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 #5525
ELTF # 200908503 FID # 16845
Indianapolis, Marion County
Invoice Number: 200908503-33

Dear Mr. Helms:

On December 28, 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:	**33**
Total Deductible:	**$25,000.00**
Amount of Deductible Previously Met:	**$25,000.00**
Amount of Deductible Met (this claim):	**$0.00**
UST Fee Reimbursement Percentage:	**100%**
Total Amount Previously Approved for Reimbursement:	**$445,892.41**

Technical Determinations

Corrective Action Plan approved on March 3, 2011.

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:	**$12,033.23**
After review, your claim has been approved for:	**$11,958.14**
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/reb/tw
Enclosures

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

Site Name: Speedway #5525

ELTF Number: 200908503-33

FAC ID Number: 16845

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
Resubmitted Costs Claimed							
3-2	27	American Env Corp	341039-0001	$150.00	$30.00	$120.00	As noted in 328 IAC 1-3-5, the maximum daily rental rate allowed for a portable generator (more than 5kW and less than or equal to 10 kW) is $120.00 for work performed on or after March 26, 2011.
3-3	27	American Env Corp	341039-0001	$12.27	$0.00	$12.27	
2-1	31	American Env Corp	291143-0040	$403.13	$0.00	$403.13	
2-2	31	American Env Corp	291143-0040	$270.75	$0.00	$270.75	
2-3	31	American Env Corp	291143-0040	$465.00	$0.00	$465.00	
2-4	31	American Env Corp	291143-0040	$30.00	$30.00	$0.00	Costs remain denied. A breakdown for supplies used and receipts was not provided. As noted in the March 15, 2014, IDEM Nonrule Policy Document WASTE-0063-NPD, incidental equipment, materials, and supplies needed for the operation and maintenance (O&M) of remediation systems are reimbursed at a maximum rate of $10.00 per day. Since O&M was not performed, receipts and supplies used need to be provided.
2-5	31	American Env Corp	291143-0040	$75.90	$0.00	$75.90	
2-6	31	American Env Corp	291143-0040	$2.62	$0.00	$2.62	
2-7	31	American Env Corp	291143-0040	$38.85	$0.00	$38.85	

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

Site Name: Speedway #5525

ELTF Number: 200908503-33 | FAC ID Number: 16845

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
3	31	Chemviron Midwest	0615-7327	$792.56	$2.76	$789.80	As noted in 328 IAC 1-3-5, the maximum hourly rate allowed for a Project Manager is $107.50 for work performed on or after June 1, 2015, and before June 1, 2016. As noted in 328 IAC 1-3-5, the maximum hourly rate allowed for a Technician is $62.00 for work performed on or after June 1, 2015, and before June 1, 2016.
4-1	31	American Env Corp	291143-0041	$241.88	$0.00	$241.88	
4-2	31	American Env Corp	291143-0041	$12.33	$12.33	$0.00	These costs remain denied. The purchase cost of spray paint cannot be charged to a specific site. Also, only those costs directly related to corrective action or third party liability are eligible for reimbursement. The evidence submitted failed to show that the spray paint was necessary to perform the corrective action or to satisfy third party liability.

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

Site Name: Speedway #5525

ELTF Number: 200908503-33

FAC ID Number: 16845

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
Subsequent Costs Claimed							
1	N/A	Pace Analytical	1650035085	$630.00	$0.00	$630.00	
2	N/A	American Env Corp	291143-0047	$1,553.55	$0.00	$1,553.55	
3	N/A	American Env Corp	291143-0048	$1,105.25	$0.00	$1,105.25	
4	N/A	American Env Corp	291143-0049	$925.63	$0.00	$925.63	
5	N/A	American Env Corp	291143-0050	$678.19	$0.00	$678.19	
6	N/A	American Env Corp	291143-0051	$1,132.23	$0.00	$1,132.23	
7	N/A	American Env Corp	291143-0052	$1,705.15	$0.00	$1,705.15	
8	N/A	American Env Corp	291143-0053	$1,100.44	$0.00	$1,100.44	
9	N/A	American Env Corp	291143-0054	$707.50	$0.00	$707.50	
			Total:	$12,033.23	$75.09	$11,958.14	

Reimbursement Cap	$2,000,000.00
Total Amount Previously Approved for Reimbursement	$445,892.41

