# THE VIRGINIA PETROLEUM STORAGE TANK FUND REIMBURSEMENT GUIDANCE MANUAL

## Volume I

## Application Process

## 3rd Edition

Commonwealth of Virginia
Department of Environmental Quality

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# INTRODUCTION

The purpose of this manual is to provide guidance to claimants in obtaining authorization for site activities, and preparing and submitting claims for reimbursement from the Virginia Petroleum Storage Tank Fund. This manual replaces the Guidance Manual for Reimbursement issued on March 1, 1995 and the Bidding Corrective Action Plan Implementation guidance document issued July 15, 1996. Specifically, this manual will identify activities which are eligible for reimbursement, provide guidance on determining reasonable costs, explain how to prepare a reimbursement application, and describe how an application is processed. This manual uses regulatory terms, which are defined in Appendix 1. Throughout this manual, the ☞ symbol is used to note sections with noteworthy information.

Revisions of this manual may be necessary due to statutory or regulatory changes, changes within the industry, or changes in the claim processing requirements of the program. As changes occur, periodic additions or supplements will be prepared for inclusion into the manual. This manual, future revisions, and all forms are available on the DEQ Web Site at www.deq.state.va.us/Programs/LandProtectionRevitalization/PetroleumProgram/GuidanceRegulations.aspx. Refer to Section 1.7 of this manual to obtain copies of documents and assistance on the various aspects of the Petroleum Storage Tank Program.

This is not a regulatory document; it is a guidance manual intended to assist tank owners in making decisions when managing releases from tanks. The guidance provided in this manual is not intended to remove the element of competition or freedom of choice from the industry.

# 1.0 PETROLEUM STORAGE TANK REIMBURSEMENT FUND

## 1.1 PROGRAM SUMMARY

The Commonwealth of Virginia established the Virginia Petroleum Storage Tank Fund (Fund) with the passage of Articles 9, 10, and 11 of the State Water Control Law (Sections 62.1-44.34:8 to 23). Section 210 of the Petroleum Underground Storage Tank Financial Responsibility Requirements Regulation (9 VAC 25-590-10, et seq.) establishes the requirements for use of the Fund. The Fund may be used for the following purposes:

> To provide reimbursement to eligible owners/operators for a portion of the potentially high costs of mitigating the public health and environmental risks from a petroleum storage tank release;
>
> To provide a mechanism for regulated Underground Storage Tank (UST) owners/operators to demonstrate financial responsibility in order to meet Federal requirements; and
>
> To provide reimbursement for costs incurred for third party bodily injury or property damage from confirmed regulated UST petroleum releases.

The Commonwealth of Virginia is responsible for administering the UST technical and financial responsibility regulatory programs, the Aboveground Storage Tank (AST) regulatory program and the Fund reimbursement program. The Fund is a non-lapsing, revolving fund, which is administered by the Department of Environmental Quality (DEQ). The primary revenue source for the Fund is a state fee of one-fifth of one cent per gallon on regulated petroleum products, including gasoline, aviation motor fuel, diesel fuel, dyed diesel fuel, kerosene, and heating oil sold in Virginia. This fee, which is collected by the Department of Motor Vehicles, is monitored and maintained at an appropriate operating level and is increased by the Commissioner of Motor Vehicles to three fifths of one cent when notified by the Comptroller that the Fund has been, or is likely to be, reduced below three million dollars. The moneys collected are primarily used to reimburse responsible persons for the reasonable and necessary costs incurred in cleaning up a petroleum release from a petroleum storage tank.

Depending upon the type of petroleum storage tank, owners/operators may request access to the Fund either for cleanup costs <u>only</u> or for both cleanup and third party costs. The owner/operator is eligible to request reimbursement from the Fund for costs that exceed their Financial Responsibility Requirement (for cleanup and, if applicable, third party) up to a maximum of $1 million per occurrence. Section 1.2.3 of this manual summarizes corrective action and third party Fund eligibility for the different storage tank types.

It is important to understand that the Fund is a reimbursement program and <u>NOT</u> a repayment program. The Fund does <u>not</u> reimburse owners/operators for all costs associated

with a cleanup. For example, tank removal costs are not reimbursable unless authorized by DEQ as part of a Corrective Action Plan. For a list of additional ineligible costs, refer to Section 1.4 of this manual. In order to be eligible for reimbursement, corrective action activities must have been authorized in advance by DEQ. Only cleanup costs exceeding the Financial Responsibility Requirement that are determined to be reasonable, necessary, and in accordance with the guidelines set forth by DEQ will be eligible for reimbursement. In addition, the Fund will not reimburse tank owners or operators for any release, which is caused by the negligence of the owner/operator or employees, agents or contractors of the owner/operator.

Articles 9, 10 and 11 of the State Water Control Law govern the use of the Fund. Familiarity with the State law, regulations, and the Storage Tank Program Technical Manual will be helpful in your compliance with the Petroleum Storage Tank Program requirements and the completion of your Reimbursement Application. To assist you in understanding this manual, Appendix 1 contains a list of terms and definitions found throughout the manual.

Refer to Section 1.7 to obtain assistance and information about the Petroleum Storage Tank Program.

## 1.2 ELIGIBILITY REQUIREMENTS

There are several factors that need to be considered in order to determine if an applicant is eligible to request reimbursement from the Fund. These factors may include: the type of storage tank (See Appendix 1 for definitions.) from which the release has occurred; the person/entity claiming reimbursement; the number of release occurrences; the circumstances under which the release occurred; compliance status of the facility; insurance coverage; and the Financial Responsibility Requirement of the claimant. These factors are described in further detail below.

### 1.2.1 Eligible Claimants

Not all persons are eligible claimants for reimbursement from the Fund. A claimant must be an owner/operator of the UST/AST, or a person assuming liability for the cleanup of the site, or a lender agreeing to conduct the cleanup.

#### 1.2.1.1 Responsible Persons

By law, the responsible person is the owner/operator of the UST/AST on the date the release is reported to DEQ.

**USTs** Owners/Operators of USTs may request reimbursement of corrective action costs and third party liability claims resulting from a release of petroleum from the UST(s). See Section 1.2.3 for cleanup and third party eligibility.

ASTs Operators of facilities with ASTs may request reimbursement of corrective action costs for an AST discharge of a product for which the Fund Fee imposed by Virginia Code § 62.1-44.34:13 is paid.

1.2.1.2 Persons Assuming Liability

Property owners or other interested persons who are not the responsible person may "step into the shoes" of the owner/operator and become eligible for reimbursement from the Fund. Any person (including a contractor) who agrees to assume liability for a petroleum cleanup in accordance with DEQ requirements, is eligible to request reimbursement from the Fund. If a person does not assume liability for the cleanup or is not the owner/operator, they may not apply for reimbursement of cleanup costs.

1.2.1.3 Lenders

Persons or entities who have loaned money secured by real property (lenders) on which regulated USTs are located may be eligible for reimbursement from the Fund without assuming liability for the cleanup. Lenders who foreclose on loans after July 1, 1996, are eligible to request DEQ approval for exemption from UST owner liability. Lenders must first notify DEQ to secure written approval of the exemption, obtain Regional Office approval for all activities, and conduct the cleanup in accordance with DEQ requirements.

1.2.2 Tank Types Eligible for Reimbursement

Owner/operator has Fund access for the following types of USTs and ASTs.

**Regulated UST** USTs containing petroleum as defined in the UST Technical Regulation (9 VAC 25-580-10, et seq.) and subject to all the requirements of the Technical Regulation. The most common types of petroleum substances include gasoline, diesel, kerosene, heating oil and waste (used) oil.

Exempt USTs 1 and 2 Only two types of Exempt USTs are eligible for reimbursement from the Fund. These are:

1. USTs with a capacity of 1,100 gallons or less which contain motor fuel (gasoline or diesel fuel) for residential use or farm use; and

2. USTs used for storing heating oil for consumption on the premises where the tank is located (i.e., not offered for sale).

Note: Heating oil tanks > 5,000 gallons capacity were regulated in Virginia prior to July 1, 1996. Releases from these tanks reported prior to July 1, 1996, are regulated UST releases.

The other types of exempt USTs are not eligible for reimbursement from the Fund. These include: septic tanks; pipeline facilities; surface impoundments, pits, ponds and lagoons; storm water or wastewater collection systems; flow-through process tanks; liquid traps or associated gathering lines for oil/gas production facilities.

**Excluded USTs** The types of Excluded USTs that are eligible for reimbursement from the Fund are:

(l) An UST system that contains petroleum for operational purposes such as hydraulic lift tanks and electrical equipment tanks; and

(2) 110 gallon or less UST systems.

The other types of excluded USTs are not eligible for reimbursement from the Fund. These include: hazardous waste USTs, wastewater treatment facilities, and emergency spill and overfill containment units, which are regularly emptied.

**Deferred USTs** The types of Deferred USTs that are eligible for reimbursement from the Fund are emergency generator USTs at nuclear power facilities and field constructed USTs.

The other types of deferred USTs are not eligible for reimbursement from the Fund. These include wastewater treatment tank systems and USTs with radioactive materials.

**Partially Deferred USTs** The types of Partially Deferred USTs that are eligible for reimbursement from the Fund include UST systems that store fuel for emergency power generator use.

**Regulated AST Facilities** Facilities with ASTs with a maximum storage capacity of 25,000 gallons or more of oil subject to the Fund fee are eligible for reimbursement from the Fund.

**Unregulated AST Facilities** Facilities with ASTs with a storage capacity of less than 25,000 gallons of oil subject to the Fund fee are eligible for reimbursement from the Fund.

**Small Heating Oil ASTs** ASTs with a capacity of 5,000 gallons or less which contain heating oil for consumption on the premises where the tank is located (i.e., not offered for sale) are eligible for reimbursement from the Fund.

### 1.2.3 Cleanup and Third Party Claim Eligibility

Petroleum storage tank owners/operators have access to the Fund either for cleanup costs only or for both cleanup and third party costs. The following table identifies cleanup and third party eligibility for reimbursement from the Fund based upon the tank types discussed in Section 1.2.2.

| Eligibility for Reimbursement from the Fund Based Upon Tank Type | | |
|---|---|---|
| Tank Type | Cleanup and third party costs that exceed Financial Responsibility Requirement up to a combined maximum of $1 million | Cleanup costs that exceed the Financial Responsibility Requirement up to a maximum of $1 million |
| Regulated UST | X | |
| Exempt USTs 1 & 2 | | X |
| Excluded UST | X | |
| Deferred UST | X | |
| Partially Deferred UST | X | |
| Regulated AST Facility | | X |
| Unregulated AST Facility | X | |
| Small Heating Oil AST | | X |

As indicated in the table above, certain UST owners/operators can request reimbursement from the Fund for third party claims. These claims are incurred by the owner/operator as a result of a court approved settlement or a final judgment other than a default judgment, imposing liability upon an owner or operator for bodily injury or property damage to a third party arising from a release of petroleum from an UST. The first priority for reimbursement from the Fund shall be corrective action. After DEQ required corrective action has been completed, the following damages are eligible for reimbursement as a third party liability claim:

- Bodily injuries;
- Actual loss of wages or business income by the third party; and
- Damages equal to the reduction in fair market value of any property due to a petroleum release from an UST.

Any other damages, which may be included in the award or settlement, such as damages for pain and suffering, loss of consortium, nuisance, negligence, etc., are not reimbursable from the Fund. Only the above-specified petroleum USTs are eligible for reimbursement from the Fund for third party property damage and bodily injury claims. Third party claims shall not be made on the Reimbursement Application forms. In order for a third party liability claim to be eligible for reimbursement from the Fund, the UST owner/operator must provide adequate documentation to DEQ. Refer to Section 1.7 to obtain assistance with Third Party Liability Claim Procedures.

### 1.2.4 Determination of Occurrence

For each occurrence, the owners/operators may request access to the Fund for reimbursement above the amount of the Financial Responsibility Requirement up to $1 million. There are five factors that must be evaluated to determine the number of occurrences at a site. These factors are (1) type of contamination; (2) time; (3) location; (4) ownership; and (5) tank type. Petroleum releases that are discovered within the time period set by the DEQ Regional Office for submitting a Site Characterization Report, generally constitute one occurrence if the tanks have one owner, are the same tank type, and are located at the same facility. The Regional Office staff determines the number of occurrences at a site and will review the determination with the responsible person, if requested.

### 1.2.5 Corrective Action Financial Responsibility Requirement

Before the owners/operators may request reimbursement, a corrective action Financial Responsibility Requirement must be satisfied for each occurrence that pertains to the application. The Financial Responsibility Requirement amount is deducted from the total costs approved before any reimbursement payments are made. The Financial Responsibility Requirement for an application depends upon the number of occurrences, as described above, and tank type as follows:

**Regulated USTs** The Financial Responsibility Requirement for regulated USTs is determined according to the following sliding scale. This scale is based on the total gallons of petroleum pumped into or out of all of the owner's/operator's regulated USTs in the Commonwealth of Virginia for the year prior to the release report date. The year prior to the release can be any consecutive 12-month period that starts no more than 24 months prior to the release report date and ends no later than the release report date.

Example: A release is reported on February 1, 1998. The year prior to the release date must extend over 12 consecutive months but, could begin on any date from February 1, 1996 to February 1, 1997.

| Annual Throughput (Gallons) | Corrective Action Per Occurrence FR Requirement |
|---|---|
| 600,000 or less | $5,000 |
| 600,001 - 1.2M | $10,000 |
| 1,200,001 - 1.8M | $20,000 |
| 1,800,001 - 2.4M | $30,000 |
| Above 2.4M | $50,000 |

**Exempt USTs 1 & 2**

1. USTs with a capacity of 1,100 gallons or less which contain motor fuel (gasoline or diesel fuel) for residential or farm use. The corrective action Financial Responsibility Requirement is $500.

2. USTs used for storing heating oil for consumption on the premises where the tank is located (i.e., not offered for sale). The corrective action Financial Responsibility Requirement is $500.

☞ Note: Heating oil tanks with a storage capacity of 5,000 gallons or more, which had releases that were reported prior to July 1, 1996, are regulated UST and must refer to the regulated USTs table above to determine the Financial Responsibility Requirement.

**Excluded USTs** The Financial Responsibility Requirement for an occurrence related to these types of tanks is determined according to the sliding scale for regulated USTs shown above.

**Deferred USTs** The Financial Responsibility Requirement for an occurrence related to these types of tanks is determined according to the sliding scale for regulated USTs shown above.

**Partially Deferred USTs** The Financial Responsibility Requirement for an occurrence related to these types of tanks is determined according to the sliding scale for regulated USTs shown above.

**Regulated ASTs and Unregulated ASTs** The corrective action Financial Responsibility Requirement for an occurrence related to these tanks is determined according to the following:

**If the release was reported before July 1, 1996 use the following table** (Pollution Complaint number less than 97-0000):

| Net Annual Profits greater than $10 million * | |
|---|---|
| Total Storage Capacity for all AST facilities which operate in VA | Financial Responsibility Requirement |
| less than 4 million gallons | $200,000 |
| 4 million to 20 million gallons | Total Storage Capacity in VA x $0.05 per Gallon |
| greater than 20 million gallons | Not Eligible for Reimbursement |

| Net Annual Profits less than $10 million * | |
|---|---|
| Total Storage Capacity for the AST Facility where the release occurred | Financial Responsibility Requirement |
| less than 25,000 gallons | $2,500 |
| 25,000 to 4 million gallons | Facility Storage Capacity x $0.05 per Gallon |
| greater than 4 million gallons | $200,000 |

* Based on the financial statements from the fiscal year preceding the date the release was reported to DEQ.

**If the release was reported after July 1, 1996 use the following table** (Pollution Complaint number greater than 97-0000):

| Net Annual Profits greater than $10 million * | |
|---|---|
| Total Storage Capacity for all AST facilities which operate in VA | Financial Responsibility Requirement |
| less than 4 million gallons | $200,000 |
| 4 million to 20 million gallons | Total Storage Capacity in VA x $0.05 per Gallon |
| greater than 20 million gallons | Not Eligible for Reimbursement |

| Net Annual Profits less than $10 million * | |
|---|---|
| Total Storage Capacity for the AST Facility where the release occurred | Financial Responsibility Requirement |
| less than 25,000 gallons | $2,500 |
| 25,000 to 100,000 gallons | $5,000 |
| greater than 100,000 to 4 million gallons | Facility Storage Capacity x $0.05 per Gallon |
| greater than 4 million gallons | $200,000 |

* Based on the financial statements from the fiscal year preceding the date the release was reported to DEQ.

**Small Heating Oil ASTs** The corrective action Financial Responsibility Requirement for an occurrence related to these tanks is $500.

1.2.6 Insurance Coverage

Any cost incurred by an owner/operator that is reimbursed or reimbursable under an insurance policy is ineligible for reimbursement from the Fund, whether or not the insurer actually pays the cost. If the insurance coverage exceeds the Financial Responsibility Requirement, only those costs, which exceed the insurance coverage, are eligible for reimbursement.

Any owner or operator having an insurance policy that will cover all or part of the cleanup costs associated with the release is required to submit a copy of the policy, including the declaration page, the entire policy text, and all endorsements, with the reimbursement application. If the owner/operator fails to provide a complete copy of the applicable insurance documents, all costs submitted on the application will be denied.

### 1.2.7 Negligence

Any cost incurred by an owner/operator for cleanup and/or third party liability claims, which resulted from the negligence of the responsible person or the employees, agents, or contractors of the responsible person, are ineligible for reimbursement.

Negligence determinations are made by DEQ based on the specific facts of each case. Examples of negligent activities that resulted in a release for which there was no reimbursement are listed below:

pumping product into a monitoring well,
pumping product into a pipe which is not connected to an UST/AST,
filling an UST/AST which have the fill pipes or plugs removed, and
damage to a line or tank during excavation or construction activities.

### 1.2.8 Vandalism

Vandalism differs from negligence in that vandalism is an act or omission committed by a third party who is not the tank owner or operator, or an agent, employee, or contractor of the owner or operator. DEQ may consider releases caused by vandalism for Fund access provided that the owner/operator whose tank has been vandalized:

1. reports the act of vandalism to the police; and
2. provides a copy of the police report to the DEQ regional office.

### 1.2.9 Financial Responsibility Demonstration Requirement

Federal and State Law require regulated USTs owners/operators to demonstrate financial responsibility. Demonstrating financial responsibility means that the UST owner/operator has prepared the documents necessary to show that the owner/operator has the ability to pay its Financial Responsibility Requirement in the event of a release. The owner/operator must demonstrate that he or she is financially able to pay the first $20,000 to $200,000 in cleanup and third party liability costs using the financial test of self insurance, a surety bond, a guarantee, insurance, a letter of credit, a trust fund or a group self insurance pool. Four alternative mechanisms also may be used by local government entities to demonstrate financial responsibility as follows: a Bond Rating Test, a Worksheet Test, a Governmental Guarantee, and a Fund Balance Test.

All regulated UST owners/operators are currently required to demonstrate financial responsibility. When submitting a reimbursement application, the demonstration document for the year in which the release occurred should be attached. If demonstration was not required at the time of the release or if this documentation was not prepared, the current Financial Responsibility documentation must then be

attached. Failure to provide demonstration of financial responsibility may result in enforcement action and penalties.

Refer to Section 1.7 to obtain additional information and assistance.

## 1.3 ELIGIBLE COSTS

Costs, which are incurred to perform necessary corrective action in response to a release from a petroleum storage tank, are eligible for reimbursement from the Fund. The reasonableness of costs is usually based upon the Usual and Customary Rate Schedule (UCR Schedule) for the claimed item or activity. If no UCR exists for an activity or item, DEQ will determine an industry standard for assessing reasonableness. For Corrective Action Plan (CAP) implementation, a competitive bidding process is required to determine the reasonableness of some costs. The UCRs will be revised on a periodic basis. In order for necessary and reasonable costs to be eligible for reimbursement from the Fund, the activities associated with the costs must be authorized by the DEQ Regional Office prior to initiating the work. Section 2.0 has additional information on assessing reasonableness, bidding requirements, and obtaining authorization for site activities.

