



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

VIA ELECTRONIC MAIL

67-02/kblackburn
Nivas R. Vijay
Heartland Environmental Associates, Inc.
3410 Mishawaka Avenue
South Bend, IN 46615

Emailed: 7/2/2024

Dear Mr. Vijay:

Re: Excess Liability Trust Fund Claim
Former Campbellsburg Supply Facility
ELTF # 199002021 FID # 11932
Invoice Number: 199002021-6

On May 31, 2024, the UST Operations Section received your application for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

<i>ELTF Submittal Number:</i>	6
<i>Total Deductible:</i>	\$15,000.00
<i>Amount of Deductible Previously Met:</i>	\$15,000.00
<i>Amount of Deductible Met (this claim):</i>	\$0.00
<i>UST Fee Reimbursement Percentage:</i>	100%
<i>Total Amount Previously Reimbursed:</i>	\$34,100.32
Your claim was submitted for:	\$5,595.95
After review, your claim has been reimbursed for:	\$5,584.13

***Please be aware that while the above amount has been approved by IDEM's ELTF Claims Section, pursuant to IC 5-17-5-1, the State Comptroller may take up to thirty-five days to issue payment.



A breakdown of this determination has been enclosed. You may resubmit an application for those items or portions of items that were disallowed. Resubmittal applications must include a completed application form, a copy of the IDEM decision letter and cost review summary, as well as explicit documentation under 328 IAC 1 addressing the reasons for denial of costs and demonstrating that the costs are reimbursable costs under 328 IAC 1-3-5. IDEM is requiring the resubmittal of disallowed costs to be incorporated into subsequent claims; however, the portion of the claim that was previously submitted must be identified as such and include the dollar value of the original claim [328 IAC 1-5-1(e)], as well as the explicit documentation described above.

Pursuant to IC 13-23-9-4, you may appeal this determination by filing a written request for review with the Indiana Office of Environmental Adjudication not later than fifteen (15) days after receiving notice of the determination, plus an additional three (3) days if sent via US Mail. Pursuant to IC 4-21.5-3-7, you may request that the Office of Environmental Adjudication conduct a hearing to review this determination, under IC 4-21.5, in its entirety, or you may limit your request for review to specific portions of the determination. The request for review should be sent to:

Office of Environmental Adjudication
100 North Senate Avenue
Government Center North
Room N103
Indianapolis, IN 46204-2273

Failure to properly file a request for review, before or on the eighteenth day following receipt of this notice, waives your right to administrative review of this determination pursuant to IC 4-21.5-3-7 and your right to judicial review of the determination pursuant to IC 4-21.5-5-4. The request for review must contain the following information:

A statement of facts demonstrating that:

- a. You are the person to whom this determination is specifically directed;
- b. You are aggrieved or adversely affected by this determination; or
- c. You are entitled to review as a matter of law.

The following information should be included in your request for review in order to expedite review by the Office of Environmental Adjudication: identification of the ELTF number and the ELTF submittal number, the specific portions of the determination to be reviewed, and the legal basis for your challenge to this determination. In addition, your request should include the name, address and telephone number of the entity or individual to whom this determination is specifically directed. A copy of this letter should be attached to the request for review.

A copy of the request for review should be sent to the Petroleum Branch Chief, Tim Veatch, at the Indiana Department of Environmental Management, 100 North Senate Avenue, Indianapolis, Indiana 46204.

If you do appeal this determination, you will be notified by the Office of Environmental Adjudication regarding your cause number and prehearing date. This determination is based upon the review of the documentation presented to IDEM, as well as documents previously submitted and made available to the reviewer.

If additional documentation is subsequently provided, IDEM reserves the right to modify or change the determination as the situation may warrant. Please direct further questions to ELTFQuestions@idem.IN.gov.

