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

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	
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

THE INDIANA UNDERGROUND STORAGE TANK
EXCESS LIABILITY TRUST FUND

STATE OF Ohio

COUNTY OF Clark } SS:

AFFIDAVIT REGARDING PAYMENT OF COSTS INCIDENT NUMBER: 200908503

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

1. I certify that I am the applicant or that I have been duly authorized to sign this affidavit on behalf of the applicant submitting a claim for the qualifying occurrence listed above to the Indiana Excess Liability Trust Fund. I have obtained all necessary or applicable approvals for such authorization.

2. **Per 328 IAC 1-3-5**, all costs incurred and/or paid for work performed in the identified claim are reflected in the attached invoice summary listing and pay requests. All costs reflected in the attached invoice summary listing and pay requests were incurred and/or paid for corrective action related to the incident specified above.
   Per 328 IAC 1-5-1 (c), proof of payment documentation is and will be maintained on file for a minimum of four (4) years after the date the application for payment was submitted or four (4) years after completion of corrective action, whichever is later.*
   Credits, rebates, refunds or other similar payments or inducements made to the owner/operator or received by the owner/operator or applicant have been subtracted from the costs submitted for reimbursement.

3. The following is a correct business address and telephone number at which I can be reached:

Company Speedway, LLC	Title UST Owner	E-mail Address jmhelms@speedway.com
Address *(number and street or rural route)* 500 Speedway Drive		Telephone number 937-863-6515
City Enon	State OH	ZIP code 45353
Signature of affiant		Date signed *(month/day/year)* 12/20/16

STATE OF Ohio

COUNTY OF Clark } SS:

Sworn to and subscribed in my presence this 20th day of December, 20 16

Signature of Notary Public	County of residence Clark
Printed or typed name of Notary Public Meghan R. Wilson	Date commission expires *(month/day/year)* 9/25/2019

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

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

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

NOTARIAL SEAL STATE OF OHIO

MEGHAN R. WILSON
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
September 25, 2019
Recorded in
Clark County

IDEM

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

Mitchell E. Daniels Jr.
Governor

Thomas W. Easterly
Commissioner

Southeast Regional Office
820 Sweet Street
Brownstown, Indiana 47220
(812) 358-2027
Toll Free (877) 271-0074
Fax (812) 358-2058
www.idem.IN.gov

September 2, 2011

VIA CERTIFIED MAIL

RECEIVED
ENVIRONMENTAL
SEP 19 2011
SPEEDWAY LLC

Mr. Jeff Keifer
Speedway SuperAmerica, LLC
P. O. Box 1500
Springfield, Ohio 45501
937/863-6624

Re: **CAP Implementation Approval**
Speedway SuperAmerica
Store #5525
4120 East Southport Road
Indianapolis, Indiana 46237
FID# 16845
LUST# 200908503

Dear Mr. Keifer:

Indiana Department of Environmental Management (IDEM) staff has reviewed the Corrective Action Plan (CAP) Implementation Report dated August 15, 2011, for the Speedway Store #5525, located at 4120 East Southport Road, Indianapolis, Indiana. This report contains results of the installation of 4 additional recovery wells to the existing system and the closure of two damaged monitoring wells at the facility. The corrective action plan was approved by this office in a letter dated March 3, 2011. Based on this review, your CAP Implementation Report is approved.

IDEM's approval of the CAP Implementation Report does not guarantee that the applicant or the remedial actions are eligible for reimbursement from the Excess Liability Trust Fund (ELTF) and does not constitute approval of costs under IC 13-23-9-2. Those sites that are eligible and intend to seek reimbursement from the ELTF are encouraged to consult with the ELTF Program prior to the implementation of a CAP to determine if the proposed remedial actions and CAP satisfies the reimbursement and reporting requirements as set forth under IC 13-23-8-4.

September 2, 2011

You must continue to submit Quarterly Monitoring Reports (QMRs) in accordance with the approved CAP. Please refer to the "LUST Document Submittal" guidelines that may be found on-line at www.idem.IN.gov/4997.htm. These guidelines outline the requirements for LUST document submittals. Please submit all items to the following address:

Indiana Department of Environmental Management
Office of Land Quality
Leaking Underground Storage Tank Section
MC 67-18 IGCN 1101
100 N. Senate Avenue
Indianapolis, IN 46204-2251

This determination has been based upon the review of the documentation presented to IDEM and made available to the reviewers. If additional information or documentation is subsequently provided that alters the current understanding of the site conditions, IDEM reserves the right to modify or change this determination as the situation warrants.

