# FORM 1

Biosolids Land Application Local Monitoring Expenses

**REIMBURSEMENT INVOICE**



| DEQ USE ONLY | |
|---|---|
| Claim No: 2012-0043 | Activity Dates: |
| County: | Date Rec'd: |
| Evaluator: N.R. | Permit No: / Approval Amount: |

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

**I. Claimant Information**

| A. Name of Local Government Official: | B. County: | |
|---|---|---|
| TRACY MGee | Lunenburg | |
| **C. Claimant Mailing Address:** | **D. City, State** | **E. Zip Code** |
| 11413 Courthouse Rd | Lunenburg Va | 23952 |
| **F. Claimant Telephone No.** | **G. Claimant Fax No.** | **H. Local Monitor Name** |
| (434) 696-2142 | (434) 696-1798 | Manuel Toombs |
| **I. Contact Person for Reimbursement** | **J. Contact Person Telephone No.** | **K. Contact Person Fax No.** |
| Wade Bartlett | (434) 392-7258 | (434) 392-6683 |

**II. Monitoring Activity Information (Attach additional separate sheets if necessary)**

| A. DEQ Permit No. and Site Identification | B. Farm(er) and Site Location | |
|---|---|---|
| **C. Type of Monitoring Activity and Dates** | **D. Reimbursable Time and Charges** | |
| Record Keeping 4-1 Thru 4-30-2012 | 2@24.00=48.00/48@.50=24.00 | |
| **E. Sampling and Testing Information** | **F. Name and location of Lab used** | **G. Total Lab Charges** |
| | | |

**III. Multiple Owner Information ( For Local Monitor employed by multiple jurisdictions)**

Are the expenses listed above part of a multiple owner payment submission?

☒ Yes ☐ No

If you answered "Yes" to the above question, you are required to submit this invoice with the multiple owner payment form.

**IV. Responsible Official Statement (Please sign name):** Manuel H Toombs Jr

A. Were the listed expenses incurred during the dates included in Part II.C of this form?

☒ Yes ☐ No

If you answered "No", please attach the necessary documentation to explain the discrepancy.

**V. Statement Of Costs**

A. Are all expenses listed in this invoice complete at the date of this invoice?

☒ Yes ☐ No

B. Will additional reimbursement costs incurred for monitoring activities at the site(s) listed above be submitted?

☐ Yes ☒ No

C. Total costs claimed for reimbursement in this invoice.

$ 72.00 (April)

**VI. County Administrator Certification (Please print name):**

The following signature attests that the monitoring activities for which reimbursement is sought have been performed in accordance with the provisions of the VPA Permit Regulation (9 VAC 25-32) and the Fees for Permits and Certificates regulation (9 VAC 25-20):

| | |
|---|---|
| Tracy McGee | 5-18-12 |
| County Administrator | Date |
| Manuel H Toombs Jr | 5-10-2012 |
| Local Monitor | Date |

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# Biosolids Land Application Local Monitoring Activity Details

| | |
|---|---|
| County: | Lunenburg |
| County Monitor: | Manuel Toombs |
| Staff Labor per hour: | $24.00 |
| Mileage Rate per mile: | $0.50 |

Maximum Rate is $0.55/mile

Enter data in YELLOW cells
BLUE cells compute automatically

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

| Date | Activity Code | Hours | Miles | Site Identification | Permit Number | Labor Subtotal | Mileage Subtotal | Other Expense | DESCRIPTION |
|---|---|---|---|---|---|---|---|---|---|
| 4/3/2012 | A | 0.5 | | | | $12.00 | $0.00 | | Prepare Monthly Report |
| 4/13/2012 | A | 1.5 | 48.0 | | | $36.00 | $24.00 | | Monthly Report Signed |
| | | | | | | $0.00 | $0.00 | | |
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| | | | | | | $0.00 | $0.00 | | |
| SUBTOTAL | | 2.0 | 48.0 | | | $48.00 | $24.00 | | |

$72.00