIGNATURES.

Please send this application and accompanying documents to:
MINNESOTA DEPARTMENT OF COMMERCE - PETROFUND

133 EAST SEVENTE STREET

ST. BASIN MIN 65101-2333

ST. PAUL, MN 55101-2333 (612) 282-5951, (612) 297-4203

XI. COST WORKSHEET SU	MARY (Pages 8 - 14)					•
9,24,95 to 7,29,	96 Dates of invoices s	ubmitted w	ith this	application.		
Cost worksheets/standardized invoices and	i bid forms summary: (De	tails reques	sted on t	his and next p	ages A - L)	
AS 8452-78 CS	E\$	G \$		_ I s	1	cs
B \$ 1471.00 DS						
Total of all eligible costs as listed in the E	ligible Cost Worksheets:		\$	170	97.91	- .
	Insurance Reimbursem (Subtract)	ent	_	(()		-
Calculate at 92.5% if leak is on personal reside	Total Reimbursement F	Request		1709 15388		-
ELIGIBLE COST WORKSHEETS			-			
* Complete the section of each			ماس ماس	h sha dasaa	- 6 1	
* Description must be specific as to wor * Invoices must be submitted for each or * Invoices must contain sufficient detail * ATTACH A COPY OF SITE MAP INDICATE EXCAVATION. IF NEW TANKS WERE IT * Duplicate this form if additional work	k performed. ost listed below. to verify costs and service ring tank locations an nstalled, note tank si	es entered b	elow. F CONTA	AMINATED SOI	-	•
						· · · · · · · · · · · · · · · · · · ·
A. SOIL BORINGS/MONITO	RING WELLS - ETC.	·—'				
Fill out this section if you are subm	itting invoices from co	ntracts er	ntered i	nto <u>on or be</u>	fore Oct. 5	, 1995.
Description	Firm Name	Invoice N or Da		Total Units	Unit Costs	Subtotal
Abandon Monitoring Well MW3	Peterson Hell	7/29	196			8452.78
Abandon Old Co-opwater	Drilling		-			
apply well and install new	es invoire for				<u> </u>	<u> </u>
(s-op water supply well []	mon details	A Pa	ze #	Subtota		01170
				Grand Tou	u -	8452.78
5-110						_
Fill out this section if you are using on or after October 6, 1995.	g the Standardized Im	voice and	Bid for			ed into
on or after October 6, 1995.		voice and		rms for cont Invoice Nan	racts entere	
	g the Standardized Im Firm Name	voice and		rms for cont	racts entere	ed into Subtotal
on or after October 6, 1995.		voice and		rms for cont Invoice Nan	racts entere	
on or after October 6, 1995.		voice and		rms for cont Invoice Nan	racts entere	
on or after October 6, 1995.		oice and	e.g. U	rms for cont Invoice Nan	racis entere	

B. LABORATORY TESTS	ND ANALYSIS					
Fill out this section if you are suon	nitting invoices from co	Officets of	estarad	into on on h	-	
	g = research Com C	Invoice 1	Manha	unto on or b	etore Oct.	5, 1995.
Description	Firm Name	or D	ate	Total Units	Unit Cost	Subtotal
GRO/DRO/MTBE	Midwest	095	892	3	110	330.00
Field Blank	V	1	· · · · · · · · · · · · · · · · · · ·	/	10	10.00
GRO/MTBE	Midwest	0960	61	1	55	55.00
& GRO/DRO/BTEX/MTBE	H. W. Research			1	121.00	121.00
		B Pa	ge# J	Subtot	ai	5/6.00
				Grand Tot	ai	
Fill out this section if you are using on or after October 6, 1995	g the Standardized Im	voice and	Bid for	ms for cont	racts enter	red into
on or after October 6, 1995.						ea mo
Description	Firm Name			Invoice Nan		
	rim Name		e.g. U.	ST Removal &	Assessmt	Subtotal

				· · · · · · · · · · · · · · · · · · ·		
		B Pa	ge#	Subtol	ai	
				Grand Tot	al	
C. EXCAVATION		-				
Fill out this section if you are subm	itting invoices from co	ntracts en	tered in	nto <u>on or be</u>	fore Oct. 5	5, 1995.
Description	Firm Name	Invoice Nor Da		Total Units	Unit Costs	Subtotal
						Suctoral
		C Pag	e #	Subtota	ī	
				Grand Tota		
Fill out this section if you are using	z the Standardized Inve	oice and l	Bid for	ns for contr	acts entere	ed into
<u>on or after</u> October 6, 1995.						
Description	Firm Name		a a 710	Invoice Name		
	7 47 M M M M M M M M M M M M M M M M M M		e.g. US	T Removal &	Assessmt	Subtotal
			·			
						
		C Pag	re #	Subtota	d	
				Grand Total	u l	

B. LABORATORY TEST	IS AND ANALYSIS					
ill out this section if you are	submitting invoices from	contracts e	ntered	unto on or h	ofer Oct	£ 100¢
		Invoice 1	Vinnber	THE OH OF B	etore Oct.	5, 1995.
Description	Firm Name	or D		Total Units	Unit Cost	S Subtotal
GRO	Midwest	096	985	7	55	385.0
VOCS		/		/	110	
Field Blank	V	V		/	10	110.0
					10	10.00
		R Pa	ge # 2	S-hard	.,]	<u></u>
		D La	SE IP OX			505.
ill out this section if you are <u>n or after</u> October 6, 1995.	using the Standardized I	nvoice and	Bid fo	Grand Tot	racts enter	red into
Description				Invoice Nan		
Description	Firm Name	<u> </u>	e.g. U	ST Removal &	Assessmt	Subtotal
					1.	
		 				
