

OFFICE USE ONLY:
 INTIAL APP SUPP # _____
 PHASE 5

AUG 16 1996
 Dept. of Commerce

OFFICE USE ONLY:
 LEAK # 1940 MEK
 ENTERED 8/16/96

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 State of Minnesota

Check if New Address or Phone Number

Name Mr. Robert Dittmer / Dittmer Oil Co., Inc AUG 16 1996

Mail Address 600 East Lincoln Ave, Dept. of Commerce

City Fairfax State MAV Zip 55332

Contact Person (if different from above "Name") _____

Day Phone (507) 426-7796 Ext: _____ Fax (____) _____

4/1/56 to 9/15/93 Dates Owner/Operator of tank(s). (Complete if "Responsible Party" box is checked.)

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

<p>Check One: <input checked="" type="checkbox"/> Responsible Party <input type="checkbox"/> Volunteer <input type="checkbox"/> Non-Responsible Party (See Application Guide)</p>	<p>Check One: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other</p>
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II. LEAK SITE INFORMATION

1940 Petrofund Leak Number Mark Koplitz MPCA Project Manager

Tank Facility Name Former Dittmer Oil Co.

Address SE Corner of Hwy 4 and Hwy 19

City Fairfax MN Zip 55332

Day Phone (____) 426-7218 County of Leak Site: Renville

10/26/89 Date petroleum leak detected.

10/27/89 Date petroleum leak reported to MPCA.

Yes or (No) Is tank leak on personal residential property? (Circle One)

300 cys 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 form.)

Not applicable.

DO NOT STAPLE OR BIND APPLICATION - CLIP OR RUBBER BAND ONLY
 APPLICATION EFFECTIVE OCTOBER 6, 1995 - JUNE 30, 1996

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

Phase 1 MPCA Approval of Soil Corrective Action Plan (SCAP)

____/____/____ Date of SCAP approval (*Attach copy*)

____/____/____ Date SCAP was submitted to MPCA

Phase 2 Submission of Documentation of Soil Treatment

____/____/____ Date documentation was submitted to MPCA

Phase 3 MPCA approval of Soil and/or Groundwater Comprehensive Corrective Action Plan (CCAP/CAD)

____/____/____ Date of CCAP/CAD approval (*Attach copy*)

____/____/____ Date of CCAP/CAD was submitted to MPCA

Phase 4 Submission of CCAP/CAD Installation Letter to MPCA

____/____/____ Date CCAP/CAD Installation Letter (*Attach copy*)

Phase 5 Ongoing Expenses. Following Phase 4 Reimbursement or MPCA Site Closure or Conditional Closure

____/____/____ 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.) Leaking pipe joint and spills

How was the release discovered? observed free product in a manhole in the tank baring

If the release was not reported to the MPCA within 24 hours of discovery, state the reason why: _____

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. 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/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.)

Tank #	Petroleum Product	Capacity	Tank Material	Date Installed	Date Registered	Date Removed (If applicable)
1	Gas Gas	4000	Steel (STI P3)	Sept/Oct 1989	UNK	N/A
2	Gas	8000	↓	"	↓	↓
3	Reg. Gas	12000	↓	Dec. 88		
4						
5						

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	↓ ↓	3	↓	↓
4				
5				

- Leak detection method choices (select all that apply):**
- None
 - Inventory control plus annual tightness testing
 - Inventory control plus tightness testing 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:

- Corrosion protection choices:**
- None
 - Fiberglass, jacketed steel or composite tank
 - STI-P 3 tank
 - Anodes installed
 - Impressed current system
 - Lined tank
 - Other:

- Overfill protection choices:**
- None
 - Ball float valve
 - Automatic shutoff
 - Audible alarm
 - Other:

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

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				/
2				/
3				/
4				
5				
Continuous method choices: 1. None 2. Automatic flow restrictor 3. Automatic shutoff device 4. Continuous 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 _____

_____ Identify MPCA certified tank removal contractor utilized during tank excavation

Not Needed then

_____ MPCA contractor certification number. (Invoice(s) may be requested)

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 Installed	Registered Yes/No/Ukn	Description of Secondary Containment			Volume Yes/No
					Walls	Base	Verification	
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								

VII. 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 Monitoring Approximate Cost \$ 810K
 Type of Work _____ Approximate Cost \$ _____
 Total \$ _____

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: This app. covers utility excavation monitoring, the installation of a new water supply well at the South Central Co-g, and two rounds of groundwater sampling & Lab costs.

Yes or No Is applicant aware 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: _____

VIII. 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"/>	GME Consultants	12804	3-22-95	Cont Monitor
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Contractors	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

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

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:

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.)

1038 Petrofund Registration Number
Name of individual or firm: GME Consultants
Mailing Address: P.O. Box 250 Crosby MN 56441
Contact Person: Jay Bretke Day phone #: (218) 546-6371

1408 Petrofund Registration Number
Name of individual or firm: ~~Faded~~ Midwest Analytical
Mailing address: P.O. Box 349 Cambridge MN 55008
Contact person: John Delahanty Day phone #: (612) 689-2175

1552 Petrofund Registration Number
Name of individual or firm: A.W. Research
Mailing address: 711 Laurel St. Brainerd MN 56401
Contact person: Day phone #: (218) 829-7274

Applied For? Petrofund Registration Number
Name of individual or firm: Peterson Well Drilling
Mailing address: Rt. 2 Sleepy Eye MN 56085
Contact person: Jeff Peterson Day phone #: (507) 794-6172

X. 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.

IN WITNESS WHEREOF, the Applicant(s) have hereunder set their hands this _____ day of _____, 199_____

Applicant name (print or type)	Subscribed and sworn to before me this _____ day of _____, 199_____
Applicant signature	Notary Public
Date signed	My commission expires

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 XX)	Date

CONSULTANT SIGNATURE(S) (SIGNATURE(S) REQUIRED)

I, Jay Brette, confirm that all costs claimed by GME as a part of this application are a true and accurate account of services performed.

