

**ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST
ADVISORY BOARD**

COST PROPOSAL FORM

PART I

I.1. PAYMENT REQUEST INFORMATION:

PAYMENT REQUEST NUMBER:

DATE OF PAYMENT REQUEST (mm/dd/yy):

INCIDENT NUMBER:

EPA I. D. NUMBER:

_____ - _____ - _____

ADEM I.D. NUMBER: 462 _____

I.2. FACILITY INFORMATION:

FACILITY NAME: _____

FACILITY ADDRESS: _____

I.3. LEGAL DESCRIPTION OF PROPERTY WHERE FACILITY IS LOCATED:

I.4. OWNER INFORMATION:

OWNER/OPERATOR LEGAL NAME: _____

(Name of Legal Entity Owning or Operating a Drycleaning or Wholesale Distributor)

TYPE OF LEGAL ENTITY:

CORPORATION

FIRM

LLC

PARTNERSHIP

LLP

OTHER (Please Specify): _____

FIRMS OR CORPORATIONS (LIST ALL OFFICERS AND BOARD OF DIRECTORS):

NAME

TITLE

ADDRESS

PARTNERSHIP (LIST ALL PARTNERS):

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNER/OPERATOR ADDRESS: _____

OWNER/OPERATOR TELEPHONE NUMBER: () _____

OWNER/OPERATOR FAX NUMBER: () _____

OWNER/OPERATOR E-MAIL ADDRESS: _____

EMPLOYER TAX NUMBER (IRS) _____

OWNER ACCOUNT NUMBER WITH THE DEPARTMENT OF REVENUE: _____

I.5. OWNER/OPERATOR CONTACT INFORMATION:

NAME OF CONTACT PERSON: _____

POSITION OF CONTACT PERSON: _____

ADDRESS OF CONTACT PERSON: _____

CONTACT PERSON TELEPHONE NUMBER: () _____

CONTACT PERSON FAX NUMBER: () _____

CONTACT PERSON E-MAIL ADDRESS: _____

I.6. PROPERTY OWNER INFORMATION:

PROPERTY OWNER NAME: _____
(Name of Legal Entity Owning the Property at the Site of the Drycleaning or Wholesale Distributor Facility)

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER TELEPHONE NUMBER: () _____

PROPERTY OWNER FAX NUMBER: () _____

PROPERTY OWNER E-MAIL ADDRESS: _____

I.7. APPROVED DRYCLEANER ENVIRONMENTAL CONSULTANT (ADEC) INFORMATION:

ADEC NAME: _____

ADEC ADDRESS: _____

ADEC TELEPHONE NUMBER: _____

ADEC FAX NUMBER: _____

ADEC E-MAIL ADDRESS: _____

ADEC TAX NUMBER (IRS): _____

PROJECT CONTACT: _____

POSITION OF PROJECT CONTACT: _____

PROJECT CONTACT TELEPHONE NUMBER: () _____

PROJECT CONTACT FAX NUMBER: () _____

PROJECT CONTACT E-MAIL ADDRESS: _____

I.8. ACTIVITY INFORMATION:

INDICATE BELOW THE ACTIVITIES FOR WHICH THE COST PROPOSAL IS SUBMITTED:

- | | |
|--|---|
| <input type="checkbox"/> SITE STABILIZATION | <input type="checkbox"/> PROPERTY REMEDIATION |
| <input type="checkbox"/> INITIAL INVESTIGATION | <input type="checkbox"/> FREE PRODUCT REMOVAL |
| <input type="checkbox"/> PROPERTY ASSESSMENT | |

PROVIDE PROPOSED COMPLETION DATE FOR THIS PHASE OF WORK ACTIVITIES: _____

LIST MAJOR ACTIVITIES TO BE CONDUCTED DURING THIS PHASE OF WORK TO INCLUDE:

NUMBER OF HAND AUGER BORINGS: _____ TOTAL DEPTH: _____ TOTAL FEET: _____

TOTAL NUMBER OF SOIL BORINGS: _____ TOTAL DEPTH: _____ TOTAL FEET: _____

NUMBER OF BORINGS CONVERTED TO TEMPORARY MWs: _____

TOTAL DEPTH: _____ TOTAL FEET: _____

NUMBER OF BORINGS COVERED TO PERMANENT MWs: _____

TOTAL DEPTH: _____ TOTAL FEET: _____

OTHER ACTIVITIES CONDUCTED:

INDICATE PROVISION OF ALTERNATE WATER SUPPLY (WHERE APPLICABLE):

TYPE OF TEMPORARY SUPPLY BEING PROVIDED:

TYPE OF PERMANENT ALTERNATE WATER SUPPLY PROVIDED:

I.9. SUBCONTRACTOR INFORMATION:

INDICATE SUBCONTRACTORS TO BE USED DURING THIS WORK PHASE:

NAME	SERVICE PROVIDED
_____	_____
_____	_____
_____	_____

I.10. PRIOR ACTIVITY INFORMATION:

INDICATE SERVICES CONDUCTED AT SITE PRIOR TO THIS WORK PHASE:

I.11. CERTIFICATION OF ACTUAL RELEASE OF DRYCLEANING AGENT:

I certify that a release has occurred at this site and that all proposed costs are intended to address drycleaning agent contamination.