If you have any questions, please contact me at 317/691-6648 or toll free from within Indiana at 877/271-0074 ext 224. You can also reach me via e-mail at crice@idem.IN.gov.

Sincerely,

Clifton W. Rice,
Environmental Project Manager
Leaking Under Ground Storage Tanks
Southeast Regional Office

CWR
cc: IDEM file
Ed Stehno, American Environmental (electronic copy)
Marion County Health Department
Southeast Regional Office

If you would like to provide feedback on our job performance, please visit www.idem.IN.gov/5681.htm and complete our "Remediation Program Customer Satisfaction Survey". Your responses are anonymous and we appreciate the feedback.

INVOICE SUMMARY

INSTRUCTIONS: *The following summary represents all invoices which reflect costs incurred during corrective action. The list will be utilized to verify that all costs represented on the accompanying pay request forms have been presented in an original invoice. Proof of payment should be represented by canceled check or affidavit.* ***Do not include social security numbers on any supporting backup documentation.***

Name of Applicant	Incident Number
Speedway, LLC	200908503

TO BE COMPLETED BY APPLICANT

NAME OF VENDOR *(Subsequent Claims should be entered first and followed by Resubmittals.)*	INVOICE NUMBER	INVOICE DATE *(month/day/year)*	TOTAL INVOICE AMOUNT	REQUESTED AMOUNT	PROOF OF PAYMENT
Pace Analytical Services	1650035085	2/23/2016	$630.00	$630.00	Affidavit
American Environmental Corporation	291143-0047	2/26/2016	$1,553.55	$1,553.55	Affidavit
American Environmental Corporation	291143-0048	3/25/2016	$1,105.25	$1,105.25	Affidavit
American Environmental Corporation	291143-0049	4/29/2016	$925.63	$925.63	Affidavit
American Environmental Corporation	291143-0050	5/31/2016	$678.19	$678.19	Affidavit
American Environmental Corporation	291143-0051	6/30/2016	$1,132.23	$1,132.23	Affidavit
American Environmental Corporation	291143-0052	7/31/2016	$1,705.15	$1,705.15	Affidavit
American Environmental Corporation	291143-0053	8/31/2016	$1,100.44	$1,100.44	Affidavit
American Environmental Corporation	291143-0054	9/30/2016	$707.50	$707.50	Affidavit
Subsequent Totals ***(Resubmittals only under this line.)***			**$9,537.94**	**$9,537.94**	
American Environmental Corporation	341039-0001	5/31/2014	$2,556.74	$162.27	Affidavit
American Environmental Corporation	291143-0040	7/31/2015	$1,748.00	$1,286.25	Affidavit
Chemviron Midwest	0615-7327	6/30/2015	$792.56	$792.56	Affidavit
American Environmental Corporation	291143-0041	7/31/2015	$1,748.00	$254.21	Affidavit
Resubmittal Totals			**$6,845.30**	**$2,495.29**	
		Grand Totals	**$16,383.24**	**$12,033.23**	

SUBSEQUENT PAY REQUEST # 1

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	Incident Number	Name of Applicant	Name of Vendor
1650035085	200908503	Speedway, LLC	Pace Analytical Services

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
Laboratory	Quarterly Samples	1.00	Lump	$630.00	$630.00	$0.00	0%	$630.00	$0.00	
						SUBTOTAL		$630.00	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		$630.00	$0.00	

Additional Notes:

Pace Analytical™

www.pacelabs.com

INVOICE

Pace Analytical Services, Inc.
7726 Moller Road
Indianapolis, IN 46268
Phone: (317)228-3100

Invoice Number: 1650035085
Date: 02/23/2016
Total Amount Due: $630.00

Sold To:
Mr. Jason Blackburn
Speedway LLC
PO Box 1510
Springfield, OH 45501
937-863-7071

Please Remit To:
Pace Analytical Services, Inc.
P.O. Box 684056
Chicago, IL 60695-4056