Amount Requested	$12,033.23
Amount Disallowed	$75.09
Amount Approved	$11,958.14
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	$11,958.14
Amount of Deductible Applied This Claim	$0.00
Total Amount Approved for Reimbursement This Claim	$11,958.14
Total Amount Reimbursed This Claim	$0.00

Indiana Department of Environmental Management
Excess Liability Trust Fund
Claim Summary

Incident Number: 200908503

ELF Number:	200908503	**Date Received:**	12/28/2016	**Target Date:**	02/26/2017
Claim Number:	33	**Claim Type:**	U	**Tank Fee %:**	100.00
FAC ID:	16845	**Prev. Assignment:**	Lynn Truax	**Eligibility:**	Eligible

Site Information

Site Name: Speedway #5525

Site Address: 4120 E Southport Rd, Indianapolis, IN 46237, Marion County

Release Reporting

Incident Report Received: 08/12/2009

Spill Report Received:

Associated Incident Numbers		Priority	Resp Staff
200908503	Eligible	High	Cliff Rice

Technical Determinations

Milestone	Date
9070 - INITIAL SITE CHARACTERIZATION RECEIVED	11/06/2009
9085 - SITE CHARACTERIZATION APPROVED	10/07/2010
9290 - CAP APPROVED	03/03/2011
9292 - CAP IMPLEMENTATION REPORT APPROVED	09/02/2011

Deductible and Claim Information

Deductible Amount: $25,000.00

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	12/29/16
Triage and Data Package Prepped	TW	1/26/17
Cost Reviewer Check-In and START Date	TW	1/26/17
Cost Review COMPLETE	TW	1/26/17
Peer QC (FINAL QC)	REB	1/31/17
FINAL APPROVAL C X	REB	1/31/17

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: 2009085503-33 (27,31) FAC ID: 16845

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

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

Technical Documentation: CAP 3/3/11 CAP1 9/2/11

Decision Letter(s)

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

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

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

- [ ] [x] **Encompass verified**
- [ ] [x] **Prioritization number checked** 2
- [ ] [x] **Accounting Stamp**

Cost Review Summary

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

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

Amount: $25,000

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

General Layout

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

ULCERS

ELTF Incident Screen

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

Duplicate Amount In ULCERS: $ 2495.27

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: Kristin Weller Date: 1/26/17

Peer QC Reviewer: Rita Browne Date: 1/31/17

Technical FC Reviewer: Rita Browne Date: 1/31/17

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)* 12-28-2016
ELTF Control Number 200908503-33

LT

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
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. N/A		
Name of Contact Person Concerning Claim Issues Elizabeth Lemons	Contact Company Name American Environmental Corpor	Contact Telephone Number *(with area code)* 317-871-4090 ext. 221
Contact E-mail Address elemons@aecindy.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 16845	Date Incident Reported to IDEM *(month/day/year)* 8/11/2009	LUST Incident Number 200908503
Name of Facility Speedway #5525	IDEM Project Manager Cliff Rice	County Where Facility Is Located Marion
Address of Facility *(NOTE: enter 911 street address.)* 4120 East Southport Road		City, State (Abbr.) ZIP Code Indianapolis, IN 46237

SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period *(month/day/year)* From: 5/31/2014 To: 9/30/2016

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:
$6,668.26; $7,649.29	27; 31

☐ 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)* $ 12,033.23	ELT 12/28/16 07:32:02
Enter the Total Resubmitted Costs (*if applicable*) $ 2,495.29	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)* 12/20/16	
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

RESUBMITTAL PAY REQUEST

INSTRUCTIONS: *Complete this form for resubmittal of denied costs.* ***Do not include new costs or previously reimbursed costs on this form. Complete Claim Resubmittals must be entered on the Subsequent Pay request form. Do not include social security numbers on any supporting backup documentation.***

The CLAIM and ITEM NUMBERs below refer to the number assigned by IDEM to each of your costs on the Cost Review Summary report. The AMT DENIED refers to the amount denied in the original claim application. Of this amount, enter the costs for which you are seeking reimbursement in the AMT REQUESTED column. If you need to include additional documents, assign a unique number to each document. List the document number in the ATTACHMENT column. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0040	200908503	Speedway, LLC	American Environmental Corporation

