IDEM

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

Bruno L. Pigott
Commissioner

67-02/bpace
John M. Helms
Speedway LLC
500 Speedway Drive
Enon, OH 45323

FEB 02 2017

Re: Excess Liability Trust Fund Claim
Speedway #6009
ELTF # 200307511 FID # 6725
Bloomington, Monroe County
Invoice Number: 200307511-26

Dear Mr. Helms:

On December 19, 2016, the Excess Liability Trust Fund Section (ELTF) received your application for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

ELTF Submittal Number:	**26**
Total Deductible:	**$35,000.00**
Amount of Deductible Previously Met:	**$35,000.00**
Amount of Deductible Met (this claim):	**$0.00**
UST Fee Reimbursement Percentage:	**100%**
Total Amount Previously Approved for Reimbursement:	**$409,344.64**

Technical Determinations

Corrective Action Plan approved on August 19, 2013.

ELTF Eligibility Status

At present, this site is eligible for reimbursement from the ELTF for eligible costs associated with site characterization and corrective action work only.

Your claim was submitted for:	**$22,346.70**
After review, your claim has been approved for:	**$12,379.31**
Due to the statutory cap, your claim has been reimbursed for:	**$0.00**

In accordance with IC 13-23-8-8 Use of money in excess liability fund: an owner or operator of more than one hundred (100) underground storage tanks may not receive more than ten million dollars ($10,000,000) from the excess liability trust fund during a year. At this time no payment will be made.

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 eighteen (18) days after receiving notice of the determination. 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:

Director, Office of Environmental Adjudication
100 North Senate Ave.
Government Center North
Room 501
Indianapolis, IN 46204

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 Administrator of the Excess Liability Trust Fund 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. If you have any further questions, please contact Trisha Williams at (317) 234-0990.

Sincerely,

Brian A. Pace, Chief
Excess Liability Trust Fund Claims Section
Underground Storage Tank Branch
Office of Land Quality

BAP/kms/tw
Enclosures

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

Site Name: Speedway #6009

ELTF Number:	200307511-26	FAC ID Number:	6725

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
Subsequent Costs Claimed							
1	N/A	Cardno ATC	1822247	$900.60	$0.00	$900.60	
2	N/A	Pace	1550024823	$630.00	$0.00	$630.00	
3	N/A	Cardno ATC	1896072	$1,395.04	$0.00	$1,395.04	
4	N/A	EnviroCore, LLC	16523	$9,355.00	$9,355.00	$0.00	Please supply a copy of all DNR well abandonment forms for all monitoring wells that were abandoned.
5	N/A	Pace	1550029305	$630.00	$0.00	$630.00	
6	N/A	Pace	1650035202	$630.00	$0.00	$630.00	
7	N/A	Pace	1650039844	$630.00	$0.00	$630.00	
8	N/A	ATC Group Services	1974145	$3,190.53	$0.00	$3,190.53	
8-1				$1,038.50	$184.87	$853.63	As noted in 328 IAC 1-3-5, personnel rates for work performed on or after November 16, 2001, are reimbursed based on the task performed by an employee rather than the qualifications of the employee. The Technician rate is not allowable for data input. The hours are allowed at the Clerical rate.
9	N/A	ATC Group Services	1974152	$2,459.28	$0.00	$2,459.28	
9-1				$1,317.75	$257.52	$1,060.23	As noted in 328 IAC 1-3-5, personnel rates for work performed on or after November 16, 2001, are reimbursed based on the task performed by an employee rather than the qualifications of the employee. The Technician rate is not allowable for data input. The hours are allowed at the Clerical rate.