Client Number/Client ID	Purchase Order No.	Pace Project Mgr.	Terms	Page
50-371135 / SSA-AEC		Mark Davis	Net 30 Days**	1

Client Project: 5525/00042396
Pace Project No: 50138332
Report Sent To: Ms. Holly Young, American Environmental Corp
Comments: AFE# 90136 WO# 1100054692

Client Name: Speedway LLC
Sample Received: 2/11/2016

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
14	Ea	8260 Volatile Organics	EPA 8260	Water	$45.00	$630.00
					Analytical Subtotal	$630.00

Total Number of Charges 14

Total Invoice Amount $630.00

Samples Received for analysis:

Lab ID	Client Sample ID	Received
50138332001	MW-1	2/11/2016 4:30:00
50138332002	MW-2	2/11/2016 4:30:00
50138332003	MW-3	2/11/2016 4:30:00
50138332004	MW-4	2/11/2016 4:30:00
50138332005	MW-5	2/11/2016 4:30:00
50138332006	MW-6	2/11/2016 4:30:00
50138332007	MW-7	2/11/2016 4:30:00
50138332008	MW-8	2/11/2016 4:30:00
50138332009	MW-9	2/11/2016 4:30:00
50138332010	NCW	2/11/2016 4:30:00
50138332011	NCW-3	2/11/2016 4:30:00
50138332012	SCW	2/11/2016 4:30:00
50138332013	TRIP BLANK	2/11/2016 4:30:00

****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.**
PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL $630.00

Amount Paid: $ _____

Check No: _____

Customer No: 50-371135 Invoice No: 1650035085

INVOICE

Pace Analytical™

www.pacelabs.com

Pace Analytical Services, Inc.
7726 Moller Road
Indianapolis, IN 46268
Phone: (317)228-3100

Invoice Number: 1650035085
Date: 02/23/2016
Total Amount Due: $630.00

Sold To:
Mr. Jason Blackburn
Speedway LLC
PO Box 1510
Springfield, OH 45501
937-863-7071

Please Remit To:
Pace Analytical Services, Inc.
P.O. Box 684056
Chicago, IL 60695-4056

Client Number/Client ID	Purchase Order No.	Pace Project Mgr.	Terms	Page
50-371135 / SSA-AEC		Mark Davis	Net 30 Days**	2

Client Project: 5525/00042396
Pace Project No: 50138332
Report Sent To: Ms. Holly Young, American Environmental Corp
Comments: AFE# 90136 WO# 1100054692

Client Name: Speedway LLC
Sample Received: 2/11/2016

Samples Received for analysis:

Lab ID	Client Sample ID	Received
50138332014	DUP	2/11/2016 4:30:00

If you have any questions, please contact Mark Davis at Pace.
Phone: (317)228-3100 Email: mark.davis@pacelabs.com

****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.**
PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.

AN EQUAL OPPORTUNITY EMPLOYER

Chain-of-Custody-Record

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	Facility ID	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	State:	IN
Phone #:		Fax #:	
Speedway Proj. Mgr:	Sam Kramer	**INVOICE TO SPEEDWAY**	
AFE #:	90136	Work Order #:	1100054692

COC ID # 00042396

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	Fax #:	Fax: 317-871-4094
Sampler:	L. Bebinger		
Shipped:	Pickup		
Tracking #:	S0138332		

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
MW-1	02/11/2016 03:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	001
MW-2	02/11/2016 02:25pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	2
MW-3	02/11/2016 01:55pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	3
MW-4	02/11/2016 01:35pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	4
MW-5	02/11/2016 02:15pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	5
MW-6	02/11/2016 01:45pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	6
MW-7	02/11/2016 01:25pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	7
MW-8	02/11/2016 01:15pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	8
MW-9	02/11/2016 02:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	9
NCW	02/11/2016 02:55pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	10
NCW-3	02/11/2016 01:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	11

Chain-of-Custody-Record

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	**Facility ID**	015845
Address:	4120 E Southport Rd		
City:	Indianapolis	**State:**	IN
Phone #:		**Fax #:**	
Speedway Proj. Mgr:	Sam Kramer	****INVOICE TO SPEEDWAY****	
AFE #:	90136	**Work Order #:**	1100054692

