

**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 a claim submission is made 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 a claim for reimbursement.

## **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 release complete? \_\_\_\_ Yes \_\_\_\_ No  
If yes, a copy of the No Further Action Letter from BUSTR must accompany this claim.
2. Please complete the table on the next page for costs claimed within 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 available on our web site at [www.petroboard.org](http://www.petroboard.org).) Where applicable, correspondence from BUSTR pertaining to any costs claimed or approval of work performed (i.e. approval of Tier reports, RAP approval, NFA) must be included in this claim.

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 transition into BUSTR's 2012 Corrective Action Rule; or
  - The costs are for completed program task(s).
3. If costs submitted in this claim are eligible for reimbursement, 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.
  4. Do you have any form of insurance coverage 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 coverage. \$\_\_\_\_\_, \$\_\_\_\_\_. Also, if you have not previously provided a copy of the policy(ies) to this office, please provide a copy with this application.
  5. 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 release? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please state in which court \_\_\_\_\_
  6. 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 release?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, identify the source and terms of the agreement on an attached statement.

Responsible Person's Signature (Must be completed)

Person completing this Application (if not the RP)

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Name

Date

Date

**PART II – CLAIM REIMBURSEMENT APPLICATION (continued)**

Tasks Performed Under the 1992 BUSTR Rules	Program Task Completed? (Y/N)	Date of Completed Program Task	Partial Completion of O&M or Monitoring with Director's Approval	Incomplete Task Before Transitioning into BUSTR's 2012 Rule*
Immediate Corrective Action				
Free Product Removal				
Site Assessment				
Remedial Action Plan (RAP) Preparation				
RAP Implementation				
O&M or Monitoring				
Tasks Performed Under the 1999 BUSTR Rules	Program Task Completed? (Y/N)	Date of Completed Program Task	Partial Completion of O&M or Monitoring with Director's Approval	Incomplete Task Before Transitioning into BUSTR's 2012 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	Program Task Completed? (Y/N)	Date of Completed Program Task	Partial Completion of O&M or Monitoring with Director's Approval	Incomplete Task Before Transitioning into BUSTR's 2012 Rule*
Immediate Corrective Action				
Free Product Removal				
Tier 1 Source Investigation				
Tier 1 Delineation				
Tier 2 Evaluation				
Tier 3 Evaluation				
Interim Response Action – Tier _____				
RAP Preparation – Tier _____				
RAP Implementation				
Monitoring Plan				
Tasks Performed Under the 2012 BUSTR Rules	Program Task Completed? (Y/N)	Date of Completed Program Task	Partial Completion of O&M or Monitoring with Director's Approval	
Immediate Corrective Action				
Free Product Recovery				
Tier 1 Source Investigation				
Tier 1 Delineation				
Tier 2 Evaluation				
Tier 3 Evaluation				
Interim Response Action – Tier _____				
RAP Preparation – Tier _____				
RAP Implementation				
Monitoring Plan				

\*Please indicate date of transition or election to perform corrective action under BUSTR's corrective action rules effective July 1, 2012: \_\_\_\_\_

**CERTIFICATION AFFIDAVIT**

I certify that my responses on this Claim Reimbursement Application submitted herein are correct, and that this is the final claim reimbursement application that will be submitted for completed program tasks. Amendments to this application for payment for fully completed program task(s) as defined by O.A.C. 3737-1-12, including costs inadvertently omitted, will not be accepted by the Board after payment resulting from this application is issued. I also certify that all data and documentation submitted as part of this reimbursement application are a true and correct representation of costs actually incurred as an integral part of site remediation from petroleum or petroleum product contamination from an underground storage tank. I also certify that all outstanding financial obligations integral to this site's remediation program task(s) have been paid, except to the extent of work completed after the date of this submission or for incomplete program task(s) whose costs have not yet been submitted.

I, the tank owner or operator or a representative of either or both, warrant that I have not received any fee, commission, percentage, gift, or other consideration as a result of employment of a person, company, corporation, individual, or firm responsible for conducting site remediation or any function thereof and further that I know of no offer or acceptance of any fee, commission, percentage, gifts, or other consideration as a result of employment of a person, company, corporation, individual, or firm responsible for conducting site remediation or any function thereof.

Further, as required by Ohio Revised Code Section 3737.882(B) relating to demonstration of financial responsibility, I, the owner or operator of the UST(s) at the claim site certify that financial responsibility requirements have been met guaranteeing the payment of the applicable deductible amount, and that parties guaranteeing such payment are secondarily liable for all corrective action and third-party liability costs incurred within the scope of the deductible amount.