Sincerely,



Katie Blackburn, Section Chief
UST Operations Section
Petroleum Branch
Office of Land Quality

Enclosures

CC: Mullis_Petroleum@yahoo.com, pnye@heartlandenv.com

**Indiana Department of Environmental Management (IDEM)
Excess Liability Trust Fund (ELTF)
Cost Review Summary**

Site Name: Former Campbellsburg Supply Facility

ELTF Number: 199002021-6	FAC ID Number: 11932
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Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
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Subsequent Costs Claimed							
1	N/A	Heartland	6841	\$2,444.60	\$0.00	\$2,444.60	
1-1				\$67.71	\$5.91	\$61.80	Disposable Nitrile Gloves (box) and Ice (small bag) have been reimbursed at the unit cost calculated from the supplier's invoice, plus the markup indicated on the pay request.
2	N/A	Heartland	6997	\$3,015.93	\$0.00	\$3,015.93	
2-1				\$67.71	\$5.91	\$61.80	Disposable Nitrile Gloves (box) and Ice (small bag) have been reimbursed at the unit cost calculated from the supplier's invoice, plus the markup indicated on the pay request.
Total:				\$5,595.95	\$11.82	\$5,584.13	

Reimbursement Cap	\$2,000,000.00	Amount Requested	\$5,595.95
Total Amount Previously Reimbursed	\$34,100.32	Amount Disallowed	\$11.82
		Amount Approved	\$5,584.13
		Tank Fee Reimbursement Percentage Allowed	100%
		Tank Fee Reimbursement Percentage Disallowed	0%
		Eligible to be Reimbursed	\$5,584.13
		Amount of Deductible Applied This Claim	\$0.00
		Total Amount Reimbursed This Claim	\$5,584.13



EXCESS LIABILITY TRUST FUND APPLICATION (PHASE APPROACH)

State Form 56424 (R10 / 6-23)
Indiana Department of Environmental Management

TO BE COMPLETED BY IDEM	
Date Submitted (month/day/year)	05/31/2024
ELTF Control Number	199002021-6

INSTRUCTIONS: This form must be submitted when applying for a reimbursement request for costs incurred on or after January 1, 2018. This form may be used for resubmitted costs from any ELTF claim. Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the INSTRUCTIONS for completing the application. Do not include complete social security numbers on any portion of the application, including backup documentation.

TO BE COMPLETED BY APPLICANT

SECTION 1 - APPLICANT INFORMATION

Name of Applicant		Please enter a Tax ID Number or Social Security Number.	
Heartland Environmental Associates, Inc.		Tax ID Number	35-1817373
Mailing Address of Applicant (number and street)		SSN (last 4 digits)	
3410 Mishawaka Avenue		Social Security Number Included in Backup Documents?	
City, State (Abbreviation), ZIP Code		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
South Bend, IN 46615			
Name of Second Party for Joint Check (if applicable) Check will be issued to applicant and party listed below, and mailed to the above address.			
Name of Applicant Contact	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Applicant Contact Title	
Nivas R. Vijay		Project Manager	
Applicant Contact E-mail Address		Applicant Contact Telephone Number (with area code)	
nvijay@heartlandenv.com		574-360-0961	

SECTION 2 - ELIGIBLE PARTY INFORMATION

Name of Eligible Party (Corporation, Individual, Public Agency, or Other Entity) (Documentation may be required, see instructions.)			
Mullis Petroleum, LLC			
Mailing Address (number and street)		City, State (Abbreviation), ZIP code	
1001 J Street		Bedford, IN 47421	
Name of Eligible Party Contact	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Eligible Party Contact Title	
Perry Mullis, c/o Tim Mullis A/F		Owner	
Eligible Party Contact E-mail Address		Eligible Party Contact Telephone Number (with area code)	
Mullis_Petroleum@yahoo.com		812-275-5981	
Has this eligible party been verified by IDEM?		https://vfc.idem.in.gov/DocumentSearch.aspx	
<input type="checkbox"/> Yes <input type="checkbox"/> No		IDEM Virtual File Cabinet Document Number of Verification Letter	

SECTION 3 - SITE INFORMATION

Facility Identification Number	Name of Facility	LUST Incident Number
11932	Former Campbellsburg Supply Facility	199002021

SECTION 4 - REIMBURSEMENT REQUESTS

Identify the Type of Claim Application:

Subsequent Claim Application (None of the costs requested in this claim application have been previously submitted.)

Subsequent Claim Application and Resubmittal of Denied Costs (This claim application includes new costs and costs that have been denied. The portion of the claim that was previously submitted must be identified below as being previously submitted and include the dollar value of the original claim.)

Original Amount Requested:	Claim Number Assigned By IDEM:

Resubmittal (Claim includes only previously denied costs.)

Complete Claim Resubmittal (Claim was previously reviewed and denied in full.)