		B Pa	ge#	Subtot	al	
				Grand Total	al	
EXCAVATION						
l out this section if you are s	ubmitting invoices from c	contracts en	tered i	nto on or be	fore Oct. 5	, 1995.
Description	Firm Name	Invoice N	umber			
	- I am I vanis	or Da	ie	Total Units	Unit Costs	Subtotal
		 				
		1				
		1				
		C Pag	e#	Subtota		
17				Grand Total	1	
ll out this section if you are t or after October 6, 1995.	using the Standardized In	rvoice and l	Bid for	ms for contr	acts entere	ed into
Description	F2 11-			Invoice Name		
- Lead ipitoff	Firm Name		e.g. U	ST Removal &	Assessmt	Subtotal
			·			
			·			
		C Pag	e#	Subtota	1	
- 1				Grand Total	,	

LABORATORY TEST	SAND ANALYSIS					
out this section if you are s	demitting invoices from	contracts e	ntered	mto on or b	efore Oct	5 1005
		Invoice N	iumber	74. 71.	The Contract of the Contract o	3, 1773.
Description PA	Firm Name	or Da	ate	Total Units	Unit Cos	s Subtotal
ERO CO CO	Medinat	98570	2	8	55	
ield Blank	er.			/	10	10.00
					1	70.00
		B Pag	ge#3	Subtot	ai	450.0
				Grand Tot	-1	450.c
out this section if you are to after October 6, 1995.	using the Standardized I	nvoice and	Bid for	rms for cont	racts enter	red into
uner October 6, 1995.						
Description	Firm Name	,	4 G 17	Invoice Nan		
		· · · · · ·	e.g. U	ST Removal &	Assessmi	Subtotal
					 -L	
		B Pag	ze #	Subtot	al	
				Grand Tot	al	
EXCAVATION						
ut this section if you are s	thmitting invoices from					
	Total Myorces Holl (Invoice No	tered ii	nto on or be	fore Oct.	5, 1995.
Description	Firm Name	or Dat		Total Units	Unit Costs	Subtotal
		_				June
		C Page	 e #	Subtota		
		<u> </u>		Grand Total		
ut this section if you are u	sing the Standardized In	tvoice and F	Rid for	me for contr	acte enter	ad ina-
after October 6, 1995.				is joi com	ucis entere	ea into
Description	- V			Invoice Name		
<u> </u>	Firm Name		e.g. US	T Removai &	Assessmt	Subtotal
						
		C Page	e #	Subtota	1	
				Grand Total	1	

H. SITE RESTORAT	ION (CLUSURE					
Fill out this section if you	are submi	itting invoices from co	ontracts er	ntered i	nto on or be	fore Oct.	5, 1995.
Description		Firm Name	Invoice N or Da	umber	Total Units	Unit Costs	
							·
- <u> </u>			H Pag	ze #	Subtota	d	
					Grand Tota	1	
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Sr. Hasho	GME	10-95-27	1.5	85	127,50
Geol. Engr.			/2	53	660.00
(Leal Engr. (Travel)			7.5	45	337.50
Personnell Trange, Change	·		330	,37	122.10
Personnel Per Riem			,5	50/das	25.00
HNU Meter Use			/	75 das	75.00
Diop. Mats, Charge			1	25/las	25,00
Explosimeter Charge			lunk	#5.	111.83
Less Credit due to Error	0 49-95-39		5	<i>3a</i> -	160.00
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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 Namber Total Units Unit Costs Subtotal	J. REPORT PREPARATION;	TA COLLECTION	OPERATION	RSIGHT	AND	
Description Firm Name Invoice Number Total Units Unit Costs Subtotal		IONITORING; COR	RESPONDENC	e; Mileace	; POSTAGI	€;
Description Firm Name Invoice Number Total Units Unit Costs Subtotal	Fill out this section if you are subm	nitting invoices from	contracts entere	d into on or be	fore Oct. 5	1995.
St. Hrydrom GME 1-96-132 2.5 85 212.50 Geel. Erg., 12 55 660.00 Env. Spec. 18.5 45 832.50 Secreta., Prefigerian 2 3 32 96.00 for Transp. Range 2 30 37 122.10 fero. Per View 1.5 50 75.00 HMM Meter 5 75 37.50 Deep. Mark Change 1 1 25 25.00 Bailer Use 6 10 60.00 Sample Phispings Handling V 8 5 40.00 I Page # 2 Subtotal 2160-60 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 e.g. UST Removal & Assessmt Subtotal			Invoice Number	7		
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l. Eng.			15.5	45	697.5
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unel Transp. Charge			330 mile		122.10
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NOTE: PLEASE REMEMBER TO COMPLETE THE COST WORKSHEET SUMMARY ON PAGE 8.