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 #5468
ELTF # 200703503 FID # 677
Carmel, Hamilton County
Invoice Number: 200703503-14

Dear Mr. Helms:

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

ELTF Submittal Number:	**14**
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:	**$286,526.16**

Technical Determinations

Corrective Action Plan approved on March 28, 2012.

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:	**$22,123.75**
After review, your claim has been approved for:	**$16,668.71**
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 Lynn Truax at (317) 234-0990.

Sincerely,

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

BAP/reb/llt
Enclosures

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

Site Name: Speedway #5468

ELTF Number: 200703503-14

FAC ID Number: 677

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
Resubmitted Costs Claimed							
1-1	13	Cardno ATC	1885563	$1,353.13	$0.00	$1,353.13	
1-1	13	Cardno ATC	1885563	$625.81	$0.00	$625.81	
1-1	13	Cardno ATC	1885563	$409.50	$0.00	$409.50	
2-1	13	Cardno ATC	1892655	$294.50	$0.00	$294.50	
2-2	13	Cardno ATC	1892655	$1,505.00	$0.00	$1,505.00	
2-2	13	Cardno ATC	1892655	$1,048.00	$0.00	$1,048.00	
2-2	13	Cardno ATC	1892655	$925.06	$0.00	$925.06	
Subsequent Costs Claimed							
1	N/A	Cardno ATC	1908760	$145.59	$0.00	$145.59	
2	N/A	Cardno ATC	1908759	$110.00	$0.00	$110.00	
2-1				$118.63	$118.63	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA. Additionally, any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Clerical labor claimed in order to verify costs for reimbursement consideration.

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

Site Name: Speedway #5468

ELTF Number: 200703503-14 | FAC ID Number: 677

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
2-2				$268.75	$268.75	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA. Additionally, any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Project Manager labor claimed in order to verify costs for reimbursement consideration.
2-3				$1,375.50	$1,375.50	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA. Additionally, any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Senior Project Manager labor claimed in order to verify costs for reimbursement consideration.

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

Site Name: Speedway #5468

ELTF Number: 200703503-14

FAC ID Number: 677

tem umber	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
2-4				$338.44	$338.44	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA. Additionally, any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Staff Project Person labor claimed in order to verify costs for reimbursement consideration.
3	N/A	Cardno ATC	1908758	$5.27	$0.00	$5.27	SEE NOTE BELOW
3-1				$54.75	$54.75	$0.00	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Clerical labor claimed in order to verify costs for reimbursement consideration.
3-2				$65.94	$65.94	$0.00	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Drafting labor claimed in order to verify costs for reimbursement consideration.
3-3				$418.50	$403.00	$15.50	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Technician labor claimed in order to verify costs for reimbursement consideration.

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

Site Name: Speedway #5468

ELTF Number: 200703503-14 | FAC ID Number: 677

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
3-4				$1,370.63	$322.50	$1,048.13	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Project Manager labor claimed in order to verify costs for reimbursement consideration.
3-5				$524.00	$393.00	$131.00	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Senior Project Manager labor claimed in order to verify costs for reimbursement consideration.
3-6				$1,489.13	$1,489.13	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA. Additionally, any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for the Staff Project Person labor claimed in order to verify costs for reimbursement consideration.

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

Site Name: Speedway #5468

ELTF Number: 200703503-14 | FAC ID Number: 677

tem mber	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
3-7				$291.51	$291.51	$0.00	Since the Technician labor for the quarterly sampling event has been denied, the associated mileage, gloves, bailers, decon, water level indicator, drum and rope are also denied. Additionally, bailers are reimbursed per well, rather than per sample. Please provide the chain of custody associated with the sampling event in order to verify the number of wells sampled.
4	N/A	ATC Group Services	1950747A	$81.10	$0.00	$81.10	
5	N/A	ATC Group Services	1950747B	$98.08	$0.00	$98.08	
5-1				$34.23	$17.25	$16.98	Late payment fees are not eligible for reimbursement from the ELTF.
6	N/A	ATC Group Services	1950694A	$36.01	$36.01	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA.
7	N/A	ATC Group Services	1950694B	$80.63	$80.63	$0.00	No Further Action (NFA) status must be granted in order to obtain reimbursement for costs relating to closure and an NFA.
8	N/A	ATC Group Services	1950282A	$2,765.03	$0.00	$2,765.03	**SEE NOTE BELOW**
8-1				$100.00	$100.00	$0.00	Bailers are reimbursed per well, rather than per sample. Please provide the chain of custody associated with the sampling event in order to verify the number of wells sampled.

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

Site Name: Speedway #5468

ELTF Number:	200703503-14	FAC ID Number:	677

tem mber	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
9	N/A	ATC Group Services	1950282B	$6,091.03	$0.00	$6,091.03	
9-1				$100.00	$100.00	$0.00	Bailers are reimbursed per well, rather than per sample. Please provide the chain of custody associated with the sampling event in order to verify the number of wells sampled.
			Total:	$22,123.75	$5,455.04	$16,668.71	

mbursement Cap	$2,000,000.00
al Amount Previously proved for mbursement	$286,526.16

Amount Requested	$22,123.75
Amount Disallowed	$5,455.04
Amount Approved	$16,668.71
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	$16,668.71
Amount of Deductible Applied This Claim	$0.00
Total Amount Approved for Reimbursement This Claim	$16,668.71
Total Amount Reimbursed This Claim	$0.00

TE: Please place the timesheets associated with the costs claimed in this pay request with the backup behind the correct pay request. For example, veral timesheets for labor costs claimed in pay request #3 were found in the backup in pay request #8 and timesheets corresponding to costs claimed in y request #8 were found in pay request #9.

Indiana Department of Environmental Management
Excess Liability Trust Fund
Claim Summary

Incident Number: 200703503

ELF Number: 200703503
Claim Number: 14
FAC ID: 677

Date Received: 12/19/2016
Claim Type: U
Prev. Assignment: Mehul Patel

Target Date: 02/17/2017
Tank Fee %: 100.00
Eligibility: Eligible

Site Information

Site Name: SSA #5468
Site Address: 1032 N Rangeline Rd, Carmel, IN 460321364, Hamilton County

Release Reporting

Incident Report Received: 03/12/2007
Spill Report Received:

Associated Incident Numbers	Priority	Resp Staff
200703503 Eligible	Medium	Roxann Sanders

Technical Determinations

Milestone	Date
9070 - INITIAL SITE CHARACTERIZATION RECEIVED	06/13/2007
9085 - SITE CHARACTERIZATION APPROVED	01/26/2011
9290 - CAP APPROVED	03/28/2012
9292 - CAP IMPLEMENTATION REPORT APPROVED	02/24/2014