Eligible costs include, but are not limited to:

1. For Regulated USTs, Exempt USTs 1 and 2 and Small Heating Oil ASTs - Those corrective action costs for work performed on or after December 22, 1989;

2. For Regulated and Unregulated ASTs - Those corrective action costs for work performed on or after January 1, 1992;

3. The cost of testing UST petroleum tanks and lines only when performed to confirm a leak as directed by DEQ;

4. The cost of laboratory services used to analyze contaminated soil and water when directed by DEQ;

5. The cost of restoration or replacement of a public or private potable water supply to affected users;

6. The cost to maintain equipment used for petroleum/oil recovery or corrective action;

7. The costs for soil loading, hauling, treatment, disposal, and backfilling the excavation associated with UST removal at sites with a confirmed release.

Note: The amount approved by the Regional Office cannot exceed the quantities listed in Appendix 5, unless the Regional Office determines additional quantities are necessary to mitigate hazards at the site.

8. When required as part of a Corrective Action Plan or under Interim Authorization, the cost for UST removals.

9. The cost for companies/governmental entities to use their own personnel to conduct corrective action activities. This may include actual labor and fringe benefit costs for activities which do not duplicate activities performed by the consultant;

10. The cost of restoring topography and seeding for grasses;

11. The cost of product and contaminated water disposal; and

12. Up to a 10% mark-up on costs for subcontracted services, equipment, and materials obtained through an approved bid and billed to the Responsible Person by the primary consultant.

13. The cost, up to $500 per Phase or per Reimbursement Period, for preparation of a Reimbursement application.

14. The cost for utility service associated with operation of remediation systems, including sewer fees, electrical fees, and natural gas fees. To be eligible for reimbursement, the utility service must be independently metered and bills/invoices from the utility or service provider must be included when claimed.

15. The cost of gasoline, diesel fuels, and bottled propane gas used to power remediation systems. To be reimbursed, bills/invoices for the fuel vendor must be included when claimed.

16. The cost of state and local permits required to implement and complete approved remediation activities. To be reimbursed, a bill or invoice for the permit from the issuer must be included when claimed.

## 1.4 INELIGIBLE COSTS

Specific corrective action costs which are **not** eligible include, but are not limited to:

1. For all UST and AST cases closed before July 1, 1998, costs claimed after July 1, 2000;

2. For all UST and AST cases closed after July 1, 1998, costs claimed more than two years after the date of the case closure letter;

3. For Regulated USTs, Exempt USTs 1 & 2 and Small Heating Oil ASTs - Any corrective action costs for work performed prior to December 22, 1989;

4. For Regulated and Unregulated ASTs - Any corrective action costs incurred prior to January 1, 1992;

5. For Regulated ASTs:
   a. corrective action costs if a fee is not levied on the product contained in the tank. Fuels subject to the tax include gasoline, aviation motor fuel; dyed diesel fuel, diesel fuel, and heating oil sold and delivered or used in the Commonwealth;

   b. corrective action costs if the operators have not complied with reporting, prevention, containment and cleanup requirements;

   c. the cost of AST Facility Ground Water Characterization Studies required by 9 VAC 25-90-10, et seq.;

   d. the cost of installation of an AST leak detection method required by 9 VAC 25-90-10, et seq.;

   e. the cost of testing AST tanks and lines to confirm a leak; and

   f. the cost of AST closure (dismantling or demolition);

6. The cost of UST closure (removal or filling in place );

7. Mark-up of more than 10% on goods or subcontracted services;

8. All cost incurred if the release was caused in whole or in part by the negligence or willful misconduct of the owner, operator, their employee or agent, or anyone in privity of the owner/operator;

9. Any cost reimbursed or reimbursable under an insurance policy;

10. Any cost for corrective actions performed more than 24 hours prior to reporting a release to the Regional Office of DEQ;

11. The costs incurred by claimants for interest and/or points on loans obtained to finance a cleanup of a petroleum release from a storage tank unless the costs were incurred by an owner or operator which is exempt from taxation under § 501(c)(3) of the Internal Revenue Code (Va. Code § 62.1-44.34:11.A.5);

12. Costs identified as fraudulent or any cost in the Reimbursement Application which is determined to be fraudulent;

13. The cost of environmental audits arising from purchase agreements (i.e., Phase I and Phase II assessments for property transfers);

14. Any costs which were rounded upward when transferred from the invoice to the application worksheet(s);

15. Fines, penalties, or supplemental environmental projects imposed by DEQ or another government entity;

16. Any corrective action costs if the owner/operator is a federal government entity;

17. Attorney's fees not associated with approved corrective action activities. Fees not associated with corrective action activities include, but are not limited to, costs for litigation or legal defense. Costs associated with approved corrective action activities may include claim preparation and access agreement preparation, up to the UCRs;

18. The cost for legal defense;

19. The cost of upgrading, retro-fitting, repairing or replacing a petroleum UST system or AST;

20. The cost for lost or replacement of product;

21. The cost to reinstall electrical wiring, dispensers, pumps, canopies or other items;

22. The cost to replace/repair structures or appliances damaged by the release that do not directly represent a risk to human health or the environment. This exclusion does not apply to repairs necessitated by the installation of remediation equipment or repairs to the remediation equipment;

23. The cost for demolition, removal, or relocation of structures or appliances;

24. The cost of concrete and blacktop patching or other improvements beyond that which was removed to remediate the site;

25. The cost of landscaping, replacing trees, shrubs, and sod due to excavation activities or to stress caused by contamination;

26. Costs associated with, but not necessary for, the cleanup of a release from a petroleum storage tank;

27. The cost of loss of business of the owner/operator;

28. Extra costs which arise out of restrictions the owner/operator places on how site activities are performed;

29. The cost for calibration of field/testing equipment;

30. Duplicate site management costs and supervisory costs;

31. The cost of air fare, train fare, bus fare, cab fare, or other means of public transportation; or mileage more than 200 miles each way;

32. The cost of express mail or courier services for correspondence, reports or other documents;

33. The cost of ancillary charges, (refer to Section 2.4.2 for additional information on ancillary cost) and;

34. Costs incurred solely for business purposes and which are not necessary for corrective action, and;

35. The cost of overtime pays for professional staff.

36. The cost of fuel for rolling stock or excavation equipment, including gasoline, diesel fuel, and compressed natural gas.

## 1.5 REASONABLE AND NECESSARY COSTS

The Fund may reimburse reasonable and necessary costs for cleanup of a site. DEQ will authorize work, which is commensurate with the level of corrective action necessary to properly respond to a petroleum storage tank release. DEQ will evaluate the costs for activities and equipment using the reasonable cost information that DEQ has gathered and published in the UCR Schedules and determine if those expenses submitted for reimbursement are within the costs that DEQ considers reasonable.

During Corrective Action Plan (CAP) Implementation, a competitive bidding process is required to show reasonableness of some costs. See Section 2.5 for the details of this bidding process. The competitive bidding process is not limited to CAP Implementation; it can be used for any corrective action Phase to show reasonableness of costs. Regardless of which method is used to assess reasonableness, if expenses exceed the costs that are considered reasonable, DEQ will reimburse for that expense only up to the level, which is determined to be reasonable.

☞ DEQ may only reimburse a portion of certain costs (i.e., mileage, equipment rates, hourly fees) at rates which may be different from those some companies charge as part of their cost of doing business. Therefore, it is possible that some portion of corrective action costs incurred by the Responsible Person during corrective action may not be fully reimbursed.

## 1.6 RECORDS RETENTION FOR AUDIT PURPOSES

Claimants and their consultants must retain all records supporting each reimbursement application for seven (7) years from the date they receive the claim decision. At any time within this seven-year period, DEQ may conduct an audit of claimant and consultant records to ensure that all reimbursements paid are supported by appropriate documentation. Any

person who knowingly makes any false statement in connection with a reimbursement application is subject to felony prosecution.

### 1.7 OBTAINING ADDITIONAL INFORMATION AND ASSISTANCE

Listed below are DEQ contacts for obtaining additional information about the petroleum storage tank program.

Reimbursements: To request copies of the reimbursement manual or for assistance regarding reimbursement claims, application status, filing deadlines, questions about how to submit a reimbursement application, request the status of a claim in delayed payment, please call (804) 698-4358 or email tank@deq.state.va.us.

Regulations/State Law/Technical Information: To request copies of regulations, statutes, informational brochures, or the Storage Tank Program Technical Manual, please call (804) 698-4358 or email tank@deq.state.va.us

Claimant Eligibility: To obtain information about claimant eligibility or to request lender approval for an exemption from liability, please call (804) 698-4298.

Inability To Pay: An owner/operator can submit to DEQ financial information to document that the owner/operator is financially incapable of paying for corrective action. If DEQ determines that the owner/operator is incapable of paying for corrective action, the site may be placed on a priority list for DEQ contractors to clean up. For assistance or additional information, please call (804) 698-4298.

Regulated Petroleum UST Third Party Liability Claims: Reimbursement from the Fund for third party liability property damage and bodily injury claims is limited to owners/operators of regulated, excluded, deferred or partially deferred USTs. For assistance or specific procedures, please call (804) 698-4298.

Demonstration of Financial Responsibility: Owners/Operators of regulated petroleum USTs are required to demonstrate financial responsibility to address corrective action costs and third party liability claims. For specific questions regarding financial responsibility demonstration, please call (804) 698-4298.

Cleanup Requirements: Contact the appropriate Regional Office for information on cleanup requirements. See Appendix 8 for a map showing Regional Office locations, telephone numbers, and regional boundaries.

## 2.0 REIMBURSEMENT PROCEDURES

☞ In order for any corrective action costs to be eligible for reimbursement from the Fund, the release must be reported to DEQ. Any corrective action taken more than 24 hours prior to the report of the release will not be eligible for reimbursement.

## 2.1 RELEASE REPORTING REQUIREMENTS

USTs Owners/Operators of UST systems are required to report the following to DEQ within 24 hours: (l) discovery of released petroleum; (2) unusual operating conditions except where defective equipment does not cause a release; (3) monitoring results that indicate a release has occurred unless the monitoring device is found to be defective and subsequent monitoring indicates that no release has occurred; (4) spills or overfills that exceed 25 gallons or that cause a sheen on any surface water; or (5) spills or overfills less than 25 gallons that are not cleaned up within 24 hours of the spill or overfill. In the case of inventory control, release reporting is not required if a second month of data does not confirm the initial result indicating a release. Similarly, in the case of manual tank gauging, release reporting is not required if a second week or month of data does not confirm the initial result indicating a release.

See Appendix 8 for the appropriate Regional Office telephone number to report a release.

ASTs AST operators must notify DEQ immediately upon learning of any discharge. Notification is not required if the discharge is less than 25 gallons and is cleaned up within 24 hours of the spill. For these discharges, an operator must keep a record of the discharge and the cleanup activity as required by Article 11 of State Water Control Law (VA Code § 62.1-44.34:19).

See Appendix 8 for the appropriate Regional office telephone number to report a release.

## 2.2 OBTAINING DEQ REGIONAL AUTHORIZATION

The Fund reimbursement procedures are not intended to interfere with or govern the activities of businesses engaged in the corrective action activities associated with releases from petroleum storage tanks. Corrective action is site-specific in nature and cannot always be accurately determined prior to the beginning of work. As a result of this site specificity and to provide Responsible Persons with a mechanism to control costs and ensure compliance with Fund requirements, a process requiring prior DEQ Regional Office authorization for corrective action activities has been created. This process is not intended to impede corrective action activities or define acceptable levels of cleanup; rather it is intended only to provide guidance on the reimbursement of claimed costs.

☞ In order to be eligible for reimbursement from the Fund, corrective action activities must be authorized in advance by the appropriate DEQ Regional Office.

The Activity Authorization Form (AAF) is the mechanism by which the Responsible Person obtains Regional Office authorization for corrective action activities. AAFs will only be authorized for established DEQ Phases. Phases are established steps that progress from

release abatement through cleanup and closure of the site. Each Phase has a corresponding report that must be submitted to the Regional Office. Section 2.3 contains a listing of the Corrective Action Phases and Phase requirements.

### 2.2.1 AAF Authorization Process

1. A release is detected. Within 24 hours, the Responsible Person reports the release to the appropriate DEQ Regional Office and the Regional Office issues a Pollution Complaint (PC) number for the site. Information about obtaining authorization for emergency cleanup can be found in Section 2.2.2.

2. The Responsible Person and consultant coordinates with the Regional Office to develop a site-specific scope of work and determine in which Phase the work will be authorized.

3. The Responsible Person and/or consultant complete an AAF, which lists proposed and contingent units for Tasks and Material items. The Responsible Person sends the AAF to the Regional Office for approval before site activities begin. See Appendix 6 for an Activity Authorization Form and instructions for completion.

4. The Regional Office sends the approved AAF back to the Responsible Person and/or consultant. The approved AAF is DEQ's documentation that the work has been authorized.

5. The consultant/contractor performs the scope of work authorized by the Regional Office on the approved AAF.

6. The Responsible Person/consultant must obtain DEQ Regional Office authorization for all work which will exceed the proposed plus contingent units on the approved AAF. This additional work may be authorized by revising the original AAF to include the additional units or completing a new AAF listing only the additional units to be performed.

7. ☞ The appropriate Phase report and the authorized AAF(s) with the "Work Performed" column completed is submitted to the Regional Office prior to submitting a Reimbursement Application. The AAF should <u>not</u> be bound in the report. See Section 2.3.

8. The Regional Office verifies that the work listed in the "Work Performed" column of the AAF has been performed and forwards a copy of the completed Phase AAF to the DEQ Central Office. If necessary, the Regional Office authorizes additional work under the next corrective action Phase.

### 2.2.2 AAF Post Authorization

The responsible person must undertake actions taken to abate immediate hazards (fire/safety or environmental emergency) even if those actions have not been authorized by DEQ. DEQ realizes that when responding to emergencies, Regional Office authorization of an AAF prior to performing the work is not always practical. DEQ also recognizes that Regional Office staff is not always available and site conditions sometimes justify the need to exceed the AAF authorized units prior to Regional Office approval.

When either of these situations occur, the Regional Office must be contacted as early as possible (usually the next business day) and an AAF must be submitted to the Regional Office. This AAF must indicate all the work for which post authorization is needed as well as other activities that may be necessary to complete the particular Corrective Action Phase. When the Responsible Person requests post authorization of an AAF, there is a risk that the Regional Office staff will determine that all or part of these activities is unnecessary. Regional Office staff will evaluate the scope of work on the AAF and authorize only the work that the Regional Office staff believes was necessary.

Responsible Persons are required to report releases to DEQ (See Section 2.0). Actions taken more than 24 hours prior to report of a release to DEQ are not eligible for reimbursement and will not be post authorized on an AAF.

### 2.2.3 Authorization for Corrective Action Plan Implementation

The Corrective Action Plan Implementation Phase differs from other Corrective Action Phases. Tasks and materials that exceed $500 and do not have a DEQ established UCR must be bid. All activities for CAP Implementation must be approved by the appropriate DEQ Regional Office on a Bid Summary Form and/or an AAF to be eligible for reimbursement.

Section 2.5 contains detailed requirements for obtaining authorization and bidding the CAP Implementation Phase.

## 2.3 CORRECTIVE ACTION PHASES

Phases are established steps that progress from release abatement through cleanup and closure of the site. AAFs will only be authorized for DEQ Phases and each Phase has a corresponding report that must be submitted to the Regional Office. After completion of one or more Corrective Action Phases, an application for reimbursement may be submitted. Claims for Post Site Characterization Monitoring and Corrective Action Plan Implementation Phases may be submitted only twice in any calendar year.

### 2.3.1 Reimbursement by Complete Phases

After completion of one or more corrective action Phases at a site, a Reimbursement Application for costs incurred may be submitted. If the Reimbursement Application is filed prior to the submittal of the appropriate corrective action report, the application will be returned to the claimant. The application may be re-filed when the report has been submitted to the appropriate DEQ Regional Office. Listed below are the Corrective Action Phases and the corresponding reports, which must be submitted to the Regional Office prior to filing an application.

| Corrective Action Phases | Report |
|---|---|
| Release Investigation | Release Investigation Report |
| Initial Abatement | Initial Abatement Report |
| Site Characterization | Site Characterization Report |
| Site Characterization Addendum | Site Characterization Addendum Report |
| Phase II Initial Abatement | Phase II Report |
| Corrective Action Plan Development | Corrective Action Plan |
| Corrective Action Plan Addendum | Corrective Action Plan Addendum |
| Site Closure | Site Closure Report |

### 2.3.2 Phases with Reimbursement Periods

The following Phases of corrective action do not need to be completed before an application for reimbursement may be submitted. For these Phases, the claimant establishes Reimbursement Periods. The claimant should only request AAF authorization for activities that will be completed during one Reimbursement Period at a time.

| Corrective Action Phases | Report |
|---|---|
| Post Site Characterization Monitoring | Post Site Characterization Monitoring Report |
| Corrective Action Plan Implementation | Monitoring/operating Reports |

DEQ may provide written Interim Authorization to undertake corrective action activities prior to the approval of a Corrective Action Plan. Work authorized under Interim Authorization must be conducted and costs claimed using the procedures for CAP Implementation Phase.

☞ Only two claims per calendar year may be submitted for Post Site Characterization Monitoring Phase and only two claims per calendar year may be submitted for Corrective Action Plan Implementation Phase. The Reimbursement Period is established using the earliest and latest invoice dates. Only one application will be accepted for a Reimbursement Period. Reimbursement Periods during these Phases may not overlap. An application must include all of the costs for the work performed during the Reimbursement Period. Additional costs submitted in later applications, which overlap a previous Reimbursement Period, will be denied.

Example: The Corrective Action Implementation Phase of work is initiated on June 1, 1996. A remediation system is installed at the site and a reimbursement application is submitted on October 15, 1996 with invoice dates ranging from June 11, 1996 until October 1, 1996. The Reimbursement Period for this application is June 11, 1996 to October 1, 1996. The next CAP Implementation Phase application cannot include any invoices dated between June 11, 1996, and October 1, 1996.

## 2.4 USUAL AND CUSTOMARY RATE (UCR) SCHEDULES

DEQ has established three separate UCR Schedules for Task and Material items eligible for reimbursement. Each UCR Schedule may be used only for work performed within the effective dates and transition periods listed below. The UCRs represent the maximum amount (including overhead and mark-up) DEQ will reimburse for an activity or item unless bidding is used as described in Section 2.5. For sites where new Phases of Corrective Action extend across effective dates of UCR Schedules, DEQ requires a transition to the more current UCR schedule. The following table lists UCR Schedules:

| UCR SCHEDULE | EFFECTIVE DATES | TRANSITION TO NEXT UCR SCHEDULE |
|---|---|---|
| 1289 | 12/22/89 through 2/28/95 | New Phase or New Reimbursement Period started after 2/28/95 transitions to the 395 UCRs |
| 395 | 3/01/95 through 12/31/97 | Regional Office receipt of first AAF for a New Phase or New Reimbursement Period after 12/31/97 transitions to the 198 UCRs |
| 198 | 1/01/98 to Present | Not Applicable |

The 1289, 395, and 198 UCR Schedules are available as Volume II of the Virginia Petroleum Storage Tank Fund Reimbursement Guidance Manual. See Section 1.7 for obtaining copies.

**1289 UCR Schedule**

The 1289 UCRs apply when Corrective Action activities began after December 21, 1989 and prior to March 1, 1995. When a Phase or Reimbursement Period using 1289 UCRs continues beyond the 1289 UCR effective date (2/28/95), the 1289 UCRs remain in effect until a new Phase or Reimbursement Period is begun. A site transitions to the 395 UCRs when a new Phase or new Reimbursement Period starts after February 28, 1995. Costs for Work Performed units on a 1289 AAF for a Phase or Reimbursement Period, which started after February 28, 1995, will be denied.