COC ID # 00042396

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	**Fax #:**	Fax: 317-871-4094
Sampler:	L. Bebinger		
Shipped:	Pickup		
Tracking #:			

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
SCW	02/11/2016 02:45pm	W	2	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	12
TRIP BLANK	02/11/2016 08:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	13
DUP	02/11/2016 12:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	14

Relinquished by:	Date 2/11/16	Time 4:30	Received by:	Date	Time
Relinquished by:	Date	Time	Received by Laboratory:	Date 2-11-16	Time 4:30
Special Reporting Requirements:			Lab Notes:	Temp 1.4°C	

Chain of Custody Analysis to be Performed
COC ID # 42396

Analysis Name: BTEX/ MTBE/Naphthalene (Water)

Analysis Description / Method: BTEX/ MTBE/Naphthalene / Volatile Organic Compounds by Gas Chromatography/Mass Spectrometry (GC/MS)

Container Type / Preservative: VOA - 40 MILL / HCL

Analytes: Benzene ug/L, Ethylbenzene ug/L, Methyl tert butyl ether ug/L, Naphthalene ug/L, Toluene ug/L, Total Xylenes ug/L

Sample Condition Upon Receipt

Pace Analytical Client Name: American Env. Project # 50138332

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☑ Client ☐ Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☑ no Seals intact: ☐ yes ☑ no

Date/Time 5035A kits placed in freezer _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☑ Other Ziploc

Thermometer 1 2 3 4 5 6 A B C D E F Type of Ice: (Wet) Blue None ☐ Samples on ice, cooling process has begun

Cooler Temperature (Initial/Corrected) 1.4/1.4 Ice Visible in Sample Containers: ☐ yes ☑ no

Temp should be above freezing to 6°C

Date and initials of person examining contents: H.S. 2-11-16

		Comments:
Are samples from West Virginia? Document any containers out of temp.	☐Yes ☑No	1.
Chain of Custody Present:	☑Yes ☐No ☐N/A	2.
Chain of Custody Filled Out:	☑Yes ☐No ☐N/A	3.
Chain of Custody Relinquished:	☑Yes ☐No ☐N/A	4.
Sampler Name & Signature on COC:	☑Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☑No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☑No ☐N/A	7.
Containers Intact:	☑Yes ☐No ☐N/A	8.
Sample Labels match COC: -Includes date/time/ID/Analysis	☑Yes ☐No ☐N/A	9.
All containers needing acid/base pres. have been checked? exceptions: VOA, coliform, TOC, O&G All containers needing preservation are found to be in compliance with EPA recommendation (<2, >9, >12) unless otherwise noted.	☐Yes ☐No ☑N/A	10 (Circle) HNO3 H2SO4 NaOH NaOH/ZnAc
Residual Chlorine Check (SVOC 625 Pest/PCB 608)		11. Present Absent
Residual Chlorine Check (Total/Amenable/Free Cyanide)		12. Present Absent
Headspace in VOA Vials (>6mm):	☑Yes ☐No ☐N/A	13 Trip Blank (1-vial)
Headspace Wisconsin Sulfide	☐Yes ☐No	14
Trip Blank Present:	☑Yes ☐No ☐N/A	15
Trip Blank Custody Seals Present	☑Yes ☐No ☐N/A	
Project Manager Review		
Samples Arrived within Hold Time:	☐Yes ☐No ☐N/A	15.
Sufficient Volume:	☐Yes ☐No ☐N/A	16.
Correct Containers Used:	☐Yes ☐No ☐N/A	17.

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: 2/12/16

Form F-IN-Q-290-rev.09, 13Oct2015

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:	1/1/16-5/31/16		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0047	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
PM	Project Management- review quarterly sampling schedule, analyze lab reports	2.50	Hours	$107.50	$268.75	XXXXXXXXXX	XXXX	$268.75	$0.00	
Staff	Data Reduction, Compile Data	4.25	Hours	$90.25	$383.56	XXXXXXXXXX	XXXX	$383.56	$0.00	
Tech	Quarterly Sampling, Sample Prep	8.00	Hours	$62.00	$496.00	XXXXXXXXXX	XXXX	$496.00	$0.00	
Mileage	Quarterly Sampling	56.00	Miles	$0.540	$30.24	XXXXXXXXXX	XXXX	$30.24	$0.00	
Water Level	Quarterly Sampling	1.00	Days	$15.00	$15.00	XXXXXXXXXX	XXXX	$15.00	$0.00	
Qtrly Samp Misc	Quarterly Sampling (COC included to confirm wells sampled)	12.00	Well	$30.00	$360.00	XXXXXXXXXX	XXXX	$360.00	$0.00	
						SUBTOTAL		$1,553.55	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		$1,553.55	$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
Additional Notes:										

