

**PETROLEUM UNDERGROUND STORAGE TANK
RELEASE COMPENSATION BOARD**

CLAIM REIMBURSEMENT APPLICATION

OWNER NAME _____

CLAIM # _____

SUBMISSION # _____

CLAIM DEDUCTIBLE \$ _____

CLAIM AMOUNT \$ _____

INSTRUCTION SHEET

PART I - GENERAL INFORMATION

Please complete the General Information form in this section each time you make a claim submission for a release site.

PART II - CLAIM REIMBURSEMENT APPLICATION

Please complete the Application form in this section each time you make a claim submission for a release site. The owner **MUST** complete and have notarized the CERTIFICATION AFFIDAVIT which is a part of this Application. This affidavit attests to the accuracy and completeness of the information you are providing each time you submit for a reimbursement under your claim.

PART III - DIRECT PAYMENT AUTHORIZATION

You may wish to authorize direct payment to another party for any reimbursement which may be due to you as a result of this submission. If so, both you and your payee need to complete this section. Leave this section blank if you do not wish to authorize direct payment for any potential reimbursement.

PART IV - CONSULTANT CERTIFICATION

You must have your primary consultant complete the consultant certification. Your claim will not be processed until the Board receives this form.

PART V - INVOICE/ACTIVITIES DOCUMENTATION

Documentation of your expenses provides the information necessary for us to determine your reimbursement. Please complete the Listing of Invoices form in this section each time you make a claim submission for a release site in accordance with the format provided.

PART VI - REPORTS AND DOCUMENTATION

This section is for the inclusion of all reports, records or correspondence between you and the Bureau of Underground Storage Tank Regulations (BUSTR) that were not submitted in previous claims.

PART VII - CHECKLIST FOR CLAIM SUBMISSION

You must complete this checklist and include it with the Application.

PART I - GENERAL INFORMATION

RELEASE SITE INFORMATION

TANK OWNER INFORMATION

Claim Number: _____

Contact Person: _____

Release Site Address:

Company Name: _____

Mailing Address: _____

Claim Deductible: \$ _____

Day-time Phone #: _____

SFM Release #: _____

Fax #: _____

E-mail: _____

CONTACT PERSON FOR MORE INFORMATION

Contact Person: _____

Company Name: _____

Mailing Address: _____

Day-time Phone #: _____ Fax #: _____

E-mail Address: _____

**PERSON (OTHER THAN TANK OWNER)
TO RECEIVE COPIES OF BOARD CORRESPONDENCE**

Name and Mailing Address: _____

PART II - CLAIM REIMBURSEMENT APPLICATION

Claim #: _____

1. Are all corrective action activities for this site complete? ____ Yes ____ No

If yes, please provide a copy of the No Further Action Letter from BUSTR.

2. Please complete the table on the next page for program costs submitted with this claim application. If a program task has been completed, please insert the date the task was completed as defined by 3737-1-12(B), (C), or (D). (Please refer to the Claim Filing Deadlines table included in this package or available on our web site at www.petroboard.com.) Where applicable, written confirmation of the completion date must be submitted with the claim, (e.g., approval letters of the Tier 1 Investigation Report, Tier 2 Evaluation Report, RAP, NFA, etc. from BUSTR).

The first claim application must exceed the applicable deductible unless you are submitting costs to meet a filing deadline. The total dollar value of subsequent claim applications must be at least 50% of the applicable deductible unless one of the following applies:

- The costs are for O & M and/or Monitoring and approval has been granted [see 3737-1-12(J)];
- The costs represent incomplete program tasks at the time of transitioning into BUSTR's 2005 Corrective Action Rule; or
- The costs are for completed program task(s).

3. Is a cost pre-approval request being submitted in this Application? ____ Yes ____ No

4. If you are eligible for cost reimbursement in this claim, do you wish to authorize direct payment to another party (i.e., consultant or contractor)? ____ Yes ____ No (If yes, please complete the attached DIRECT PAY AUTHORIZATION and submit it for approval with this Application.)

5. Do you have coverage, other than for your deductible, under any other forms of insurance from which you have made or could make a claim for reimbursement of costs for corrective action or third-party damages for the release which is the subject of this application? ____ Yes ____ No (If yes, please give the deductible and the limit of this additional coverage. \$_____, \$_____. Also please provide a copy of the policy.)