**395 UCR Schedule**

The 395 UCRs apply when the Regional Office receives the first AAF for a new Corrective Action Phase or Reimbursement Period after February 28, 1995 and prior to January 1, 1998. When a Phase or Reimbursement Period using 395 UCRs continues beyond the 395 effective date (12/31/97), the 395 UCRs remain in effect until the Regional Office receives the first AAF for a new Phase or Reimbursement Period. A site transitions to the 198 UCRs when the Regional Office receives the first AAF for a New Phase or New Reimbursement Period after December 31, 1997. Costs for Work Performed units on a 395 AAF for a Phase or Reimbursement Period, which started before March 1, 1995, or after December 31, 1997, will be denied.

**198 UCR Schedule**

The 198 UCRs apply when the Regional Office receives the first AAF for a new Corrective Action Phase or Reimbursement Period on or after January 1, 1998. Costs for Work Performed units on a 198 AAF, which started before January 1, 1998, will be denied.

2.4.1 Task and Material Costs

DEQ has identified Tasks that are commonly performed during corrective action at petroleum storage tank sites and has established UCRs for these Tasks. Prior Regional Office authorization for all corrective action Tasks is required in order for those tasks to be eligible for reimbursement.

☞ The Regional Office will also authorize items from the Material UCR Schedule for activities, which the Regional Office determines to be necessary, but are not included in the Task UCR Schedule. The Regional Office will authorize only material items where it is not possible to utilize a Task UCR. Material UCRs should not be used to replace Task UCRs. As part of the approval process, the Regional Office will identify the site-specific activities and then authorize the appropriate items and units for each activity from the Material UCRs. Appendix 4 contains listing of professional classifications and their corresponding responsibilities.

Examples of activities that require use of material items include:

sample analysis;
fate and transport modeling;
bio-feasibility studies;

soil vapor extraction pilot test;
air sparging pilot test;
fracture trace analysis; and
contractor travel time and per diem.

### 2.4.2 Coding Items on the AAF

☞ Every item listed on an AAF for authorization must have a code entered in the column titled "Code". Tasks are pre-entered on the AAFs with the "T" codes listed in the Code column. Items from the Material UCR Schedule must be listed with their corresponding code in the Material section of the AAF. Most items on the Material UCR Schedule in Volume II of the Reimbursement Guidance Manual are listed with "M" Codes with their matching UCRs. However, the 198 Program Material UCR Schedule has a limited number of items and commodities with "C" Codes (see Page 1-41 of Vol. II of the Reimbursement Guidance Manual). C Coded items must be listed for authorization on the Material section of the AAF. C Coded items do not have fixed Unit Rates or UCRs. C Coded items will be reimbursed at cost. To be reimbursed for C Coded items, a bill or invoice from the supplier or vendor of the commodity, documenting the cost incurred, must be submitted with the claim. Invoices must conform to the invoice requirements found in Section 4.1.5.

Proposed and Contingent Unit values are not necessary when requesting authorization for C Codes, except when requesting authorization for U1008, Federal/State/Local Permit fees. When requesting authorization for permits (U1008), the number of permits needed must be listed in the "Proposed Units" column.

If an item is listed on the AAF that is not included on the Material UCR Schedule and does not have a code, the claimant or consultant must assign one. Items that do not have an M or C Code must be assigned an X Code. Do not assign an X code if the item has an M or C Code. An X Code is a alphanumeric code beginning with "X". For each site, X Codes must begin with X001, each item should be uniquely numbered, and the X Codes must be sequential, i.e. X001, X002, X003.

### 2.4.3 Ancillary Costs

There are many small items that should not be charged separately. These ancillary costs are considered as overhead and are included in the billing rate of professional staff. These costs include, but are not limited to, the following:

| | | | |
|---|---|---|---|
| telephones | faxes | computers | CAD computers |
| software | copies | postage | office supplies |
| building overhead | binders | cellular phones | portable computers |
| cameras | tool kits | hand tools | photographic film |

field notebooks drum dolly flashlights ear plugs

## 2.5 BIDDING

Bidding is required during the CAP Implementation Phase for activities or materials with no UCR that cost more than $500 over the duration of the Phase. Regional staff may also require bidding in any Phase where DEQ believes bidding is advantageous to the Commonwealth.

Prior to initiating work in a Phase, the Responsible Person may also elect to use bidding to demonstrate a DEQ established UCR for a Task or Material is unreasonable.

DEQ expects that bidding will be used most often during the CAP Implementation Phase, since this Phase typically includes purchase and installation of remediation systems for which DEQ has not established UCRs. The following section provides guidance on when bidding is required and how to properly bid work in order to be eligible for reimbursement.

### 2.5.1 Role of the Primary Consultant

The Responsible Person may not have the technical expertise to develop bid specifications and review incoming bids for implementing corrective action plans or other Phases. The following procedures assume that the Responsible Person will retain a primary consultant to assist with the bidding process and oversee site work. Some of the functions the primary consultant may perform at most sites can include:

1. preparing engineering design and specifications for remediation systems;
2. developing bid solicitations;
3. reviewing incoming bids and selecting the winning bids;
4. overseeing work performed by subcontractors;
5. installing the remediation system;
6. providing project management throughout the corrective action process;
7. operating and maintaining the remediation system;
8. monitoring site conditions and remediation system effectiveness;
9. preparing status reports directed by DEQ;
10. preparing or assisting with reimbursement application submittal; and
11. removing the remediation system.

The primary consultant is not required to bid any DEQ established Task or Material that is authorized on an AAF. The personnel time needed for performing primary consultant functions must be listed on the Material section of the AAF. When requesting personnel time to perform these functions, the primary consultant must list the specific activities to be performed in the Comments section of the AAF.

A consulting firm may not bid on scopes of work at sites where it is the primary consultant.

### 2.5.2 Ensuring a Fair Bid Process

The Responsible Person or primary consultant should make every effort to ensure the bidding process is fair and unbiased because this is essential for effective competition. A list of contractors to be invited to bid should be prepared. Each contractor should be evaluated for financial capacity and integrity and for the ability to complete a project of the size, scope, and complexity required. Those invited to bid should be fully qualified contractors who can meet all contract requirements. The Responsible Person or primary consultant should allocate sufficient time for bidders to prepare their bids. All bids should be solicited at the same time allowing each bidder equal time to prepare a response. All bids should be delivered to a pre-designated place, no later than a specified time. A tabulation of all bids should be furnished to each bidder within ten days of the bid date and, for larger scope items, it is preferable that bids be opened in the presence of all bidders. By provisions in the instructions to bidders or in advertisements, the Responsible Person typically retains the right to reject any and all bids. However, rejection should not be used as a device to accept a bid submitted after the prices of others were made public, or to obtain an estimate of the cost of the work which is then awarded in separate contracts or to a bidder selected in advance. Any irregularities in the bids may be waived, provided this is done after careful study and in good faith. Under no circumstances should a bidder be permitted to alter a bid after all bids have been opened. The contract should be awarded to the lowest responsible bidder.

For more detailed guidance in competitive bidding procedures, refer to the American Institute of Architects Document A501/Associated General Contractors of America Document 325; *Recommended Guide for Competitive Bidding Procedures and Contract Awards for Building Construction*.

### 2.5.3 The Bid Process

*Step 1. The Responsible Person or the Primary Consultant Prepares and Submits Bid Summary and Activity Authorization Forms to the Regional Office for Approval*

The Responsible Person or primary consultant will identify bid scope(s) of as well as work to be performed based upon the UCR Schedule. To obtain approval for these activities, both a Bid Summary Form and an AAF must be submitted. Material or equipment, which will be bid, <u>must</u> be listed on the Bid Summary Form (see Appendix 7) and assigned a scope of work number. Tasks or materials, which utilized UCRs, <u>must</u> be listed on an AAF (see Appendix 6).

All non-bid activities planned for completion during the Phase or Reimbursement Period must be included on an AAF. AAFs should include personnel time needed to

develop bid solicitations, evaluate bids, and other necessary items listed in Section 2.5.1. The Bid Summary Form and AAF must be submitted to the Regional Office for approval.

☞ Every item or activity must be listed on either the Bid Summary Form or the AAF, not both.

*Step 2. Bid Summary and Activity Authorization Forms are Approved and Returned to the Responsible Person*

The Regional Office will review the AAF(s) and approve appropriate activities and units. The Responsible Person may also be directed to obtain bids for any task, equipment, material, or service and be required to modify the AAF and Bid Summary Forms accordingly.

The Regional Office will evaluate the information listed on the Bid Summary Form(s) and ensure that necessary items and services are included and that the scopes of work are appropriate. The Regional Office staff may request engineering designs or other detailed information on which the scopes of work on the Bid Summary Form are based. Once the Regional Office staff completes its review, copies of the approved AAF(s) and Bid Summary Form(s) will be returned to the Responsible Person.

The decision to rent or purchase equipment should be based on the option that gives the lowest overall cost. The Responsible Person or consultant may be required to demonstrate that purchasing is more cost effective than leasing or renting. The Regional Office may require rental or purchase after reviewing the analysis.

If additional work or change orders for bids are required, additional AAFs and Bid Summary Forms must be submitted to the Regional Office for approval. Please see Section 2.5.7 for instructions regarding change orders.

*Step 3. Responsible Person Obtains and Submits Bids to the Regional Office for Review*

After receiving an approved Bid Summary Form, competitive bids for the scopes of work listed on the Bid Summary Form(s) may be obtained. A minimum of three qualified bids must be obtained for each scope of work identified on the Bid Summary Form. Bids should include shipping and freight charges and applicable taxes. After all bids are received, copies of the bid solicitations, completed Bid Comparison Form (see Appendix 7), and bids or phone bid documentation must be sent to the Regional Office for verification. The Bid Comparison Form must list the bids which were received for each scope of work, who provided the bids, the total amount of each bid, and the lowest bid that met the specified scope of work.

Copies of the bids must be attached to the Bid Comparison Form and must be arranged in the order in which they are listed on the form.

*Step 4. The Regional Office Reviews the Bids*

Upon receiving copies of the bid solicitations, Bid Comparison Form(s), and bids or phone bid documentation, the Regional Office staff will confirm the bid selections. The Regional Office will retain copies of the bids and send a signed copy of the Bid Comparison Form to the Responsible Person, authorizing the Responsible Person to award the contracts.

*Step 5. The Owner/Operator Initiates Bid Work*

Once the Bid Comparison Form(s) signed by the Regional Office has been received, corrective action may begin.

*Step 6. Submittal of Completed Bid Work Progress and Activity Authorization Forms*

Before a reimbursement application can be processed, the Responsible Person must submit to the Regional Office completed Bid Work Progress Forms, AAFs, and reports or other related work products required for the Phase or Reimbursement Period. The Bid Work Progress Form lists work performed during the Phase or Reimbursement Period and indicates the cumulative percentage of work completed for each scope of work. The AAF indicates the number of units of work performed for non-bid items for the same Phase or Reimbursement Period.

The Case Manager at the Regional Office will review the AAF and the Bid Progress Form to verify that the specified work has been completed. The Regional Office is responsible for forwarding AAFs and Bid Work Progress Forms to the DEQ Central Office for reimbursement processing. DEQ will reimburse up to the amount of the lowest bid, which met the scope of work approved by the Regional Office.

### 2.5.4 DEQ General Bidding Requirements

1. The bids must be site-specific and the scope of work must be clearly defined.

2. The bids must be obtained before the work is performed.

3. Do not mix activities, tasks or materials eligible for reimbursement with items or activities, which are not eligible for reimbursement. Mixing bid items with activities or materials that are not eligible for reimbursement will invalidate the bid and affect the amount eligible for reimbursement. A list of ineligible costs can be found in Section 1.4.

4. Consultants cannot provide bids at sites where the consultant or its firm are acting as the primary consultant. DEQ believes that it would be a conflict of interest for the primary consultant to submit a bid for a scope(s) of work when the primary consultant also evaluates the incoming bids.

Note: The primary consultant may perform any task or provide material or equipment for which there are DEQ established UCRs.

5. A minimum of three qualified bids must be received for each scope of work listed on the approved Bid Summary Form. If three qualified bids are not obtained, the primary consultant should evaluate remedies including soliciting bids from additional contractors and/or revising the specifications as appropriate to encourage additional bids and re-bid. Notify the Regional Office for guidance if three bids cannot be obtained.

6. A written bid must be received from each bidder in the format specified by the primary consultant. However, DEQ requires the cover page of each bid to include:

    a. the scope of work;
    b. the scope of work number;
    c. the name of the bidding company;
    d. name of the person preparing the bid;
    e. the date that the bid was offered;
    f. the specific service and number of units, or materials/equipment and number of units;
    g. the total price for that service or items and unit prices where applicable; and
    h. the signature of an authorized agent for the bidder.

7. Phone bids are acceptable for bid scopes of work totaling less than $2,000. The following information must be submitted to the Regional Office documenting the phone bids:

    a. the scope of work;
    b. the scope of work number;
    c. the name of the bidding company;
    d. name of person providing the bid;
    e. the date that the bid was offered;
    f. the specific service and number of units; or materials/ equipment and number of units;
    g. the total price for that service or items and unit prices where applicable; and
    h. the names and titles of individuals obtaining the phone bids.

8. All bids must be for the same scope of work including number of units and equipment size(s). Lump sum totals must be shown for <u>all</u> bids received and contracts will be awarded based on the lump sum amounts including freight, shipping, and applicable taxes. Unit prices must also be shown when applicable.

9. Each scope of work, which is bid, must be listed on a Bid Comparison Form. The Bid Comparison Form lists bids, which were received for each scope of work, names of the bidders, dollar amounts for the bids, and indicates the successful bid.

10. In order for a bid to be considered valid, the scope of work listed on that bid must correspond with the scope of work approved by the Regional Office on the Bid Summary Form.

11. The Responsible Person and primary consultant are responsible for ensuring that work is performed according to the bid specifications, and verifying that work claimed for reimbursement is completed. The Responsible Person and the primary consultant are responsible for completely supervising and directing the work of all subcontractors.

### 2.5.5 Bidding Requirements for CAP Implementation Phase

For sites with acceptable Corrective Action Plans, the Regional Office sends a CAP approval letter to the Responsible Person. If Interim Authorization of a CAP is requested and necessary, the Regional Office sends an Interim Authorization approval letter authorizing the requested actions to be taken under Interim Authorization. Upon receipt of the CAP or Interim Authorization approval letter, the Responsible Person or primary consultant will identify the scope(s) of work for activities and materials needed for the CAP Implementation Phase.

Bidding may occur at different times throughout the CAP Implementation Phase (i.e., design, construction/start-up, O&M). If the Responsible Person or primary consultant wishes to bid an item, a scope of work for this item or service must be developed and a scope of work number must be assigned. Bids for services, materials, and equipment may be combined or aggregated as deemed appropriate by the Responsible Person or primary consultant. The scopes of work that are to be bid for the duration of the CAP Implementation Phase are then summarized on a Bid Summary Form.
CAP Implementation Phase work is authorized as follows:

1. Tasks and Materials on the UCR Schedule may be listed on an AAF for authorization by the Regional Office and do not require bidding. In some cases, the Regional Office may identify Tasks or Materials with UCRs, which must be bid. If this occurs, the Responsible Person is required to modify the AAF and Bid Summary Forms accordingly.

☞ 2. Material and equipment which are not listed in the UCR schedule and cost more than $500 over the duration of CAP Implementation must be listed on the Bid Summary Form, assigned a scope of work number, and bids obtained. The Responsible Person also has the option of bidding any activity or item, even if there is an applicable UCR.

3. Activities or items not listed in the UCR schedule, which will cost less than $500 over the duration of CAP Implementation need not be bid. Rather, they are authorized on the Material section of the AAF. On the AAF, each activity or item that does not have a Material UCR must be assigned a three-digit code beginning with "X" (See Section 2.4.1 for a more detailed explanation). For each site, "X" codes must be unique, begin with X001, and be sequential. For example, X001, X002, X003,....

☞ 4. Task T040, General Project Management, may not be used and costs associated with this task code will not be reimbursed during the CAP Implementation Phase. Personnel time needed for project management activities should be authorized on the Material section of the AAF. The primary consultant, when requesting personnel time, must specify on the AAF the activities to be performed and the amount of time that personnel at a particular level will spend on each activity.

5. A bid scope of work may take considerable time to complete and could extend over multiple Reimbursement Periods. To request reimbursement for work performed during a Reimbursement Period, the Bid Work Progress Form must indicate the cumulative percentage of the scope of work completed. This is the percentage of the scope of work that has been completed since the CAP Implementation Phase began through the end date of the Reimbursement Period being claimed. New Bid Work Progress Form(s) must be completed to claim any remaining bid work in subsequent Reimbursement Periods.

6. An AAF that has been submitted with a CAP Implementation Phase reimbursement application cannot be used in any subsequent reimbursement applications. Work, which was authorized on an AAF but not performed must be re-authorized on a new AAF in order to be eligible for reimbursement during a subsequent Reimbursement Period.

   Note: To ensure site activities are not interrupted, AAFs listing activities to be performed during the next Reimbursement Period should be authorized prior to completion of the current Reimbursement Period.

### 2.5.6 Bidding Requirements Outside of CAP Implementation Phase

If the Responsible Person believes a Task or Material UCR is not reasonable, DEQ will also allow the use of bidding to demonstrate the reasonableness of the costs in any Phase. In addition, DEQ may require the use of bidding in any when DEQ believes bidding is advantageous to the Commonwealth.

☞ For Phases without Reimbursement Periods (See Section 2.3.1, Reimbursement by Complete Phases), all bid work must be completed and claimed in the sole reimbursement application for the Phase. The Responsible Person must take care to

ensure that the Bid Work Progress Form and reimbursement application include all bid work completed during the Phase. Unclaimed bid work cannot be submitted in a reimbursement application for another Phase.

In the Post Site Characterization Monitoring Phase, the claimant establishes Reimbursement Periods for submittal of applications (see Section 2.3.2). To request reimbursement for work performed during a Reimbursement Period, the Bid Work Progress Form must indicate the cumulative percentage of the scope of work completed. This is the percent of the scope of work completed from the beginning of Post Site Characterization Monitoring Phase through the end date of the Reimbursement Period for which an application is being submitted. A new Bid Work Progress Form must be completed for each Reimbursement Period.

### 2.5.7 Change Orders

Any change to an approved bid scope of work is considered a Change Order. Change Orders can only be made to the original scope of work, not to a previous Change Order. Work which was not included as part of the approved bid scope of work requires Regional Office approval using either of the two following mechanisms in order to be eligible for reimbursement:

1. When the number of units of an approved bid scope of work increase, yet the unit costs (as specified in the successful bid) do not change, additional bidding for the change order units may not be required. For the additional units, complete a Bid Summary Form by assigning a new scope of work, scope of work number, and filling in the Change Order block. Submit the Bid Summary Form to the Regional Office for approval. This additional work does not have to be bid if the Regional Office approves the additional units. See Appendix 7 for detailed instructions on completing the Bid Summary Form.

   Example: Bids, which contained unit rates, were obtained for excavating 300 tons of soil. After initiating work on site, it was determined that an additional 90 tons of soil should be excavated. A Bid Summary Form indicating the scope of work, the additional proposed number of units, and that this as a change order was submitted to the Regional Office. The Regional Office believed that the additional work was necessary, approved the scope of work, and returned a copy of the approved Bid Summary Form. The Responsible Person proceeded with the additional excavation without obtaining bids using the unit rates from the original bid.

2. When unit prices for a previously approved scope of work will be different than those submitted on the original bid, or when a unit price was not included in the original bid, a new scope of work and scope of work number must be assigned. Work for these change orders must be bid using the bidding requirements of this section.

2.5.8 Mark-up

Mark-up on costs that are billed directly to the Responsible Person is not eligible for reimbursement. Only costs for subcontracted services, equipment, and materials obtained through an approved bid and billed to the Responsible Person by the primary consultant, are eligible for mark-up of up to 10%.

### 2.6 REGIONAL OFFICE VERIFICATION OF AUTHORIZED WORK

Before a reimbursement application can be processed, the following must be submitted to the Regional Office:

1. reports or other work products required for the completed Phase or Reimbursement Period
2. AAFs with the Work Performed Column filled in (work-performed AAF), and/or
3. completed Bid Work Progress Forms.