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

Site Name: Speedway #6009

ELTF Number:	200307511-26	FAC ID Number:	6725

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
9-2				$170.00	$170.00	$0.00	Bailers are associated with monitoring well sampling are reimbursed as a per well, rather than a per sample, rate. Please provide the chain of custody associated with the sampling event in order to verify the number of wells sampled.
			Total:	$22,346.70	$9,967.39	$12,379.31	

Reimbursement Cap	$2,000,000.00
Total Amount Previously Approved for Reimbursement	$409,344.64

Amount Requested	$22,346.70
Amount Disallowed	$9,967.39
Amount Approved	$12,379.31
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	$12,379.31
Amount of Deductible Applied This Claim	$0.00
Total Amount Approved for Reimbursement This Claim	$12,379.31
Total Amount Reimbursed This Claim	$0.00

Indiana Department of Environmental Management
Excess Liability Trust Fund
Claim Summary

Incident Number: 200307511

ELF Number:	200307511	**Date Received:**	12/19/2016	**Target Date:**	02/17/2017
Claim Number:	26	**Claim Type:**	Subsequent	**Tank Fee %:**	100.00
FAC ID:	6725	**Prev. Assignment:**	Trisha Williams	**Eligibility:**	Eligible

Site Information

Site Name: Speedway SuperAmerica #6009

Site Address: 3939 W 3rd St, Bloomington, IN 474044868, Monroe County

Release Reporting

Incident Report Received: 07/25/2003

Spill Report Received:

Associated Incident Numbers	Priority	Resp Staff
200307511 Eligible	Medium	Gregory Waltz

Technical Determinations

Milestone	Date
9070 - INITIAL SITE CHARACTERIZATION RECEIVED	03/03/2004
9085 - SITE CHARACTERIZATION APPROVED	12/09/2005
9278 - CAP ADDENDUM APPROVED	01/11/2007
9292 - CAP IMPLEMENTATION REPORT APPROVED	01/25/2008
9292 - CAP IMPLEMENTATION REPORT APPROVED	10/24/2008
9086 - SITE CHARACTERIZATION APPROVAL SUSPD	03/10/2010
9085 - SITE CHARACTERIZATION APPROVED	05/09/2013
9290 - CAP APPROVED	08/16/2013
9290 - CAP APPROVED	08/19/2013
1952 - WELL ABANDONMENT REPORT RECEIVED	11/12/2015

Deductible and Claim Information

Deductible Amount: $35,000.00

Remaining Deductible to be Met: $0.00

Indiana Department of Environmental Management

ELTF Claim Preparation QC Checklist

☐ **Internal**

Claim Preparation

Original signature present on application ☑

Federal Tax Identification number is filled in and verified in Encompass ☑

Proper proof of payment provided with application:

- Signed and notarized affidavit ☑
- Photocopied affidavit (acceptable for resubmittals only) ☐
- Copies of fronts and backs of cancelled checks ☐
- Electronic payments (bank statements, debits) ☐
- Power of Attorney included if signator is not the owner/operator ☐
- Assignment of rights document included if payment is made to someone other than owner/operator ☐

Reviewer check-in and start date

Application properly staged into tracking databases:

- Date received ☑
- Amount Requested ☑
- Status to "Incomplete" ☑

Appropriate loose file technical documents included in file ☑

Peruse types of costs submitted and check ULCERS to see if appropriate technical document has been approved ☑

Verify Name, Address, Tax ID in Encompass ☑

Verify that steps in receiving stage have been completed ☑

Verify that Incident # on application matches that on pay requests ☑

Claim Processing Tracking Section

Stage	Initials	Date Completed
Claim Check-In and PREP Date	SS	12/23/16
Triage and Data Package Prepped	TW	1/25/17
Cost Reviewer Check-In and START Date	TW	1/25/17
Cost Review COMPLETE	TW	1/25/17
Peer QC (FINAL QC)	KS	1/26/17
FINAL APPROVAL C X	KS	1/26/17

Words in ALL CAPS above match the stages tabs in ULCERS

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ELTF PROGRAM CLAIM QC CHECKLIST

Claim Information

ELTF NUMBER: 200307511-2608 FAC ID: 6725

- [ ] [ ] First Submittal
- [ ] [ ] Resubmittal
- [x] [x] Subsequent Claim
- [ ] [ ] Subsequent/Resubmittal Claim

Proof of Payment submitted with claim? [x] [x] [N] [N] [N/A] [N/A] Reason: _____

Technical Documentation: CAP 8/19/13

Decision Letter(s)

Verify to ELTF Reimbursement Application Form, Resubmittal Letter, or ULCERS Database:

- [ ] [x] Name
- [ ] [x] Address
- [ ] [x] Zip Code
- [ ] [ ] Contact (Attn:)
- [ ] [ ] Dear Mr./Ms.