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 ☑ -OS

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	[illegible]	1/12/17
Cost Reviewer Check-In and START Date	[illegible]	1/18/17
Cost Review COMPLETE	[illegible]	1/18/17
Peer QC (FINAL QC)	REB	1/30/17
FINAL APPROVAL C (X)	REB	1/30/17

Words in ALL CAPS above match the stages tabs in ULCERS

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ELTF PROGRAM CLAIM QC CHECKLIST

20070350 3-14(13) 677

Claim Information

ELTF NUMBER: **FAC ID:**

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

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

Technical Documentation: CAP 3/28/12 CAPI 2/24/14 No Bp

2Q16 rec 7/29/16 Progress Report rec 11/2/16 No VFC# or title $59,494.92 auto reimbursed $227,031.24 $286,526.16 delayed pmt

Decision Letter(s)

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

- [/] [/] Name
- [/] [/] Address
- [/] [/] Zip Code
- [/] [/] Contact (Attn:)
- [/] [/] Dear Mr./Ms.
- [/] [/] Site Name
- [/] [/] ELF Number
- [/] [/] FAC ID
- [/] [/] City, County
- [/] [/] Date Received
- [/] [/] Invoice Number for Reimbursement / or deleted for $0.00 reimbursement
- [/] [/] "ELTF Submittal Number" matches ULCERS database
- [/] [/] "Total Deductible Amount" backup matches ULCERS database
- [/] [/] "Amount of Deductible Met (this claim)" verified against ULCERS database
- [/] [/] "UST Fee Reimbursement Percentage" verified against ULCERS database 100%

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

- [/] [/] **Encompass verified** ~~05~~
- [/] [/] **Prioritization number checked** 3
- [/] [/] **Accounting Stamp**

Cost Review Summary

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

Deductible Status: Met [/] [/] Met this Claim [ ] [ ] Partially Met [ ] [ ]

Amount: $35,000

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

General Layout

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

ULCERS

ELTF Incident Screen

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

Duplicate Amount In ULCERS: $6,161.00

ELTF Claim Detail Screen ("Stages" Tab)

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

Signatures

Cost Reviewer: [signature] Date: 1/18/17

Peer QC Reviewer: Rita Browne Date: 1/30/17

Technical FC Reviewer: Rita Browne Date: 1/30/17

EXCESS LIABILITY TRUST FUND APPLICATION

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

MP

TO BE COMPLETED BY IDEM	
Date Submitted *(month/day/year)*	12/19/16
ELTF Control Number	200703503 - 14

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 BOD; SSN:
Mailing Address of Applicant *(number and street)*: 500 Speedway Drive	City, State (Abbr.) ZIP Code: Enon, OH 45323	
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: 677	Date Incident Reported to IDEM *(month/day/year)*: 3/8/2007	LUST Incident Number: 200703503
Name of Facility: Speedway #5468	IDEM Project Manager: Roxanne Sanders	County Where Facility Is Located: Hamilton
Address of Facility *(NOTE: enter 911 street address.)*: 1032 North Rangeline Road		City, State (Abbr.) ZIP Code: Carmel, IN 46032

SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period *(month/day/year)*: From: 6/25/2015 To: 4/22/2016

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: $8,912.01 — Claim Number Assigned By IDEM: #13

- ☐ 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)*: $ 22,123.75	ELT 12/19/16 06:56:29 IDEM Date Stamp
Enter the Total Resubmitted Costs *(if applicable)*: $ 6,161.00	

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)* 12/1/16	
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 # 2

ISTRUCTIONS: *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.***

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		Name of Vendor
Invoice Number	Incident Number	Name of Applicant	Cardno ATC
1908759	200703503	Speedway 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	Communication with PM regarding system decommissioning - NFA Request & QMR Report Reproduction - Scan/File Project Documentation	3.25	Hours	$36.50	$118.63	XXXXXXXXXX	XXXX	$118.63	118.63	2-1
PM	Communication with Client regarding system decommissioning/removal - Project Planning with Senior Management/Clerical regarding system closure - Coordinate Field work for system shutdown	2.50	Hours	$107.50	$268.75	XXXXXXXXXX	XXXX	$268.75	268.75	2-2
SPM	Senior Review of Remedial data for system decommissioning - Acquire subcontractor/negotiation of system removal - Project Planning with Staff for closing system/utilites	10.50	Hours	$131.00	$1,375.50	XXXXXXXXXX	XXXX	$1,375.50	1,375.50	2-3
Staff	Project Planning with Senior Management regarding system decommissioning/Utilities - Coordination of Waste Disposal	3.75	Hours	$90.25	$338.44	XXXXXXXXXX	XXXX	$338.44	338.44	2-4
Drum Disposal	Disposal of Waste from Site	1.00	Lump	$100.00	$100.00	$0.00	10%	$110.00	$0.00	

Part of State Form 47139 (R14 / 6-16)

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
						SUBTOTAL		$2,211.32	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		$2,211.32	$0.00	

Additional Notes:

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm

Invoice #: 1908759

No NFA No time sheets

Phase : 14S44 -- System O & M

Task : 0000A -- office labor

Class Name	Date	Hours	Rate	Amount
Administrator				
Sedam, Paula	06/26/2015	1.00	36.50	36.50
Sedam, Paula	06/29/2015	0.50	36.50	18.25
Sedam, Paula	06/29/2015	0.25	36.50	9.13
Sedam, Paula	08/26/2015	1.00	36.50	36.50
Adair, Melissa	10/14/2015	0.50	36.50	18.25
Total: Administrator		**3.25**		**118.63**
Project Manager				
Mayo, Matthew	11/09/2015	0.75	107.50	80.63
Mayo, Matthew	11/11/2015	0.25	107.50	26.88
Mayo, Matthew	11/12/2015	0.50	107.50	53.75
Mayo, Matthew	11/13/2015	1.00	107.50	107.50
Total: Project Manager		**2.50**		**268.76**
Senior Registered Engineer				
Stehno III, Edward	06/25/2015	0.25	131.00	32.75
Stehno III, Edward	07/23/2015	0.75	131.00	98.25
Stehno III, Edward	08/31/2015	0.25	131.00	32.75
Stehno III, Edward	09/14/2015	0.25	131.00	32.75
Stehno III, Edward	10/05/2015	0.25	131.00	32.75
Stehno III, Edward	10/06/2015	1.50	131.00	196.50
Stehno III, Edward	10/08/2015	0.25	131.00	32.75
Total: Senior Registered Engineer		**3.50**		**458.50**
Sr Project Manager				
Joniskan, Edvins	08/10/2015	1.00	131.00	131.00
Joniskan, Edvins	08/17/2015	1.00	131.00	131.00
Joniskan, Edvins	08/27/2015	1.00	131.00	131.00
Joniskan, Edvins	09/09/2015	1.00	131.00	131.00
Joniskan, Edvins	09/14/2015	1.00	131.00	131.00
Joniskan, Edvins	09/21/2015	1.00	131.00	131.00
Joniskan, Edvins	09/28/2015	1.00	131.00	131.00
Total: Sr Project Manager		**7.00**		**917.00**
Staff				
Borum, Sydney	06/30/2015	0.75	90.25	67.69
Borum, Sydney	08/10/2015	0.50	90.25	45.13
Borum, Sydney	08/18/2015	0.50	90.25	45.13
Borum, Sydney	08/28/2015	0.75	90.25	67.69
Borum, Sydney	09/21/2015	0.75	90.25	67.69
Borum, Sydney	09/25/2015	0.50	90.25	45.13
Total: Staff		**3.75**		**338.46**
Total : LABOR REVENUE				**2,101.35**
Total Task : 0000A -- office labor				**2,101.35**