The AAF(s) and Bid Work Progress Forms should not be bound in the report. The AAF(s) and the Bid Work Progress Forms must include all work performed for the Phase or Reimbursement Period.

☞ Before the report is submitted to the Regional Office, the claimant should take care to ensure that the AAF(s) and/or Bid Work Progress Form accurately reflect the work performed for the Phase or Reimbursement Period. All evidence to support the necessity of work, which was not authorized by the Regional Office but is listed in the work performed column of the AAF must be submitted with the work-performed AAF.

The Regional Office reviews the report and completes a verification package documenting the work performed for the Phase or Reimbursement Period. This verification package is forwarded to the Reimbursement Staff at the Central Office of DEQ for Application Processing.

## 3.0 COMPLETING AND SUBMITTING THE REIMBURSEMENT APPLICATION

### 3.1 THE REIMBURSEMENT APPLICATION

The Reimbursement Application must be used to request reimbursement from the Fund. Clearly type or print all information and ensure that all required documents are submitted with the application. Attach additional pages as necessary to explain responses. Sign and date the application where indicated. Send the original signed application with one copy of each of the supporting documents. Retain a copy of the application and the original

supporting documents for seven years from the date of submission. To confirm delivery, it is suggested that applications be mailed certified, return receipt requested. Applications may not be submitted by facsimile or through electronic means.

A Phase or Reimbursement Period must be completed before a reimbursement application can be submitted. AAFs with the units in the Work Performed Column filled in, completed Bid Work Progress Forms, and reports or other related work products required for the completed Phase or Reimbursement Period must be submitted to the Regional Office. The AAF(s) and the Bid Work Progress Forms must include all work performed for the Phase or Reimbursement Period.

## 3.2 NEW FILING REQUIREMENTS FOR CLAIMS

### 3.2.1 Filing Deadlines

☞ The 1997 General Assembly enacted a claim-filing deadline for leaking petroleum storage tank sites. The new law prohibits reimbursement of applications for cleanup and third party claims received after the filing deadline. The deadline for filing applications for reimbursement is two years after case closure (the date DEQ closes the investigation and cleanup activities for a site). For any cases closed prior to July 1, 1998, the filing deadline is July 1, 2000.

Use the table below to determine your filing deadline:

| Case Closure Letter Date | Reimbursement Application Filing Date |
|---|---|
| Before July 1, 1998 | July 1, 2000 |
| On or after July 1, 1998 | 2 years after the case is closed * |

* Case closure date is determined by the date of the case closure letter

In addition to the filing deadline, please remember that only underground storage tank cleanup costs incurred after December 22, 1989, and aboveground storage tank cleanup costs incurred after January 1, 1992 are eligible for reimbursement.

### 3.2.2 New Filing Requirements

1. Only Phases or Reimbursement Periods utilizing the same UCR Schedule are allowed in an application. A separate application must be submitted for Phases or Reimbursement Periods utilizing different UCR Schedules.

   Example: The Initial Abatement Phase and Site Characterization Phase were completed utilizing the 395 UCR Schedule. The Corrective Action Plan Development Phase was completed using the 198 UCR Schedule. A minimum of two separate applications is required. One application would include the Initial

Abatement and Site Characterization Phases (395 UCR Schedule) and the second application would be for the CAP Development Phase (198 UCR Schedule).

2. Claims for Post Site Characterization Monitoring may be submitted only twice in any calendar year.

3. Claims Corrective Action Plan Implementation may be submitted only twice in any calendar year.

4. At sites where Corrective Action activities began prior to March 1, 1995, an AAF for 1289 UCRs must be completed and submitted to the appropriate Regional Office prior to submittal of an application for reimbursement. An Interim VPSTF Claim Worksheet is no longer acceptable.

☞ 5. Only one application utilizing 1289 UCRs for a site will be accepted after January 1, 1998. This application must include all remaining Phases or Reimbursement Periods which utilize 1289 UCRs. All 1289 UCR units for which you seek reimbursement must be listed in the Work Performed column of the AAF. Any units not listed in the work-performed column of the AAF(s) submitted for Regional Office verification will be ineligible for reimbursement.

## 3.3 APPLICATION FORMS AND WORKSHEETS

The following is a description of the application forms and an explanation of their use. The application forms and detailed instructions can be found in Appendix 2. Appendix 3 contains the application Worksheets and instructions.

**Form 1 - Reimbursement Application**
This is a two-page form that must be filled out and submitted with each application for reimbursement. The form requests claimant, site, insurance, financial responsibility and cost information.

The application requires the claimant to certify that the Responsible Person has read and understands the requirements for reimbursement and that the application submitted is not fraudulent. In addition, the claimant agrees to pay any remaining financial responsibility requirements. The claimant must attest to the accuracy and completeness of the information provided.

**Substitute IRS Form W-9**
This form must be filled out and submitted with the first application for each site by the Responsible Person. Completion of the form certifies that the Responsible Person has provided their correct taxpayer identification number, is not subject to backup withholding of federal taxes, and will update this information as necessary. If the proceeds of the claim are being assigned to another party, this form is not required. See below.

**Form 2 - Payment Assignment Form and Substitute IRS Form W-9**

When a Responsible Person wishes to assign the proceeds of a reimbursement application to another party, Form 2 must be filled out, signed, notarized, and submitted. The assignment applies only to the reimbursement application with which it is submitted and any Reconsideration of that application. Any check issued as result of the reimbursement application will be issued only to the party named as the assignee and mailed to the assignee's address.

**Form 3 - Multiple Owners Payment Assignment Form**
When there are multiple Responsible Persons (owners/operators), only one Responsible Person may claim the costs submitted for the cleanup. The remaining owners/operators must assign the right to reimbursement to this single claimant. A separate, signed and notarized form for each owner must be filled out and submitted with the first application.

**AAF Cost Worksheet**
After a Phase or Reimbursement Period is completed, an AAF Cost Worksheet must be submitted to claim the costs for Materials or Tasks performed. Separate worksheets must be submitted for each completed corrective action Phase or Reimbursement Period claimed in the application. The items and activities claimed on the worksheet must be listed using Task, Material, or "X" codes as described in Section 2.4.1.

**Bid Cost Worksheet**
After completing a Reimbursement Period or Phase where activities or items were obtained using bidding a Bid Cost Worksheet must be submitted to claim the costs for work completed. Items and activities claimed on the worksheet must be listed using the same Scope of Work Numbers that were listed on the Bid Summary Form.

## 3.4 WHERE TO SEND THE REIMBURSEMENT APPLICATION

Submit the original completed Reimbursement Application including the application Worksheets and the appropriate supporting documentation to:

Department of Environmental Quality
P. O. Box 1105
Richmond, VA 23218

ATTN: Office of Spill Response and Remediation
Claim Processing Section

# 4.0 PROCESSING THE REIMBURSEMENT APPLICATION

## 4.1 HOW DEQ PROCESSES THE REIMBURSEMENT APPLICATION

### 4.1.1 Application Review

After receipt of an application for reimbursement of corrective action costs, DEQ will perform the following activities:
An administrative review to determine:

1. if the applicant and the release are eligible for reimbursement;
2. if the application has been completed correctly, including all required signatures;
3. if all of the necessary forms and documentation have been submitted;
4. if the application is for a Phase(s) or Reimbursement Period(s); and

A financial review to determine:

1. the Financial Responsibility Requirement of the claimant for access to the Fund;
2. if the financial responsibility demonstration requirement has been met;
3. if the cost is reimbursable under an insurance policy;
4. if costs incurred or paid prior to the acceptable date ranges have been submitted; and
5. if acceptable invoices have been submitted.

A technical review to determine:

1. if the activities listed in the application Worksheets were verified by the Regional Office;
2. if there are any costs submitted for reimbursement that are not eligible;
3. if the costs for corrective actions are reasonable based on the appropriate UCR Schedule;
4. if the competitive bidding process was used according to procedures.

Upon completion of the reviews described above, DEQ will render reimbursement decisions based upon the information contained in the file. These reimbursement decisions will be documented and communicated to the applicant through a Reimbursement Decision package. See Section 4.2 for further explanation of DEQ decisions.

4.1.2 Time Required to Process a Reimbursement Application

It is the objective of DEQ to process an application within 90 days of receipt. This processing time frame is dependent upon the completeness of the application. If an application is received but all necessary information is not included, processing of that application will delayed.

4.1.3 Delayed Processing and Rejection of Applications

There are a number of defects that can delay the processing and payment of an application, result in costs being denied, and/or the application being rejected.. The following is a partial list of those defects:

1. Failure to complete all necessary forms;
2. failure to submit all required forms;
3. lack of appropriate signatures on the Reimbursement Application forms;
4. failure to provide the necessary supporting documentation for claimed costs; or
5. failure to provide a copy of any insurance policy or any other financial responsibility demonstration document covering costs incurred;
6. the Reimbursement Application and/or forms are incomplete or illegible;
7. the responsible person has not signed the Reimbursement Application;
8. the application is filed listing someone other than the responsible party as the claimant;
9. required documentation is not submitted with the Reimbursement Application;
10. Phase Cost Worksheets are not completed by Phase;
11. CAP Implementation Bid Worksheets are not completed by Reimbursement Period;
12. for a site, more than two reimbursement applications submitted in a calendar year for CAP Implementation Phase;
13. for a site, more than two reimbursement applications submitted in a calendar year for Post Site Characterization Monitoring Phase; and

14. Phases with different UCR Schedules in one reimbursement application.

Applications, which cannot be processed as submitted, will be rejected with a letter providing the reason for the rejection. To assist the claimant and ensure that all required documentation is submitted with the application, an Application Checklist has been included with this Guidance Manual in Appendix 2.

### 4.1.4 How DEQ Handles Defective Claims

As a general rule, DEQ's processing procedures reflect a balance of customer service and processing efficiency. Any time an application is lacking documentation or improperly submitted, processing will be delayed. When DEQ finds essential information is missing, an evaluation is made to determine if the claim can be processed without the information and if so, what adverse impact the missing information will have with respect to the amount approved for reimbursement. If the claim can be processed without the missing information and the defect can be addressed through the reconsideration process, then the claim is usually processed "as is". If it is not possible to process the claim "as is", DEQ usually attempts to contact the claimant and resolve the deficiency(ies). If contacted, an applicant will have 14 days from the date of the call or letter to submit the information requested. Extensions of the 14-day deadline will not be granted. An application which does not contain all of the required information after the 14 day time frame may be rejected or processed "as is", which can result in costs being denied. In rare cases, an application may have so numerous and/or significant defects that it cannot be processed and is rejected immediately with a written explanation of the defects and what remedies are needed.

### 4.1.5 Invoices

In order to be reimbursed for eligible corrective action expenses, an applicant must provide documentation to demonstrate that the expenses were incurred. Invoices are acceptable proof of incurred expenses. Include legible copies of invoices from the contractor or consultant who performed or managed the work. All invoices <u>must</u> include the following:

1. site name, or DEQ Pollution Complaint Number (PC Number), or site address,
2. contractor's invoice number,
3. invoice date,

Only invoices pertaining to the corrective action Phase or Reimbursement Period being claimed in the current application will be accepted. Costs omitted from previous claims are ineligible for reimbursement in subsequent claims. Likewise,

invoices submitted in previous claims will not be eligible documentation for reimbursement of costs in subsequent claims. In order to reduce the risk of disqualification of costs, costs for different corrective action Phases should be invoiced separately. If possible, invoices should be structured so that costs are grouped according to task or activity.

## 4.2 DEQ REIMBURSEMENT DECISIONS

Following a reimbursement decision, DEQ will prepare a reimbursement decision package. The reimbursement decision package provides the claimant with information on the total amount of the application, the amount disallowed, the amount approved, the Financial Responsibility Requirement of the claimant, and the total amount of any previous payments. If DEQ determines that a claim should not be paid in full, the reimbursement payment decision will briefly describe the reason for denial. The check for payment of reimbursement is mailed separately and will follow the decision package in one to two weeks.

## 4.3 RECONSIDERATION PROCESS

The claimant will be given the opportunity to submit a written response indicating why costs denied on the reimbursement decision should be paid. A Reconsideration Procedure Package for filing the objection will be mailed with the reimbursement decision package.

☞ If the claimant disagrees with the decision in the reimbursement payment package, a Notice of Intent (NOI) to object and a Reconsideration Claim Form must be submitted to DEQ within the filing deadlines specified in the Reconsideration Procedure Package. If filing deadlines are not met, the decision in the reimbursement payment package is final. This written objection must: be in the format specified in the Reconsideration Procedure Package, explain the reasons for disagreement with the decisions in the reimbursement payment package, and supply any additional supporting documentation. Upon receipt of this information and at the claimant's request, DEQ will schedule a reconsideration meeting to re-evaluate the denied costs.

**Reconsideration Procedures**

Claimants will be given one opportunity to contest DEQ reimbursement decisions. The claimant's notification of the process to contest the DEQ reimbursement decision will be included in the reimbursement payment package. The notification will inform the claimant that:

1. if requested in the Notice of Intent, the claimant may have a conference with a technical reviewer prior to the Reconsideration meeting;

2. the claimant may appear in person or be represented by counsel or other qualified representative for the presentation of factual data, argument, or other proof in connection with the claim;

3. the meeting will be tape-recorded;

4. the claimant may contest the decision in writing (i.e., without a meeting);

5. the claimant may request copies (at claimant's expense) of the reimbursement file;

6. the claimant is required to notify DEQ in writing of their intention to contest the reimbursement decision within filing deadlines;

7. the claimant must specify in the written Notice of Intent whether the claimant seeks to contest the decision through a meeting or in writing only; and

8. within the filing deadline, the claimant must submit a written summary of the issues that will be contested using the Reconsideration Claim Form.

## 4.4 ERRORS IDENTIFIED THROUGH THE RECONSIDERATION PROCESS

The reconsideration procedures provide DEQ the opportunity to correct certain errors. The following types of errors can be corrected.

1. Failure of the Regional Office to verify an AAF or Bid Work Progress Form which was received by the Regional Office prior to completing the verification package for the Phase or Reimbursement Period.

2. Errors the Regional Office makes in verifying an AAF or Bid Work Progress Form.

3. Failure of the claimant to submit all invoices.

However, some types of errors cannot be corrected. It is the responsibility of the claimant and/or consultant to ensure that all application forms (AAFs, Bid Work Progress Forms, and application Worksheets) are completely and accurately filled out. Failure to exercise proper care in preparing an application may result in a denial of costs, which cannot be corrected through the reconsideration process. The following are types of errors that cannot be corrected:

1. Items omitted from the Work Performed Column of the AAF or the Bid Work Progress Form will not be eligible for reimbursement even if these items are included on the worksheet(s) of the application.

2. Items omitted from the worksheet(s) of the application will not be eligible for reimbursement.

3. Failure to limit the use of an AAF to only one Phase or Reimbursement Period.

4. No additions or revisions to the AAFs and/or the Bid Work Progress Forms will be accepted from the claimant after the Regional Office forwards the verification package to Central Office of DEQ.

5. Failure to obtain written authorization on an AAF or Bid Comparison Form.

6. Failure to claim performed work on the application Worksheets.

7. Typographical errors on the AAF in the "Proposed," "Contingent," or "Work Performed" columns.

8. Typographical errors on the Worksheets of the reimbursement application.

9. Failure to claim Task or Material item as authorized on the AAF (authorized Tasks must be claimed as Tasks; authorized Materials must be claimed as Material items).

10. Failure to claim <u>all</u> costs in a Phase or Reimbursement Period. (These costs are not eligible for reimbursement in subsequent claims).

11. Using one invoice in multiple claims. Invoices submitted in an application cannot be used as documentation for reimbursement of costs in subsequent claims.

12. Using Task or Material codes on an AAF or application Worksheet that are not listed on the UCR Schedule, which is in effect for the application.

13. Failure to submit to the Regional Office all supporting documentation to demonstrate the necessity of work performed which exceeds proposed and contingent units. Such documentation must be submitted before the Regional Office forwards the verification package to Central Office of DEQ.

## 4.5 Delayed Payment of Virginia Petroleum Storage Tank Fund Claims

 62.1-44.34:11.A.11 of State Water Control Law requires that the Virginia Petroleum Storage Tank Fund balance be maintained at "a level sufficient to ensure that the Fund can serve as a financial responsibility demonstration mechanism for owners and operators of underground storage tanks." It further states that "Any disbursements made by the Board pursuant to subdivision 2 of this subsection may be temporarily reduced or delayed, in whole or in part, if such action is necessary, in the judgment of the Board, to maintain the Fund balance. "

The Fund balance fluctuates and may drop, due to increased claim filings and reduced revenue, to a level where it is no longer be possible to pay all claims once they have been processed. When the Fund balance approaches this level, DEQ, the Comptroller, and the Department of Motor Vehicles will take the necessary steps to increase the amount of the fee

collected pursuant to §62.1-44.34:13.D of State Water Control Law. During these cycles DEQ may find it necessary to implement Delayed Payment Claim Processing Procedures.

When Delayed Payment Claim Processing Procedures are implemented, claims will be processed as usual, and once completed they will be placed on a Release Request Listing. When Decision Packages are mailed out, claimants will be notified that their claim will be paid as money becomes available. Claims will be organized on the Release Request Listing in order by the week the claim was completed. For claims completed within the same week, they will be listed in order by the received date. Each month, DEQ will determine the amount of revenue received which can be made available for claim payments, and claims will be released based on their placement on the list. Claimants will receive a letter notifying them that the claim has been released, followed within seven to ten days by a check.

Once higher revenue is received, claims will be released which have been delayed in earlier months prior to releasing any current claim payments. Unfortunately, due to fluctuations in claim amounts and revenues received, it is not possible for DEQ to predict exactly how long Delayed Payment Processing will continue.

# APPENDIX 1
## Definitions

DEFINITIONS

The following definitions are critical to understanding this Guidance Manual and the relevant Virginia regulations. Please take a moment to familiarize yourself with these definitions.

**Aboveground Storage Tank or AST** means any one or a combination of tanks, including pipes, used to contain an accumulation of oil at atmospheric pressure, and the volume of which, including the volume of the pipes, is more than 90% above the surface of the ground. This term does not include (i) line pipe and breakout tanks of an interstate pipeline regulated under the Hazardous Liquid Pipeline Safety Act of 1979 and (ii) flow-through process equipment used in processing or treating oil by physical, biological, or chemical mean;

**Bid Scope of Work** means any combination of services, materials, personnel, equipment, and number of units specified in a bid solicitation package.

**Change Order** means any change to an approved bid scope of work.

**Corrective Action** means all actions necessary to abate, contain and clean up a release from an UST system, an exempt UST 1 and 2, a small heating oil AST, or a facility and to mitigate the public health or environmental risk from such releases. Corrective action for an UST system must be conducted in accordance with Parts V and VI of 9 VAC 25-580-10, et seq. Corrective action for an exempt UST 1 and 2, a small heating oil AST or a facility shall include the requirements for containment and clean up as defined in Virginia Code § 62.1-44.34:14 and must be conducted in accordance with Virginia Code § 62.1-44.34:18. This term also includes the provision of an alternate water supply and actions necessary to abate, contain, and clean up a release conducted on the property of a third party who is not responsible for the release. This term does not include those actions normally associated with closure, change in service, upgrade or replacement of an UST system, an exempt UST 1 and 2, a small heating oil AST, or an AST at a facility.

**Exempt UST** means an underground storage tank exempt from the requirements of Article 9 of the State Water Control Law and UST regulations. These exempt USTs are identified in clauses 1 through 9 of the definition of an underground storage tank.

**Facility** means any development or installation within the Commonwealth that deals in, stores, or handles oil, and includes ASTs. The term does not include UST systems or pipelines.

**Fund Fee** means the levy on each gallon of gasoline, aviation motor fuel, diesel fuel, dyed diesel fuel, kerosene, and heating oil sold and delivered or used in the Commonwealth.

**Interim Authorization** refers to DEQ written authorization to undertake corrective action activities prior to the approval of a Corrective Action Plan. Work authorized under Interim Authorization must be conducted and costs claimed under the CAP Implementation Phase.

