

APPLICATION FOR REIMBURSEMENT - Page 2

5. Others Involved

Did anyone else incur corrective action costs and make application for Drycleaner Fund reimbursement or payment related to this release? YES NO
 If yes, list name, address and telephone number of that person or persons below. (If additional space is needed, attach a separate sheet.)

A	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Relationship to Eligible Person			

6. Reimbursements from Other Programs

Have you applied for reimbursement from any other program for contamination present at the site? YES NO
 If yes, please attach relevant information.

7. Violations

Has the owner or operator of the site been subject to any county, state or federal violations related to environmental laws? YES NO
 If yes, please attach a brief description and copies of any violations.

8. Contractors / Consultants

Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions related to the release. Failure to provide this information for ALL persons who performed corrective actions may delay or disallow relevant reimbursement which may be paid. Additional pages may be attached if more room is needed.

A	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			
B	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			
C	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			

Describe relationship (financial or otherwise) between applicant and any contractor who performed work at this site:

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9. Eligible Costs Summary (ECS)

This part of the form is used to report the actual costs incurred and paid. The ECS Table below summarizes costs for the remedial investigation, response action designs, response actions taken, and ongoing response actions. First complete the Cost Detail Worksheets which accompany this application. From the worksheets, take the total of each category and enter those amounts in the corresponding category space in the ECS Table below. **NOTE:** You must also attach copies of **all** invoices and canceled checks as well as a site map, summary of site activities, and RAP approval letter.

ECS Table		(Do Not Write In This Space - Office Use Only) Approved Eligible Costs	
COST CATEGORY	COSTS (Cleanup costs must have been incurred ON or AFTER July 1, 1995)	EXCLUSIONS AND EXPLANATIONS	TOTAL COSTS APPROVED
A. Environmental Consultant Services			
B. Soil Boring and Well Monitoring			
C. Laboratory Analyses			
D. Equipment, Rental / Leasing / Purchasing			
E. Excavation			
F. Trucking			
G. Disposal / Treatment			
H. Site Restoration / Backfill			
I. Remediation Systems			
J. Other Costs (Permits, etc.)			

<p>Subscribed and sworn before me this <input type="text"/> day of <input type="text"/>, 19<input type="text"/></p> <p>Notary Public for <input type="text"/> County. My commission expires <input type="text"/></p> <p>Notary Signature <input type="text"/></p>	<p>Notary Stamp</p>
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**COST DETAIL WORKSHEET
EXCAVATION, EQUIPMENT RENTAL OR PURCHASE, TRUCKING, DISPOSAL, TREATMENT**

Enter the totals for each category onto the appropriate line D - G of page 3 of this application.

	Firm Name	Invoice #	Description	Unit Cost	Total Units	Subtotal
E X C A V A T I O N						
E Q U I P M E N T						
T R U C K I N G						
D I S P O S A L or T R E A T M E N T						
	TOTAL EXCAVATION COSTS (also enter on line D - G page 3 of application)					