- [ ] [x] Site Name
- [ ] [x] ELF Number
- [ ] [x] FAC ID
- [ ] [x] City, County
- [ ] [x] Date Received

- [ ] [x] Invoice Number for Reimbursement / or deleted for $0.00 reimbursement
- [ ] [x] "ELTF Submittal Number" matches ULCERS database
- [ ] [x] "Total Deductible Amount" backup matches ULCERS database
- [ ] [x] "Amount of Deductible Met (this claim)" verified against ULCERS database
- [ ] [x] "UST Fee Reimbursement Percentage" verified against ULCERS database

- [ ] [x] *Technical Documents verified against ULCERS database*
- [ ] [x] *Proper language used in "ELTF Eligibility Status"*
- [ ] [x] *Letter Claim amount verified against Application/Resubmittal Letter*
- [ ] [x] *Cost Review Contact Name / Initials*

- [ ] [x] **Encompass verified**
- [ ] [x] **Prioritization number checked** 3
- [ ] [x] **Accounting Stamp**

Cost Review Summary

- [ ] [ ] Site Name
- [ ] [ ] ELF Number
- [ ] [ ] FAC ID

Deductible Status:

Met	[x]	[x]
Met this Claim	[ ]	[ ]
Partially Met	[ ]	[ ]

Amount: $ 35,000

- [ ] [x] Reasons for denial are documented appropriately and not cut off by cell formatting
- [ ] [x] Cost Review Table completed properly (i.e. no blank cells, item numbers, etc.)
- [ ] [x] Spell Check

General Layout

- [ ] [x] ELTF file arranged and ordered properly
- [ ] [x] One copy of the Cost Review Summary included in the file

ULCERS

ELTF Incident Screen

- [ ] [x] Name of Cost Reviewer
- [ ] [x] Date Completed
- [ ] [x] Final Q.C. Date

Duplicate Amount In ULCERS: Ø

ELTF Claim Detail Screen ("Stages" Tab)

- [x] [x] New Row with Final Q.C. Date and "Cost Review complete: Awaiting Final Q.C."

Signatures

Cost Reviewer: [signature] Date: 1/25/17

Peer QC Reviewer: [signature] Date: 1/26/17

Technical FC Reviewer: [signature] Date: 1/26/17

EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)
Indiana Department of Environmental Management

TO BE COMPLETED BY IDEM
Date Submitted *(month/day/year)* 12/19/16
ELTF Control Number 200307511-26

TW

INSTRUCTIONS: *This form should be submitted when applying for a reimbursement request or a resubmittal of reimbursement request. Another form is available for ELTF Eligibility Requests.* ***Please click on the link below to view the most recent submittal instructions.*** *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 social security numbers on any supporting backup documentation.***

http://idem.in.gov/files/forms_eltf_claim_instructions.doc

TO BE COMPLETED BY APPLICANT

SECTION 1 - APPLICANT INFORMATION

Name of Applicant Speedway LLC		Please enter a Tax ID Number or Social Security Number Tax ID Number: 31-1551430-05
Mailing Address of Applicant *(number and street)* 500 Speedway Drive	City, State (Abbr.) ZIP Code Enon, OH 45323	SSN:
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 Contact Person Concerning Claim Issues Will E. Latt	Contact Company Name Speedway LLC	Contact Telephone Number *(with area code)* 937-863-6442
Contact E-mail Address welatt@speedway.com	Social Security Number Included in Backup Documents? ☐ Yes ☑ No	
Was there Private Insurance that may cover this Release? ☐ Yes ☑ No	Name of Insurance Company	Policy number