Original Amount Requested for Denied Costs:	Claim Number Assigned By IDEM:

Third Party Claim (If you have been held responsible for damages to a third party and are submitting the judgment or settlement agreement for reimbursement as a third party claim. Please submit proof that a copy of this claim has been sent to the Indiana Attorney General.)

Final Claim (This is for the last claim submitted after the NFA has been issued.)

Subsequent Claim Containing Pre-Approved Costs (State Form 51955)

Enter the Total Costs for the Claim from the Attached "Pay Requests" (including resubmitted costs if applicable)	
\$ 5,595.95	
Enter the Total Resubmitted Costs (if applicable)	
\$	

IDEM Date Stamp



EXCESS LIABILITY TRUST FUND APPLICATION (PHASE APPROACH)

State Form 56424 (R10 / 6-23)
Indiana Department of Environmental Management

TO BE COMPLETED BY APPLICANT (continued)

SECTION 5 - CLAIM PREPARER CONTACT INFORMATION

Name of Contact Person Concerning Claim Issues Penny Nye	Contact Company Name Heartland Environmental Associates, Inc.
Contact E-mail Address pnye@heartlandenv.com	Contact Telephone Number (with area code) 574-289-1191
Request Covers Work Performed During the Following Period (month/day/year)	From: To: 8/16/2023 1/17/2024

Phases Requested for Cost Evaluation: (check applicable phases)

- Immediate Response (Costs for initial abatement. Costs for emergency measures with applicable "Confirmation of Emergency Response Status" form signed by appropriate IDEM representative.)
- Site Characterization and Corrective Action Plan Development (Costs for ISC, FSI, ERC, Pilot Study, and CAP Development.)
- Corrective Action Plan Implementation (Costs for Excavation, Enhanced Bioremediation, Vac Events, and Remediation Systems.)
- Groundwater Monitoring and Remediation System O & M (Costs for Monitoring and/or O&M requested by quarter.)
- Closure (Costs for NFA reporting, System Decommissioning and Well Abandonment.)

Was there Private Insurance that may cover this Release? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of Insurance Company	Policy number
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SECTION 6 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of site characterization or corrective action related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of site characterization or corrective action. I also swear that I have not altered the calculations in this electronic form. I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC-30-10 and IC 13-23-9-6, that the statements and representations in this document are true, accurate, and complete. I also understand that all submitted information will be retained in the Virtual File Cabinet as a public record.

In accordance with IC 13-23-8-4, the applicant must be an eligible party (releases on or after July 1, 2016) or an UST owner, UST operator, or subsequent property owner (releases prior to July 1, 2016) or a person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (eligible party, UST owner, UST operator, or property owner) or their attorney in fact must sign the application in addition to the assignee of rights. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

Signature of Assignee of Rights 	Date Signed (month/day/year) 5/30/2024
<input checked="" type="checkbox"/> M <input type="checkbox"/> Ms. Print Name Nivas R. Vijay	Title Project Manager Company Heartland Environmental Associates, Inc.

Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact	Date Signed (month/day/year)
<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. Print Name Colleen Rennaker	Title Attorney In Fact Company IN Dept of Environmental Management

If applicable, a copy of the signed Assignment of Rights under 328 IAC 1-3-1 must be attached. If applicable, a copy of the signed Power of Attorney must also be attached. If the Assignment of Rights or the Power of Attorney has been modified or amended, a current copy must be attached.

SUBMITTAL INSTRUCTIONS: Submit ELTF claim applications electronically via e-mail (mailto:ELTFQuestions@idem.in.gov). Please submit one PDF copy and Excel file in XLSX format. The e-mail / documents should be labeled as follows:

Subject line: ELTF Claim: Incident # _____
Save Document: ELTF_(insert Incident number)_ (yyyymmdd)

**THE INDIANA UNDERGROUND STORAGE TANK
EXCESS LIABILITY TRUST FUND**

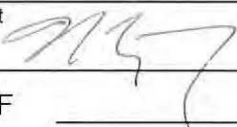
STATE OF Indiana

COUNTY OF St. Joseph } SS:

AFFIDAVIT REGARDING PAYMENT OF COSTS INCIDENT NUMBER: 199002021

Nivas R. Vijay, being of sound mind and majority, and being duly cautioned and sworn in accordance with law (*in accordance with IC 13-23-9-6, I may be subject to criminal prosecution for the knowing and intentional submission of false statements in this affidavit*), make the following statement based upon personal information and under penalty of perjury:

1. I certify that I am the applicant or that I have been duly authorized to sign this affidavit on behalf of the applicant submitting a claim for the qualifying occurrence listed above to the Indiana Excess Liability Trust Fund. I have obtained all necessary or applicable approvals for such authorization.
2. **Per 328 IAC 1-3-5**, all costs incurred and/or paid for work performed in the identified claim are reflected in the attached invoice summary listing and pay requests. All costs reflected in the attached invoice summary listing and pay requests were incurred and/or paid for corrective action related to the incident specified above.
Per 328 IAC 1-5-1 (c), proof of payment documentation is and will be maintained on file for a minimum of four (4) years after the date the application for payment was submitted or four (4) years after completion of corrective action, whichever is later.*
Credits, rebates, refunds or other similar payments or inducements made to the owner/operator or received by the owner/operator or applicant have been subtracted from the costs submitted for reimbursement.
3. The following is a correct business address and telephone number at which I can be reached:

Company Heartland Environmental Associates, Inc.	Title Project Manager	E-mail Address nvijay@heartlandenv.com
Address (number and street or rural route) 3410 Mishawaka Avenue		Telephone number 574-360-0961
City South Bend	State IN	ZIP code 46615
Signature of affiant 		Date signed (month/day/year) 5/30/2024

STATE OF Indiana

COUNTY OF St. Joseph } SS:

Sworn to and subscribed in my presence this 30 day of May,
2024

Signature of Notary Public	County of residence St. Joseph
Printed or typed name of Notary Public Penny R. Nye	Date commission expires (month/day/year) 6/10/2026

* The Indiana Department of Environmental Management reserves the right to require cancelled checks as proof of payment at any time.

This form may not be altered. The Indiana Department of Environmental Management reserves the right to deny any application that is submitted with an altered affidavit.

The Notary Seal must be included and must be legible when copied.

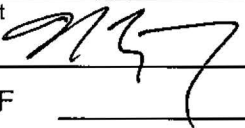
missing notary seal

**THE INDIANA UNDERGROUND STORAGE TANK
EXCESS LIABILITY TRUST FUND**

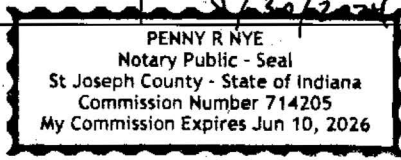
STATE OF Indiana
 COUNTY OF St. Joseph } SS:
 AFFIDAVIT REGARDING PAYMENT OF COSTS INCIDENT NUMBER: 199002021

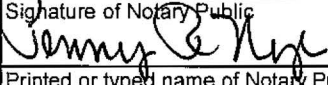
Nivas R. Vijay, being of sound mind and majority, and being duly cautioned and sworn in accordance with law (*in accordance with IC 13-23-9-6, I may be subject to criminal prosecution for the knowing and intentional submission of false statements in this affidavit*), make the following statement based upon personal information and under penalty of perjury:

- I certify that I am the applicant or that I have been duly authorized to sign this affidavit on behalf of the applicant submitting a claim for the qualifying occurrence listed above to the Indiana Excess Liability Trust Fund. I have obtained all necessary or applicable approvals for such authorization.
- Per 328 IAC 1-3-5**, all costs incurred and/or paid for work performed in the identified claim are reflected in the attached invoice summary listing and pay requests. All costs reflected in the attached invoice summary listing and pay requests were incurred and/or paid for corrective action related to the incident specified above.
Per 328 IAC 1-5-1 (c), proof of payment documentation is and will be maintained on file for a minimum of four (4) years after the date the application for payment was submitted or four (4) years after completion of corrective action, whichever is later.*
Credits, rebates, refunds or other similar payments or inducements made to the owner/operator or received by the owner/operator or applicant have been subtracted from the costs submitted for reimbursement.
- The following is a correct business address and telephone number at which I can be reached:

Company Heartland Environmental Associates, Inc.	Title Project Manager	E-mail Address nvijay@heartlandenv.com
Address (number and street or rural route) 3410 Mishawaka Avenue		Telephone number 574-360-0961
City South Bend	State IN	ZIP code 46615
Signature of affiant 		Date signed (month/day/year) <u>5/30/2024</u>

STATE OF Indiana
 COUNTY OF St. Joseph } SS:
 Sworn to and subscribed in my presence this 30 day of May, 2024



Signature of Notary Public 	County of residence St. Joseph
Printed or typed name of Notary Public Penny R. Nye	Date commission expires (month/day/year) 6/10/2026

* The Indiana Department of Environmental Management reserves the right to require cancelled checks as proof of payment at any time.