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0047
Date 02/26/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 2-26-16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Project Manager	2.50	107.50	268.75
Staff Project Person	4.25	90.25	383.56
Field Technician	8.00	62.00	496.00

EXPENSES

	Units	Rate	Billed Amount
Mileages	56.00	0.54	30.24
Water Level Indicators	1.00	15.00	15.00
Quarterly Monitoring Well Sampling Materials	12.00	30.00	360.00

Invoice total **1,553.55**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0047
Date 02/26/2016

Elizabeth Lemons

Timesheet Date: 02/12/2016

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.50	8.50	8.75	8.50	8.25	42.50

Holly Young

Timesheet Date: 02/12/2016

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager			0.50	0.25		0.25	0.50	1.50
			Regular total	0.00	0.00	0.50	0.25	0.00	0.25	0.50	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 02/05/2016

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager				1.00				1.00
			Regular total	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Lori Bebinger

Timesheet Date: 02/12/2016

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Sample Prep	Field Technician						1.00		1.00
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Quarterly Sampling	Field Technician						7.00		7.00
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person						1.00		1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	9.00	0.00	9.00
			Timesheet total	0.00	6.00	9.50	10.00	11.50	10.00	6.00	53.00

Stacy Workman

Timesheet Date: 02/26/2016

Project	Phase	Activity	Employee Type	Sat-20	Sun-21	Mon-22	Tue-23	Wed-24	Thu-25	Fri-26	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person						2.50		2.50
			Regular total	0.00	0.00	0.00	0.00	0.00	2.50	0.00	2.50
			Timesheet total	0.00	0.00	8.00	7.50	8.00	8.00	8.50	40.00

Timesheet Date: 02/05/2016

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.25			0.25
			Regular total	0.00	0.00	0.00	0.00	0.25	0.00	0.00	0.25
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

AMERICAN ENVIRONMENTAL CORPORATION

REIMBURSABLE

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 291143 **Phase:** Qrtly **Date:** 02/11/16

Project Site: Speedway 5525 **Employee Name:** L. bebinger

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Mileage	Mile	56	0.54	30.24	
Disposable Sample Gloves	Pair		$0.33	0.00	
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	12	30.00	360.00	(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	1	$15.00	15.00	
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		$29.15	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		$8.76	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, gloves, 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 otherwise addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
emergency contact signs	each		$14.41	0.00	
keyed alike locks	each		$25.38	0.00	
	day			0.00	
				0.00	
	Each			0.00	
			Total	405.24	

REVISED 1/25/16

PROJECT MANAGER'S APPROVAL:

Revised 2014

Chain-of-Custody-Record

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	**Facility ID**	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	**State:**	IN
Phone #:		**Fax #:**	
Speedway Proj. Mgr:	Sam Kramer	****INVOICE TO SPEEDWAY****	
AFE #:	90136	**Work Order #:**	1100054692

COC ID # 00042396

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	**Fax #:**	Fax: 317-871-4094
Sampler:	L. Bebinger		
Shipped:	Pickup		
Tracking #:	S0138332		

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
MW-1	02/11/2016 03:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	001
MW-2	02/11/2016 02:25pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	2
MW-3	02/11/2016 01:55pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	3
MW-4	02/11/2016 01:35pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	4
MW-5	02/11/2016 02:15pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	5
MW-6	02/11/2016 01:45pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	6
MW-7	02/11/2016 01:25pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	7
MW-8	02/11/2016 01:15pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	8
MW-9	02/11/2016 02:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	9
NCW	02/11/2016 02:55pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	10
NCW-3	02/11/2016 01:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	11

Chain-of-Custody-Record

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	**Facility ID**	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	**State:**	IN
Phone #:		**Fax #:**	
Speedway Proj. Mgr:	Sam Kramer	****INVOICE TO SPEEDWAY****	
AFE #:	90136	**Work Order #:**	1100054692