6. Has any suit been filed in which the owner and/or operator is attempting to recover the costs of performing corrective action or third-party damages associated with this claim?
____ Yes ____ No (If yes, please state in which court _____.)

7. Has the owner and/or operator collected or does the owner and/or operator intend to collect money from any other source for the costs of performing corrective action or third-party damages associated with this claim? ____ Yes ____ No (If yes, identify the source and terms of the agreement on an attached statement.)

8. Owner's Signature (Must be completed)

Person completing this application
(if not the Owner)

Print name

Print Name

Date

Date

PART II - CLAIM REIMBURSEMENT APPLICATION (continued)

| Tasks Performed Under the 1992 BUSTR Rules | Date of Completed Program Task | Partially Completed Program Task | Partial Completion of O&M or Monitoring with Director's Approval | Incomplete Task Before Transitioning into BUSTR's 2005 Rule* |
|--|--------------------------------|----------------------------------|--|--|
| Immediate Corrective Action | | | | |
| Free Product Removal | | | | |
| Site Assessment | | | | |
| Remedial Action Plan (RAP) | | | | |
| RAP Implementation | | | | |
| O&M or Monitoring | | | | |
| Tasks Performed Under the 1999 BUSTR Rules | Date of Completed Program Task | Partially Completed Program Task | Partial Completion of O&M or Monitoring with Director's Approval | Incomplete Task Before Transitioning into BUSTR's 2005 Rule* |
| Immediate Response Action | | | | |
| Free Product Removal | | | | |
| Tier 1 Evaluation | | | | |
| Tier 2 Evaluation | | | | |
| Tier 3 Evaluation | | | | |
| RAP Implementation | | | | |
| Monitoring Plan | | | | |
| Tasks Performed Under the 2005 BUSTR Rules | Date of Completed Program Task | Partially Completed Program Task | Partial Completion of O&M or Monitoring with Director's Approval | |
| Immediate Corrective Action | | | | |
| Free Product Removal | | | | |
| Tier 1 Source Investigation | | | | |
| Tier 1 Delineation | | | | |
| Tier 2 Evaluation | | | | |
| Tier 3 Evaluation | | | | |
| RAP Implementation | | | | |
| Monitoring Plan | | | | |

*Please indicate date of notification to the Board of transitioning or electing to perform corrective action under BUSTR's rules effective on March 1, 2005. _____

PART III - DIRECT PAYMENT AUTHORIZATION

(SUBJECT TO THE APPROVAL OF THE DIRECTOR OF THE FINANCIAL ASSURANCE FUND)

Claimant _____ Claim No. _____

Release Site Address: _____

Payee Name: _____

Payee Phone Number

Payee Fax Number (if available)

DIRECT PAYMENT CERTIFICATION

The responsible person (hereinafter referred to as "the RP") hereby agrees that corrective action payments related to remediation of the above-referenced site and which the Director has determined to be eligible for payment shall be made directly to the contractor or consultant (hereinafter referred to as "the Payee") designated below.

Both parties further agree and/or acknowledge that:

1. **The RP remains liable for all requirements of Chapter 3737 of the Revised Code and regulations adopted thereunder and Fund eligibility must be maintained. This direct payment agreement does not limit the liabilities and responsibilities of the RP.**
2. The corrective action performed or to be performed has been authorized by the rules of the Fire Marshal and the costs of performing the corrective action are necessary to comply with those rules.
3. The RP has reviewed the remediation plans and accepts the Payee's workplans. Both parties acknowledge work in excess of the requirements of the Fire Marshal's rules and costs deemed in excess of what are typical based on the Board's experience are not eligible for payment.
4. This direct payment agreement does not grant standing to the Payee to bring a claim against or challenge the Director's determination.

Amount Authorized (if other than 100%) _____

Responsible Person (UST owner and/or operator signature)

Payee (contractor signature) (If Payee is a company, the signature of a representative should be affixed.)

