

KANSAS ESSENTIAL FUELS SUPPLY TRUST FUND

KDHE RFR#



Office Use Only

REQUEST FOR REIMBURSEMENT FORM

You must have applied and been admitted to the Kansas Essential Fuels Supply Trust Fund before receiving reimbursement from this fund. ~~4J ž Ye ~ hfgUXb c XgWlaWhU \ggWj g g fYe` YeëX UhefX Xag pUXffhXW~~

INSTRUCTIONS

- A. All blanks must be completed.
- B. If an item doesn't apply, write "N/A"
- C. Use the correct KDHE Project Code (if available) and Site Name
- D. Print neatly or type
- E. Sign and date this form in Section 5

SECTION 1. APPLICANT AND SITE INFORMATION

- A. KDHE Project Code: _____ - _____ - _____ (if available)
- B. Owner ID: _____ Facility ID: _____
- C. Site Name: _____
- D. Applicant Name: _____ Phone: _____
- Mailing Address: _____
- City: _____ State: _____ Zip Code: _____
- F. Applicant's FEIN or SSN: _____
(Reimbursement checks will be made payable to the applicant listed in Item D of this section. The KDHE is required to submit all reimbursement information the IRS. Therefore, if the applicant no longer has a valid FEIN, the SSN of the individual must be used.)

SECTION 2. REIMBURSEMENT INFORMATION

Under the appropriate headings, indicate the costs for which you are requesting reimbursement (*attach additional sheets if necessary*). Upgrade expenses are limited to reasonable and necessary to the installation or improvement of equipment systems required for compliance with 40 CFR 112. Eligible upgrading or decommissioning costs include but are not limited to: 1) Secondary containment, 2) integrity testing, 3) corrosion protection, 4) loss prevention, 5) engineering costs, 6) security, 7) drainage, and 8) removal of noncompliant tanks. Such costs must be incurred after August 1, 2001, and not later than July 1, 2009. Application for these eligible upgrading costs must be made on or before January 1, 2011. Include copies of invoices and proof of payment with this request. All requests for reimbursement must be submitted no later than December 31, 2011.

Cleanup of soil and ground water contaminated by petroleum may be taken care of through the Petroleum Storage Tank Release Trust Fund. See http://www.kdheks.gov/tanks/trust_fund/index.html for an application form and more information.

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SECTION 2. REIMBURSEMENT INFORMATION – continued

1. Secondary Containment

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

2. Integrity Testing

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

3. Corrosion Protection

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

4. Loss Prevention

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

5. Engineering Costs

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

6. Security

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

7. Drainage

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

8. Removal of Noncompliant Tanks

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

Total Upgrading Expenses _____

SECTION 3. UPGRADING OR DECOMMISSIONING REIMBURSEMENT INFORMATION

Under the appropriate headings, indicate the costs for which you are requesting reimbursement (*attach additional sheets if necessary*). Expenses for activities reasonable and necessary to close an aboveground storage tank facility are eligible for reimbursement. Eligible expenses for the permanent closure of aboveground storage tank facilities include but are not limited to: 1) removal of the tank and piping system, 2) removal of tank support and confinement systems, 3) removal of security systems, 4) cleaning of tanks, and 5) disposal of waste petroleum and other waste material including concrete. Such costs must be incurred after August 1, 2001, and not later than July 1, 2009. Application for these eligible decommissioning costs must be made on or before January 1, 2011. Include copies of invoices and proof of payment with this request. All requests for reimbursement must be submitted no later than December 31, 2011.

Cleanup of soil and ground water contaminated by petroleum may be taken care of through the Petroleum Storage Tank Release Trust Fund. See http://www.kdheks.gov/tanks/trust_fund/index.html for an application for more information.

1. Removal of the tank and piping system

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

2. Removal of tank support and confinement systems

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

3. Removal of security systems

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

4. Cleaning of tanks and disposal of waste petroleum and other waste material including concrete

<u>Contractor Name</u>	<u>Inv. Number</u>	<u>Inv. Date</u>	<u>Inv. Amount</u>	<u>Check #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

Total Decommissioning Expenses _____

SECTION 4. EXPENSE SUMMARY

Total Upgrading Expenses	\$ _____
Total Decommissioning Expenses	\$ _____
Total Expenses	\$ _____
X 90% =	\$ _____
TOTAL REIMBURSEMENT REQUEST	\$ _____
	(Not to Exceed \$25,000)

SECTION 5. APPLICANT'S CERTIFICATION AND SIGNATURE

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Applicant's Name (Printed)

Signature of Applicant or Applicant's Authorized Representative

Title

Date

Send this Request for Reimbursement and accompanying documents to:

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
ESSENTIAL FUELS TRUST FUND
1000 SW JACKSON, SUITE 410
TOPEKA, KS 66612-1367**

**Refer questions to:
(785) 296-8061 OR (877) 221-0325**

Do not write below this line.

Amount Approved: \$ _____

Approved by: _____

Date: _____

Reviewed by: _____

Date: _____