SECTION 2 -SITE INFORMATION

Facility Identification Number 6725	Date Incident Reported to IDEM *(month/day/year)* 7/25/2003	LUST Incident Number 200307511
Name of Facility Speedway #6009	IDEM Project Manager Loic Maniet	County Where Facility Is Located Monroe
Address of Facility *(NOTE: enter 911 street address.)* 3939 West 3rd Street		City, State (Abbr.) ZIP Code Bloomington, IN 47404

SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period *(month/day/year)* From: 3/14/2014 To: 9/2/2016

Type of Work Performed:
☐ Investigation ☑ CAP ☑ Quarterly Monitoring ☐ NFA ☐ Emergency Response

Identify the Type of Claim Application:

☐ Initial Dollar Claim Application *(This is the first request for payment from the ELTF.)*

☑ Subsequent Claim Application *(One or more claims have been submitted to the ELTF. 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 by the IDEM. 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:

☐ Complete Claim Resubmittal *(A claim was submitted to IDEM and was denied in full. To have a previously denied claim reevaluated, a new application for each claim must be submitted, that includes the amount of the original request, and the claim number assigned by IDEM. (**See instructions.**)*

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.*)

Enter the Total Costs for the Claim from the Attached "Pay Requests" *(including resubmitted costs if applicable)* $ 22,346.70	ELT 12/19/16 06:57:05
Enter the Total Resubmitted Costs (*if applicable*) $ 0.00	IDEM Date Stamp

EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)
Indiana Department of Environmental Management

TO BE COMPLETED BY IDEM
Date Submitted *(month/day/year)*
ELTF Control Number

TO BE COMPLETED BY APPLICANT *(continued)*

Most Recent Technical Determination *(check one)*:

- ☐ Emergency Measures *(Attach a completed "Confirmation of Emergency Response Status" form signed by the IDEM project manager, or the IDEM Emergency Response On-Scene Coordinator.)*
- ☐ Site Characterization Performed in Accordance with the UST Guidance Manual and 329 IAC 9-5 *(Attach a copy of the letter from IDEM stating that the site is fully characterized.)*
- ☐ Approved CAP *(Attach a copy of your "Corrective Action Plan Approval" letter from the IDEM.)*
- ☑ Approved CAP Implementation *(Attach a copy of your "Corrective Action Plan Implementation Approval" letter from the IDEM if available.)*
- ☐ No Further Action required *(Attach a copy of your "No Further Action" letter from the IDEM.)*
- ☐ Site Conditions Do Not Warrant Preparation of a CAP *(You must provide documentation that IDEM has determined that a CAP should not be prepared. Please contact the IDEM project manager.)*

SECTION 4 - 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 understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application.

In accordance with 328 IAC 1-3-1(a), the applicant must be a UST owner, UST operator, subsequent property owner, or person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (UST owner, UST operator, property owner, or 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)*	
Mr./Ms.	Print Name	Title	Company
Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact		Date Signed *(month/day/year)* 10/26/16	
Mr./Ms. Mr.	Print Name John M. Helms	Title UST Owner	Company Speedway LLC

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.

MAILING INSTRUCTIONS: Please mail one single-sided paper copy (including a printout of this application and all back up information) and one CD or DVD with a PDF file (exact match of paper copy) and Excel file (.XLS) with the application information to the following address:

Indiana Department of Environmental Management
Excess Liability Trust Fund
100 North Senate Avenue, Room 1101
Indianapolis, IN 46204-2251

SUBSEQUENT PAY REQUEST # 4

INSTRUCTIONS: *Complete this form for all initial dollar, complete claim resubmittal, and subsequent claim applications.* ***Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.***

4

Select the date range for the costs incurred. In the DESCRIPTION column, select the item from the dropdown list for which you are seeking reimbursement (ex. mileage, technician). In the TASK PERFORMED column please describe the activity for which the item was used (ex. installation of 4 - 2" diameter 10 L.F. monitoring wells, hauling 20 tons of contaminated soil 10 miles to disposal facility, preparing CAP). Only list one item and one task per line. The costs will automatically be calculated. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Select Date:	6/1/15-12/31/15		
Invoice Number 16523	Incident Number 200307511	Name of Applicant Speedway LLC	Name of Vendor EnviroCore, LLC