TO BE COMPLETED BY APPLICANT						TO BE COMPLETED BY IDEM	
CLAIM NUMBER	ITEM NUMBER	REASON(S) FOR RECONSIDERATION OF DENIED COST	ATTACHMENTS	AMT DENIED	AMT REQUESTED	AMT DISALLOWED	REF
31	2-1	Denied PM time was for 2Q 2015 Report Preparation, analyzing lab reports, scheduling 3rd quarter sampling, and coordinating with field staff. Please reconsider payment.		$403.13	$403.13	✓	
31	2-2	The discrepancy between the timesheet (6/26/15) and the PCS sheet (6/25/15) was simply an error. Work was performed on 6/26/15. Time was for performing site restoration actvities. Please reconsider payment.		$270.75	$270.75	✓	
31	2-3	Tech time listed as System O&M was for prepping the system for removal. Please reconsider payment.		$465.00	$465.00	✓	
31	2-4	In this case, the Operation & Maintenance Incidental Equipment, Materials, & Supplies category was used as a flat fee for disposable items used (including but not limit to- gloves, hose clamps, tape of any kind, light bulbs, batteries, nuts & bolts,		$30.00	$30.00	30.00	2-4
		paper towels, trash bags, brushes, absorbent pads, distilled water and reasonable use of necessary meters or gauges not otherwise addressed in the policy or 328 IAC 1). Please reconsider payment.					
31	2-5	Staff and Tech time has been resubmitted. Please reconsider payment of associated mileage.		$75.90	$75.90	✓	
31	2-6	Back up documentation for gloves has been included, as requested. Please reconsider payment.		$2.62	$2.62	✓	
31	2-7	Amount approved should have been $649.35. $555 subtotal (10% mark-up) + 7% tax (no mark-up) = $649.35. Please reconsider payment.		$62.48	$38.85	✓	

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

Site Name: Speedway #5525

ELTF Number: 200908503-31 | FAC ID Number: 16845

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
2-4				$30.00	$30.00	$0.00	As noted in the March 15, 2014, IDEM Nonrule Policy Document WASTE-0063-NPD, incidental equipment, materials, and supplies needed for the operation and maintenance (O&M) of remediation systems are reimbursed at a maximum rate of $10.00 per day. Since the system is not operational, O&M should not have been performed. Please provide a breakdown of supplies used and receipts to verify the costs.
2-5				$189.75	$75.90	$113.85	Because Staff Project Person and Technician labor has been denied above, the associated mileage is denied pending receipt of requested information.
2-6				$2.62	$2.62	$0.00	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide supplier's receipt for the gloves in order to verify costs for reimbursement consideration.
2-7				$672.98	$62.48	$610.50	Transportation surcharges and environmental fees are not eligible for reimbursement from the ELTF.

SUBSEQUENT PAY REQUEST # 2

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:	6/1/2015- Present		
Invoice Number 291143-0040	Incident Number 200908503	Name of Applicant Speedway, LLC	Name of Vendor American Environmental Corporation

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
SPM	Project Oversight	1.00	Hours	$131.00	$131.00	XXXXXXXXXX	XXXX	$131.00	$0.00 ✓	
PM 3.75 →	Project Management, Report Preparation	6.00	Hours	$107.50	$645.00	XXXXXXXXXX	XXXX	$645.00	403.13	2-1
Staff	Site Visit to Remove Pumps and Carbon Change Out, Data Reduction, Compile Data, System O&M	19.00	Hours	$90.25	$1,714.75	XXXXXXXXXX	XXXX	$1,714.75	270.75	2-2
Tech	System O&M (Prepare System for Transport), System Removal, Site Visit to Complete Prep for System to be Removed. 7.5 denied	16.50	Hours	$62.00	$1,023.00	XXXXXXXXXX	XXXX	$1,023.00	465.00	2-3
Drafting	Quarterly Maps	0.50	Hours	$52.75	$26.38	XXXXXXXXXX	XXXX	$26.38	$0.00 ✓	
Clerical	Copy/Bind Report	0.25	Hours	$36.50	$9.13	XXXXXXXXXX	XXXX	$9.13	$0.00 ✓	
O&M Misc	System O&M	3.00	Days	$10.00	$30.00	XXXXXXXXXX	XXXX	$30.00	30.00	2-4
Mileage	System O&M (Prepare System for Transport), System Removal, Site Visit to Complete Prep for System to be Removed. 132 miles denied	330.00	Miles	$0.575	$189.75	XXXXXXXXXX	XXXX	$189.75	75.90	2-5
Gloves	System Closure Activities	8.00	Pairs	$0.28	$2.24	$0.16	10%	$2.62	2.62	2-6
Copies	1Q 2015 Report	228.00	Pages	$0.15	$34.20	XXXXXXXXXX	XXXX	$34.20	$0.00 ✓	
Miscellaneous	Sunbelt - 52823362-001 - Rental of Shooting Boom Forklift to Load Transformer into the System so Chemviron Could Remove with the System.	1.00	Lump	$611.80	$611.80	$0.00	10%	$672.98	62.48	2-7