OWNER OR OPERATOR SIGNATURE: _____
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)

TYPED OR PRINTED NAME AND TITLE: _____

DATE OF SIGNATURE: _____

I.12. CERTIFICATION OF REASONABLE COST ESTIMATES:

I certify that to the best of my knowledge and belief that the proposed costs presented herein represent expected costs to be incurred to address contamination caused by drycleaning agents at this site during the period of time indicated on this application; and no expected charges are presented as a part of this proposal that would not result from the performance of response actions which are necessary due to the release of drycleaning agents at this site.

OWNER OR OPERATOR SIGNATURE: _____
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)

TYPED OR PRINTED NAME AND TITLE: _____

DATE OF SIGNATURE: _____

ADEC's SIGNATURE: _____
(Sole Proprietor, Partner, Corporate Officer, or Other Responsible Party)

TYPED OR PRINTED NAME AND TITLE: _____

DATE OF SIGNATURE: _____

(BOTH OWNER OR OPERATOR AND ADEC MUST SIGN CERTIFICATION FOR REQUEST TO BE PROCESSED)

I.13. TRUST FUND OBLIGATION INFORMATION:

TOTAL OF PREVIOUSLY APPROVED COST PROPOSALS: _____

ESTIMATE TOTAL COST OF ALL ANTICIPATED RESPONSE ACTIONS:
(To Be Updated Over Time) _____

TOTAL PROPOSED COSTS TO DATE:
(Approved Costs plus Costs Proposed in this Cost Proposal) _____

ESTIMATE PERCENT COMPLETION OF ENTIRE PROJECT TO DATE: _____

I.14. COST PROPOSAL AMOUNT:

ITEM	COST PROPOSAL	FOR BOARD USE ONLY	
		ADJUSTED	APPROVED
Cost Proposal, Sum of Items 1 - 7 on Summary of Charges Form:			
Drycleaning Facility Required Contribution (\$10,000): <input type="checkbox"/> DEDUCT FROM THIS COST PROPOSAL <input type="checkbox"/> Previously Deducted from Payment Request Number ONE			
Wholesale Distributor Required Contribution (\$50,000) <input type="checkbox"/> DEDUCT FORM THIS COST PROPOSAL <input type="checkbox"/> Previously Deducted from Payment Request Number ONE			
TOTAL OF THIS COST PROPOSAL:			

I.15. CERTIFICATION OF THAT INFORMATION IS TRUE, ACCURATE AND COMPLETE:

1. I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this cost proposal and on any attachments, is true, accurate and complete to the best of my knowledge, information, and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for intentional violation.

OWNER/OPERATOR SIGNATURE: _____
 (Sole Proprietor, Partner, Corporate Officer or Other Responsible Party)

TYPED OR PRINTED NAME OF OFFICIAL TITLE: _____

DATE OF SIGNATURE: _____

2. I certify under penalty of law including but not limited to penalties for perjury, that the information contained in this payment request and on any attachments, is true, accurate and complete to the best of my knowledge, information, and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for intentional violation.

ADEC's SIGNATURE: _____
 (Sole Proprietor, Partner, Corporate Officer or Other Responsible Party)

TYPED OR PRINTED NAME AND OFFICIAL TITLE: _____

DATE OF SIGNATURE: _____

PART II

ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST ADVISORY BOARD SUMMARY OF CHARGES

	PROPOSED COST	FOR BOARD USE ONLY	
		ADJUSTED	APPROVED
1. SITE STABILIZATION			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
2. FREE PRODUCT RECOVERY			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
3. INITIAL INVESTIGATION			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____

**ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST ADVISORY BOARD
SUMMARY OF CHARGES**

	PROPOSED COST	FOR BOARD USE ONLY	
		ADJUSTED	APPROVED
4. PROPERTY ASSESSMENT			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
Risk Assessment	_____	_____	_____
 SUBTOTAL =	_____	_____	_____
5. REMEDIATION ACTIVITIES			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
 SUBTOTAL =	_____	_____	_____
6. ALTERNATE WATER SUPPLY			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
 SUBTOTAL =	_____	_____	_____

**ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST ADVISORY BOARD
SUMMARY OF CHARGES**

	PROPOSED COST	FOR BOARD USE ONLY	
		ADJUSTED	APPROVED
7. OTHER (Describe)			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
GRAND TOTAL (ITEMS 1 - 7)=	_____	_____	_____

PART III

Complete and submit forms "A" through "J" as applicable to the site activities. Additional copies of forms may be submitted when necessary.

**ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST ADVISORY BOARD
PERSONNEL ITEMIZATION FORM "A"**

Field and/or office personnel are charged as billable rates per employee. Description of job and number of hours for each major job task must be itemized on Personnel Itemization Form "B."

Maximum allowable billable rates and total personnel costs will be based on the Board's comparison of rates and total costs to other comparable and reasonable rates.

TITLE	CONTRACTOR INVOICE NO.	BILLABLE RATE	TOTAL HOURS	TOTAL COST
PLAN/REPORT PREPARATION (Includes Project Management)				
			X	=
			X	=
			X	=
			X	=
			Subtotal	=
FIELD WORK				
			X	=
			X	=
			X	=
			X	=
			X	=
			X	=
			Subtotal	=
TRAVEL				
			X	=
			X	=
			X	=
			X	=
			Subtotal	=
COST PROPOSAL PREPARATION				
			X	=
			X	=
			Subtotal	=
PAYMENT REQUEST PREPARATION				
			X	=
			X	=
			Subtotal	=
TOTAL PERSONNEL COSTS				= _____

ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST ADVISORY BOARD

FIELD EQUIPMENT/ACTIVITIES ITEMIZATION FORM "C"

Include any field equipment which is proposed or was used to perform work. Equipment may be rented from the ADEC or a Subcontractor. Also include the cost for miscellaneous field materials such as bailers, rope, drums, etc.

Rental rates will be reimbursed at the rate referenced on the current "Alabama Drycleaning Environmental Response Trust Advisory Board Reasonable Rate Schedule".

DESCRIPTION OF EQUIPMENT	CONTRACTOR INVOICE NO.	NO. OF DAYS USED	COST PER DAY	TOTAL COST
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	

TOTAL FIELD EQUIPMENT = \$ _____

Include any field activities which are proposed or were performed. To include items such as excavation equipment costs or other related field costs.

FIELD ACTIVITIES SUBJECT TO PASSTHROUGH CHARGES	CONTRACTOR INVOICE NO.	NO. OF UNITS USED	COST PER UNIT	TOTAL COST
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	

SUBTOTAL = \$ _____

SUBTOTAL X 5% = \$ _____

TOTAL FIELD ACTIVITIES = \$ _____

GRAND TOTAL - FIELD EQUIPMENT AND FIELD ACTIVITIES = \$ _____

**ALABAMA DRYCLEANING ENVIRONMENTAL RESPONSE TRUST ADVISORY BOARD
DRILLING ITEMIZATION FORM "F"**

Maximum allowable rates are referenced on the current "Alabama Drycleaning Environmental Response Trust Fund Reasonable Rate Schedule."

DESCRIPTION OF EACH ACTIVITY	TYPE OF RIG	UNIT PRICE	TOTAL
Invoice Number(s): _____			
Mobilization/Demobilization	_____	_____ Rate + _____ miles x \$_____/mile	= \$ _____
Drill soil borings with ____ inch I.D. Hollow stem augers, split spoon samples at 5 ft. intervals, abandon borehole	_____	\$_____/ft x _____ ft	= \$ _____
"Driven point" technology ('Geoprobe', 'Hydropunch', etc.)	_____	As applicable (per hole, per day, etc.)	= \$ _____
Drill and install 2 inch MWs, take split spoon samples at 5 ft. intervals	_____	\$_____/ft x _____ ft	= \$ _____
Drill and install 4 inch MWs, take split spoon samples at 5 ft. intervals	_____	\$_____/ft x _____ ft	= \$ _____
Drill and install telescoping well(s), take split spoon samples at 5 ft. intervals	_____	\$_____/ft x _____ ft	= \$ _____
Drill and install groundwater recovery wells	_____	\$_____/ft x _____ ft	= \$ _____
Monitoring well abandonment	_____	\$_____/ft x _____ ft	= \$ _____
Subsistence allowance (overnight only)	_____	\$_____/day x ____ man days	= \$ _____
SUBTOTAL = \$			_____
<i>Pass through charge for subcontractors only Subcontractor invoices must be attached</i>			SUBTOTAL x 10% = \$ _____
DRILLING TOTAL COST = \$			_____

SUPPLY THE FOLLOWING INFORMATION FOR EACH BORING OR WELL INSTALLED:

IDENTIFICATION NUMBER OR NAME AND DIAMETER	DEPTH	COST PER FOOT	COST PER HOLE
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
TOTAL DRILLING COST = \$			_____