TO BE COMPLETED BY APPLICANT									TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
Bid Item	Well Vault Abandonment	1.00	Lump	$9,355.00	$9,355.00	$0.00	0%	$9,355.00	9355.00	4
	Well aband. logs									
							SUBTOTAL	$9,355.00	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$9,355.00	$0.00	

Additional Notes:

Please remit to:
EnviroCore, Inc.
8250 Estates Parkway
Plain City, OH 43064

INVOICE

Date:	Invoice #:
10/23/2015	16523

Bill To:

Cardno - Indy
C/o Ms. Rachel Taylor
7988 Centerpoint Drive
Suite 100
Indianapolis, Indiana 46256

Site Address:

Speedway Store #6009
3939 West 3rd Street
Bloomington, Indiana

P.O. Number:	Service Date:	Terms:
Well repair	10/22/2015	Net 60

Service	Billing Rate	Quantity	Extended Cost
Rachel Taylor - Contact			
Task #1 Abandoned eight monitoring wells (IW -01 - IW-08) 20'bgs Pulled casing & filled with hole plug Restored surface to a concrete finish			
(7) wells were in a 24" X 24" well Vault (1) well is in a 36" X 36" well Vault			
Task #2 Monitoring well repairs Repaired (12) concrete pads & flushmount cover Checked 2" locking plugs			
Mobilization (2) persons / 2 trucks (lump sum)	975.00	1	975.00
Well Abandonment Services: (per well) Remove casing, Backfill well,	150.00	8	1,200.00
24" X 24" vault Abandonment services (per vault) Remove Vault, Restore surface	480.00	7	3,360.00
36" X 36" Vault Well Abandonment Services: (per vault) Remove Vault , restore surface.	525.00	1	525.00
Debris Disposal off-site (lump sum)	125.00	1	125.00
IDNR Well Recording: (each well)	40.00	8	320.00
Crew Labor: (per day)	800.00	1	800.00
Flushmount Cover: 8 x 12-inch or 6 x 10-inch	75.00	9	675.00
Cement: Q5000 PSI -ProFinish (80# sacks)	625.00	1	625.00
Equipment rental: Skid Steer, generator, saw, jackhammer, Concrete mixer (per day)	350.00	1	350.00
Private Locator (project)	400.00	1	400.00

We appreciate your business!

Total **$9,355.00**

Office 614.733.0377 **After hours - mobile 614.263.6554** **www.envirocore.com**

SUBSEQUENT PAY REQUEST # 8

INSTRUCTIONS: *Complete this form for all initial dollar, complete claim resubmittal, and subsequent claim applications.* ***Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.***

8

Select the date range for the costs incurred. In the DESCRIPTION column, select the item from the dropdown list for which you are seeking reimbursement (ex. mileage, technician). In the TASK PERFORMED column please describe the activity for which the item was used (ex. installation of 4 - 2" diameter 10 L.F. monitoring wells, hauling 20 tons of contaminated soil 10 miles to disposal facility, preparing CAP). Only list one item and one task per line. The costs will automatically be calculated. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Select Date:	1/1/16-5/31/16		
Invoice Number 1974145	Incident Number 200307511	Name of Applicant Speedway LLC	Name of Vendor ATC Group Services LLC