Task : 0000C -- expenditures

Vendor Name	Date	Invoice #	Cost	Multiplier	Amount
OTHER CONSULTANTS					
US Tank Alliance Inc (1)	09/30/2015	0320692	100.00	1.10	110.00
Total : EXPENSE REVENUE					**110.00**
Total Task : 0000C -- expenditures					**110.00**
Total Phase : 14S44 -- System O & M					**2,211.35**

SUBSEQUENT PAY REQUEST # 3

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.***

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		Name of Vendor
Invoice Number	Incident Number	Name of Applicant	Cardno ATC
1908758	200703503	Speedway 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	Quarterly Monitoring Report Reproduction - Scan, file Project Documentation	1.50	Hours	$36.50	$54.75	XXXXXXXXXX	XXXX	$54.75	54.75	3-1
Drafting	Provide CAD work for QMR (POT Map, Soil & Groundwater Analystical Map, Site Map)	1.25	Hours	$52.75	$65.94	XXXXXXXXXX	XXXX	$65.94	65.94	3-2
Tech	Preparation for Field Work (Gather supplies, Review Work Plan) - Quarterly Groundwater Sampling Event	6.75	Hours	$62.00	$418.50	XXXXXXXXXX	XXXX	$418.50	403.00	3-3
PM	Quarterly Groundwater Monitoring Report Preparation - Schedule Quarterly Sampling Event - Communication with Client regarding Field Work/Report & Site Status	12.75	Hours	$107.50	$1,370.63	XXXXXXXXXX	XXXX	$1,370.63	322.50	3-4
SPM	Senior Review of Quarterly Groundwater Monitoring Report	4.00	Hours	$131.00	$524.00	XXXXXXXXXX	XXXX	$524.00	393.00	3-5
Staff	Collect Confirmation Soil Samples for NFA Request - Preparation of NFA Request - Communication with offsite owners regarding NFA Request & QMR	16.50	Hours	$90.25	$1,489.13	XXXXXXXXXX	XXXX	$1,489.13	1489.13	3-6
Ice	Quarterly Groundwater Sampling Event - Sample Preservation	1.00	Bags	$4.79	$4.79	$0.00	10%	$5.27	$0.00	
Mileage	Quarterly Groundwater Sampling Event	25.00	Miles	$0.575	$14.38	XXXXXXXXXX	XXXX	$14.38	14.38	3-7
Gloves	Quarterly Groundwater Sampling Event	12.00	Pairs	$0.15	$1.74	$0.00	10%	$1.91	1.91	
Bailer	Quarterly Groundwater Sampling Event	10.00	Lump	$20.00	$200.00	XXXXXXXXXX	XXXX	$200.00	200.00	
Decon	Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	15.00	
Water Level	Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	15.00	
Supplies	Quarterly Groundwater Sampling Event - Drum	1.00	Each	$33.17	$33.17	$0.00	10%	$36.49	36.49	
Supplies	Quarterly Groundwater Sampling Event - Rope	292.00	Each	$0.03	$7.94	$0.00	10%	$8.73	8.73	

Note: please put timesheets with labor corresponding to correct pay request — found several timesheets for costs claimed in this PR#3 behind all the backup with PR#8

Part of State Form 47139 (R14 / 6-16)

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
							SUBTOTAL	$4,219.73	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$4,219.73	$0.00	

Additional Notes:

Invoice #: 1908758

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000A -- office labor

Class Name	Date	Hours	Rate	Amount
Administrator				
Sedam, Paula	08/26/2015	1.00	36.50	36.50
Adair, Melissa	10/09/2015	0.50	36.50	18.25
Total: Administrator		**1.50**		**54.75**
Draftsperson/CADD				
Kairy, Adam	09/18/2015	1.00	52.75	52.75
Kairy, Adam	09/22/2015	0.25	52.75	13.19
Total: Draftsperson/CADD		**1.25**		**65.94**
Field Technician				
Jones, John timesheet found PR#8	11/02/2015	0.25	62.00	15.50
Total: Field Technician		**0.25**		**15.50**
Project Manager				
Mayo, Matthew	10/14/2015	1.50	107.50	161.25
Fohey-Breting, Nicole	10/16/2015	1.50	107.50	161.25
Fohey-Breting, Nicole timesheet found PR#8	10/19/2015	1.00	107.50	107.50
Mayo, Matthew "	10/19/2015	0.50	107.50	53.75
Mayo, Matthew "	10/20/2015	0.25	107.50	26.88
Fohey-Breting, Nicole timesheet found PR#8	10/22/2015	0.75	107.50	80.63
Mayo, Matthew "	10/27/2015	0.50	107.50	53.75
Mayo, Matthew "	10/28/2015	0.75	107.50	80.63
Mayo, Matthew "	11/02/2015	0.50	107.50	53.75
Mayo, Matthew "	11/03/2015	0.50	107.50	53.75
Mayo, Matthew "	11/04/2015	0.50	107.50	53.75
Mayo, Matthew "	11/05/2015	0.50	107.50	53.75
Mayo, Matthew "	11/09/2015	0.75	107.50	80.63
Mayo, Matthew "	11/11/2015	1.00	107.50	107.50
Mayo, Matthew "	11/13/2015	2.25	107.50	241.88
Total: Project Manager		**12.75**		**1,370.65**
Sr Project Manager				
Joniskan, Edvins	10/05/2015	1.00	131.00	131.00
Joniskan, Edvins	10/06/2015	2.00	131.00	262.00
Joniskan, Edvins timesheet found PR#8	10/19/2015	1.00	131.00	131.00
Total: Sr Project Manager		**4.00**		**524.00**
Staff				
Borum, Sydney	08/12/2015	0.50	90.25	45.13
Borum, Sydney	08/13/2015	1.00	90.25	90.25
Taylor, Rachel	08/14/2015	1.25	90.25	112.81
Taylor, Rachel	08/17/2015	0.75	90.25	67.69
Taylor, Rachel	08/21/2015	1.25	90.25	112.81
Borum, Sydney	09/09/2015	2.25	90.25	203.06
Taylor, Rachel	09/14/2015	1.75	90.25	157.94
Borum, Sydney	09/14/2015	1.50	90.25	135.38
Taylor, Rachel	09/22/2015	0.75	90.25	67.69
Taylor, Rachel	09/29/2015	0.75	90.25	67.69
Taylor, Rachel	10/08/2015	2.50	90.25	225.63
Borum, Sydney timesheet found PR#8	11/06/2015	1.00	90.25	90.25
Borum, Sydney "	11/12/2015	1.25	90.25	112.81
Total: Staff		**16.50**		**1,489.14**
Total : LABOR REVENUE				**3,519.98**
Total Task : 0000A -- office labor				**3,519.98**