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The Notary Seal must be included and must be legible when copied.

SUBSEQUENT PAY REQUEST # 1

INSTRUCTIONS:

Complete this form for all costs incurred on or after January 1, 2018. Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.

Incident Number 199002021						
Select Date: 6/1/23 to Present		Select the date range for the costs incurred.				
Invoice Number 6841	Name of Applicant Heartland Environmental Assoc	Name of Vendor Heartland Environmental Associates, Inc.				
TO BE COMPLETED BY APPLICANT					TO BE COMPLETED BY IDEM	
Groundwater Monitoring and/or System O&M Costs						
3rd QTR 2023 Monitoring						
Planning, Preparation, and Follow-up Costs (Office)						
DESCRIPTION	UNITS	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	
Project Manager	1.00	\$85.00		\$85.00		
Field Costs						
DESCRIPTION	UNITS	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	
Technician	12.00	\$59.00		\$708.00		
Bailers	11.00	\$7.00		\$77.00		
Decon	1.00	\$15.00		\$15.00		
Interface Probe	1.00	\$70.00		\$70.00		
Other (not markup eligible)		\$67.71		\$67.71	5.91	
<i>Laboratory Analyses (Water)</i>						
VOC -8260 (water)	14.00	\$49.00	10%	\$754.60	1-1	
Report Writing Costs						
DESCRIPTION	UNITS	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	
Project Manager	8.00	\$85.00		\$680.00		
Drafting	1.00	\$55.00		\$55.00		
Groundwater Monitoring and Report Writing Grand Total				\$2,512.31		

Overall Grand Total **\$2,512.31**

SUBSEQUENT PAY REQUEST # 2

INSTRUCTIONS:

Complete this form for all costs incurred on or after January 1, 2018. Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.

Incident Number 199002021							
Select Date: 6/1/23 to Present		Select the date range for the costs incurred.					
Invoice Number 6997		Name of Applicant Heartland Environmental Assoc		Name of Vendor Heartland Environmental Associates, Inc.			
TO BE COMPLETED BY APPLICANT					TO BE COMPLETED BY IDEM		
Groundwater Monitoring and/or System O&M Costs							
4th QTR 2023 Monitoring (Received 06/25/2024 per request)							
Planning, Preparation, and Follow-up Costs (Office)							
DESCRIPTION	UNITS	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF	
Project Manager	2.00	\$109.00		\$218.00			
Field Costs							
DESCRIPTION	UNITS	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF	
Technician	12.00	\$62.75		\$753.00			
Bailers	11.00	\$7.00		\$77.00			
Decon	1.00	\$15.00		\$15.00			
Interface Probe	1.00	\$70.00		\$70.00			
Other (not markup eligible)		\$67.71		\$67.71	5.91	2-1	
<i>Laboratory Analyses (Water)</i>							
VOC -8260 (water)	12.00	\$49.00	10%	\$646.80			
Report Writing Costs							
DESCRIPTION	UNITS	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF	
Project Manager	4.00	\$109.00		\$436.00			
Staff	4.00	\$72.00		\$288.00			
Drafting	8.50	\$60.25		\$512.13			
Groundwater Monitoring and Report Writing Grand Total				\$3,083.64			

Overall Grand Total

\$3,083.64

Heartland Environmental Associates, Inc.

EXPENSE DETAILS

FILTERS USED :

Expense Entry Date In : 8/23/2023 To 8/24/2023
and Project In : 5421-21-01 | Mullis - Campbellsburg MOCO GW Monitoring | Mullis - Campbellsburg MOCO UST/LUST ELTF

PROJECT : 5421-21-01 | Mullis - Campbellsburg MOCO GW Monitoring | Mullis - Campbellsburg MOCO UST/LUST ELTF

PROJECT MANAGER : Nivas Vijay * [?] = Invoiced, [pencil] = Marked as Billed, [diamond] = Non-Billable, [star] = Xtra