TO BE COMPLETED BY APPLICANT									TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
Clerical	Scan/File Project Documentation - 1st Q 2016 QMR Reproduction	1.50	Hours	$36.50	$54.75	XXXXXXXXXX	XXXX	$54.75	$0.00	
Drafting	CAD work for 1st Q 2016 QMR (Soil & Analytical Maps)	1.25	Hours	$52.75	$65.94	XXXXXXXXXX	XXXX	$65.94	$0.00	
Tech	2nd Q 2016 Quarterly Groundwater Sampling Event - Preparation & follow up to field work including gather supplies, review field instructions, enter field data - Call for utility locate - Assist with QMR preparation by entering analytical tables — data input	16.75	Hours	$62.00 (9.5) 36.50 (7.25)	$1,038.50	XXXXXXXXXX	XXXX	589 $1,038.50 = 853.63 264.63	184.87	8-1
PM	Communication with lab regarding analytical data - Coordination of subcontractor for well repairs - Coordination of field work with scheduling with client & technicians - Coordination of waste disposal - Preparation of the 1st Q 2016 QMR	13.00	Hours	$107.50	$1,397.50	XXXXXXXXXX	XXXX	$1,397.50	$0.00	
SPM	Senior Review of the 1st Q 2016 QMR	1.50	Hours	$131.00	$196.50	XXXXXXXXXX	XXXX	$196.50	$0.00	
Staff	Preparation of the remediation work plan & 1st Q 2016 QMR - Document well conditions	11.00	Hours	$90.25	$992.75	XXXXXXXXXX	XXXX	$992.75	$0.00	
Drum Disposal	Disposal of Waste from Site 1W 3/21/16	1.00	Lump	$100.00	$100.00	$0.00	10%	$110.00	$0.00	
Drum Disposal	Disposal of Waste from Site 1W 5/31/16	1.00	Lump	$100.00	$100.00	$0.00	10%	$110.00	$0.00	
Mileage	2nd Q 2016 Quarterly Groundwater Sampling Event	138.00	Miles	$0.540	$74.52	XXXXXXXXXX	XXXX	$74.52	$0.00	
Gloves	2nd Q 2016 Quarterly Groundwater Sampling Event	13.00	Pairs	$0.15	$1.89	$0.00	10%	$2.08	$0.00	
Bailer	2nd Q 2016 Quarterly Groundwater Sampling Event PR7	12.00	Lump	$10.00	$120.00	XXXXXXXXXX	XXXX	$120.00	$0.00	
Decon	2nd Q 2016 Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Water Level	2nd Q 2016 Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Supplies	2nd Q 2016 Quarterly Groundwater Sampling Event - Drum	1.00	Each	$33.17	$33.17	$0.00	10%	$36.49	$0.00	

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
							SUBTOTAL	$4,229.03	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	**$4,229.03**	**$0.00**	
Additional Notes:										

Project : Z086000424 -- 6009; 3939 W. Third St, Bloomington **Invoice #: 1974145**

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000A -- office labor

Class Name	*Date*	*Hours*	*Rate*	*Amount*
Administrator				
Sedam, Paula	03/17/2016	1.00	36.50	36.50
Adair, Melissa	04/27/2016	0.50	36.50	18.25
Total: Administrator		**1.50**		**54.75**
Draftsperson/CADD				
Kairy, Adam	03/24/2016	1.00	52.75	52.75
Swanson, William	04/08/2016	0.25	52.75	13.19
Total: Draftsperson/CADD		**1.25**		**65.94**
Field Technician				
Sparks, Mark	04/07/2016	0.50	62.00	31.00
Jennings, Ryan	04/08/2016	1.00	62.00	62.00
Sparks, Mark	04/11/2016	0.75	62.00	46.50
Jennings, Ryan	04/12/2016	1.00	62.00	62.00
Jennings, Ryan	04/14/2016	3.50	62.00	217.00
LeCount, James	05/13/2016	0.50	62.00	31.00
Total: Field Technician		**7.25**		**449.50**
Project Manager				
Fohey-Breting, Nicole	03/07/2016	0.75	107.50	80.63
Fohey-Breting, Nicole	03/11/2016	0.50	107.50	53.75
Fohey-Breting, Nicole	03/14/2016	1.25	107.50	134.38
Schlak, Philip	03/16/2016	1.50	107.50	161.25
Fohey-Breting, Nicole	03/22/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	03/23/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	04/01/2016	1.25	107.50	134.38
Fohey-Breting, Nicole	04/05/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	04/06/2016	1.50	107.50	161.25
Fohey-Breting, Nicole	04/08/2016	0.50	107.50	53.75
Fohey-Breting, Nicole	04/29/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	05/03/2016	1.25	107.50	134.38
Fohey-Breting, Nicole	05/19/2016	0.50	107.50	53.75
Total: Project Manager		**13.00**		**1,397.52**
Senior Registered Engineer				
Schlak, Philip	04/15/2016	1.50	131.00	196.50
Total: Senior Registered Engineer		**1.50**		**196.50**
Staff				
Borum, Sydney	03/14/2016	0.50	90.25	45.13
Taylor, Rachel	03/16/2016	1.75	90.25	157.94
Taylor, Rachel	03/18/2016	1.25	90.25	112.81
Taylor, Rachel	03/24/2016	1.25	90.25	112.81
Borum, Sydney	04/01/2016	3.50	90.25	315.88
Taylor, Rachel	04/07/2016	1.25	90.25	112.81
Fohey-Breting, Nicole	05/10/2016	1.50	90.25	135.38
Total: Staff		**11.00**		**992.76**