RESUBMITTAL PAY REQUEST

INSTRUCTIONS: *Complete this form for resubmittal of denied costs.* ***Do not include new costs or previously reimbursed costs on this form. Complete Claim Resubmittals must be entered on the Subsequent Pay request form. Do not include social security numbers on any supporting backup documentation.***

The CLAIM and ITEM NUMBERs below refer to the number assigned by IDEM to each of your costs on the Cost Review Summary report. The AMT DENIED refers to the amount denied in the original claim application. Of this amount, enter the costs for which you are seeking reimbursement in the AMT REQUESTED column. If you need to include additional documents, assign a unique number to each document. List the document number in the ATTACHMENT column. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Invoice Number	Incident Number	Name of Applicant	Name of Vendor
341039-0001	200908503	Speedway, LLC	American Environmental Corporation

TO BE COMPLETED BY APPLICANT						TO BE COMPLETED BY IDEM	
CLAIM NUMBER	ITEM NUMBER	REASON(S) FOR RECONSIDERATION OF DENIED COST	ATTACHMENTS	AMT DENIED	AMT REQUESTED	AMT DISALLOWED	REF
27	3-2	The generator was 8.5 kw in size. Please reconsider payment. ≤10kW = 120/day		$150.00	$150.00	30.00	3-2
27	3-3	Replacing the broken padlock was essential to the safety and security of the site, especially after the damage caused by the fire. Please reconsider payment.		$12.27	$12.27		
				SUBTOTAL	$162.27	$0.00	
				GRAND TOTAL FOR THIS INVOICE	$162.27	$0.00	

Additional Notes:

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

Site Name: Speedway #5525

ELTF Number: 200908503-27 | FAC ID Number: 16845

Item Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
Resubmitted Costs From Claim 23						
3-1	American Environmental Corporation	291143-0021	$51.00	$0.00	$51.00	
3-2	American Environmental Corporation	291143-0021	$522.63	$0.00	$522.63	
6-1	American Environmental Corporation	291143-0022	$34.00	$0.00	$34.00	
6-2	American Environmental Corporation	291143-0022	$494.38	$0.00	$494.38	
Subsequent Costs Claimed						
1	Pace Analytical	145095794	$630.00	$0.00	$630.00	
2	American Environmental Corporation	291143-0030	$1,939.86	$0.00	$1,939.86	
2-1			$382.50	$22.50	$360.00	Any claimed costs not supported by adequate backup documentation are not eligible for reimbursement. Please provide timesheets for 0.25 Staff time in order to verify costs for reimbursement consideration. The timesheets provided only have 4 hours of Staff Project Person time listed.
2-2			$57.22	$57.22	$0.00	As noted in 328 IAC 1-3-5, the purchase cost of a measuring chamber and strainer cannot be charged to a specific site.
3	American Environmental Corporation	341039-0001	$2,194.32	$0.00	$2,194.32	
3-1			$5.28	$1.44	$3.84	Gloves have been reimbursed at the unit cost calculated from the supplier's invoice, plus the markup indicated on the pay request. Consultant markups are not reimbursable on sales tax.
3-2			$150.00	$150.00	$0.00	Please provide the size of the generator used to drain the system after the fire in order to have these costs considered for reimbursement.

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

Site Name: Speedway #5525

ELTF Number: 200908503-27 | FAC ID Number: 16845

Item Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
3-3			$12.27	$12.27	$0.00	Only those costs directly related to corrective action or third party liability are eligible for reimbursement. Costs related to padlocks are not eligible for reimbursement.
3-4			$194.80	$99.95	$94.85	Costs related to service requests are not eligible for reimbursement.
		Total:	$6,668.26	$343.38	$6,324.88	

Total of Original Request	$6,668.26
Total Amount Disallowed	$343.38
Total Amount Approved	$6,324.88
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	$6,324.88
Amount of Deductible Applied this Claim	$0.00
Total Amount Reimbursed	$0.00

As of March 26, 2011, the IDEM is requiring the resubmittal of claims that had costs disallowed be incorporated into subsequent claims; however, the portion of the claim that was previously submitted must be identified as being previously submitted and include the dollar value of the original claim.