EMPLOYEE	DESCRIPTION	PAID DATE	UNITS	COST RATE	COST	MU %	AMOUNT	STATUS	*
8/23/2023									
N.R. Vijay	Decon Equipment		1.00	\$15.00	\$15.00	0.00	\$15.00	A	[star]
N.R. Vijay	Disposable Bailer 1.5-inch		11.00	\$7.00	\$77.00	0.00	\$77.00	A	[star]
N.R. Vijay	Disp. Nitrile Gloves (box) calculated per submitted receipt		0.75	\$24.95(17.99)	\$18.71	13.68	\$18.71	A	[star]
N.R. Vijay	Bailer Rope, per ft.		385.00	\$0.10	\$38.50	0.00	\$38.50	A	[star]
N.R. Vijay	Interface Probe		1.00	\$70.00	\$70.00	0.00	\$70.00	A	[star]
N.R. Vijay	Ice (small bag) calculated per submitted receipt		3.00	\$3.50(2.50)	\$10.50	7.50	\$10.50	A	[star]
							\$7.50 +10% mu = \$8.25		(1-1)
8/24/2023									
P.R. Nye	Laboratory Analytical Services <i>PACE: Campbellsburg 3rd Qtr 2023 GW Sampling @ 10% MU</i>		1.00	\$686.00	\$686.00	10.00	\$754.60	A	[star]
Billable Total:			402.75		\$915.71		\$984.31		
5421-21-01 Mullis - Campbellsburg MOCO GW Monitoring Mullis - Campbellsburg MOCO UST/LUST ELTF Total:			402.75		\$915.71		\$984.31		
Grand Total:			402.75		\$915.71		\$984.31		

GROUPED BY Project *U=Un-Submitted, S=Submitted, A=Approved, F=Forwarded, R=Rejected, UA=Un-Approved



Invoice Number: 5775212830

The Home City Ice Company
5310 West Brick Road
Sout Bend, IN 46628
(269) 926-2490 or (844) 443-8423

Customer: 2901004200
HEARTLAND ENVIRONMENTAL ASSOCIATES

Store: 3410 MISHAWAKA AVE
SOUTH BEND, IN 46615

Delivery: 12/01/2021 12:46:00 PM EST

Terms: CHARGE

No Sale:

Due Date: NET 10 DAYS

Qty	Inv	Product	Price	Amount
1	1	delivery charge UPC:	\$15.00	\$15.00
0	0	minimum sale adjustment UPC: 073309203410	\$20.00	\$0.00
100	146	7 lb bagged ice UPC: 073309200075	\$2.50	\$250.00
6	6	7 lb bags replaced	\$2.50	\$0.00

250/100 = 2.50/bag

*2.50 / bag
3 * 2.50 = 7.50
\$7.50 * 10 mu = \$8.25 (1-1)*

RECEIVED DEC 21 2021

Subtotal: \$265.00
Sales Tax: \$0.00
Invoice Total: \$265.00

PO Number:
Check Number:
Salesperson: 29442 - KRISTIAN RIMONI
Received By:

628 = 265

Remit To:

The Home City Ice Company
P.O. Box 111116
Cincinnati, OH 45211
Thank you for your order!

*12928
12-30-21*

HARBOR FREIGHT TOOLS
 Quality Tools at Ridiculously Low Prices

MISHAWAKA IN #00113
 2556 MIRACLE LANE
 MISHAWAKA, IN 46545
 Telephone: (574) 259-6800

SALE

*50 pair
 gloves per box*

\$17.99 / 50 = .36/pair

\$17.99 / 50 = \$0.36 / pair
 50 pairs * 0.75 used = ~38 pairs
 38 * \$0.36 = \$13.68
 \$13.68 + 10% mu = \$15.05
 (1-1) & (2-1)

Customer Name: dave Nye
 Customer Number: 888002161718

68512 9 Mil Nitrile Gloves 50pc \$17.99
 Subtotal \$17.99
 Sales Tax 7.000% \$1.26
 Total \$19.25

Visa \$19.25
 Card No. XXXXXXXXXXXX1930
 Expiration Date XX/XX
 Auth. No. 614951
 VISA
 Chip Read
 Signature Verified
 Mode: Issuer
 AID: A0000000031010
 TVR: 8000008000
 IAD: 06010A03600000
 TSI: 6800
 ARC: 00

Please Retain for Your Records

Store: 00113 Res: 02 Tran: 392043
 Date: 7/30/2020 10:47:00 AM Assoc: XXXXXX
 Ticket: 02392043

Item(s) Sold: 1
 Item(s) Returned: 0

Timothy served you today.
 Thank you for shopping at
 MISHAWAKA IN #00113

Proof of Purchase Required for Returns/
 Exchanges Within 90 Days of Purchase.