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm

Invoice #: 1908758

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000B -- field labor

Class Name	Date	Hours	Rate	Amount
Field Technician				
Sparks, Mark	09/01/2015	0.50	62.00	31.00
Sparks, Mark	09/02/2015	6.00	62.00	372.00
		6.50		**403.00**
Total: Field Technician				**403.00**
Total : LABOR REVENUE				**403.00**

no timesheets

Total Task : 0000B -- field labor

Task : 0000C -- Expenses and Equipment

Vendor Name	Date	Invoice #	Cost	Multiplier	Amount
ENVIRO/GEOTECH SUPPLIES					
Sparks, Mark (1)	09/02/2015	68353	4.79	1.00	4.79

Vendor Name	Date	Units / Unit Rate			Amount
MILEAGE (ZERO MULTIPLIER)					
Mileage	9/2/2015	25.00 Mile(s) @	0.5750	14.38	14.38
OTHER DIRECT EXPENSE					
Sample Gloves (2)	9/2/2015	12.00 Pair(s) @	0.1600	1.92	1.92
Disposable Bailer	9/2/2015	10.00 Each @	10.0000	100.00	100.00
Decon Equipment	9/2/2015	1.00 Day(s) @	15.0000	15.00	15.00
Water Level Meter	9/2/2015	1.00 Day(s) @	15.0000	15.00	15.00
Drum- 55 Gallon (3)	9/2/2015	1.00 Each @	36.4900	36.49	36.49
Yellow Rope (4)	9/2/2015	292.00 Foot/Feet @	0.0300	8.76	8.76
Total : EXPENSE REVENUE					**196.34**
Total Task : 0000C -- Expenses and Equipment					**196.34**
Total Phase : 01S47 -- Groundwater Monitoring&Reporting					**4,119.32**
Total This Invoice					**4,119.32**

ATC Group Services LLC
Invoice Backup - eTime

b/w PR 48

Project :Z086000421 -- 5468; 1032 North Rangeline Rd, Carm
Client :9075116 Speedway LLC (Funded)
11/6/2015

154283 Jones, John

Regular Hours

Project	Phase	Task	Org	Class	Actv	HT	S	Tax	WRK	Sat 10/31	Sun 11/1	Mon 11/2	Tue 11/3	Wed 11/4	Thu 11/5	Fri 11/6	Total
												0.25					0.25
Z086000421	01S47	0000A	10170	Y19	****	**	*	***	***			10.75	15.00	11.50	2.50		39.75
									Other			11.00	15.00	11.50	2.50		40.00
									Week Total								
Total Regular Hours												**11.00**	**15.00**	**11.50**	**2.50**		**40.00**

Overtime Hours

Project	Phase	Task	Org	Class	Actv	HT	S	Tax	WRK	Sat 10/31	Sun 11/1	Mon 11/2	Tue 11/3	Wed 11/4	Thu 11/5	Fri 11/6	Total
															17.50		17.50
									Other						17.50		17.50
									Week Total								
Total Overtime Hours															**17.50**		**17.50**
Total for 11/6/2015												**11.00**	**15.00**	**11.50**	**20.00**		**57.50**

Audit Trail

Date/Time	Employee	Status/Notes
11/6/2015 4:50:09PM	John Jones	Signed
11/9/2015 7:16:39AM	John Schilling	Approved
11/9/2015 7:17:40AM	John Schilling	Signed
11/9/2015 7:26:53AM	John Jones	Unsigned/Missing
11/9/2015 7:27:57AM	John Jones	Signed
11/9/2015 7:38:48AM	John Schilling	Rejected
		bill as staff for 1052
11/9/2015 7:41:53AM	John Jones	Signed
11/9/2015 8:09:48AM	John Schilling	Approved
11/9/2015 12:43:52PM	Ann Pesson	Posted

Date/Time: _____ Optional Signature: _____

Z08600421

SPEEDWAY

0006884-Indianapolis,IN
6201 N Keystone Ave
Indianapolis , IN 46220-2154
(317)253-7383

Register:1 Transaction#26898770
9/2/2015 7:00:16 AM Antonio C.

Speedy Rewards

1	ICE 22LB BAG SINGLE	4.79
	Sub. Total:	$4.79
	Tax:	$0.00
	Total:	$4.79
	Master Card:	$4.79
1	Change	$0.00

CARD TYPE: Master Card
Card Num : XXXXXXXXXXXX1699
ENTRY METHOD: Swiped

TERMINAL: 0050006884001
TRANS TYPE: SALE
APPROVAL CODE: 002044
BATCH #: 15
SEQUENCE #: 245015047

ANALYSIS
COLL. BY
ANALYSIS
COLL. BY
Thermo SCIENTIFIC
Thermo SCIENTIFIC
CLIENT/SOURCE
GRAB
COMPOSITE

INVOICE

CONNEY SAFETY
PERSONAL PROTECTIVE EQUIPMENT
FIRST AID PRODUCTS

3202 Latham Drive / PO Box 44575
Madison, WI 53744-4575
ACCOUNTS RECEIVABLE: 1-800-532-1860
FAX: 800-854-7932
conney.com

INVOICE NUMBER: 04283724
INVOICE DATE: 10/12/12

CUSTOMER NUMBER: 100041260
P.O. NUMBER: 1386376
ORDERED BY: PAULA SEDAM
TERMS: 1% 10 Net 30 days

SHIP TO
ATC ASSOCIATES INC
ATTN COLLIN
7988 CENTERPOINT DR STE 100
INDIANAPOLIS IN 46256

MAIL TO
ATC ASSOCIATES INC
7988 CENTERPOINT DR STE 100
INDIANAPOLIS IN 46256

DATE ENTERED: 10/12/12
F.O.B. :
SHIPPED VIA: UPSGD
ORDER NUMBER: R03Y9/00
TERRITORY: 702
SHIPPING DATE: 10/12/12

POSTED

ITEM NUMBER	UNIT	DESCRIPTION	SIZE, COLOR, STYLE OR PACK		QUANTITIES ORDERED	B.O.	SHIPPED	UNIT PRICE	AMOUNT
23014	BX	GLV VITALGARD NIT EXM PF 100S	XL	VNPF	40	4000	40	6.77	270.80T
23013	BX	GLV VITALGARD NIT EXM PF 100S	L	VNPF	10	1000	10	6.77	67.70T
23011	BX	GLV VITALGARD NIT EXM PF 100S	S	VNPF	20	2000	20	6.77	135.40T
		Tracking Number(s)	1Z5899270383125417			7,000			
		1Z5899270383125426	1Z5899270383125444			3,500/PADR			
		1Z5899270383125408	1Z5899270383125435						
		1Z5899270383125382	1Z5899270383125391						
		Check status at:	www.ups.com						