Signature <u>Jay Brette</u>	Title <u>Ceal. Engr.</u>	Date <u>8/7/96</u>
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I, ROBERT A. DITTMER, confirm that all costs claimed by GME as a part of this application are a true and accurate account of services performed.

Signature <u>Robert A. Dittmer</u>	Title <u>PRES.</u>	Date <u>8/15/96</u>
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* 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) 292-5951, (612) 297-4203

XI. COST WORKSHEET SUMMARY (Pages 8 - 14)

9,24,95 to 7,29,96 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 \$ 8452.78 CS _____ ES _____ GS _____ IS _____ KS _____
 B \$ 1471.00 DS _____ FS _____ HS _____ JS 7174.13 LS _____

Total of all eligible costs as listed in the Eligible Cost Worksheets: \$ 17097.91

Insurance Reimbursement - \$(0)
 (Subtract) = \$ 17097.91

Total Reimbursement Request = \$ 15388.12 ^{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
Abandon Monitoring Well MW3	Peterson Well Drilling	7/29/96			8452.78
Abandon Old Co-op water supply well and install new Co-op water supply well (see invoice for more details)					
A Page # <u>1</u> Subtotal					
Grand Total					<u>8452.78</u>

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/DRO/MTBE	Midwest	095892	3	110	330.00
Field Blank	↓	↓	1	10	10.00
GRO/MTBE	Midwest	096061	1	55	55.00
GRO/DRO/BTEX/MTBE	A.W. Research		1	121.00	121.00
B Page # 1				Subtotal	516.00
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			

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	Midwest	096985	7	55	385.00	
VOCs	↓	↓	1	110	110.00	
Field Blank	↓	↓	1	10	10.00	
B Page # 2					Subtotal	505.00
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			

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	Midwest	98570	8	55	440.00
Field Blank			1	10	10.00
B Page # 3					Subtotal
					450.00
Grand Total					1471.00

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			

H. SITE RESTORATION 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
I 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
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
Sr. Hydro	GME	10-95-27	1.5	85	127.50
Geol. Engr.			12	55	660.00
Geol Engr. (Travel)			7.5	45	337.50
Personnel Transp. Charge			330	.37	122.10
Personnel Per Diem			.5	50/day	25.00
HNU Meter Use			1	75/day	75.00
Disp. Mats. Charge			1	25/day	25.00
Explosimeter Charge			1 week	#5	111.83
Less Credit due to Error #9-95-39			5	32	-160.00
J Page # 1 Subtotal					1323.93
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	
Sr. Hydro	GME	1-96-132	2.5	85	212.50	
Geol. Engr.			12	55	660.00	
Env. Spec.			18.5	45	832.50	
Secretary/Draftsperson			3	32	96.00	
Pers. Transp. Charge			330	.37	122.10	
Pers. Per Diem			1.5	50	75.00	
HNU Meter			.5	75	37.50	
Diap. Mats Charge			1	25	25.00	
Bailer Use			6	10	60.00	
Sample Shipping Handling			8	5	40.00	
J 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	Invoice Name e.g. UST Removal & Assessmt	Subtotal
J Page #			Subtotal
Grand Total			

**J. REPORT PREPARATION;
MAINTENANCE; SYSTEM
PER DIEM**

**DATA COLLECTION; OPERATION OVERSIGHT AND
MONITORING; CORRESPONDENCE; MILEAGE; POSTAGE;**

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
Sr. Hydro	GME	4-96-81	6	85	510.00
Geol. Engr.	↓	↓	25.5	55	1402.50
Secretary/Draftsperson	↓	↓	12	32	384.00
J Page # 3				Subtotal	2296.50
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	
Sr Hydro.	GME	6-96-95	1.5	85	127.50	
Geol. Engr.			3.5	55	192.50	
Geol. Engr.			15.5	45	697.50	
Secretary / Draftsperson			0.5	32	16.00	
Personnel Transp. Charge			330 miles	.37	122.10	
Personnel Per diem			1.5	50/day	75.00	
HNH + Explosimeter Use			.5	75/day	37.50	
Disposable Mats Charge			1	25/day	25.00	
Bailer Use			6	10/Bailer	60.00	
Sample Shipping + Handling			8	5/sample	40.00	
J Page # 4					Subtotal	1393.10
Grand Total						7174.13

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			

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
I 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
I 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
K Page #				Subtotal	
				Grand Total	

There is NO additional section for Letter K.

L. OTHER CONSULTANT SERVICES (specify)

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
L 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
L Page #			Subtotal
			Grand Total

NOTE: PLEASE REMEMBER TO COMPLETE THE COST WORKSHEET SUMMARY ON PAGE 8.