3650

clerical for data input hours?

264.63

Total : LABOR REVENUE **3,156.97**

Total Task : 0000A -- office labor **3,156.97**

Task : 0000B -- field labor

Class Name	*Date*	*Hours*	*Rate*	*Amount*
Field Technician				
Jennings, Ryan	04/13/2016	9.50	62.00	589.00

SUBSEQUENT PAY REQUEST # 9

INSTRUCTIONS: *Complete this form for all initial dollar, complete claim resubmittal, and subsequent claim applications.* ***Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.***

9

Select the date range for the costs incurred. In the DESCRIPTION column, select the item from the dropdown list for which you are seeking reimbursement (ex. mileage, technician). In the TASK PERFORMED column please describe the activity for which the item was used (ex. installation of 4 - 2" diameter 10 L.F. monitoring wells, hauling 20 tons of contaminated soil 10 miles to disposal facility, preparing CAP). Only list one item and one task per line. The costs will automatically be calculated. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Select Date:	6/1/16-Present		
Invoice Number 1974152	Incident Number 200307511	Name of Applicant Speedway LLC	Name of Vendor ATC Group Services LLC

TO BE COMPLETED BY APPLICANT									TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
Clerical	Scan/File Project Documentation - 2nd Q 2016 QMR Reproduction	1.25	Hours	$37.00	$46.25	XXXXXXXXXX	XXXX	$46.25	$0.00	
Tech	3rd Q 2016 Quarterly Groundwater Sampling Event - Preparation & follow up to field work including gather supplies, review field instructions, enter field data - Assist with QMR preparation by entering analytical tables data input	21.00	Hours	$62.75	$1,317.75	XXXXXXXXXX	XXXX	$1,317.75	1257.52	9-1
PM	Communication with Client regarding site status & data evaluation - Coordination of field work with scheduling with client & technicians - Preparation of the 2nd Q 2016 QMR	11.50	Hours	$109.00	$1,253.50	XXXXXXXXXX	XXXX	$1,253.50	$0.00	
Drafting	CAD work for 2nd Q 2016 QMR (Soil & Analytical Maps)	0.75	Hours	$53.50	$40.13	XXXXXXXXXX	XXXX	$40.13	$0.00	
SPM	Senior Review of the 12nd Q 2016 QMR	1.25	Hours	$132.75	$165.94	XXXXXXXXXX	XXXX	$165.94	$0.00	
Staff	2nd Q 2016 QMR Preparation - Update Status for client	8.25	Hours	$91.50	$754.88	XXXXXXXXXX	XXXX	$754.88	$0.00	
Ice	Sample Preservation	1.00	Bags	$4.79	$4.79	$0.00	10%	$5.27	$0.00	
Mileage	3rd Q 2016 Quarterly Groundwater Sampling Event	140.00	Miles	$0.540	$75.60	XXXXXXXXXX	XXXX	$75.60	$0.00	
Gloves	3rd Q 2016 Quarterly Groundwater Sampling Event	20.00	Pairs	$0.15	$2.90	$0.00	10%	$3.19	$0.00	
Bailer	3rd Q 2016 Quarterly Groundwater Sampling Event CCC	17.00	Lump	$10.00	$170.00	XXXXXXXXXX	XXXX	$170.00	170.00	9-2
Decon	3rd Q 2016 Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Water Level	3rd Q 2016 Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Supplies	3rd Q 2016 Quarterly Groundwater Sampling Event - Drum	2.00	Each	$33.17	$66.34	$0.00	10%	$72.97	$0.00	
Supplies	3rd Q 2016 Quarterly Groundwater Sampling Event - Rope	382.00	Each	$0.03	$10.39	$0.00	10%	$11.43	$0.00	
Supplies	3rd Q 2016 Quarterly Groundwater Sampling Event - Bolt	1.00	Each	$0.11	$0.11	$0.00	10%	$0.12	$0.00	