Please note that the ELTF rule at 328 IAC 1-3-5(a)(2)(A) states that any "credits, rebates, refunds, or other similar payments made to the owner or operator or received by the owner, operator, or applicant must be subtracted from the costs submitted for reimbursement." If the owner or operator receives a credit, rebate, refund or other similar payment after costs have been reimbursed by ELTF, the credit should be noted and subtracted from reimbursable costs in the next claim submittal.

SUBSEQUENT PAY REQUEST # 3

Today's Date: 6/18/2014

INSTRUCTIONS: Complete this form for all initial dollar and subsequent claim applications. Do not complete this form for resubmittal applications. However, if you wish to submit a revised pay request for a Complete Claim Resubmittal, use this form, not the resubmittal pay request form. **Only list costs associated with one invoice on each pay request.**

Select Date: 1/1/14-Present

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 worksheet.**

Invoice Number	Incident Number	Name of Applicant	Name of Vendor
341039-0001	200908503	Speedway, LLC	American Environmental Corporation

TO BE COMPLETED BY APPLICANT									TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX AMOUNT (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
PM	Project Management	4.25	Hours	$107.00	$454.75	XXXXXXXXXXX	XXXX	$454.75	$0.00 ✓	
Staff	Site Visit (investigate system fire),	17	Hours	$90.00	$1,530.00	XXXXXXXXXXX	XXXX	$1,530.00	$0.00 ✓	
	System O&M									
Mileage	System O&M	88	Miles	$0.56	$49.28	XXXXXXXXXXX	XXXX	$49.28	$0.00 ✓	
Mileage	Fire Inspection/System O&M	99	Miles	$0.56	$55.44	XXXXXXXXXXX	XXXX	$55.44	$0.00 ✓	
Gloves	System O&M m/u tax	16	Pairs	$0.30	$4.80	$0.00	10%	$5.28	1.44	3-1
Miscellaneous	Generator - drain sys after fire - Sys O&M what size	1	Lump	$150.00	$150.00	$0.00	0%	$150.00	$0.00 150.00	3-2
Miscellaneous	Shop Vac - System O&M	1	Lump	$10.00	$10.00	$0.00	0%	$10.00	$0.00 ✓	
Miscellaneous	Menards 3-28-14/Pad Lock to replace those	1	Lump	$10.49	$10.49	$0.73	10%	$12.27	$0.00 12.27	3-3
	cut off by fire department during fire.									
Utilities	Comcast - Sys Internet Connection 3-2014 Service req.	1	Lump	$194.80	$194.80			$194.80	99.95	3-4
Utilities	Comcast - Sys Internet Connection 4-2014	1	Lump	$94.85	$94.85			$94.85	$0.00 ✓	
						SUBTOTAL		$2,556.67	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		$2,556.67		

Additional Notes:

AMERICAN ENVIRONMENTAL CORPORATION

REIMBURSABLE

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 341039 Phase: O&M Date: 03/31/14