**Occurrence** means an accident, including continuous or repeated exposure to conditions, which results in a release from an UST system, an exempt UST 1 and 2, a small heating oil AST or a facility. (See Section 1.3.4. for further discussion of occurrence.)

**Operator of a Facility** means any person who owns, operates, rents, or otherwise exercises control over, or responsibility for, a facility.

**Operator of an Exempt UST 1 or 2** means any person who owns, operates, rents or otherwise exercises control over, or responsibility for, an exempt UST 1 or 2.

**Operator of a Small Heating Oil AST** means any person who owns, operates, rents or otherwise exercises control over, or responsibility for, a small heating oil AST.

**Operator of an UST System** means any person in control of, or having responsibility for, the daily operation of the UST system.

**Owner of an UST System** means:

1. in the case of an UST system in use on November 8, 1984 or brought into use after that date, any person who owns an UST system used for storage, use, or dispensing of regulated substances;

2. in the case of any UST system in use prior to November 8, 1984, but no longer in use after that date, any person who owned such UST immediately before the discontinuation of its use; but

3. shall not include any person who loans money to an UST owner/operator as long as that person does not manage or operate the regulated USTs. The loan must be secured by the real estate on which the USTs are located.

**Primary Consultant** means the person or firm hired by the Responsible Person to assist with the bidding process and oversee Corrective Action Plan implementation for a site.

**Reimbursement Period** means the period of time extending from the earliest invoice date to the latest invoice date (exhibited on invoices) submitted with a CAP Implementation or Post Site Characterization Monitoring reimbursement application.

**Release** means any spilling, leaking, emitting, discharging, escaping, leaching or disposing from an UST system, an exempt UST 1 and 2, a small heating oil AST, an AST, or a facility into ground water, surface water or upon lands, subsurface soils or storm drain systems.

**Responsible Person or RP** means any person who is an owner or operator of an underground storage tank or aboveground storage tank at the time the release was reported to DEQ.

**Rolling Stock** means the wheeled, over-the road vehicles.

**Scope of Work Number** means a unique reference number, which must be established by the Responsible Person or the primary consultant, for a specific scope of work (See Bid Scope of Work).

**Small Heating Oil AST** means any aboveground storage tank with a capacity of 5,000 gallons or less, used for storing heating oil for consumption on the premises where the tank is located.

**Successful Bid** means the lowest bid received for a particular scope of work, which meets the requirements, specified in the bid solicitation package.

**Underground Storage Tank or UST** means any one or a combination of tanks (including underground pipes connected thereto) that is used to contain an accumulation of petroleum, and the volume of which (including the volume of underground pipes thereto) is 10% or more beneath the surface of the ground. This term does not include any of the following exempt USTs:

1. farm or residential tank of 1,100 gallons or less capacity used for storing motor fuel for non-commercial purposes;

2. tanks used for storing heating oil for consumption on the premises where the tank is located;

3. septic tank;

4. pipeline facility (including gathering lines):

    a. regulated under the Natural Gas Pipeline Safety Act of 1968, or

    b. regulated under the Hazardous Liquid Pipeline Safety Act of 1979, or

    c. which is an intrastate pipeline regulated under state laws comparable to the provisions of the law referred to above;

5. surface impoundment, pit, pond or lagoon;

6. storm water or wastewater collection system;

7. flow-through process tank;

8. liquid trap or associated gathering lines directly related to oil or gas production and gathering operations; and

9. storage tank situated in an underground area (such as a basement, cellar, mine working, drift, shaft, or tunnel. if the storage tank is situated upon or above the surface of the floor.

The term underground storage tank or UST does not include any pipes connected to any tank which is described in subdivision 1 through 9 of this definition.

**Unit Price** means a cost expressed on a per item (unit) basis. Example: PVC pipe of a certain diameter costs $.97 per foot.

**UST System** means an underground storage tank, connected underground piping, underground ancillary equipment, and containment system if any.

**Usual and Customary Rate Schedule or UCR Schedule** refers to the list of commonly used tasks and materials for which DEQ has established Usual and Customary Rates. Three separate UCR Schedules, which have been established for three different time periods. Each UCR Schedule has its own specific costs for Task and Material items.

# APPENDIX 2
# Application Forms and Checklist

## APPLICATION CHECKLIST

Please take a moment to complete the checklist and ensure that all of the necessary components are included in the application package. For a detailed explanation of all the forms used in a Reimbursement Application, see Section 3.0.

In every application, submit:

- ☐ Form 1 - Reimbursement Application; and
- ☐ AAF Cost Worksheet(s); and/or Bid Cost Worksheet; and
- ☐ Legible copies of all receipts for purchases and invoices from contractors and subcontractors.

In the first application for a site also submit a:

- ☐ Substitute IRS Form W-9: Request for Taxpayer Identification Number and Certification (or Form 2, if applicable see below).
- ☐ Copy of Financial Responsibility Demonstration documentation, if applicable;
- ☐ Copy of insurance policies with the declaration page and all endorsements that provide coverage for a petroleum storage tank release, if applicable; and
- ☐ Form 3 - Multiple Owners Payment Assignment Form, if applicable.

In each application with an assignee submit a:

- ☐ Form 2 - Payment Assignment Form and Substitute IRS Form W-9.

For the Phases and/or Reimbursement Periods being claimed in this application, **submit to the DEQ Regional Office**:

- ☐ AAFs with the Work Performed Column completed; (the AAF(s) should not be bound in the report); and/or
- ☐ Completed Bid Work Progress Forms; (the Bid Work Progress Forms should not be bound in the report).

Submit the original completed Reimbursement Application including the application Worksheets and the appropriate supplementary documentation to:

Department of Environmental Quality
P.O. Box 1105
Richmond, VA 23218

ATTN: Office of Spill Response and Remediation
Claim Processing Section

# FORM 1

## VIRGINIA PETROLEUM STORAGE TANK FUND

## REIMBURSEMENT APPLICATION



| DEQ USE ONLY | | |
|---|---|---|
| Claim No: | PC No: | |
| Fac Id No: | Date Rec'd: | |
| Region: T | ask: | Phase: |

Complete and submit with all required supporting documentation to Department of Environmental Quality, Office of Spill Response and Remediation, P.O. Box 1105, Richmond, VA 23218. Type or print legibly the required information in the applicable sections below. Refer to the reverse side for instructions on how to complete the form. The application will NOT be accepted unless the Certification in Section VIII has been signed and notarized by the claimant.

### I. Claimant Information

| A. Claimant Name: | B. Pollution Complaint Number: | |
|---|---|---|
| C. Claimant Mailing Address: | D. City, State | E. Zip Code |
| F. Claimant Telephone No. ( ) | G. Claimant Fax No. ( ) | H. Regional Office Handling Case |
| I. Contact Person for Reimbursement | J. Contact Person Telephone No. ( ) | K. Contact Person Fax No. ( ) |

### II. Site Information

| A. Site Name | B. Site Location | |
|---|---|---|
| C. City , State | D. Zip Code | |
| E. Site Contact | F. Site Telephone No. ( ) | G. Site Fax No. ( ) |

### III. Insurance Information

A. Do you have insurance that would cover a petroleum storage tank release?

☐ Yes ☐ No

If you answered "Yes" to the above question, you are required to submit a complete copy of the text, endorsements, and declarations page of the above referenced insurance policy (ies). DEQ will NOT review your claim until you submit a complete copy of the policy (ies).

### IV. Financial Responsibility Demonstration Requirement (Refer to section 1.2.8 in the Reimbursement Guidance Manual)

A. Were or are you required to demonstrate financial responsibility on the date the release was discovered?

☐ Yes ☐ No

If you answered "Yes", please attach the necessary documentation.

### V. Statement Of Costs

A. Are all cleanup activities at the site named above complete?

☐ Yes ☐ No

B. Will additional reimbursement applications for cleanup costs incurred at the site named above be submitted?

☐ Yes ☐ No

C. Total costs claimed for reimbursement in this Application

$_____

### VI. UST Annual Gallonage - DO NOT COMPLETE FOR HOME HEATING OIL TANKS

The total number of gallons pumped, during the year prior to the release [1], through all regulated underground storage tanks the claimant owns or operates in the Commonwealth of Virginia. Check only one box.

☐ Less than 600,000 gallons

☐ Between 600,000 and 1,200,000 gallons

☐ Between 1,200,001 and 1,800,000 gallons

☐ Between 1,800,001 and 2,400,000 gallons

☐ More than 2,400,000 gallons

[1] The year prior to the release can be any consecutive 12-month period, which starts no more than 24 months prior to the release report date, and ends no later than the release report date.

## INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT APPLICATION – Page 1

Fill in the following information

**Block I. Claimant Identification**

A. Claimant's name: The petroleum storage tank owner/operator whom DEQ has designated the Responsible Person for the cleanup is the claimant. This person may be an individual, a business entity (e.g. partnership or corporation) or a government agency. Only one claimant may submit and only one application may be submitted, for costs incurred for any completed corrective action Phase or Reimbursement Period. The claimant named in this section will be considered the person or entity that will receive all original correspondence and will be named as the payee on the reimbursement checks unless a Payment Assignment Form has been completed.

Where there are multiple Responsible Persons (owners/operators), only one Responsible Person may claim the costs submitted for the cleanup (for example a husband and wife). The remaining owners/operators must assign the right to reimbursement to this single claimant by using the Multiple Owners Payment Assignment Form.

B. Provide the Pollution Complaint Number (PC#) assigned by the DEQ for this site for which costs are being claimed.

C. D. E. Provide the claimant's current mailing address; including the city, state, and zip code.

C. List the telephone number, including area code, for the claimant.

D. Provide the fax number, including area code, for the claimant.

E. Provide the name of the Regional Office handling case. See Appendix 8 of the Reimbursement Guidance Manual for a map of DEQ Regional Office boundaries.

F. Provide the name of a person who can answer questions about the application.

G. List the telephone number, including area code, where the person can be reached.

H. Provide the fax number, including area code, for the person.

**Block II. Site Identification**

A. Provide the site name where the release occurred. The site name can be any name by which the release location is generally known.

B. C. D. List the site's location (street name), including the city, state, and zip code.

E. Provide the name of a person who can answer site cleanup questions.

F. List the telephone number, including area code, where the person can be reached.

G. Provide the fax number, including area code, for a fax machine located at the site.

**Block III. Insurance Information**

Check the box indicating whether or not you have an insurance policy that will fully or partially pay for cleanup of the site. If "Yes" is checked, submit a complete copy of the insurance policy (ies), with the declarations page and all endorsements.

**Block IV.** Financial Responsibility Demonstration Requirement

Only regulated UST owners/operators are required to demonstrate financial responsibility. When submitting a reimbursement application, the demonstration document for the year in which the release occurred <u>should</u> be attached. If demonstration was not required at the time of the release or if this documentation was not prepared, the current Financial Responsibility documentation <u>must</u> then be attached. See Section 1.2.8 of the Reimbursement Guidance Manual for further explanation.

**Block V. Statement of Costs**

A. Check whether or not the corrective action activities for the site have been completed

B. Check whether or not additional reimbursement claims for this site will be submitted.

C. Enter the total costs being claimed for the completed corrective action Phase(s) and/or Reimbursement Period(s) identified on the application Worksheets submitted in this application.

Block VI. UST Annual Gallonage

Complete this section for releases from the following types of USTs:

Regulated,

Excluded,

Deferred,

Partially Deferred,

Heating Oil USTs with a storage capacity greater than 5,000 gallons where the release occurred prior to July 1, 1996.

Do not complete this section for releases from the following types of USTs:

Heating Oil USTs with a storage capacity of less that 5,000 gallons where the release occurred prior to July 1, 1996 (this includes home heating oil tanks).

Heating Oil USTs of any size where the release occurred after July 1, 1996.

Residential or farm use motor fuel tanks with a capacity of 1,100 gallons or less.

# FORM 1
## VIRGINIA PETROLEUM STORAGE TANK FUND
## REIMBURSEMENT APPLICATION



VII. AST Storage Capacity - DO NOT COMPLETE FOR HOME HEATING OIL TANKS

A. Are the net annual profits for this operation less than or equal to $10 million? (Check One)

☐ Yes ☐ No

1. If you indicated "Yes" to the question above, please complete the following:

   The number of gallons of storage capacity for all ASTs at THIS facility at the time the discharge was reported to the Department of Environmental Quality was _____

2. If you indicated "No" to the question above, please complete the following:

   The number of gallons of storage capacity for all this operator's ASTs at ALL Virginia facilities at the time the discharge was reported to the Department of Environmental Quality was _____

B. This facility is in compliance with all applicable statutes or regulations governing reporting, prevention, and containment and cleanup of a discharge of oil.

C. This release was from an AST containing a product (including gasoline, diesel fuel, kerosene, and heating oil) subject to the fee charged by the Commonwealth of Virginia under Statute 62.1-44:34.13 of State Water Control Law.

VIII. Certification

I hereby certify that:

1. This is the one and only Reimbursement Application that will be submitted for the completed corrective action Phase(s) and/or Reimbursement Periods identified on the worksheets submitted in this application.
2. Under penalty of perjury, all costs claimed in this application were incurred by me to cleanup this release and all data and documentation submitted as part of this application are true and correct.
3. I understand that items inadvertently or otherwise omitted from the application will NOT be accepted by DEQ after the reimbursement decision package has been issued.
4. I understand that I am required by law to pay a financial responsibility requirement before I am eligible for reimbursement, and I agree to pay DEQ on demand, any remaining financial responsibility requirements.
5. I agree to grant DEQ and its contractor(s) reasonable access to the contaminated site.
6. I am responsible for immediately notifying DEQ in writing should any information change on any pending claim.
7. I am the owner/operator whom DEQ has designated as the Responsible Person for the cleanup of this site.

_____
Print Claimant's Name

/s/ _____ _____
Claimant's Signature Date

## INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT APPLICATION – Page 2

Fill in the following information.

Enter the same Pollution Complaint Number used in Block I, Item B.

**Block VII. AST Storage Capacity**

Complete this section for releases from the following types of ASTs:

Regulated ASTs,

Unregulated ASTs, and

Small Heating Oil ASTs with a capacity greater than 5,000 gallons.

Do not complete this section for releases from the following types of ASTs:

Small Heating Oil ASTs with a capacity of less than 5,000 gallons (this includes home heating oil tanks).

**Block VIII. Certification**

This a legal document. Read the certification carefully before signing. You may not cross out or change the wording of the certification.

The claimant must sign this form or the application WILL NOT be accepted.

# FORM 2

Virginia Petroleum Storage Tank Fund (VPSTF)

**PAYMENT ASSIGNMENT FORM and SUBSTITUTE IRS FORM W-9**

**Request for Taxpayer Identification Number and Certification**

This form is for use by claimants who wish to assign their reimbursement payment to another party. A notarized original of this form must be submitted with each reimbursement application for which the claimant wishes to assign the payment to another party. All assignments are subject to the approval of DEQ.

Pollution Complaint No:

***Part I: Claim Assignment (must be completed by Claimant)***

Claimant Name:_____

Total Costs Claimed in this Application: $_____

Contact Name/Telephone of Assignee:_____

Party to Receive Payment:

Name:_____

Address_____

City:_____State_____Zip_____

By signing below, I:

1. Assign the Virginia Petroleum Storage Tank Fund payment for the above-referenced claim and any reconsideration of that claim to the Assignee designated above.
2. Warrant and represent that I have not assigned or pledged my reimbursement payment to any other person or entity and it is hereby being assigned and transferred free and clear of any and all liens and encumbrances.
3. Warrant and represent that I am the claimant, or in claims in which the claimant is not an individual, that I have the authority to assign this payment on behalf of the claimant.
4. Agree that the assignment by this form applies only to the reimbursement claim with which it is submitted and any reconsideration of that claim.
5. Agree that use of this form does not transfer my liability for corrective action and/or third party claims.
6. Agree that any check issued as a result of this reimbursement claim will be issued only to the name of the party designated as the assignee on this form.
7. Agree that if the check is issued to the claimant rather than the party designated as assignee on this Assignment Request Form, I bear the responsibility for transferring the payment to the assignee.

_____ _____

Claimant Signature Date

**THIS STATEMENT MUST BE NOTARIZED**

State of _____} *SS:* City/County of _____}

Subscribed and sworn to before me by _____ on this _____ day of _____,_____

/s/_____ My commission expires _____ Notary No:_____

Notary Signature

***Part II: IRS Information (must be completed by Assignee)***

Please provide the Federal ID number of the Assignee named above and sign the certification below:

| Check Only One | Social Security Number | | Employer Identification Number |
|---|---|---|---|
| ☐ Corporation..... | Not Applicable | | _____ |
| ☐ Partnership..... | Not Applicable | | _____ |
| ☐ Trust or Estate..... | Not Applicable | | _____ |
| ☐ Limited Partnership ..... | Not Applicable | | _____ |
| ☐ Limited Liability CO ..... | Not Applicable | | _____ |
| ☐ Sole Proprietor ..... | _____ | or | |
| ☐ *Individual..... | _____ | | Not Applicable |
| ☐ Other (specify): _____ | _____ | or | _____ |

*If ***Individual** is checked and you are engaged in a trade or business, you are certifying that expenses associated with site remediation being claimed for reimbursement are in no way related to your business.*

**CERTIFICATION:**

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am responsible for updating/revising the above information should any information change on any pending claim; and
4. I authorize the DEQ to examine and audit all records and supporting documents related to this claim and, if applicable, the reconsideration of this claim.

_____ _____

Claim Assignee Signature Date

**FORM 3**

Virginia Petroleum Storage Tank Fund

# MULTIPLE OWNERS PAYMENT ASSIGNMENT FORM

An application may not be submitted to the Virginia Petroleum Storage Tank Fund by an individual or entity who does not have sole (100%) ownership of the releasing tank unless this form is included as part of the application. For a multiple owner tank, each owner or entity must complete, sign, and notarize a separate Multiple Owners Payment Assignment Form. If all owners do not complete, sign, and notarize a separate form, the application will not be processed. All assignments are subject to the approval of DEQ.

Owner Name: _____ Pollution Complaint Number (PC #): _____

Release Site Name:_____ Facility ID Number: _____

Release Site Address:_____

City: _____ State: _____ Zip: _____

Assignee's Name (Agent for the Owner)_____

Assignee's SSN: _____ - ____ - _____ or Federal Employer Tax ID Number: _____

Mailing Address:_____

City: _____ State: _____ Zip: _____

ASSIGNMENT CERTIFICATION

Being duly sworn, I _____, certify that I am an owner of the petroleum tank located at the above named site.

I assign to _____, all rights, title, and interest which I may receive for reimbursement for reasonable and necessary costs incurred to clean up a release from a petroleum storage tank from the Virginia Petroleum Storage Tank Fund under § 62.1-44.34:11 of the Code of Virginia and § 21 of 9 VAC 25-590-10, et seq.

I agree that this assignment for reimbursement or justification of costs does not constitute an assignment of liability for a petroleum release at the below referenced site under federal, state, or local laws.

_____ _____

Owner Signature Date

**THIS STATEMENT MUST BE NOTARIZED**

State of_____}

} ss:

City/County of_____}

Subscribed and sworn to before me by _____ on this _____ day of _____, _____

/s/_____My commission expires _____

Rev: 1/1/98

Virginia Petroleum Storage Tank Fund

# SUBSTITUTE IRS FORM W-9
## Request for Taxpayer Identification Number and Certification

Each person or organization receiving reimbursement from the VPSTF must provide the following information. Check will be made payable to the Responsible Person listed below unless claim payment has been assigned (see box below).

| **Pollution Complaint No**: | **DEQ Use Only:** Task/Phase / |
|---|---|

**Name of Responsible Person** _____

(*Must be the name associated with the SSN or EIN you are providing below.)*

**Mailing Address** _____

_____

_____

**Contact Name/Telephone** /

| Check Only One | Social Security Number | | Employer Identification Number |
|---|---|---|---|
| ☐ Corporation ..... | Not Applicable | | _____ |
| ☐ Partnership..... | Not Applicable | | _____ |
| ☐ Trust or Estate ..... | Not Applicable | | _____ |
| ☐ Limited Partnership ..... | Not Applicable | | _____ |
| ☐ Limited Liability CO ..... | Not Applicable | | _____ |
| ☐ Sole Proprietor ..... | _____ | or | |
| ☐ *Individual..... | _____ | | Not Applicable |
| ☐ Other (specify): _____ | _____ | or | _____ |

*If ***Individual** is checked and you are engaged in a trade or business, you are certifying that expenses associated with site remediation being claimed for reimbursement are in no way related to your business. (Consult a tax professional if you need assistance in making this determination.)*

## CERTIFICATION:

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am responsible for updating/revising the above information should any information change on any pending claim.