DATE

DATE

Name and Address of Responsible Person (printed)

Payee Name and Address (printed)
(Include representative, if applicable)

PART IV - CONSULTANT CERTIFICATION

THE PRIMARY CONSULTANT MUST COMPLETE 1A OR 1B AND 2 (IF APPROPRIATE)

Consultant Company: _____

Consultant Address: _____

Consultant Telephone #: _____

Owner Name: _____ Claim #: _____

Release Site Name: _____

Release Site Address: _____

1A. As the primary consultant for the above stated claim, I hereby certify that I have no ownership relationship including, but not limited to, stock ownership and partnership interests, to any subcontractor or entity providing services (labs, equipment vendors, material suppliers, trucking companies, etc.) whose costs are submitted as part of this claim.

Signature Date

or

1B. I have the following ownership or business relationship with subcontractors or entities providing services whose costs are submitted as part of this claim.

Signature Date

2. The primary consultant who performed the corrective actions work at the above-referenced site as well as prepared this claim submission on behalf of the tank owner must complete the following certification:

I hereby certify that the information contained in and submitted with the Application is true and correct and represents actual costs incurred.

Signature Date

PART V - INVOICE/ACTIVITIES DOCUMENTATION

1. List all invoices sequentially by date of the invoice beginning with the earliest dated invoice for work or material related to clean-up. List the **invoice date, invoice number, invoice amount, the number of your payment check,** and the **name of the contractor** to whom you made the payment.
2. Under **Program Task(s)**, list all the program tasks covered by each invoice. Refer to page 5 of this application or O.A.C. Rule 3737-1-12 (B), (C), and (D) for these 21 program tasks. A copy of Rule 3737-1-12 is available on our web site (www.petroboard.com). Refer to this rule, or if necessary, ask your consultant to identify the proper program task for any one invoice.
3. Under **Description of Costs**, indicate the beginning and ending dates of work, the cost amount, specific work performed, and all the subcontractors (if any) used for each program task covered in the invoice. If the invoice contains costs for more than one program task, please separate costs for each program task. However, this cost separation will not be necessary if the claim submission is below the deductible and a No Further Action determination has been issued by BUSTR.

If the cost of a written report is included in the invoice, or if a report is generated as a result of work activities as described in the invoice, identify it and attach a copy of the report to Part VI of the Application. If any subcontractors were used, (landfill facility, backfill supplier, trucking company, lab, drilling, etc.), please provide copies of their invoices showing the actual costs.

4. You may photocopy this form as necessary to list your invoices. After completing all pages, number each page using the system "Page _____ of _____."

At the **bottom of each page, total** the invoice costs you have listed on that page. At the bottom of the **last page only**, provide a **grand total** of all the costs of all invoices submitted.

For each page you submit, you **MUST** attach readable copies of the invoices or sales receipts for the costs listed on that page. You **MUST** also attach readable copies of the proof of payment or canceled checks issued by you in payment of the costs listed on that page.

Please note: you must maintain the canceled check and invoice originals for a period of at least three years from the date your Claim Reimbursement Application is received, or until one year after the final claim determination is made by the Director or the Board, whichever is later. The originals must be made available upon request.

SAMPLE

Claim Number: _____

LISTING OF INVOICES by date

Page 1 of 4

| Invoice Date | Invoice Number | Invoice Amount | Check No. to Pay Invoice | Consultant / Contractor Name | Program Task(s) | Description of Costs |
|--------------|----------------|----------------|--------------------------|------------------------------|--|---|
| | | | | | [List each Program Task covered by this invoice] | [For each Program Task in this invoice, provide: <ul style="list-style-type: none"> • beginning and ending dates of work; • cost amount (separated for each task); • specific work performed (e.g., install MW-1,2 & 3); and • list each subcontractor used (if any).] |
| 5/31/98 | 01-489-98 | \$5,280.00 | #17427 | Zed Consulting | Free Product Removal and Site Assessment | <p>Free Product Removal: From 1/1/04 to 4/1/04; \$1,780; Bailing FP with reporting (reports 2/1, 3/1 and 4/1/04); Clean-Oil Disposal</p> <p>Site Assessment: From 1/1/05 to 4/1/05; \$3,500; Install/sample MW-1 thru -3 & 5/1/05 report preparation; Blue Sky Drilling, ICU Laboratories</p> |

Total (this page): \$5,280 _____
 GRAND TOTAL* \$ _____
 * (last page only)