Project Site: Speedway 5525 Employee Name: Robert Hoel

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Transportation	Mile	44	$0.56	24.64	
Disposable Sample Gloves	Pair	6	$0.33	1.98	
In-House Copies	Each		$0.15	0.00	
Hnu/MiniRAE PID	Day		$90.00	0.00	
Flame Ionization Detector/OVA	Day		$135.00	0.00	
Disposable Well Bailer	Each		$3.21	0.00	
Quarterly Monitoring Well Sampling Materials	Each		$30.00	0.00	(includes but not limited to, bailers, bailer line, plastic baggies, paper towels, bubble wrap, trash bags, gloves, distilled water, bladders, sample tubing, and ice)
Low Flow Sampling Materials	Day		$350.00	0.00	(includes but not limited to, multimeter, bladder pump, pump controller, tubing, flow-through cell)
Metal Detector	Day		$20.00	0.00	
Stainless Steel Hand Auger	Day		$42.00	0.00	
Development Pump (2-inch)	Day		$140.00	0.00	
Low Flow Bladder Pump	Day		$115.00	0.00	
Disposable Bladders	Each		$10.00	0.00	
Tubing-Size 24	Foot		$1.00	0.00	
DO Meter	Day		$36.00	0.00	
Survey Equipment	Day		$25.00	0.00	
Groundwater Multimeter	Day		$60.00	0.00	
pH Meter/Conductivity Meter	Day		$24.00	0.00	
CO_2 Meter	Day		$30.00	0.00	
GPS	Day		$120.00	0.00	
Water Level Indicator	Day		$15.00	0.00	
ORP Meter	Day		$50.00	0.00	
Oil/Water Interface Probe	Day		$70.00	0.00	
Anemometer	Day		$42.00	0.00	
Decon Material	Each		$15.00	0.00	
55-gallon Drum	Each		$24.75	0.00	
Absorbent Sock 1" X 18"	Each		$3.50	0.00	
Absorbent Pads	Each		$0.86	0.00	
J-Cap/J-Plug 2"	Each		$22.50	0.00	
J-Cap/J-Plug 4"	Each		$26.00	0.00	
Pad Lock	Each		$10.00	0.00	
Pressure Washer	Day		$90.00	0.00	
Poly Tank	Day		$25.00	0.00	
5035 Sampling Kit-Single	Each		$13.20	0.00	
5035 Sampling Kit-Extended	Each		$20.00	0.00	
Bag Filters	Each		$6.01	0.00	
Swagelok Ports	Each		$14.31	0.00	
Peristaltic Pump	Day		$35.00	0.00	
Helium, Tank, & Regulator	Day		$45.00	0.00	
Leak Test Hood	Day		$5.00	0.00	
Hammer Drill	Day		$20.00	0.00	
Quick Set Concrete	Each		$2.00	0.00	
Operation & Maintenance Incidental Equipment, Materials, & Supplies	Day		$10.00	0.00	(including but not limited to, hose clamps, tape of any kind, light bulbs, batteries, nuts & bolts paper towels, trash bags, brushed, absorbent pads, distilled water and reasonable use of necessary meters or gauges not otherwishe addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
Generator to drain system		1	$150.00	150.00	
				0.00	8kW = 5 ≤ x ≤ 10 = 120/day
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
Other	Each			0.00	
			Total	176.62	

What Size

PROJECT MANAGER'S APPROVAL:

Revised 2014

RESUBMITTAL PAY REQUEST

INSTRUCTIONS: *Complete this form for resubmittal of denied costs.* ***Do not include new costs or previously reimbursed costs on this form. Complete Claim Resubmittals must be entered on the Subsequent Pay request form. Do not include social security numbers on any supporting backup documentation.***

The CLAIM and ITEM NUMBERs below refer to the number assigned by IDEM to each of your costs on the Cost Review Summary report. The AMT DENIED refers to the amount denied in the original claim application. Of this amount, enter the costs for which you are seeking reimbursement in the AMT REQUESTED column. If you need to include additional documents, assign a unique number to each document. List the document number in the ATTACHMENT column. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Invoice Number	Incident Number	Name of Applicant	Name of Vendor
0615-7327	200908503	Speedway, LLC	Chemviron Midwest

TO BE COMPLETED BY APPLICANT						TO BE COMPLETED BY IDEM	
CLAIM NUMBER	ITEM NUMBER	REASON(S) FOR RECONSIDERATION OF DENIED COST	ATTACHMENTS	AMT DENIED	AMT REQUESTED	AMT DISALLOWED	REF
31	3	Timesheets have been provided, as requested. Project Preparation time was for project coordination with technician, and for giving instructions to technician. Please reconsider payment.		$792.56	$792.56	2-76	3
		PM 107.50 /hr 10/1/15-5/31/16					
		Tech 112 /hr					
				SUBTOTAL	$792.56	$0.00	
				GRAND TOTAL FOR THIS INVOICE	$792.56	$0.00	

Additional Notes:

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

Site Name: Speedway #5525

ELTF Number: 200908503-31 | FAC ID Number: 16845

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
3	N/A	Chemviron Midwest	0615-7327	$792.56	$792.56	$0.00	The administrator of the Excess Liability Trust Fund requires all applicants to the Fund to submit timesheets outlining total hours worked per day with their ELTF applications to substantiate all personnel costs incurred on or after January 1, 2003 for which reimbursement is sought. The administrator also reserves the right at any time to request timesheet documentation for the time period prior to January 1, 2003 if necessary. No timesheets were provided with the invoice for the work submitted on this pay request. Also, please provide additional information regarding the actual task and/or activity being performed for the description "Project preparation" to have these Project Manager costs considered for reimbursement.
4	N/A	American Environmenta	291143-0041	$1,439.96	$0.00	$1,439.96	
4-1				$295.63	$241.88	$53.75	Please provide additional information regarding the actual task and/or activity being performed for the description "project management" to have these Project Manager costs considered for reimbursement.
4-2				$12.33	$12.33	$0.00	The purchase cost of spray paint cannot be charged to a specific site.
			Total:	$7,649.29	$2,356.65	$5,292.64	

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:	6/1/2015- Present		
Invoice Number 0615-7327	Incident Number 200908503	Name of Applicant Speedway, LLC	Name of Vendor Chemviron Midwest

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	Report Preparation	1.00	Hours	$108.25 107.5	$108.25	XXXXXXXXXX	XXXX	$108.25	108.25	3 - 0.75
Mileage	Mob/Demob of CMI Truck	324.00	Miles	$0.575 ✓	$186.30	XXXXXXXXXX	XXXX	$186.30	186.30	
Tech	Travel	5.50	Hours	$62.25 62	$342.38	XXXXXXXXXX	XXXX	$342.38	342.38	-1.38
Tech	On Site Labor; Preparation for System to be Removed from Site.	2.50	Hours	$62.25 62	$155.63	XXXXXXXXXX	XXXX	$155.63	155.63	-0.63
										2.76
							SUBTOTAL	$792.56	$2.76	
							GRAND TOTAL FOR THIS PAY REQUEST	$792.56	$2.76	

Additional Notes:

INVOICE

2759 Long Road
Wooster, OH 44691

Please note our new mailing address!

Invoice Date:	6/30/2015
Invoice #:	0615-7327

Billing Address:	Speedway LLC Sam Kramer 600 Speedway Drive Enon, OH 45323	Site Address:	Speedway 5525 4120 E. Southport Rd. Indianapolis, IN

Due Date	AFE #	Speedway W.O. #:
7/30/2015	90136	1100759653

Date	Description	Qty.	Rate	Unit	Total
Task:	System Decommissioning: Covers reimbursable costs to load the remediation system in Indianapolis, IN.				
June 18 & 24, 2015	Project preparation, project manager	1	10250 108.25	/ hour	108.25
	Mobilization / demobilization of CMI equipment, 1 truck	324	0.575	/ mile	186.30
	Travel labor, senior technician	5.5	62 62.25	/ hour	342.38
	On-site labor, senior technician	2.5	62 62.25	/ hour	155.63

Ø info (.75)
Ø
Ø (1.38)
Ø (.63)
need timesheets

Thank You!

Sales Tax:	$0.00
Total Due This Invoice:	**$792.56**

Terms:	net 30 days

A 1.5% per month interest charge is added to all past due invoices.

Please Remit To: 2759 Long Road, Wooster, OH 44691

RESUBMITTAL PAY REQUEST

INSTRUCTIONS: *Complete this form for resubmittal of denied costs.* ***Do not include new costs or previously reimbursed costs on this form. Complete Claim Resubmittals must be entered on the Subsequent Pay request form. Do not include social security numbers on any supporting backup documentation.***

The CLAIM and ITEM NUMBERs below refer to the number assigned by IDEM to each of your costs on the Cost Review Summary report. The AMT DENIED refers to the amount denied in the original claim application. Of this amount, enter the costs for which you are seeking reimbursement in the AMT REQUESTED column. If you need to include additional documents, assign a unique number to each document. List the document number in the ATTACHMENT column. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0041	200908503	Speedway, LLC	American Environmental Corporation

TO BE COMPLETED BY APPLICANT						TO BE COMPLETED BY IDEM	
CLAIM NUMBER	ITEM NUMBER	REASON(S) FOR RECONSIDERATION OF DENIED COST	ATTACHMENTS	AMT DENIED	AMT REQUESTED	AMT DISALLOWED	REF
31	4-1	Denied PM time was for reviewing quarterly sample lab results and site analysis after system removal. Please reconsider payment.		$241.88	$241.88		
31	4-2	Spray paint was needed to clearly identify a trip hazard remaining after system removal. All quantity was used on this site. Please reconsider payment.		$12.33	$12.33	12.33	4-2
				SUBTOTAL	$254.21	$0.00	
				GRAND TOTAL FOR THIS INVOICE	$254.21	$0.00	