\_\_\_\_\_/s/\_\_\_\_\_  
Claim Number                      Tank owner, operator, or a representative of either or both who possessed substantial managerial authority to authorize work done or payments made for site remediation or any function thereof

\_\_\_\_\_  
Print or type name of person above

\_\_\_\_\_  
Address

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
City, State, ZIP    Phone Number

**THIS STATEMENT MUST BE NOTARIZED**

STATE OF OHIO

\_\_\_\_\_ COUNTY, ss:

Before me personally appeared \_\_\_\_\_, who executed the foregoing instrument, and acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purposes therein expressed.

WITNESSED my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

/s/\_\_\_\_\_ My commission expires \_\_\_\_\_.  
Notary Public

**PART III – DIRECT PAYMENT AUTHORIZATION**  
(SUBJECT TO THE APPROVAL OF THE DIRECTOR OF THE FINANCIAL ASSURANCE FUND)

Responsible Person \_\_\_\_\_ Claim No. \_\_\_\_\_

Release Site Address \_\_\_\_\_

**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 party (hereinafter referred to as “the Payee”) designated below.

Both the RP and the Payee 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. This direct payment agreement does not limit the liabilities and responsibilities of the RP. In addition, Fund eligibility must be maintained.**
2. The corrective action 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. Both the RP and the Payee acknowledge that work in excess of the requirements of the Fire Marshal’s rules and costs deemed in excess of what are typical based on the Fund’s experience are not eligible for payment.
4. This direct payment agreement does not grant standing to the Payee to bring a claim against the Fund or appeal the Director’s determination.

Amount Authorized (if other than 100%) \$ \_\_\_\_\_ Payable to \_\_\_\_\_

\$ \_\_\_\_\_ Payable to Responsible Person

Total Amount \$ \_\_\_\_\_ (Must equal amount claimed)

Deduct disallowed costs from payment to \_\_\_ Responsible Person or \_\_\_ Payee

\_\_\_\_\_  
Responsible Person (UST owner and/or operator signature)

\_\_\_\_\_  
Payee (If Payee is a company, the signature of a representative must be affixed)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name and Address of Responsible Person (printed)

\_\_\_\_\_  
Payee Name and Address (printed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee Phone Number \_\_\_\_\_

Payee Fax Number \_\_\_\_\_

**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 – INSTRUCTIONS FOR LISTING OF INVOICES**

1. List all invoices sequentially by date of the invoice beginning with the earliest dated invoice for work or material related to cleanup. List the **invoice date, invoice number, invoice amount, claimed amount, number of the payment check, and name of the contractor** to whom you made the payment.
2. Under **Program Task(s)**, list all the program task(s) covered by each invoice. Refer to O.A.C. 3737-1-12 (B), (C), and (D) for the name of the program tasks. A copy of O.A.C. 3737-1-12 is available at [www.petroboard.org](http://www.petroboard.org).
3. Under **Description of Costs**, indicate the beginning and ending dates of work, the amount claimed for the work, specific work performed, and all 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.

If the cost of a written report is included in the invoice, or if a report is generated as a result of the work activities described in the invoice, provide the name of the report and submit a copy of it with 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 invoice or claimed amount.

4. You may photocopy the Listing of Invoices as necessary. Number each page using the system "Page \_\_\_\_\_ of \_\_\_\_\_."

At the **bottom of each page, total** the invoice and claimed amounts you have listed on that page. At the bottom of the **last page only**, provide a **grand total** of all the invoice and claimed amounts for 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.

**SAMPLE**

Claim Number: \_\_\_\_\_

LISTING OF INVOICES by date

Page 1 of 4

Invoice Date	Invoice Number	Invoice Amount	Claimed 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"> <li>• Beginning &amp; ending dates of work;</li> <li>• Claimed amount separated for each Task</li> <li>• Specific work performed (e.g., install MW-1, 2 and 3)</li> <li>• List each subcontractor used</li> </ul>
5/31/2011	01-489-11	\$8,280.00	\$5,000.00	#17427	Zed Consulting	Immediate Corrective Actions and Tier 1 Source Investigation	ICA: From 1/1/11 to 1/5/11: \$3,780 (claimed amount: \$3,500), Remove FP with vac truck; FreeCorp and UST H20 Inc.  Tier 1 Source Investigation: From 1/15/11 to 4/1/11: \$4,500 (claimed amount: \$1,500) Install MW-1 through -3, sampling, 4/15/11 report preparation; EnviroDrill, Pack Labs

Total this page:           \$ \_\_\_\_\_ / \$ \_\_\_\_\_

GRAND TOTAL\*           \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
(last page only)

Claim Number: \_\_\_\_\_

LISTING OF INVOICES by date

Page \_\_\_ of \_\_\_

Invoice Date	Invoice Number	Invoice Amount	Claimed 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