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
							SUBTOTAL	$3,947.03	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	**$3,947.03**	**$0.00**	
Additional Notes:										

Project : Z086000424 -- 6009; 3939 W. Third St, Bloomington **Invoice #: 1974152**

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000A -- office labor

Class Name	*Date*	*Hours*	*Rate*	*Amount*
Administrator				
Sedam, Paula	06/07/2016	0.50	37.00	18.50
Adair, Melissa	07/28/2016	0.50	37.00	18.50
Whipple, Mary L.	07/28/2016	0.25	37.00	9.25
Total: Administrator		**1.25**		**46.25**
Field Technician				
Jones, John	06/28/2016	0.50	62.75	31.38
Jones, John	06/29/2016	0.50	62.75	31.38
Jones, John	07/14/2016	1.25	62.75	78.44
Beall, Corbin J	07/15/2016	0.75	62.75	47.06
Sparks, Mark	07/26/2016	0.50	62.75	31.38
Jones, John	07/28/2016	1.00	62.75	62.75
Sparks, Mark	08/01/2016	1.00	62.75	62.75
Spurgeon, Benjamin	08/01/2016	0.50	62.75	31.38
Sparks, Mark	08/02/2016	2.00	62.75	125.50
Spurgeon, Benjamin	08/02/2016	2.00	62.75	125.50
Total: Field Technician		**10.00**		**627.52**
Project Manager				
Fohey-Breting, Nicole	06/23/2016	0.50	109.00	54.50
Fohey-Breting, Nicole	06/24/2016	1.00	109.00	109.00
Fohey-Breting, Nicole	06/27/2016	1.50	109.00	163.50
Fohey-Breting, Nicole	07/25/2016	1.50	109.00	163.50
Fohey-Breting, Nicole	07/28/2016	2.00	109.00	218.00
Fohey-Breting, Nicole	08/01/2016	0.75	109.00	81.75
Fohey-Breting, Nicole	08/09/2016	1.00	109.00	109.00
Fohey-Breting, Nicole	08/23/2016	1.50	109.00	163.50
Fohey-Breting, Nicole	08/29/2016	1.75	109.00	190.75
Total: Project Manager		**11.50**		**1,253.50**
Senior CADD Operator				
Kairy, Adam	07/13/2016	0.50	53.50	26.75
Kairy, Adam	07/14/2016	0.25	53.50	13.38
Total: Senior CADD Operator		**0.75**		**40.13**
Sr Project Manager				
Saltsgiver, Morgan	07/29/2016	1.25	132.75	165.94
Total: Sr Project Manager		**1.25**		**165.94**
Staff				
Borum, Sydney	06/21/2016	0.75	91.50	68.63
Taylor, Rachel	06/28/2016	2.75	91.50	251.63
Taylor, Rachel	06/29/2016	0.50	91.50	45.75
Taylor, Rachel	07/01/2016	0.50	91.50	45.75
Taylor, Rachel	07/05/2016	2.50	91.50	228.75
Taylor, Rachel	07/11/2016	0.50	91.50	45.75
Sides, Amy	07/29/2016	0.25	91.50	22.88
Borum, Sydney	08/15/2016	0.50	91.50	45.75
Total: Staff		**8.25**		**754.89**
Total : LABOR REVENUE				**2,888.23**
Total Task : 0000A -- office labor				**2,888.23**

Which one is data input?

37.00

Clerical for bld

370 (-257.52)

Task : 0000B -- field labor

Class Name	*Date*	*Hours*	*Rate*	*Amount*
Field Technician				