Additional Notes:

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

Site Name: Speedway #5525

ELTF Number: 200908503-31 | FAC ID Number: 16845

Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
3	N/A	Chemviron Midwest	0615-7327	$792.56	$792.56	$0.00	The administrator of the Excess Liability Trust Fund requires all applicants to the Fund to submit timesheets outlining total hours worked per day with their ELTF applications to substantiate all personnel costs incurred on or after January 1, 2003 for which reimbursement is sought. The administrator also reserves the right at any time to request timesheet documentation for the time period prior to January 1, 2003 if necessary. No timesheets were provided with the invoice for the work submitted on this pay request. Also, please provide additional information regarding the actual task and/or activity being performed for the description "Project preparation" to have these Project Manager costs considered for reimbursement.
4	N/A	American Environmenta	291143-0041	$1,439.96	$0.00	$1,439.96	
4-1				$295.63	$241.88	$53.75	Please provide additional information regarding the actual task and/or activity being performed for the description "project management" to have these Project Manager costs considered for reimbursement.
4-2				$12.33	$12.33	$0.00	The purchase cost of spray paint cannot be charged to a specific site.
			Total:	$7,649.29	$2,356.65	$5,292.64	

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.***

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:	6/1/2015- Present		
Invoice Number 291143-0041	Incident Number 200908503	Name of Applicant Speedway, LLC	Name of Vendor American Environmental Corporation

TO BE COMPLETED BY APPLICANT									TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED 2.25	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
PM	Project Management, Report Preparation	2.75	Hours	$107.50	$295.63	XXXXXXXXXX	XXXX	$295.63	241.88	4-1
Staff	Compile Data, Data Reduction	4.50	Hours	$90.25	$406.13	XXXXXXXXXX	XXXX	$406.13	$0.00	
Tech	Quarterly Sampling	7.00	Hours	$62.00	$434.00	XXXXXXXXXX	XXXX	$434.00	$0.00	
Drafting	Quarterly Maps	3.50	Hours	$52.75	$184.63	XXXXXXXXXX	XXXX	$184.63	$0.00	
Mileage	Quarterly Sampling	96.00	Miles	$0.575	$55.20	XXXXXXXXXX	XXXX	$55.20	$0.00	
Water Level	Quarterly Sampling	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Decon	Quarterly Sampling	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Qtrly Samp Misc	Quarterly Sampling - COC attached	11.00	Well	$30.00	$330.00	XXXXXXXXXX	XXXX	$330.00	$0.00	
Supplies	Home Depot - 6-26-15 - 2 Cans High Visibility Spray Paint to Highlight Trip Hazard After System Removal	2.00	Each	$5.27	$10.54	$0.74	10%	$12.33	12.33	4-2
							SUBTOTAL	$1,747.92	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$1,747.92	$0.00	

Additional Notes:

More saving.
More doing.℠

4850 E SOUTHPORT RD
INDIANAPOLIS, IN 46237 (317)780-8881

2012 00056 06587 06/26/15 08:18 AM
CASHIER SELF CHECK OUT - SCOT56

020066221348 SPRAY PNT <A>
R/O PRO 2X HGH VSBLTY YELLOW SP 15OZ
2@5.27 10.54

SUBTOTAL	10.54
SALES TAX	0.74
TOTAL	$11.28
XXXXXXXXXXXX7553 VISA	11.28
AUTH CODE 706291/7560349	TA

P.O.#/JOB NAME: S5554

2012 56 06587 06/26/2015 3998

RETURN POLICY DEFINITIONS

	POLICY ID	DAYS	POLICY EXPIRES ON
A	1	90	09/24/2015

THE HOME DEPOT RESERVES THE RIGHT TO LIMIT / DENY RETURNS. PLEASE SEE THE RETURN POLICY SIGN IN STORES FOR DETAILS.

BUY ONLINE PICK-UP IN STORE
AVAILABLE NOW ON HOMEDEPOT.COM.
CONVENIENT, EASY AND MOST ORDERS
READY IN LESS THAN 2 HOURS!
****

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HOME DEPOT GIFT
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www.homedepot.com/opinion

COMPARTA SU OPINION EN UNA BREVE ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID:
2PX3 15475 13519

Password:
15326 13463

Entries must be entered by 07/26/2015. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.