_____ _____

Claimant Signature Date

Rev: 2/17/99

# APPENDIX 3
# Application Worksheets

# AAF COST WORKSHEET

PC#:_____

Type or print legibly all required information in the sections below. Use this Worksheet to claim costs for Tasks and Materials listed on an Activity Authorization Form (AAF). AAF costs for each corrective action Phase or Reimbursement Period must be listed on separate cost worksheets. List claimed costs by Task or Material Code. Refer to the reverse side of this sheet for instructions on how to complete this form.

All costs on this worksheet are for the following Corrective Action Phase (Check only one):

- ☐ Release Investigation
- ☐ Initial Abatement
- ☐ Site Characterization
- ☐ Site Characterization Addendum
- ☐ Phase II Initial Abatement
- ☐ Corrective Action Plan Development
- ☐ Corrective Action Plan Addendum
- ☐ Site Closure
- ☐ Post SCR Monitoring Reimbursement Period: from_____ to _____
- ☐ CAP Implementation Reimbursement Period: from_____ to _____

| TASK CODE | MATERIAL CODE | UNITS | | DESCRIPTION OF TASK/ACTIVITIES PERFORMED | CONTRACTOR NAME | INVOICE NUMBER | INVOICE DATE | COSTS CLAIMED |
|---|---|---|---|---|---|---|---|---|
| | | NUMBER | TYPE | | | | | |
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| TOTALS | | |
|---|---|---|
| | (Total for this Page) | |
| | Grand Total Claimed for this Phase: | |

(Page_____of_____)

Effective Date: 01/01/98

# Instructions for Completing the AAF Cost Worksheet

**If you are claming the costs for a Task:**

| | |
|---|---|
| **Task Code:** | In this column, enter the code that corresponds to the Task from the Task UCR Schedule. Refer to the UCR Schedule to obtain the appropriate code. This code **must** correspond to a code on the AAF with the Work Performed column completed. |
| **Number of Units:** | In this Column, enter the total number of units being claimed for the Task in this Phase or Reimbursement Period. |
| **Unit Type:** | In this column, enter the unit for the Task e.g., hour, ton, sq. ft. Refer to the Unit description in the UCR Schedule for the correct units. |
| **Description of Tasks Performed:** | In this column, enter a description of the Task being claimed. Use the heading found in bold letters on the Task Description list in the UCR Schedule. |
| **Contractor Name:** | In this column, enter the contractor's name that appears on the invoice for the costs being claimed. |
| **Invoice Number:** | In this column, enter the invoice number for the costs being claimed. |
| **Invoice Date:** | In this column, enter the date from the invoice for the costs being claimed. |
| **Cost Invoiced:** | In this column, enter the total costs from the invoice that are being claimed as all or part of the Task. |

**If you are claiming the costs for a Material:**

| | |
|---|---|
| **Material Code:** | In this column, enter the code that corresponds to the Material from the UCR Schedule. Refer to the UCR Schedule to obtain the appropriate code. This code **must** correspond to a code on the AAF with the Work Performed column completed. Material Items that do not have a Material UCR code must be assigned a three-digit code beginning with "X". For each site, "X" codes must be unique, begin with X001, and be sequential. For example, X001, X002, X003,.... |
| **Number of Units:** | In this Column, enter the total number of units being claimed for the Activity in this Phase or Reimbursement Period. |
| **Unit Type:** | In this column, enter the unit for the Material e.g., hour, ton, sq. ft. Refer to the UCR Rate Schedule for the correct units. |
| **Description of Tasks Performed:** | In this column, enter a description of the activity being claimed. Use the same description of the activity that the regional office used on the AAF. All Materials used for an activity should have the same description. |
| **Contractor Name:** | In this column, enter the contractor's name that appears on the invoice for the costs being claimed. |
| **Invoice Number:** | In this column, enter the invoice number for the costs being claimed. |
| **Invoice Date:** | In this column, enter the date from the invoice for the costs being claimed. |
| **Cost Invoiced:** | In this column, enter the actual invoiced amount for the Item being claimed |

# BID COST WORKSHEET

PC#:_____

Type or print legibly all required information in the sections below. Use this Worksheet to claim costs for bid costs listed on the Bid Work Progress Form. Bid costs for each corrective action Phase or Reimbursement Period must be listed on separate Bid Cost Worksheets. List claimed costs by Scope of Work Number. Refer to the reverse side of this sheet for instructions on how to complete this form.

All costs on this worksheet are for the following Corrective Action Phase (Check only one):

- ☐ Release Investigation
- ☐ Initial Abatement
- ☐ Site Characterization
- ☐ Site Characterization Addendum
- ☐ Phase II Initial Abatement
- ☐ Corrective Action Plan Development
- ☐ Corrective Action Plan Addendum
- ☐ Site Closure
- ☐ Post SCR Monitoring Reimbursement Period: from_____ to _____
- ☐ CAP Implementation Reimbursement Period: from_____ to _____

| Scope of Work Number | Scope of Work | Primary Consultant Invoice Number | Subcontractor Invoice Number | Primary Consultant Invoice Date | Amount Claimed For Work Performed |
|---|---|---|---|---|---|
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Effective Date: 01/01/98

# Instructions for Completing the Bid Cost Worksheet

Background

Submit this worksheet to the DEQ Reimbursement Central Office as part of the reimbursement claim. This worksheet is necessary to process all bid costs claimed during the Reimbursement Period or Phase.

**Note: This form is only for work that was bid. The AAF Cost Worksheet must be used for all work for which bids were not received.**

Instructions

*Reimbursement Period from ____ to ____*: The period of time extending from the earliest dated invoice to the latest dated invoice submitted with the application.

*Scope of Work Number*: In this column, list the number for the scope of work. **This scope of work number must match the scope of work number listed on the Bid Summary Form.**

*Scope of Work*: In this column, provide a summary of the scope of work for each bid. This may include personnel time, equipment, and materials.

*Primary Consultant Invoice Number*: List the number from the primary consultant's invoice for the scope of work.

*Subcontractor Invoice Number*: List the number from the subcontractor's invoice for the scope of work.

*Primary Consultant Invoice Date*: Enter the date from the primary consultant's invoice for the costs being claimed. For subcontractor work that is billed directly to the claimant, enter the subcontractor's invoice date for the work.

*Amount Claimed for Work Performed*: Enter the costs incurred for each scope of work during this Reimbursement Period or Phase, including primary consultant markup.

Attachments Required:

Both primary consultant and subcontractor invoices must be submitted to support costs claimed for work performed.

# APPENDIX 4
## Personnel Descriptions

## Professional Personnel Task Descriptions

The table below is a listing of the professional classifications and their associated tasks and is used to evaluate costs claimed for reimbursement from the Fund. In order to evaluate professional charges, the tasks, which were performed by the claimed personnel, will be used to determine the appropriate professional classification and the rate at which the personnel will be reimbursed. The "Typical qualifications" listed under the personnel title are to be used for informational purposes only and will not be used as a basis for determining the rate for reimbursement. It is recognized that there may be circumstances, which require personnel of a higher classification to perform tasks of a lower level professional. In these cases, justification may be required prior to approval; particularly where over-qualified staff is consistently used to perform lower level professional tasks.

| Professional Classification | Tasks and Responsibilities |
|---|---|
| Principal (Principal Engineer/Geologist)<br><br>Typical qualifications: advanced degree and/or related professional registration. | Acts as administrative and/or professional head of company with authority and responsibility to negotiate and sign contracts, conceive and execute plans and direct professional staff. Normally has a financial interest in the company as partial owner, investor, or stockholder. May charge a limited (less than 5%) number of hours to a project or program. May serve as technical expert or coordinator of large or technically challenging projects and provide final review of project documents, which legally bind the company. The principal should very rarely bill field time at the principal's regular hourly rate.<br><br>» Negotiate, review, execute contracts<br>» Oversee large and complex projects<br>» Limited review of technical reports and new technologies |
| Senior Level Professional<br><br>Typical qualifications: advanced degree and/or applicable professional registration (geology or engineering). | Duties typically include developing strategies, contract meetings with clients and developing contract cost estimates. Responsible for final review/approval of designs, reports, plans and specifications before submittal to client or regulatory agency. Has experience in technical and/or managerial roles and has substantial expertise in remediation of complex or large sites. May supervise or direct the work of lower level professional staff. Performs limited fieldwork, but is involved in the more technical aspects of design and final reporting.<br><br>» Oversee large and complex projects<br>» Prepare proposals<br>» Final approval of technical reports and remedial action plans<br>» Data review and analysis |
| Project Manager<br><br>Typical qualifications: BA/BS degree in engineering, geology, or other related science and 4-7 years of applicable experience. | Has responsibility for managing entire remediation projects, estimating costs within the project and controlling project budgets. Identifies and develops approaches for site remediation. Serves as on-sight technical expert. Analyzes and interprets data, supervises hydraulic tests, and may prepare limited or technical sections of reports. Supervises the work of lower level professional and technical staff. Field hours are normally limited to periodic site visits.<br><br>» Project management<br>» Report review<br>» Report preparation<br>» Develop and oversee project budget<br>» Data review and analysis<br>» Field work planning<br>» Work plan preparation<br>» On-site direction, coordination, and management<br>» Coordinate with agency, client, and subcontractors<br>» Equipment specification review, selection, and design<br>» Periodic site inspection<br>» Acquire site access<br>» Hydrogeologic and contaminate modeling |

| Professional Classification | Tasks and Responsibilities |
|---|---|
| Mid-Level Professional<br><br>Typical qualifications: mid-level position; BA/BS degree in engineering, geology, or other related science and 2-5 years of applicable experience. | Implements field work, gathers technical and hydrogeologic information. Prepares cost estimates for project sub-tasks, workplans, and reports (IA, SCR, CAP, etc.). Provides on-site technical support. Typically works under supervision when performing complex analyses and tasks related to remediation system design. May supervise lower level professionals and technical personnel during drilling or site remediation activities (over-excavation, tank removal, etc.). Substantial number of hours is typically for field work.<br><br>» Report preparation<br>» Field work preparation and planning<br>» Monitoring activities<br>» Remediation system installation<br>» Site reconnaissance and mapping<br>» Supervise UST removal, soil removal and other on-site remediation activities<br>» Waste characterization<br>» Acquire site access<br>» Assist in modeling and data analysis |
| Junior Level Professional<br><br>Typical qualifications: entry level professional position; BA/BS degree in engineering, geology, or other related science and 0-2 years of applicable experience. | Works under appropriate supervision when performing all but routine field tasks related to the project. Performs monitoring well installation and sampling. Writes field notes, aids in geological mapping, and basic geological analysis. Writes reports only under supervision/review. Performs limited data review and analysis. May supervise lower level technical personnel. Substantial number of hours is typically for field work.<br><br>» Field work preparation<br>» Limited data review and analysis<br>» Remediation system installation<br>» Oversee soil boring and monitoring well installation<br>» Perform infield sampling and documentation<br>» Monitoring activities<br>» Site reconnaissance/mapping<br>» Acquire site access<br>» Waste characterization<br>» Supervise site assessment activities |
| Technician III<br><br>Typical qualifications: high school diploma or Associate degree, or certified or licensed tradesman typically required; 3-5 years of related experience. | Responsible for on-site supervision of installation, maintenance, and repair of machinery and equipment and routine sampling activities. Maintains field logs and documentation of monitoring and maintenance of machinery and equipment. May supervise other technicians and/or lower level professionals. Works under appropriate supervision. Substantial number of hours is typically for field work.<br><br>» Field work preparation<br>» Supervises field activities<br>» Operation and maintenance of equipment<br>» Well development<br>» Remediation system installation<br>» Waste handling<br>» Sampling and monitoring<br>» Decontamination<br>» Maintains field/sampling logs<br>» Maintains equipment maintenance records |

| Professional Classification | Tasks and Responsibilities |
|---|---|
| Technician II<br><br>Typical qualifications: high school diploma or trade school degree typically required; 2-4 years of job related training. | Performs routine labor tasks related to on-site installation, maintenance, and repair of machinery and equipment. Performs routine tasks such as soil and ground water monitoring, well bailing, etc. Substantial number of hours is typically for field work.<br><br>» Field work preparation<br>» Operation and maintenance of equipment<br>» Well development<br>» Remediation system installation<br>» Waste handling<br>» Sampling and monitoring<br>» Decontamination |
| Technician I<br><br>Typical qualifications: high school diploma or trade school degree typically required; 0-2 years of job related experience. | Entry level position, which requires close supervision for all but most routine activities. Performs routine labor tasks related to on-site installation, maintenance, and repair of machinery and equipment. Substantial number of hours billed is typically for field work.<br><br>» Field work preparation<br>» Operation and maintenance of equipment<br>» Well development<br>» Remediation system installation<br>» Waste handling<br>» Sampling and monitoring<br>» Decontamination |
| CAD Operator<br><br>Typical qualifications: BA/BS in cartography; experienced in Computer Assisted Design operations and/or AutoCAD. | Generates new drawings, maps, and plans. Interacts with all levels of professional and technical staff.<br><br>» Generate new drawings<br>» CAD work<br>» Cartography<br>» Interpolate ground water contour maps<br>» Advanced drafting<br>» Iso-concentration maps |
| Draftsperson<br><br>Typical qualifications: may have some experience in computer assisted design operations. | Performs entry to mid-level drafting and edits existing drawings.<br><br>» Mid level drafting<br>» Reproduce maps<br>» Label designs and drawings<br>» Organize maps and drawings<br>» Draft boring logs<br>» Draft iso-concentration maps |
| Clerical | Performs general office work including typing, word processing, document reproduction, filing, labeling, spreadsheets, mailing and drafting transmittal correspondence.<br><br>» Typing<br>» Document reproduction<br>» Report generation<br>» Filing<br>» Word processing<br>» Mailing<br>» Spreadsheets<br>» General secretarial duties |

# APPENDIX 5
# Contaminated Soil Amounts for UST Removal

## Contaminated Soil Amounts for UST Removal

| UST Capacity | UST Dimensions | UST Displacement | UST Excavation | Maximum Soils Excavation |
|---|---|---|---|---|
| gallons | feet | cubic yards | feet, W x L x H | cubic yards / tons |
| Up to 550 | 4 x 6 | 2.7 | 7 x 12 x 7 | 19 /28.5 |
| 1000 | 4 x 11 | 5 | 7 x 17 x 7 | 26 / 39 |
| 2000 | 5.5 x 12 | 9.9 | 8.5 x 18 x 8.5 | 38 / 57 |
| 3000 | 5.5 x 18 | 14.8 | 8.5 x 24 x 8.5 | 49 / 73.5 |
| 4000 | 5.5 x 24 | 19.9 | 8.5 x 30 x 8.5 | 60 / 90 |
| 5000 | 8 x 13 | 24.7 | 11 x 19 x 11 | 60 / 90 |
| 6000 | 8 x 16 | 29.6 | 11 x 22 x 11 | 69 / 103.5 |
| 8000 | 8 x 21 | 39.5 | 11 x 27 x 11 | 82 / 123 |
| 10000 | 8 x 27 | 49.4 | 11 x 33 x 11 | 99 / 148.5 |
| 12000 | 8 x 32 | 59.3 | 11 x 38 x 11 | 111 / 166.5 |
| 15000 | 10.5 x 24 | 74 | 13.5 x 30 x 13.5 | 129 / 193.5 |
| 20000 | 10.5 x 31 | 98.8 | 13.5 x 37 x 13.5 | 151 / 226.5 |
| 25000 | 10.5 x 38.75 | 124.2 | 13.5 x 45 x 13.5 | 180 / 269 |
| 30000 | 11.5 x 40 | 153.8 | 14.5 x 46 x 14.5 | 204 / 306 |

Note: Contaminated soil loading, hauling, treatment, disposal, and backfilling the excavation is eligible for reimbursement for UST removal at confirmed released sites. The amount approved by the Regional Office cannot exceed the quantities listed above unless the Regional Office determines additional quantities are necessary to mitigate hazards at the site.

Assumptions:

1. Dimensions are for standard sti-P3 single-walled UST.
2. Displacement = capacity x 1 cubic foot (7.5 gallons) x 1 cubic yard (27 cubic feet).
3. Excavation dimensions assume top of UST is three feet below grade. Three feet of clearance is allowed for on both ends and one side. The excavation depth is equal to the bottom of the UST.
4. Maximum soils excavated = excavation - displacement of the tank.
5. Maximum soils excavated are for a single UST only. It is expected, in excavations containing more than one UST, that removal will proceed toward the void created by the previous UST and that less material will be generated per UST.
6. A multiplication factor of 1.5 was used to convert cubic yards to tons.