① 473.90 / 3,500 = $0.14 / PADR
0.01 10% m-up
$0.15 / PADR

② TAX → 33.17 / 3,500 = 0.01

$0.16 / PADR

CM

GSA CONTRACT INFORMATION AND DISCLAIMER OF WARRANTIES ARE ON REVERSE SIDE
MATERIAL SAFETY DATA SHEETS ARE AVAILABLE UPON REQUEST

This order shipped 100% complete!

We strive to provide a high level of service to lower your costs and provide timely delivery of products to protect your workers.
Thank you for your order!

Merchandise:	473.90
Tax:	~~38.19~~
Shipping and Handling:	~~71.51~~
Subtotal:	~~583.60~~
Pre-paid:	

SATISFACTION GUARANTEED
THANK YOU FOR YOUR ORDER

USD 583.60

REMITTANCE DOCUMENT: TO INSURE PROPER CREDIT, PLEASE DETACH THIS PORTION AND RETURN WITH REMITTANCE.

BILL TO
ATC ASSOCIATES INC
7988 CENTERPOINT DR STE 100
INDIANAPOLIS IN 46256

COMPANY: 1
CUSTOMER NUMBER: 100041260
INVOICE NUMBER: 04283724
INVOICE DATE: 10/12/12
AMOUNT DUE: 583.60

REMIT TO
CONNEY SAFETY
P O BOX 44575
MADISON WI 53744-4575

(2)

INVOICE

Invoice Number	0857
Invoice Date	7/16/2012

INDIANAPOLIS DRUM SERVICE
Phone (317 357-9853
Fax: (317) 357-8796

Remit to: IndyDrum P.O. Box 16141, Ludlow, KY 41016

Bill To:

ATC Associates Inc
7988 Centerpoint Drive
Indianapolis, IN 46256

Ship To:

ATC Associates Inc
5150 East 65th Street
Indianapolis IN 46220

A 2% SERVICE CHARGE (24% PER ANNUM) WILL BE APPLIED TO ANY PAST DUE BALANCE AFTER 30 DAYS.

Purchase Order No.	Customer ID	Payment Terms
12862374	222	Net 30 Days

Quantity	Item Number	Description	Unit Price	Ext. Price
50	1A2	55 Gallon Open-Head Steel Drums	$33.17	$1,658.50
50	ES	Energy Surcharge	$0.00	$0.00
1	F	Freight Charge	$100.00	~~$100.00~~
1	FS	Fuel Surcharge	$10.00	~~$10.00~~

$33.17 EACH
3,32 | 070 m-up
$36.49 | DRUM

CM

POSTED

Subtotal	1658.50 ~~$1,768.50~~
Tax	$0.00
Freight	$0.00
Total	1658.50 ~~$1,768.50~~

Via: IDS Trucking #27275

All containers provided by Indianapolis Drum Service (IDS) are sold on "AS IS" basis and "WITH ALL FAULTS". IDS makes no warranty, including but not limited to warranties of fitness for any specific use. Buyers must, by thown inspection and tests, determine the suitability of reconditioned and containers for their intended use. IDS will not be liable for consequential damages resulting from the use of the container, except for the replacement the container at no charge. IDS fully complies with the Fair Labor Standards Act of 1938, as amended.

No person is authorized to assume any obligation or liability Contrary to this Warranty.

Method of Payment:

- [ ] VISA
- [ ] MasterCard
- [ ] American Express

Credit Card Number _____ Card Expires ____/____

SALE INVOICE

Pine Environmental Services, Inc.
P.O. Box 943
Hightstown, NJ 08520
Toll-Free 1-800-301-9663 Fax 1-609-371-1663
www.pine-environmental.com

INVOICE NUMBER : 0614619
INVOICE DATE : 8/31/2011
CONTRACT : O096473
BEGIN DATE :
END DATE :

SHIP DATE : 8/29/2011

BILLED TO: 03-AT27615
ATC ASSOCIATES
ATTN: ACCOUNTS PAYABLE
7988 CENTERPOINT DR.
SUITE 100
INDIANAPOLIS, IN 46256

SHIP TO:
ATC ENVIRONMENTAL
7988 CENTERPOINT DR.
STE. 100
C/O PAULA SEDAM
INDIANAPOLIS, IN 46256

CONFIRM TO: Paula Sedam

Ship To Phone: 317-579-4061

Special Notes : INVOICE

PROJECT # :

CUSTOMER PO:	SHIP VIA:	SHIPPER ID:	TERMS:
1286633	UPS Ground (1-5 Business Days)		Net 30 Days

ITEM NUMBER	TYPE	UNIT	ORDERED	SHIPPED		BALANCE	AMOUNT
GW16001	S	EACH	4.00	4.00	Unit Price:	80.00	320.00
Rope Poly Yellow 1/8" x 3000'			Warehouse: SOH				

4 ROLLS OF ROPE w/3000 ft EACH = 12,000 ft
$357.53 | 12000 = $0.03
1070 am/up 0.00
$0.03 | ft

4

Net Order:	320.00
Less Discount:	0.00
Freight:	14.14
Sales Tax:	23.39

SUBSEQUENT PAY REQUEST # 5

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.***

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	Name of Applicant	Name of Vendor
Invoice Number	Incident Number	Speedway LLC	ATC Group Services LLC
1950747B	200703503		

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
Utilities	Electric Charge for 1 Month	1.00	Lump	$16.91	$16.91	$0.00	XXXX	$16.91	$0.00	
Utilities	Electric Charge for 1 Month	1.00	Lump	$16.97	$16.97	$0.00	XXXX	$16.97	$0.00	
Utilities	Electric Charge for 1 Month	1.00	Lump	$16.78	$16.78	$0.00	XXXX	$16.78	$0.00	
Utilities	Electric Charge for 1 Month	1.00	Lump	$34.23	$34.23	$0.00	XXXX	$34.23	17.25	5-1
Utilities	Electric Charge for 1 Month	1.00	Lump	$47.42	$47.42	$0.00	XXXX	$47.42	$0.00	
Utilities	Wireless Charge for 1 Month									
							SUBTOTAL	$132.31	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$132.31	$0.00	

Additional Notes:

Part of State Form 47139 (R14 / 6-16)

DUKE ENERGY

Due Date	Amount Due
May 10, 2016	$ 34.23

Account Number 1730-3050-02-7 CM 11

For more detailed billing information on your monthly bill, check box on right ☐

$_____ HelpingHand Contribution (for Customer Assistance)

$_____ Amount Enclosed

022559 000007006

SPEEDWAY LLC
C/O CARDNO ATC
C/O ARDNO ATC
7988 CENTERPOINT DR STE 100
INDIANAPOLIS IN 46256-3381

PO Box 1326
Charlotte NC 28201-1326

2

900 00000034231 17303050027 051020162 00000034711

PLEASE RETURN THE TOP PORTION WITH YOUR PAYMENT

Name /Service Address	For Inquiries Call	Account Number
Speedway LLC C/O Cardno Atc 1032 Range Line Rd N Carmel IN 46032	**Duke Energy** 1-800-956-8823 For Account Services, please contact Macey Austin	**1730-3050-02-7**

Mail Payments To	Account Information	
PO Box 1326 Charlotte NC 28201-1326	Payments after Apr 18 not included	Bill prepared on Apr 18, 2016 Next meter reading May 16, 2016

Meter	Number	Reading Date From	To	Days	Meter Reading Previous	Present	Multi	Usage	Actual kW
Elec	108032016	Mar 17	Apr 15	29	64738	64746	1	8	0.02

Electric - Commercial

Usage - 8 kWh	0.00 kVar
Duke Energy - Rate LSN0	$ 15.87
Current Electric Charges	**$ 15.87**

Taxes

Taxes	**$ 1.11**

Current Billing

Amt Due - Previous Bill	$ 16.78
Late Payment Charge(s)	0.47
Balance Forward	**17.25**
Current Electric Charges	15.87
Taxes	1.11
Current Amount Due	**$ 34.23**

16.98 current

late charges not eligible

Call Before You Dig. Digging the wrong area of your yard can be dangerous (even fatal). Be sure to request the marking of underground utility lines before you start. This important step saves lives, and it's free of charge. Call 811 or visit www.Indiana811.org.

Duke n 132
2086000421
(4) 40090018

.47 late.
16.98 current.

Duke 50027-0316

Due Date	Amount Due	After May 10, 2016
May 10, 2016	$ 34.23	$ 34.71

Average Cost: $ 1.9838 per kWh

DUKE ENERGY

www.duke-energy.com
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SUBSEQUENT PAY REQUEST # 6

NSTRUCTIONS: *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.***

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		Name of Vendor
Invoice Number	Incident Number	Name of Applicant	ATC Group Services LLC
1950694A	200703503	Speedway 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 - Utilities	0.25	Hours	$36.50	$9.13	XXXXXXXXXX	XXXX	$9.13	9.13	6
PM	Request Utility shut off	0.25	Hours	$107.50	$26.88	XXXXXXXXXX	XXXX	$26.88	26.88	6
	No NFA									
						SUBTOTAL		$36.01	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		$36.01	$0.00	

Additional Notes:

Invoice #: 1950694

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm

Phase : 14S44 -- System O & M

Task : 0000A -- office labor

Class Name	Date	Hours	Rate	Amount
Administrator				
Sedam, Paula	11/20/2015	0.25	36.50	9.13
Total: Administrator		**0.25**		**9.13**
Senior Registered Engineer				
Stehno III, Edward	11/24/2015	0.25	131.00	32.75
~~Stehno III, Edward~~	~~02/18/2016~~	~~0.25~~	~~131.00~~	~~32.75~~
~~Stehno III, Edward~~	~~02/19/2016~~	~~0.50~~	~~131.00~~	~~65.50~~
Total: Senior Registered Engineer		**1.00**		**131.00**
Total : LABOR REVENUE				**140.13**
Total Task : 0000A -- office labor				**140.13**
Total Phase : 14S44 -- System O & M				**140.13**
Total This Invoice				**140.13**

No NTA

SUBSEQUENT PAY REQUEST # 7

NSTRUCTIONS: *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.***

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		Name of Vendor
Invoice Number	Incident Number	Name of Applicant	ATC Group Services LLC
1950694B	200703503	Speedway 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
PM	Request Wireless shutoff, close utilities	0.75	Hours	$107.50	$80.63	XXXXXXXXXX	XXXX	$80.63	80.63	7
	No NFA									
							SUBTOTAL	$80.63	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$80.63	$0.00	

Additional Notes:

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm **Invoice #: 1950694**

Phase : 14S44 -- System O & M

Task : 0000A -- office labor

Class Name	*Date*	*Hours*	*Rate*	*Amount*
Administrator				
~~Sedam, Paula~~	~~11/20/2015~~	~~0.25~~	~~36.50~~	9.13
Total: Administrator		**0.25**		**9.13**
Senior Registered Engineer				
~~Stehno III, Edward~~	~~11/24/2015~~	~~0.25~~	~~131.00~~	~~32.75~~
Stehno III, Edward	02/18/2016	0.25	131.00	32.75
Stehno III, Edward	02/19/2016	0.50	131.00	65.50
Total: Senior Registered Engineer		**1.00**		**131.00**
Total : LABOR REVENUE				**140.13**
Total Task : 0000A -- office labor				**140.13**
Total Phase : 14S44 -- System O & M				**140.13**
Total This Invoice				**140.13**

No NFA

SUBSEQUENT PAY REQUEST # 8

NSTRUCTIONS: *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.***

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		Name of Vendor
Invoice Number 1950282A	Incident Number 200703503	Name of Applicant Speedway LLC	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	Quarterly Groundwater Monitoring Report Reproduction - Scan/File Project Documentation	1.50	Hours	$36.50	$54.75	XXXXXXXXXX	XXXX	$54.75	$0.00	
Tech	Quarterly Groundwater Sampling Field Work - Preparation to Field Work (Review Site Work Plan, Gather Supplies)	11.75	Hours	$62.00	$728.50	XXXXXXXXXX	XXXX	$728.50	$0.00	
PM	Quarterly Groundwater Monitoring Report Preparation - Communication with Client regarding Site work & Schedule	13.50	Hours	$107.50	$1,451.25	XXXXXXXXXX	XXXX	$1,451.25	$0.00	
Staff	Coordination of Waste Disposal and Field Work - Review/Update Site Work Plan	3.75	Hours	$90.25	$338.44	XXXXXXXXXX	XXXX	$338.44	$0.00	
Drum Disposal	Disposal of Waste from Site	1.00	Lump	$100.00	$100.00	$0.00	10%	$110.00	$0.00	
Ice	Sample Preservation	1.00	Bags	$1.99	$1.99	$0.00	10%	$2.19	$0.00	
Mileage	Quarterly Groundwater Sampling Event	20.00	Miles	$0.575	$11.50	XXXXXXXXXX	XXXX	$11.50	$0.00	
Gloves	Quarterly Groundwater Sampling Event	12.00	Pairs	$0.15	$1.74	$0.00	10%	$1.91	$0.00	
Bailer	Quarterly Groundwater Sampling Event need COC	10.00	Lump	$10.00	$100.00	XXXXXXXXXX	XXXX	$100.00	100.00	8-1
Decon	Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Water Level	Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Supplies	Quarterly Groundwater Sampling Event - Drum	1.00	Each	$33.17	$33.17	$0.00	10%	$36.49	$0.00	
	Note - please put timesheets relating to pay request in the back up with the correct pay request - found several timesheets in b/w behind PR#9 that correspond to time requested in PR#6									
							SUBTOTAL	$2,865.03	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$2,865.03	$0.00	