GET MORE COUPONS

Text **TOOLS1** to **222377**

for Coupons and Sale Alerts

Upto 4 coupon messages per month, message
 and data rates may apply, consent not
 required for purchase, text TEXTSTOP to
 cancel.

Heartland Environmental Associates, Inc.

EXPENSE DETAILS

FILTERS USED :

Expense Entry Date In : 12/6/2023 To 12/8/2023

and Project In : 5421-21-01 | Mullis - Campbellsburg MOCO GW Monitoring | Mullis - Campbellsburg MOCO UST/LUST ELTF

PROJECT : 5421-21-01 | Mullis - Campbellsburg MOCO GW Monitoring | Mullis - Campbellsburg MOCO UST/LUST ELTF

PROJECT MANAGER : Nivas Vijay

* != Invoiced, ✍ = Marked as Billed, Ⓞ = Non-Billable, ✱ = Xtra

EMPLOYEE	DESCRIPTION	PAID DATE	UNITS	COST RATE	COST	MU %	AMOUNT	STATUS* ✱
12/6/2023								
N.R. Vijay	Disp. Nitrile Gloves (box)		0.75	\$24.95 (17.99)	\$18.71	13.68	\$18.71	A ✱
N.R. Vijay	Interface Probe		1.00	\$70.00	\$70.00		\$70.00	A ✱
N.R. Vijay	Bailer Rope, per ft.		385.00	\$0.10	\$38.50		\$38.50	A ✱
N.R. Vijay	Ice (small bag)		3.00	\$3.50 (2.50)	\$10.50	7.50	\$10.50	A ✱
N.R. Vijay	Disposable Bailer 1.5-inch		11.00	\$7.00	\$77.00		\$77.00	A ✱
N.R. Vijay	Decon Equipment		1.00	\$15.00	\$15.00		\$15.00	A ✱
12/8/2023								
P.R. Nye	Laboratory Analytical Services		1.00	\$588.00	\$588.00	10.00	\$646.80	A ✱
	<i>PACE: Campbellsburg 4th Qtr 2023 GW Monitoring @ 10% MU</i>							
Billable Total:			402.75		\$817.71		\$876.51	
5421-21-01 Mullis - Campbellsburg MOCO GW Monitoring Mullis - Campbellsburg MOCO UST/LUST			402.75		\$817.71		\$876.51	
ELTF Total:								
Grand Total:			402.75		\$817.71		\$876.51	

\$13.68 + 10% mu = \$15.05 (2-1)

\$7.50 + 10% mu = \$8.25 (2-1)

GROUPED BY Project

*U=Un-Submitted, S=Submitted, A=Approved, F=Forwarded, R=Rejected, UA=Un-Approved



Invoice Number: 5775212830

The Home City Ice Company
5310 West Brick Road
Sout Bend, IN 46628
(269) 926-2490 or (844) 443-8423

Customer: 2901004200
HEARTLAND ENVIRONMENTAL ASSOCIATES

Store: 3410 MISHAWAKA AVE
SOUTH BEND, IN 46615

Delivery: 12/01/2021 12:46:00 PM EST

Terms: CHARGE

No Sale:

Due Date: NET 10 DAYS

Qty	Inv	Product	Price	Amount
1	1	delivery charge	\$15.00	\$15.00
0	0	minimum sale adjustment UPC: 073309203410	\$20.00	\$0.00
100	146	7 lb bagged ice UPC: 073309200075	\$2.50	\$250.00
6	6	7 lb bags replaced	\$2.50	\$0.00

250/100 = 2.50/bag

*2.50 / bag
3 * 2.50 = 7.50
\$7.50 * 10 mu = \$8.25*

RECEIVED DEC 21 2021

Subtotal: \$265.00
Sales Tax: \$0.00
Invoice Total: \$265.00

(2-1)

PO Number:
Check Number:
Salesperson: 29442 - KRISTIAN RIMONI
Received By:

628 = 265

Remit To:

The Home City Ice Company
P.O. Box 111116
Cincinnati, OH 45211
Thank you for your order!

*12928
12-30-21*