# APPENDIX 6
# Activity Authorization Forms

Virginia Department of Environmental Quality

**Petroleum Cleanup**

# Activity Authorization Form for 198 UCRs

PC #:_____ Site Name:_____ Consultant:_____

Regional Office:_____ RP/Consultant's Phone No.:(_____)_____ Fax No:(_____)_____

**Check only one Phase below:**

- ☐ Release Investigation
- ☐ Initial Abatement
- ☐ Site Characterization
- ☐ Site Characterization Addendum
- ☐ Phase II Initial Abatement
- ☐ Post Site Characterization Monitoring
- ☐ CAP Development
- ☐ CAP Addendum
- ☐ CAP Implementation
- ☐ Site Closure

# Activity Authorization Form for 198 UCRs

**To use this form, the Phase or Reimbursement Period must have started on or after January 1, 1998.**

**Costs for Work Performed units on this AAF which started before January 1, 1998 will be denied.**

**Note: Approval of work is not DEQ approval of reimbursable costs.**

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Hour | T001 | Free Phase Product Removal Using a Vacuum Truck | |
| | | | | Hour | T002 | Monitor for Vapor Hazards | |
| | | | | Blower | T003 | Emergency Mitigation of Vapor Hazards - Set-Up | |
| | | | | Day per Blower | T004 | Emergency Mitigation of Vapor Hazards-Operation and Maintenance | |
| | | | | Hour | T006 | Free Product (Liquid Phase) Recovery from a Monitoring Well - Manual | |
| | | | | Foot of Boom | T007 | Install Boom in Surface Waters | |
| | | | | Week | T008 | Bottled Water with Bottled Water Dispenser | |
| | | | | Ton | T012 | Soil Treatment at an Incineration or Bioremediation Facility | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 11/04/02)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Ton | T013 | Petroleum Contaminated Soil Disposal at a Landfill | |
| | | | | Site | T014 | Site Reconnaissance/Initial Site Map | |
| | | | | Tank System | T015 | Underground Storage Tank (UST) System Tightness Testing for Leak | |
| | | | | Gallon | T017 | Free Product/Contaminated Water Disposal | |
| | | | | Hour | T018 | Boom Inspection | |
| | | | | Foot of New Boom | T019 | Boom Replacement | |
| | | | | Day | T021 | Site History Research | |
| | | | | Survey | T022 | Subsurface Line Location Prior to Drilling and Excavation | |
| | | | | Mob / Demob | T023 | Drill Rig Mob/Demob | |
| | | | | Linear Foot | T024 | Soil Boring with Drill Rig - 5 foot Sampling Interval | |
| | | | | Linear Foot | T025 | Monitoring Well Installation - Two-Inch Diameter | |
| | | | | Linear Foot | T026 | Monitoring Well Installation - Four-Inch Diameter | |
| | | | | Linear Foot | T027 | Recovery Well Installation - Six-Inch Diameter | |
| | | | | Hour | T028 | Logging Soil Borings | |
| | | | | Sample | T030 | Soil Sampling | |
| | | | | Well | T031 | Monitoring Well Sampling - Two-Inch Diameter | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 11/04/02)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Well | T032 | Monitoring Well Sampling - Four-Inch Diameter | |
| | | | | Hour | T033 | Survey - Monitoring Wells/Recovery Wells | |
| | | | | Hour | T034 | Survey - Property | |
| | | | | Agreement | T035 | Site Access Agreement | |
| | | | | Round Trip per Piece of Equipment | T036 | Heavy Equipment Mob/Demob | |
| | | | | Ton | T038 | Debris Disposal | |
| | | | | 5% of Reimbursed Costs | T040 | General Site Management | |
| | | | | Hour | T041 | Well Rehabilitation | |
| | | | | Cubic Yard | T042 | Backfilling | |
| | | | | Square Foot | T047 | Reseeding < 1 Acre | |
| | | | | Square Foot | T048 | Reseeding > or = 1 Acre | |
| | | | | Survey | T049 | Receptor Survey | |
| | | | | Sample Point | T050 | Soil Gas Survey | |
| | | | | Day | T051 | Direct Push Technology (DPT) - Ground Water/Soil Survey | |
| | | | | Hour | T052 | Ground Penetrating Radar (GPR) | |
| | | | | Hour | T053 | Slug Test | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 11/04/02)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Hour | T058 | Terrain Conductivity | |
| | | | | Phase or Reimburse-ment Period | T064 | Reimbursement Claim Preparation | |
| | | | | Mob/Demob | T069 | Dual Phase Extraction System Mob/Demob | |
| | | | | Ton | T070 | Soil Loading - Up to 2,200 Tons | |
| | | | | Ton | T071 | Soil Loading - More than 2,200 Tons | |
| | | | | Cubic Yard | T072 | Excavating/Trenching | |
| | | | | Cubic Yard | T073 | Bulk Excavating | |
| | | | | Cubic Yard | T074 | Hand Excavating | |
| TN: TN:<br>MI: M | I: | TN:<br>MI: | TN:<br>MI: | Ton/Mile | T075 | Soil Hauling < 75 Tons the First 100 Miles (use T076 for additional miles > first 100) | |
| TN: TN:<br>MI: M | I: | TN:<br>MI: | TN:<br>MI: | Ton/Mile | T076 | Soil Hauling < 75 Tons Over 100 (use only when miles > 100 in T075) | |
| TN: TN:<br>MI: M | I: | TN:<br>MI: | TN:<br>MI: | Ton/Mile | T077 | Soil Hauling > 75 Tons the First 100 Miles (use T078 for additional miles > first 100) | |
| TN: TN:<br>MI: M | I: | TN:<br>MI: | TN:<br>MI: | Ton/Mile | T078 | Soil Hauling > 75 Tons Over 100 Miles (use only when miles >100 in T077) | |
| | | | | Linear Foot | T079 | Well Installation Using Air Rotary - Two Inch Well | |
| | | | | Linear Foot | T080 | Well Installation Using Air Rotary - Four Inch Well | |
| | | | | Linear Foot | T081 | Well Installation Using Air Rotary - Six Inch Well | |
| | | | | Linear Foot | T082 | Well Abandonment - Two Inch Well | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 11/04/02)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Linear Foot | T083 | Well Abandonment - Four Inch Well | |
| | | | | Linear Foot | T084 | Well Abandonment - Six Inch Well | |
| | | | | Hour | T085 | Pump Test | |
| | | | | Sample | T086 | Domestic Well Sampling | |
| | | | | Sample | T087 | Surface Water Sampling | |
| | | | | Linear Foot | T088 | Direct Push Technology (DPT) Permanent Well Installation | |
| | | | | Day | T089 | Direct Push Technology (DPT) Daily Cost & Mobilization | |
| | | | | Square Foot | T090 | Asphalt Removal - Up to 6” Thick, Areas Less than 4,500 SF | |
| | | | | Square Foot | T091 | Asphalt Removal - Up to 6” Thick, Areas Greater than 4,500 SF | |
| | | | | Square Foot | T092 | Concrete Pavement Removal - Up to 6” Thick, Less than 4,500 SF | |
| | | | | Square Foot | T093 | Concrete Pavement Removal - Up to 6” Thick, Greater than 4,500 SF | |
| | | | | Square Foot | T094 | Asphalt Paving | |
| | | | | Square Foot | T095 | Concrete Paving | |
| | | | | Square Foot | T096 | Removal of Patio/Walkway Type Pavements | |
| | | | | Square Foot | T097 | Replacement of Patio/Walkway Pavements | |
| | | | | Linear Foot | T098 | Silt Fencing Installation | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 11/04/02)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Cubic Yard | T099 | Landfilling Less Than 20 Cubic Yards of Petroleum Contaminated Soil | |
| | | | | Hour of Report Preparation | T100 | Report Preparation | |
| | | | | Pound | T101 | Spent Carbon Changeout | |
| | | | | Drum | T113 | Disposal of Drummed Petroleum Contaminated Soils | |
| | | | | Hour | T115 | Small UST Pump-Out | |

**The following section is to be used for Material items only.**

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Activity | Comments |
|---|---|---|---|---|---|---|---|
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RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 11/04/02)

| **Notes:** |
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| **DEQ Use Only:** |
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**RP Signature:**

Name:_____ Signature:_____ Date:_____

**DEQ Regional Office Authorization:**

Name:_____ Signature:_____ Date:_____

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 5/23/02)

# Instructions for Completing the AAF for 198 UCRs

**Use this form for Regional Office authorization and verification of work performed for Phases or Reimbursement Periods beginning on or after January 1, 1998.**

The Regional Office will work with the Responsible Person (RP) to determine the activities necessary to abate the release and to characterize the extent of the contamination. The RP/Consultant must fill out the **Activity Authorization Form (AAF)** and submit it to the Regional Office for authorization of activities prior to the initiation of site work. The RP should fill out the information at the top of the sheet including the **Site Name**, the **Phase** under which the work will be performed (see Reimbursement Guidance Manual), the appropriate **Regional Office**, and the **RP/Consultant phone and fax number**. The **PC#** should also be entered in the space at the top of each page.

To complete the form, decide which tasks will be necessary to fully address the phase of corrective action. Fill out the **Proposed Units** column with the number of units believed necessary for each proposed task. Also, fill out the **Contingent Units** column to identify additional work above the **Proposed Units** which may be needed if the **Proposed Units** are found to be inadequate. The **Proposed Units** plus the **Contingent Units** may not be exceeded without Regional Office Approval. The **Comments** and **Notes** sections may be used to add any additional information the RP/Consultant believes necessary to assist the Regional Office in evaluating the **AAF**. Do not use these sections to request authorization for site activities.

Any necessary **Material Items** should be listed in the **Material Section** of the **AAF**. The **Proposed Units** and **Contingent Units** columns should be filled out as described above. The **Unit Type**, **Code,** and **Activity** columns should be filled out with the appropriate information from the **Material UCR Schedule**. For an item that is not on the list of coded **Material Items**, you must assign an "**X**" code. In the **Code** column, enter a three-digit code beginning with an "X". For each site, an "X" code must be unique, begin with X001, and be sequential. For example, X001, X002, X003.... Also, fill in an appropriate **Unit Type** and **Activity** for each "X" code.

The signed and dated **AAF**, an **Initial Site Map**, and a **Topographic Map** should then be mailed or faxed to the appropriate DEQ Regional Office. Once received and authorized, the Regional Office will send the **AAF** back to the RP with any necessary changes. Only after the form is received by the RP may the authorized scope of work begin.

Upon completion of a Phase or Reimbursement Period, the **Work Performed** column should be filled in with the actual number of units performed at the site. This is the final AAF(s) for the claimed phase. The Regional Office will review all AAFs with the work performed and any reports submitted for the claimed phase. The Regional Office must verify this work performed before a reimbursement application can be processed.

**All work for which you seek reimbursement must be listed in the Work Performed column of the AAF(s) submitted for verification. Claimants may seek verification only once for each phase or reimbursement period. Materials/Tasks omitted from the Work Performed column of the AAF(s) submitted for verification will be ineligible for reimbursement. Work Performed units on this AAF which started before January 1, 1998 will be denied.**

The RP/Consultant must also include a copy of the **AAFs**, with the **Work Performed** column filled in, with the corresponding report for each phase.

Virginia Department of Environmental Quality

**Petroleum Cleanup**

# Activity Authorization Form for 395 UCRs

PC #:_____ Site Name:_____ Consultant:_____

Regional Office:_____ RP/Consultant's Phone No.:(_____)_____ Fax No:(_____)_____

**Check only one Phase below:**

- ☐ Initial Abatement
- ☐ Phase II Initial Abatement
- ☐ CAP Addendum
- ☐ Site Characterization
- ☐ Post Site Characterization Monitoring
- ☐ CAP Implementation
- ☐ Site Characterization Addendum
- ☐ CAP Development
- ☐ Site Closure

# Activity Authorization Form for 395 UCRs

**To use this form, the Phase or Reimbursement Period must have started between March 1, 1995 and December 31,1997.**

**Costs for Work Performed units on this AAF for a Phase or Reimbursement Period, which started before March 1, 1995 or after December 31,1997 will be denied.**

**Note: Approval of work is not DEQ approval of reimbursable costs.**

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Hour | T001 | * Remove Product from Tank for Release Abatement | |
| | | | | Hour | T002 | * Monitor for Vapor Hazards | |
| | | | | Blower | T003 | * Emergency Mitigation of Vapor Hazards - Set-Up | |
| | | | | Day per Blower | T004 | * Emergency Mitigation of Vapor Hazards-Operation and Maintenance | |
| | | | | Hour | T005 | * Free Product (Liquid Phase) Recovery from a Pit | |
| | | | | Hour | T006 | * Free Product (Liquid Phase) Recovery from a Monitoring Well - Manual | |
| | | | | Foot of Boom | T007 | * Install Boom in Surface Waters | |
| | | | | Month | T008 | * Bottled Water with Bottled Water Dispenser | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev.1/17/00)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Ton | T009 | * Soil Loading | |
| TN: TN:<br>MI: M | I: | TN:<br>MI: | TN:<br>MI: | Ton/Mile | T010 | * Soil Hauling > or = 50 miles | |
| TN: TN:<br>MI: M | I: | TN:<br>MI: | TN:<br>MI: | Ton/Mile | T011 | * Soil Hauling <50 miles | |
| | | | | Ton | T012 | * Soil Treatment at an Incineration or Bioremediation Facility | |
| | | | | Ton | T013 | * Soil Disposal at a Landfill | |
| | | | | Site | T014 | * Site Reconnaissance/Initial Site Map | |
| | | | | Tank | T015 | UST Tightness Testing for Leak Confirmation | |
| | | | | Line | T016 | UST Line Tightness Testing for Leak Confirmation | |
| | | | | Gallon | T017 | Free Product/Contaminated Water Disposal | |
| | | | | Hour | T018 | Boom Inspection | |
| | | | | Foot of New Boom | T019 | Boom Replacement | |
| | | | | Plan | T020 | Health & Safety Plan | |
| | | | | Site | T021 | Site History Research | |
| | | | | Survey | T022 | Subsurface Line Location Prior to Drilling and Excavation | |
| | | | | Mob / Demob (Round Trip) | T023 | Drill Rig Mob/Demob | |
| | | | | Linear Foot | T024 | Soil Boring with Drill Rig - 5 foot Sampling Interval | |
| | | | | Linear Foot | T025 | Monitoring Well Installation - Two-Inch Diameter | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev.1/17/00)

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Linear Foot | T026 | Monitoring Well Installation - Four-Inch Diameter | |
| | | | | Linear Foot | T027 | Recovery Well Installation - Six-Inch Diameter | |
| | | | | Hour | T028 | Logging Soil Borings | |
| | | | | Drummed Ton | T029 | Disposal of Well Cuttings/Soil Borings | |
| | | | | Sample | T030 | Soil Sampling | |
| | | | | Well | T031 | Monitoring Well Sampling - Two-Inch Diameter | |
| | | | | Well | T032 | Monitoring Well Sampling - Four-Inch Diameter | |
| | | | | Hour | T033 | Survey - Monitoring Wells/Recovery Wells | |
| | | | | Hour | T034 | Survey - Property | |
| | | | | Agreement | T035 | Site Access Agreement | |
| | | | | Round Trip per Piece of Equipment | T036 | Heavy Equipment Mob/Demob | |
| | | | | Cubic Yard | T037 | Soil Excavation for Interceptor Trench | |
| | | | | Ton | T038 | Debris Disposal | |
| | | | | Plan | T039 | Alternate Water Supply (AWS) Work Plan | |
| | | | | 5% of Reimbursed Costs | T040 | General Site Management | |
| | | | | Hour | T041 | Well Rehabilitation | |
| | | | | Cubic Yard | T042 | Backfilling | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Report | T043 | Initial Abatement Report Preparation | |
| | | | | Report | T044 | Periodic Reporting as Required by the DEQ Regional Office | |
| | | | | Report | T045 | Free Product (Liquid Phase) Recovery Report | |
| | | | | Cubic Yard | T046 | Soil Excavation for Test Pit | |
| | | | | Square Foot | T047 | Reseeding < 1 Acre | |
| | | | | Square Foot | T048 | Reseeding > or = 1 Acre | |
| | | | | Survey | T049 | Receptor Survey | |
| | | | | Sample Point | T050 | Soil Gas Survey | |
| | | | | Day | T051 | Soil Probe Survey | |
| | | | | Hour | T052 | Ground Penetrating Radar (GPR) | |
| | | | | Hour | T053 | Slug Test | |
| | | | | Test | T054 | 12 Hour Pump Test | |
| | | | | Test | T055 | 24 Hour Pump Test | |
| | | | | Test | T056 | 48 Hour Pump Test | |
| | | | | Test | T057 | 72 Hour Pump Test | |
| | | | | Linear Foot | T058 | Terrain Conductivity | |
| | | | | Report | T059 | Site Characterization Report | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|---|---|
| | | | | Site | T059A | Alternate Water Supply Add-On | |
| | | | | Site | T059B | Impacted Surface Water Add-On | |
| | | | | Point | T059C | Additional Data Point Add-On | |
| | | | | Site | T059D | Free Product (Liquid Phase) Add-On | |
| | | | | Report | T060 | Site Characterization Report Addendum | |
| | | | | Cubic Yard | T061 | Soil Excavation | |
| | | | | Report | T062 | Corrective Action Plan Preparation | |
| | | | | Report | T063 | Corrective Action Plan Addendum Preparation | |
| | | | | Phase or Reimbursement Period | T064 | Reimbursement Claim Preparation | |
| | | | | Day | T065 | 50-250 CFM Dual Phase Extraction Pump and Power Supply System | |
| | | | | Day | T066 | 250-500 CFM Dual Phase Extraction Pump and Power Supply System | |
| | | | | Day | T067 | 500-850 CFM Dual Phase Extraction Pump and Power Supply System | |
| | | | | Day | T068 | Dual Phase Extraction Treatment Assembly | |
| | | | | Mob/Demob | T069 | Dual Phase Extraction System Mob/Demob | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev.1/17/00)

**The following section is to be used for Material items only.**

| Proposed Units | Contingent Units | Work Performed | DEQ Verified Units | Unit Type | Code | Activity | Comments |
|---|---|---|---|---|---|---|---|
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RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

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**RP Signature:**

Name:_____ Signature:_____ Date:_____

**DEQ Regional Office Authorization:**

Name:_____ Signature:_____ Date:_____

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

# Instructions for Completing the AAF for 395 UCRs

**Use this form for Regional Office authorization and verification of work performed for Phases or Reimbursement Periods which started between March 1, 1995 and December 31,1997.**

The Regional Office will work with the Responsible Person (RP) to determine the activities necessary to abate the release and to characterize the extent of the contamination. The RP/Consultant must fill out the **Activity Authorization Form (AAF)** and submit it to the Regional Office for authorization of activities prior to the initiation of site work. The RP should fill out the information at the top of the sheet including the **Site Name**, the **Phase** under which the work will be performed (see Reimbursement Guidance Manual), the appropriate **Regional Office**, and the **RP/Consultant phone and fax number**. The **PC#** should also be entered in the space at the top of each page.

To complete the form, decide which tasks will be necessary to fully address the phase of corrective action. Fill out the **Proposed Units** column with the number of units believed necessary for each proposed task. Also, fill out the **Contingent Units** column to identify additional work above the **Proposed Units**, which may be needed if the **Proposed Units** are found to be inadequate. The **Proposed Units** plus **Contingent Units** may not be exceeded without Regional Office Approval. The **Comments** and **Notes** sections may be used to add any additional information the RP/Consultant believes necessary to assist the Regional Office in evaluating the **AAF**. Do not use these sections to request authorization for site activities.

Any necessary **Material Items** should be listed in the **Material Section** of the **AAF**. The **Proposed Units** and **Contingent Units** columns should be filled out as described above. The **Unit Type**, **Code,** and **Activity** columns should be filled out with the appropriate information from the **Material UCR Schedule**. For an item that is not on the list of coded **Material Items**, you must assign an "**X**" code. In the **Code** column, enter a three-digit code beginning with an "X". For each site, an "X" code must be unique, begin with X001, and be sequential. For example, X001, X002, X003....Also, fill in an appropriate **Unit Type** and **Activity** for each "X" code.

The signed and dated **AAF**, an **Initial Site Map**, and a **Topographic Map** should then be mailed or faxed to the appropriate DEQ Regional Office. Once received and authorized, the Regional Office will send the **AAF** back to the RP with any necessary changes. Only after the form is received by the RP may the authorized scope of work begin.

Upon completion of a Phase or Reimbursement Period, the **Work Performed** column should be filled in with the actual number of units performed at the site. This is the final AAF(s) for the claimed phase. The Regional Office will review all AAFs with the work performed and any reports submitted for the claimed phase. The Regional Office must verify this work performed before a reimbursement application can be processed.

**All work for which you seek reimbursement must be listed in the Work Performed column of the AAF(s) submitted for verification. Claimants may seek verification only once for each phase or reimbursement period. Materials/Tasks omitted from the Work Performed column of the AAF(s) submitted for verification will be ineligible for reimbursement. Costs for Work Performed units on this AAF for a Phase or Reimbursement Period, which started before March 1, 1995 or after December 31,1997 will be denied.**

The RP/Consultant must also include a copy of the **AAFs**, with the **Work Performed** column filled in, with the corresponding report for each phase.