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm **Invoice #: 1950282**

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000A -- office labor

Class Name	Date	Hours	Rate	Amount
Administrator				
Sedam, Paula	11/22/2015	1.50	36.50	54.75
~~Adair, Melissa~~	~~01/14/2016~~	~~0.75~~	~~36.50~~	~~27.38~~
~~Adair, Melissa~~	~~01/26/2016~~	~~0.50~~	~~36.50~~	~~18.25~~
~~Adair, Melissa~~	~~02/01/2016~~	~~0.50~~	~~36.50~~	~~18.25~~
		3.25		**118.63**
Total: Administrator				
Draftsperson/CADD				
Kairy, Adam	01/07/2016	1.00	52.75	52.75
Kairy, Adam	01/13/2016	0.25	52.75	13.19
Kairy, Adam	02/24/2016	1.00	52.75	52.75
Kairy, Adam	03/06/2016	0.25	52.75	13.19
		2.50		**131.88**
Total: Draftsperson/CADD				
Field Technician				
Jennings, Ryan Found timesheet PR#9 —	12/30/2015	1.25	62.00	77.50
~~Jones, John~~	~~01/07/2016~~	~~4.00~~	~~62.00~~	~~248.00~~
~~Spurgeon, Benjamin~~	~~01/08/2016~~	~~1.50~~	~~62.00~~	~~93.00~~
Putelis, Alja	~~01/29/2016~~	~~0.10~~	~~62.00~~	~~6.20~~
Jones, John	~~02/01/2016~~	~~0.25~~	~~62.00~~	~~15.50~~
~~Jones, John~~	~~02/03/2016~~	~~0.25~~	~~62.00~~	~~15.50~~
~~Jennings, Ryan~~	~~02/08/2016~~	~~1.50~~	~~62.00~~	~~93.00~~
~~Jones, John~~	~~02/25/2016~~	~~3.00~~	~~62.00~~	~~186.00~~
~~Jennings, Ryan~~	~~04/08/2016~~	~~1.00~~	~~62.00~~	~~62.00~~
~~Sparks, Mark~~	~~04/11/2016~~	~~0.75~~	~~62.00~~	~~46.50~~
		13.60		**843.20**
Total: Field Technician				
Project Manager				
Mayo, Matthew	10/26/2015	0.75	107.50	80.63
Mayo, Matthew	11/16/2015	1.00	107.50	107.50
Fohey-Breting, Nicole	11/17/2015	1.00	107.50	107.50
Mayo, Matthew	11/17/2015	1.25	107.50	134.38
Fohey-Breting, Nicole	11/20/2015	1.50	107.50	161.25
Fohey-Breting, Nicole	11/30/2015	1.00	107.50	107.50
Fohey-Breting, Nicole	12/08/2015	1.50	107.50	161.25
Fohey-Breting, Nicole	12/22/2015	0.50	107.50	53.75
Fohey-Breting, Nicole	12/23/2015	1.25	107.50	134.38
Fohey-Breting, Nicole Found timesheets in PR#9 —	12/28/2015	0.75	107.50	80.63
Fohey-Breting, Nicole —	12/29/2015	2.00	107.50	215.00
Fohey-Breting, Nicole —	12/31/2015	1.00	107.50	107.50
Fohey-Breting, Nicole	01/06/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	01/08/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	01/11/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	01/12/2016	0.75	107.50	80.63
Fohey-Breting, Nicole	01/15/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	02/19/2016	1.50	107.50	161.25
Fohey-Breting, Nicole	02/23/2016	0.75	107.50	80.63
Fohey-Breting, Nicole	02/24/2016	1.50	107.50	161.25
Fohey-Breting, Nicole	03/03/2016	0.50	107.50	53.75
Fohey-Breting, Nicole	03/04/2016	1.50	107.50	161.25
Fohey-Breting, Nicole	03/09/2016	0.75	107.50	80.63
Fohey-Breting, Nicole	03/11/2016	1.00	107.50	107.50
Fohey-Breting, Nicole	03/15/2016	0.75	107.50	80.63
Fohey-Breting, Nicole	04/05/2016	1.50	107.50	161.25

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm **Invoice #: 1950282**

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000B -- field labor

Total : LABOR REVENUE **1,271.00**

Total Task : 0000B -- field labor **1,271.00**

Task : 0000C -- Expenses and Equipment

Vendor Name	*Date*	*Invoice #*	*Cost*	*Multiplier*	*Amount*
OTHER CONSULTANTS					
US Tank Alliance Inc (1)	11/30/2015	0321813	100.00	1.10	110.00
~~US Tank Alliance Inc~~	~~02/29/2016~~	~~0323033~~	~~100.00~~	~~1.10~~	~~110.00~~
FIELD MATERIALS					
Jones, John (2)	10/26/2015	77011	1.99	1.00	1.99
EQUIPMENT RENTAL					
~~Industrial Environ Monitoring~~	~~02/25/2016~~	~~143869~~	~~32.40~~	~~1.10~~	~~35.64~~

Vendor Name	*Date*	*Units / Unit Rate*		*Amount*
MILEAGE (ZERO MULTIPLIER)				
Mileage				
	10/26/2015	20.00 Mile(s) @ 0.5750	11.50	11.50
	~~2/10/2016~~	~~19.20 Mile(s) @ 0.5400~~	~~10.37~~	~~10.37~~
Total: MILEAGE (ZERO MULTIPLIER)				**21.87**
OTHER DIRECT EXPENSE				
Sample Gloves (3)				
	10/26/2015	12.00 Pair(s) @ 0.1600	1.92	1.92
	~~2/10/2016~~	~~11.00 Pair(s) @ 0.1600~~	~~1.76~~	~~1.76~~
Disposable Bailer				
	10/26/2015	10.00 Each @ 10.0000	100.00	100.00 Ø
	~~2/10/2016~~	~~10.00 Each @ 10.0000~~	~~100.00~~	~~100.00~~
Decon Equipment				
	10/26/2015	1.00 Day(s) @ 15.0000	15.00	15.00
	~~2/10/2016~~	~~1.00 Day(s) @ 15.0000~~	~~15.00~~	~~15.00~~
Water Level Meter				
	10/26/2015	1.00 Day(s) @ 15.0000	15.00	15.00
	~~2/10/2016~~	~~1.00 Day(s) @ 15.0000~~	~~15.00~~	~~15.00~~
Drum- 55 Gallon (4)				
	10/26/2015	1.00 Each @ 36.4900	36.49	36.49
	~~2/10/2016~~	~~1.00 Each @ 36.4900~~	~~36.49~~	~~36.49~~
Yellow Rope				
	~~2/10/2016~~	~~441.50 Foot/Feet @ 0.0300~~	~~13.25~~	~~13.25~~