Claim Number: _____

LISTING OF INVOICES by date

Page ____ of ____

| Invoice Date | Invoice Number | Invoice Amount | Check No. to Pay Invoice | Consultant / Contractor Name | Program Task(s) | Description of Costs |
|--------------|----------------|----------------|--------------------------|------------------------------|-----------------|----------------------|
| | | | | | | |

Total (this page): \$ _____
GRAND TOTAL* \$ _____
* (last page only)

PART VI - REPORTS AND DOCUMENTATION

Use this section to attach copies of any documents or records which are associated with the condition of the release site and necessary corrective action and evidence of your compliance with UST laws, as follows:

1. Map or sketch of the site indicating UST locations, size and depth of excavation (this may be in one of the technical reports);
2. Immediate corrective action report;
3. Free product removal report;
4. Closure report;
5. Site check report;
6. Site assessment report;
7. Remedial action plan;
8. Tier 1 evaluation notification;
9. Interim response action notifications;
10. Tier 1 delineation notification;
11. Tier 1 investigation report;
12. Tier evaluation reports;
13. Tier 3 evaluation plan;
14. Monitoring plan;
15. Completion report;
16. Correspondence between you and BUSTR related to this release including, but not limited to, the letters indicating the completion of program tasks, extension requests to and approval or disapproval responses from the fire marshal; BUSTR approval letters for relevant reports; alternative technology requests to and approvals by the fire marshal; and any other pertinent information.

PART VII - CHECKLIST FOR CLAIM SUBMISSION

Please submit the required forms and documentation under the appropriate Application section and the order indicated, as follows:

- I. General Information
- II. Claim Reimbursement Application with Certification Affidavit
- III. Direct Payment Authorization (if filed)
- IV. Consultant Certification
- V. Invoice/Activities Documentation
- VI. Reports and Documentation
- VII. Checklist for Claim Submission

Refer to the following checklist to be certain your submission is complete:

I. GENERAL INFORMATION

_____ Have you completed the General Information form giving the full claim number, the release site address, and claim deductible referenced in your letter of eligibility?

II. CLAIM REIMBURSEMENT APPLICATION

_____ Have you provided your full claim number?

_____ Have you correctly completed the table for program costs incurred under each version of the BUSTR Corrective Action Rule and submitted with this claim application?

_____ Have you signed the application?

_____ Does the claim number on the Certification Affidavit match the claim number on the letter of eligibility?

_____ Has the Certification Affidavit been signed in the presence of a notary and notarized?

III. DIRECT PAYMENT AUTHORIZATION (If filed)

_____ Have you provided your claim number as requested on the form?

_____ Has the Payee been identified (corporate, company, or an individual's name) and has a representative of the Payee been listed?

_____ Have both the owner (RP) and the contractor (Payee) signed the form?

IV. CONSULTANT CERTIFICATION

_____ Has your consultant completed the Consultant Certification form for item 1A or 1B, and item 2 (if appropriate)?

V. INVOICES/ACTIVITIES DOCUMENTATION

- _____ Are your invoices properly documented?
- _____ Have you numbered all pages of the Invoice Listing form?
- _____ Have you provided a Total for each page of the Invoice Listing form and provided a Grand Total on the last page?
- _____ If an invoice contains costs for more than one program task, have you tried your best to separate the costs for each program task?
- _____ Have you attached copies of the invoices and canceled checks?
- _____ If you have incurred expenses for disposal costs of contaminated water or soil, have you provided copies of the actual invoices and disposal tickets from the landfill or disposal facility showing the actual cost of disposal?
- _____ If subcontractors (such as trucking, backfill supplier, drilling, or laboratories) were used by the general contractor, have you provided copies of the invoices from those subcontractors?
- _____ Have you provided a detailed description of the work that is represented by each invoice and documented the individual tasks and costs in that description?

VI. REPORTS AND DOCUMENTS

- _____ Have you included a map or sketch of the site showing all UST locations on the property and the size and depth of the excavations? (This may be in one of the technical reports you are submitting.)
- _____ Have you provided a copy of the Tank Removal/Closure Report, if available and not previously submitted?
- _____ Have you supplied copies of all relevant State Fire Marshal's correspondence?
- _____ Have you provided copies of all other reports, documentation, or other technical information pertaining to the cleanup?

VII. CHECKLIST

- _____ Have you completed this checklist and included it with the claim submission?

Signature

Date