Virginia Department of Environmental Quality

**Petroleum Cleanup**

# Activity Authorization Form for 1289 UCRs

PC #:_____ Site Name:_____ Consultant:_____

Regional Office:_____ RP/Consultant's Phone No.:(_____)_____ Fax No:(_____)_____

**Check only one Phase below:**

- ☐ Initial Abatement
- ☐ Phase II Initial Abatement
- ☐ CAP Addendum
- ☐ Site Characterization
- ☐ Post Site Characterization Monitoring
- ☐ CAP Implementation
- ☐ Site Characterization Addendum
- ☐ CAP Development
- ☐ Site Closure

# Activity Authorization Form for 1289 UCRs

**To use this form, the Phase or Reimbursement Period must have started before March 1, 1995.**

**Costs for Work Performed units on this AAF for a Phase or Reimbursement Period, which started after February 28, 1995, will be denied.**

| Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|
| | | Hour | T001 | Remove Product from Tank for Release Abatement | |
| | | Hour | T002 | Monitor for Vapor Hazards | |
| | | Blower | T003 | Emergency Mitigation of Vapor Hazards - Set-Up | |
| | | Day per Blower | T004 | Emergency Mitigation of Vapor Hazards-Operation and Maintenance | |
| | | Hour | T005 | Free Product (Liquid Phase) Recovery from a Pit | |
| | | Hour | T006 | Free Product (Liquid Phase) Recovery from a Monitoring Well - Manual | |
| | | Foot of Boom | T007 | Install Boom in Surface Waters | |
| | | Month | T008 | Bottled Water with Bottled Water Dispenser | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

| Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|
| | | Ton | T009 | Soil Loading | |
| TN: TN:<br>MI: M | I: | Ton/Mile | T010 | Soil Hauling > or = 50 miles. | |
| TN: TN:<br>MI: M | I: | Ton/Mile | T011 | Soil Hauling < 50 miles | |
| | | Ton | T012 | Soil Treatment at an Incineration or Bioremediation Facility | |
| | | Ton | T013 | Soil Disposal at a Landfill | |
| | | Site | T014 | Site Reconnaissance/Initial Site Map | |
| | | Tank | T015 | Underground Storage Tank (UST) Tightness Testing for Leak Confirmation | |
| | | Line | T016 | UST Line Tightness for Leak Confirmation | |
| | | Gallon | T017 | Free Product/Contaminated Water Disposal | |
| | | Hour | T018 | Boom Inspection | |
| | | Foot of New Boom | T019 | Boom Replacement | |
| | | Plan | T20 | Health & Safety Plan | |
| | | Site | T021 | Site History Research | |
| | | Survey | T022 | Subsurface Line Location Prior to Drilling and Excavation | |
| | | Mob/Demob (Round Trip) | T023 | Drill Rig Mob/Demob | |
| | | Linear Foot | T024 | Soil Boring with Drill Rig - 5 foot Sampling Interval | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 1/17/00)

| Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|
| | | Linear Foot | T025 | Monitoring Well Installation - Two-Inch Diameter | |
| | | Linear Foot | T026 | Monitoring Well Installation - Four-Inch Diameter | |
| | | Linear Foot | T027 | Recovery Well Installation - Six-Inch Diameter | |
| | | Hour | T028 | Logging Soil Borings | |
| | | Drummed Ton | T029 | Disposal of Well Cuttings/Soil Borings | |
| | | Sample | T030 | Soil Sampling | |
| | | Well | T031 | Monitoring Well Sampling - Two Inch Diameter | |
| | | Well | T032 | Monitoring Well Sampling - Four Inch Diameter | |
| | | Hour | T033 | Survey - Monitoring/Recovery Wells | |
| | | Hour | T034 | Survey Property | |
| | | Agreement | T035 | Site Access Agreement | |
| | | Round Trip per Piece of Equipment | T036 | Heavy Equipment Mob/Demob | |
| | | Cubic Yard | T037 | Soil Excavation for Interceptor Trench | |
| | | Ton | T038 | Debris Disposal | |
| | | Plan | T039 | Alternate Water Supply (AWS) Work Plan | |
| | | Submitted Costs | T040 | General Site Management | |
| | | Hour | T041 | Well Rehabilitation | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 1/17/00)

| Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|
| | | Cubic Yard | T042 | Backfilling | |
| | | Report | T043 | Initial Abatement Report Preparation | |
| | | Report | T044 | Periodic Reporting as Required by the DEQ Regional Office | |
| | | Report | T045 | Free Product (Liquid Phase) Recovery Report | |
| | | Cubic Yard | T046 | Soil Excavation for Test Pit | |
| | | Square Foot | T047 | Reseeding < 1 Acre | |
| | | Square Foot | T048 | Reseeding > or = 1 Acre | |
| | | Survey | T049 | Receptor Survey | |
| | | Sample Point | T050 | Soil Gas Survey | |
| | | Day | T051 | Soil Probe Survey | |
| | | Hour | T052 | Ground Penetrating Radar (GPR) | |
| | | Hour | T053 | Slug Test | |
| | | Hour | T054 | 12 Hour Pump Test | |
| | | Hour | T055 | 24 Hour Pump Test | |
| | | Hour | T056 | 48 Hour Pump Test | |
| | | Hour | T057 | 72 Hour Pump Test | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

| Work Performed | DEQ Verified Units | Unit Type | Code | Task | Comments |
|---|---|---|---|---|---|
| | | Linear Foot | T058 | Terrain Conductivity | |
| | | Report | T059 | Site CharacterizationReport | |
| | | Site | T059A | Alternate Water Supply Add-On | |
| | | Site | T059B | Impacted Surface Water Add-On | |
| | | Point | T059C | Additional Data Point Add-On | |
| | | Site | T059D | Free Product (Liquid Phase) Add-On | |
| | | Report | T060 | Site Characterization Report Addendum, | |
| | | Cubic Yard | T061 | Soil Excavation | |
| | | Report | T062 | Corrective Action Plan Preparation | |
| | | Report | T063 | Corrective Action Plan Addendum Preparation | |
| | | Phase or Reimbursement Period | T064 | Reimbursement Claim Preparation | |
| TKs TKs / GAL | GAL | Number of LeakingTanks /Total Gallons | T999 | Tank Removal for Leaking USTs | |

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 1/17/00)

**The following section is to be used for Material items only.**

| Work Performed | DEQ Verified Units | Unit Type | Code | Activity | Comments |
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RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____

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The claimant may seek verification of **1289 UCR** work only once. All **1289 UCR** units for which you seek reimbursement must be listed in the Work Performed column. Claimants may submit only one claim for reimbursement of **1289 UCR** work. Any units not listed in the work-performed column of the AAF(s) will be ineligible for reimbursement.

## RP Signature:

Name:_____ Signature:_____ Date:_____

## DEQ Regional Office Authorization:

Name:_____ Signature:_____ Date:_____

RP Signature:_____ Date:_____ Page_____of_____

DEQ Initial: _____ Date:_____ Effective: 1/1/98 (Rev. 1/17/00)

# Instructions for Completing the AAF for 1289 UCRs

**Use this form for Regional Office verification of work performed for Phases or Reimbursement Periods, which started before March 1, 1995.**

The Regional Office will review the work the Responsible Person (RP) performed to determine the activities necessary to abate the release and to characterize the extent of the contamination. The RP/Consultant must fill out the **Activity Authorization Form (AAF)** and submit it to the Regional Office for verification of activities performed. The RP should fill out the information at the top of the sheet including the **Site Name**, the **Phase** under which the work was performed (see Reimbursement Guidance Manual), the appropriate **Regional Office**, and the **RP/Consultant phone and fax number**. The **PC#** should also be entered in the space at the top of each page.

To complete the form, decide which tasks were necessary to fully address the phase of corrective action. Fill out the **Work Performed** column with the number of units believed necessary for each task. The **Comments** and **Notes** sections may be used to add any additional information the RP/Consultant believes necessary to assist the Regional Office in evaluating the **AAF**.

Any necessary **Material Items** should be listed in the **Material Section** of the **AAF**. The **Unit Type** and **Code** columns should be filled out with the corresponding information from the **Material UCR Schedule**. Fill in the **Work Performed** column. For an item that is not on the list of coded **Material Items**, you must assign an "**X**" code. In the **Code** column, enter a three-digit code beginning with an "X". For each site, an "X" code must be unique, begin with X001, and be sequential. For example, X001, X002, X003....Also, fill in an appropriate **Unit Type** and **Activity** for each "X" code.

**The claimant may seek verification of 1289 UCR work only <u>once</u>. <u>All</u> 1289 UCR units for which you seek reimbursement must be listed in the Work Performed column. Claimants may submit only one claim for reimbursement of 1289 UCR work. Any units not listed in the Work Performed column of the AAF(s) submitted for Regional Office verification will be ineligible for reimbursement. Costs for Work Performed units on this AAF for a Phase or Reimbursement Period, which started after February 28, 1995, will be denied.**

# APPENDIX 7
# Bidding Authorization Forms

# BID SUMMARY FORM

PC Number:_____ Site Name:_____ Region:_____

Check only one box below:

- ☐ Release Investigation
- ☐ Initial Abatement
- ☐ Site Characterization
- ☐ Site Characterization Addendum
- ☐ Phase II Initial Abatement
- ☐ Corrective Action Plan Development
- ☐ Corrective Action Plan Addendum
- ☐ Site Closure
- ☐ Post SCR Monitoring Reimbursement Period: from_____ to _____
- ☐ CAP Implementation Reimbursement Period: from_____ to _____

| Scope of Work Number | Scope of Work (including equipment, materials, personnel, freight, and number of units) | ***Complete these Columns only for Change Orders With Unit Prices*** | | |
|---|---|---|---|---|
| | | Original Scope of Work Number | Unit Cost | Total cost for Change Order |
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Responsible Person: _____ Signature:_____ Date:_____

Consultant: _____ Signature:_____ Date:_____

DEQ Authorization: _____ Signature:_____ Date:_____

Effective Date: 01/01/98

# Instructions for Completing the Bid Summary Form

Background

The Bid Summary Form informs the Regional Office Staff of all corrective action services, materials, and equipment for which you, the tank owner/operator or your primary consultant plan to solicit competitive bids. The Regional Case Manager will review this list and determine if additional items should be bid. When the Regional Case Manager is satisfied that the appropriate scopes of work to be bid have been properly defined, he/she will sign this form and send it back to you so that bids may be solicited.

Instructions

*Scope of Work Number*: In this column, list a reference number for the scope of work. The scope of work number is generated and assigned by you and may not exceed six digits. Each scope of work number is unique to its corresponding scope of work for a site.

*Scope of Work*: In this column, provide a summary of the scope of work for each bid. This may include personnel time, equipment, and materials. Remember, list only those items for which you intend to solicit bids. Other costs that are not bid must be listed on an AAF.

Provide the following information only for Change Orders with Unit Prices

When the number of units of an approved bid scope of work increase, yet the unit cost remains the same (as specified in the successful bid), bidding of the additional units is not required. To obtain approval you must assign a new scope of work number to the additional units, describe the scope of work and then complete the following information.*Original Scope of Work Number*: List the original scope of work number for which established the unit price for this work.

*Unit Cost*: Cost expressed on a per item (unit) basis. Example: PVC pipe costs $0.97 per foot, the Unit Cost is $0.97 per foot.

*Total Cost for Change Order*: In this column, list the total cost for completing the change order scope of work.

# BID COMPARISON FORM

PC Number:_____ Site Name:_____

Region:_____ Date:_____

Scope of Work Number:_____ Scope of Work:_____

| Name of CompanyProviding Bid | Unit Cost (if applicable) | Total Amount of Bid | Bid Selected |
|---|---|---|---|
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |
| | | | Y ES ☐ NO ☐ |

**I certify that the bids for the scope of work identified above were obtained and evaluated in a fair and impartial manner in accordance with generally accepted business practices.**

Responsible Person: _____ Signature:_____ Date:_____

Consultant: _____ Signature:_____ Date:_____

DEQ Authorization: _____ Signature:_____ Date:_____

Effective Date: 01/01/98

# Instructions for Completing the Bid Comparison Form

Background

The Bid Comparison Form provides a summary of all bids received. Copies of all bids received for a scope of work must be attached to the completed Bid Comparison Form and submitted to the Regional Office along with a copy of the approved Bid Summary Form. The Regional Case Officer will verify that bids were obtained for the scope of work and that the bid that is deemed to be successful is the lowest bid which met the bid specification.

Instructions

**One Bid Comparison Form must be submitted for each scope of work number.**

*Scope of Work Number*: In this space, list the reference number for the scope of work. **This scope of work number must match the scope of work number listed on the Bid Summary Form.**

*Scope of Work*: In this space, provide a brief description or name of the scope of work for which bids were solicited.

*Name of Company Providing Bid*: Indicate the name of the company, individual, etc. that provided the quotation.

*Unit Cost*: Cost expressed on a per item (unit) basis. Example: PVC pipe costs $0.97 per foot, the Unit Cost is $0.97 per foot.

*Total Amount of Bid*: Indicate the total dollar amount that was bid for the given scope of work.

*Bid Selected*: Indicate if the bid was selected by placing an "x" in the appropriate box.

**Attach bids to the Bid Comparison Form in the order in which they are listed on the form.**

# BID WORK PROGRESS FORM

PC Number:_____ Site Name:_____ Region:_____

Check only one box below:

- ☐ Release Investigation
- ☐ Initial Abatement
- ☐ Site Characterization
- ☐ Site Characterization Addendum
- ☐ Phase II Initial Abatement
- ☐ Corrective Action Plan Development
- ☐ Corrective Action Plan Addendum
- ☐ Site Closure
- ☐ Post SCR Monitoring Reimbursement Period: from_____ to _____
- ☐ CAP Implementation Reimbursement Period: from_____ to _____

| Scope of Work Number | Scope of Work | Cumulative % Scope of Work Completed | Complete (YES or NO) | Total Amount of Low Bid |
|---|---|---|---|---|
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |
| | | | Y ES ☐<br>NO ☐ | |

Responsible Person: _____ Signature:_____ Date:_____

Consultant: _____ Signature:_____ Date:_____

Effective Date: 01/01/98

# Instructions for Completing the Bid Work Progress Form

Background

The Bid Work Progress Form shows the Regional Office the scopes of work which were bid and the cumulative percentage of each scope that was completed. Submit the Bid Work Progress Form to the Regional Office along with the AAF when a Reimbursement Period or Phase is complete. A new Bid Work Progress Form must be completed for each Reimbursement Period. The Case Manager at the Regional Office will review the AAF and the Bid Progress Form to verify that the specified work has been completed. The Regional Office is responsible for forwarding AAFs and Bid Work Progress Forms to the DEQ Central Office for reimbursement processing.

Instructions

*Reimbursement Period from ____ to ____*: The period of time extending from the earliest invoice date to the latest invoice date submitted with an application.

*Scope of Work Number*: In this space, list the number for the scope of work. **This scope of work number must match the scope of work number listed on the Bid Summary Form.**

*Scope of Work*: In this column, provide a summary of the scope of work for each bid. This may include personnel time, equipment, and materials. This scope of work must match the scope of work listed on the Bid Summary Form.

*Cumulative % Scope of Work Completed:*

Applications for Completed Reimbursement Periods - To request reimbursement for work performed during a Reimbursement Period, the Bid Work Progress Form must indicate the cumulative percentage of the scope of work completed. The Cumulative Percent of Work Completed is the percentage of the scope of work that has been completed since the phase began through the end of the Reimbursement Period being claimed. New Bid Work Progress Form(s) must be completed to claim the remaining bid work in subsequent Reimbursement Periods. Example: The analysis of forty water samples for BTEX was approved. A total cost of $3200 was the winning bid for these forty analyses. If eight samples were analyzed during the first corrective action implementation Reimbursement Period, the percentage of the cumulative scope of work completed by the end of that Reimbursement Period is 20 percent. You will be reimbursed a maximum of 20 percent of the total amount of the low bid. When eight additional samples are analyzed during the second Reimbursement Period, the percentage of the cumulative scope of work completed by the end of the second Reimbursement Period will be 40 percent. You will be reimbursed a maximum of an additional 20 percent of the total amount of the low bid.

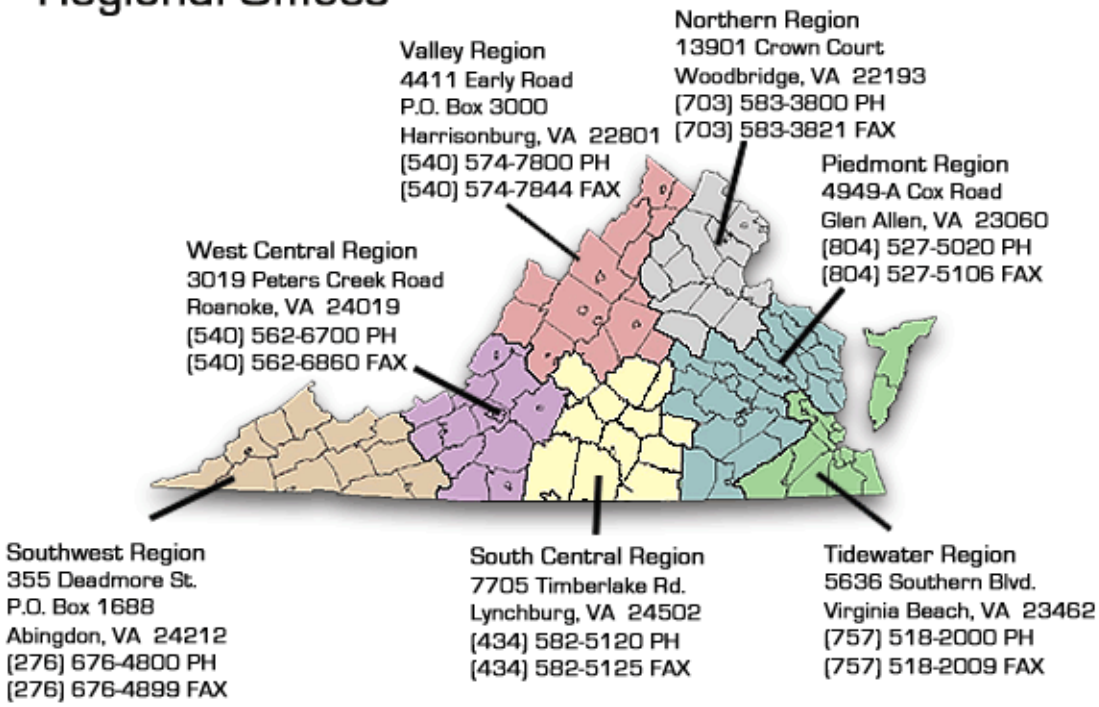
Applications for Completed Phases - For phases without Reimbursement Periods, all bid work must be completed and claimed in the sole reimbursement application for the phase. The Responsible Person must take care to ensure that the Bid Work Progress Form and reimbursement application include all bid work completed during the phase. Unclaimed bid work cannot be submitted in an application for another phase.

*Complete (YES or NO):* If you checked "Yes" in this field, you are indicating that the scope of work has been completed and that no additional work should be reimbursed for this scope of work. For a scope of work to be considered complete, it is not necessary for the cumulative percent complete for that scope to be 100%. If, for example, a change order requires work to stop on a particular scope of work after 30% of the work is verified, the cumulative work completed should indicate 30% and the complete field should indicate Yes. If you checked "No" in this field, you are indicating that the scope of work is not yet completed.

*Total Amount of Low Bid:* Indicate the total dollar amount for the **lowest bid** for each scope of work claimed

# APPENDIX 8
# Map of DEQ Regional Office Boundaries

# Virginia Department of Environmental Quality Regional Offices




| Regional Offices | | Counties and Cities |
|---|---|---|
| **Northern Regional Office** | **Counties** | Arlington, Caroline, Culpeper, Fairfax, Fauquier, King George, Loudoun, Madison, Orange, Prince William, Rappahannock, Spotsylvania, Stafford, Louisa |
| | **Cities** | Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, Manassas Park |
| **Piedmont Regional Office** | **Counties** | Amelia, Brunswick, Charles City, Chesterfield, Dinwiddie, Essex, Gloucester, Goochland, Greensville, Hanover, Henrico, King and Queen, King William, Lancaster, Mathews, Middlesex, New Kent, Northumberland, Powhatan, Prince George, Richmond, Surry, Sussex, Westmoreland |
| | **Cities** | Colonial Heights, Emporia, Hopewell, Petersburg, Richmond. |
| **South Central Regional Office** | **Counties** | Amherst, Appomatox, Buckingham, Campbell, Charlotte, Cumberland, Halifax, Lunenburg, Mecklenburg, Nottoway, Prince Edward, Pittsylvania |
| | **Cities** | Danville, Lynchburg |
| **Valley Regional Office** | **Counties** | Albemarle, Augusta, Bath, Clarke, Fluvanna, Frederick, Greene, Highland, Nelson, Page, Rockbridge, Rockingham, Shenandoah, Warren |
| | **Cities** | Buena Vista, Charlottesville, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester |
| **Southwest Regional Office** | **Counties** | Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe |
| | **Cities** | Bristol, Galax, Norton |
| **West Central Regional Office** | **Counties** | Alleghany, Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pulaski, Roanoke |
| | **Cities** | Bedford, Clifton Forge, Covington, Martinsville, Radford, Roanoke, Salem |
| **Tidewater Regional Office** | **Counties** | Accomack, Isle of Wight, James City, Northampton, Southampton, York |
| | **Cities** | Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, Williamsburg |