COC ID # 00042396

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	**Fax #:**	Fax: 317-871-4094
Sampler:	L. Bebinger		
Shipped:	Pickup		
Tracking #:			

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
SCW	02/11/2016 02:45pm	W	2	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	12
TRIP BLANK	02/11/2016 08:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	13
DUP	02/11/2016 12:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	14

Relinquished by:	Date 2/11/16	Time 4:30	Received by:	Date	Time
Relinquished by:	Date	Time	Received by laboratory:	Date 2-11-16	Time 4:30
Special Reporting Requirements:			Lab Notes:	Temp 1.4°C	

Chain of Custody Analysis to be Performed
COC ID # 42396

Analysis Name: BTEX/ MTBE/Naphthalene (Water)

Analysis Description / Method: BTEX/ MTBE/Naphthalene / Volatile Organic Compounds by Gas Chromatography/Mass Spectrometry (GC/MS)

Container Type / Preservative: VOA - 40 MILL / HCL

Analytes: Benzene ug/L, Ethylbenzene ug/L, Methyl tert butyl ether ug/L, Naphthalene ug/L, Toluene ug/L, Total Xylenes ug/L

Sample Condition Upon Receipt

Pace Analytical

Client Name: American Env. Project # 50138332

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☑ Client ☐ Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☑ no Seals intact: ☐ yes ☑ no

Date/Time 5035A kits placed in freezer: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☑ Other Ziploc

Thermometer 1 2 3 4 5 6 A B C D E F Type of Ice: (Wet) Blue None ☐ Samples on ice, cooling process has begun

Cooler Temperature (Initial/Corrected) 1.4/1.4 Ice Visible in Sample Containers: ☐ yes ☑ no

Temp should be above freezing to 6°C

Date and Initials of person examining contents: A.S. 2-11-16

		Comments:
Are samples from West Virginia? Document any containers out of temp.	☐Yes ☑No	1.
Chain of Custody Present:	☑Yes ☐No ☐N/A	2.
Chain of Custody Filled Out:	☑Yes ☐No ☐N/A	3.
Chain of Custody Relinquished:	☑Yes ☐No ☐N/A	4.
Sampler Name & Signature on COC:	☑Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☑No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☑No ☐N/A	7.
Containers Intact:	☑Yes ☐No ☐N/A	8.
Sample Labels match COC: -Includes date/time/ID/Analysis	☑Yes ☐No ☐N/A	9.
All containers needing acid/base pres. have been checked? exceptions: VOA, coliform, TOC, O&G All containers needing preservation are found to be in compliance with EPA recommendation (<2, >9, >12) unless otherwise noted.	☐Yes ☐No ☑N/A	10 (Circle) HNO3 H2SO4 NaOH NaOH/ZnAc
Residual Chlorine Check (SVOC 625 Pest/PCB 608)		11. Present Absent
Residual Chlorine Check (Total/Amenable/Free Cyanide)		12. Present Absent
Headspace in VOA Vials (>6mm):	☑Yes ☐No ☐N/A	13 Trip Blank (1-vial)
Headspace Wisconsin Sulfide	☐Yes ☐No	14
Trip Blank Present:	☑Yes ☐No ☐N/A	15
Trip Blank Custody Seals Present	☑Yes ☐No ☐N/A	
Project Manager Review		
Samples Arrived within Hold Time:	☐Yes ☐No ☐N/A	15.
Sufficient Volume:	☐Yes ☐No ☐N/A	16.
Correct Containers Used:	☐Yes ☐No ☐N/A	17.