Total : EXPENSE REVENUE **629.08**

Total Task : 0000C -- Expenses and Equipment **629.08**

Total Phase : 01S47 -- Groundwater Monitoring&Reporting **9,155.63**

Total This Invoice **9,155.63**

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.***

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 1950282B	Incident Number 200703503	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	Quarterly Monitoring Report Reproduction - Scan/File Project Documentation	1.75	Hours	$36.50	$63.88	XXXXXXXXXX	XXXX	$63.88	$0.00	
Drafting	Provide CAD work for Quarterly Monitoring Reports (1st & 2nd Quarter) Groundwater Analytical Maps, POT Maps, Soil Maps, Site Maps	2.75	Hours	$52.75	$145.06	XXXXXXXXXX	XXXX	$145.06	$0.00	
Tech	Quarterly Groundwater Sampling Field Work - Preparation to Field Work (Gather Supplies, Review Site Work Plan) - Assist with Quarterly Monitoring Report(s) Preparation - Enter Analytical Data for Reports	22.35	Hours	$62.00	$1,385.70	XXXXXXXXXX	XXXX	$1,385.70	$0.00	
PM	Communication with IDEM PM regarding hydrocarbon concentrations and Quarterly Monitoring per IDEM letter dated 1/26/15. - Communication with client regarding site status, field work & scheduling - Quarterly Monitoring Report Preparation - Review of Analytical data for communication with IDEM PM	21.50	Hours	$107.50	$2,311.25	XXXXXXXXXX	XXXX	$2,311.25	$0.00	
SPM	Senior Review of Quarterly Monitoring Report	0.50	Hours	$131.00	$65.50	XXXXXXXXXX	XXXX	$65.50	$0.00	
Staff	Site Work Plan Preparation - Coordination of Waste Disaposal and Field Work - Field Data Analysis for PM for communications with IDEM PM & Client	21.25	Hours	$90.25	$1,917.81	XXXXXXXXXX	XXXX	$1,917.81	$0.00	
Drum Disposal	Disposal of Waste from Site	1.00	Lump	$100.00	$100.00	$0.00	10%	$110.00	$0.00	
Mileage	Quarterly Groundwater Sampling Event	19.20	Miles	$0.540	$10.37	XXXXXXXXXX	XXXX	$10.37	$0.00	
Gloves	Quarterly Groundwater Sampling Event	11.00	Pairs	$0.15	$1.60	$0.00	10%	$1.76	$0.00	
Bailer	Quarterly Groundwater Sampling Event	10.00	Lump	$10.00	$100.00	XXXXXXXXXX	XXXX	$100.00	100.00	9-1
Decon	Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Water Level	Quarterly Groundwater Sampling Event	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Supplies	Quarterly Groundwater Sampling Event - Drum	1.00	Each	$33.17	$33.17	$0.00	10%	$36.49	$0.00	
Supplies	Quarterly Groundwater Sampling Event - rope	441.50	Each	$0.03	$12.01	$0.00	10%	$13.21	$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	$6,191.03	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$6,191.03	$0.00	

Additional Notes:

Project : Z086000421 -- 5468; 1032 North Rangeline Rd, Carm

Invoice #: 1950282

Phase : 01S47 -- Groundwater Monitoring&Reporting

Task : 0000B -- field labor

Total : LABOR REVENUE 1,271.00

Total Task : 0000B -- field labor 1,271.00

Task : 0000C -- Expenses and Equipment

Vendor Name	Date	Invoice #	Cost	Multiplier	Amount
OTHER CONSULTANTS					
~~US Tank Alliance Inc~~	~~11/30/2015~~	~~0324813~~	~~100.00~~	~~1.10~~	~~110.00~~
US Tank Alliance Inc (1)	02/29/2016	0323933	100.00	1.10	110.00
FIELD MATERIALS					
Jones, John	~~10/26/2015~~	~~77011~~	~~1.99~~	~~1.00~~	1.99
EQUIPMENT RENTAL					
~~Industrial Environ Monitoring~~	~~02/25/2016~~	~~143869~~	~~32.10~~	~~1.10~~	~~35.31~~

Vendor Name	Date	Units / Unit Rate		Amount
MILEAGE (ZERO MULTIPLIER)				
Mileage				
	~~10/26/2015~~	~~20.00 Mile(s) @ 0.5750~~	~~11.50~~	~~11.50~~
	2/10/2016	19.20 Mile(s) @ 0.5400	10.37	10.37
Total: MILEAGE (ZERO MULTIPLIER)				**21.87**
OTHER DIRECT EXPENSE				
Sample Gloves (2)				
	~~10/26/2015~~	~~12.00 Pair(s) @ 0.1600~~	~~1.92~~	~~1.92~~
	2/10/2016	11.00 Pair(s) @ 0.1600	1.76	1.76
Disposable Bailer				
	~~10/26/2015~~	~~10.00 Each @ 10.0000~~	~~100.00~~	~~100.00~~
	2/10/2016	10.00 Each @ 10.0000	100.00	100.00 Ø
Decon Equipment				
	~~10/26/2015~~	~~1.00 Day(s) @ 15.0000~~	~~15.00~~	~~15.00~~
	2/10/2016	1.00 Day(s) @ 15.0000	15.00	15.00
Water Level Meter				
	~~10/26/2015~~	~~1.00 Day(s) @ 15.0000~~	~~15.00~~	~~15.00~~
	2/10/2016	1.00 Day(s) @ 15.0000	15.00	15.00
Drum- 55 Gallon (3)				
	~~10/26/2015~~	~~1.00 Each @ 36.4900~~	~~36.49~~	~~36.49~~
	2/10/2016	1.00 Each @ 36.4900	36.49	36.49
Yellow Rope (4)				
	2/10/2016	441.50 Foot/Feet @ 0.0300	13.25	13.25

Total : EXPENSE REVENUE 629.08

Total Task : 0000C -- Expenses and Equipment 629.08

Total Phase : 01S47 -- Groundwater Monitoring&Reporting 9,155.63

Total This Invoice 9,155.63