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: Nd **Date:** 2/12/16

Form F-IN-Q-290-rev.09, 13Oct2015

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:	1/1/16-5/31/16		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0048	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
Staff	Data Reduction, Compile Data	9.00	Hours	$90.25	$812.25	XXXXXXXXXX	XXXX	$812.25	$0.00	
Clerical	Data Reduction, Compile Data	2.00	Hours	$36.50	$73.00	XXXXXXXXXX	XXXX	$73.00	$0.00	
Subcontractor	US Tank Alliance- transportation and disposal of spent carbon	1.00	Lump	$200.00	$200.00	$0.00	10%	$220.00	$0.00	
								SUBTOTAL	$1,105.25	$0.00	
								GRAND TOTAL FOR THIS PAY REQUEST	$1,105.25	$0.00	

Additional Notes:

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0048
Date 03/25/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 3-25-16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Staff Project Person	9.00	90.25	812.25
Word Processor/Clerical	2.00	36.50	73.00

SUBCONTRACTOR

	Units	Rate	Billed Amount
Subcontractor			220.00

Invoice total **1,105.25**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0048
Date 03/25/2016

Eleanor Crofford

Timesheet Date: 03/18/2016

Project	Phase	Activity	Employee Type	Sat-12	Sun-13	Mon-14	Tue-15	Wed-16	Thu-17	Fri-18	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person						0.25		0.25
			Regular total	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.25
			Timesheet total	0.00	0.00	10.00	10.50	9.00	8.00	9.00	46.50

Elizabeth Lemons

Timesheet Date: 03/18/2016

Project	Phase	Activity	Employee Type	Sat-12	Sun-13	Mon-14	Tue-15	Wed-16	Thu-17	Fri-18	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person				1.00				1.00
			Regular total	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	7.25	9.50	9.00	8.50	6.00	40.25

Timesheet Date: 03/04/2016

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-01	Wed-02	Thu-03	Fri-04	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person			0.50			0.25	0.50	1.25
			Regular total	0.00	0.00	0.50	0.00	0.00	0.25	0.50	1.25
			Timesheet total	0.00	0.00	8.00	8.00	9.50	8.50	7.50	41.50

Megan Lemons

Timesheet Date: 03/18/2016

Project	Phase	Activity	Employee Type	Sat-12	Sun-13	Mon-14	Tue-15	Wed-16	Thu-17	Fri-18	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Word Processor/Clerical					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	0.00	8.50	8.50	8.00	0.00	25.00

Timesheet Date: 03/11/2016

Project	Phase	Activity	Employee Type	Sat-05	Sun-06	Mon-07	Tue-08	Wed-09	Thu-10	Fri-11	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Word Processor/Clerical					1.00			1.00
			Regular total	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	4.00	7.25	7.00	8.50	0.00	26.75

Timesheet Date: 03/04/2016

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-01	Wed-02	Thu-03	Fri-04	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Word Processor/Clerical					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	7.00	8.00	4.25	1.50	6.75	27.50

Stacy Workman

Timesheet Date: 03/25/2016

Project	Phase	Activity	Employee Type	Sat-19	Sun-20	Mon-21	Tue-22	Wed-23	Thu-24	Fri-25	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person				1.50				1.50

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0048
Date 03/25/2016

Stacy Workman

Timesheet Date: 03/25/2016

Regular total	0.00	0.00	0.00	1.50	0.00	0.00	0.00	1.50
Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 03/18/2016

Project	Phase	Activity	Employee Type	Sat-12	Sun-13	Mon-14	Tue-15	Wed-16	Thu-17	Fri-18	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person				1.25	1.75			3.00
			Regular total	0.00	0.00	0.00	1.25	1.75	0.00	0.00	3.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 03/11/2016

Project	Phase	Activity	Employee Type	Sat-05	Sun-06	Mon-07	Tue-08	Wed-09	Thu-10	Fri-11	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person			2.00					2.00
			Regular total	0.00	0.00	2.00	0.00	0.00	0.00	0.00	2.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

INVOICE

US TANK ALLIANCE, INC.

THANK YOU FOR YOUR BUSINESS!

Sold To: American Enviromental
Attn:
8500 Georgetown Road

Indianapolis, IN 46268

Facility: Speedway # 5525
4120 E Southport Rd

Indianapolis, IN 46237-3258

Invoice #:	0323273
InvoiceDate:	1/31/2016
Service Order #:	0323273
Customer PO #:	1100206268(sf)
Test Date:	1/12/2016
Terms:	Net 15 days
Sales Rep:	Mike Hankins
Federal Tax ID:	04-3544329

W - 7

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
2	**L - Waste Disposal** *Transportation & Disposal of 2 NonHazardous solid drums*	$100.00	$200.00

29143
9/1/4

COMMENTS:

SubTotal	$200.00
Invoice Total	**$200.00**

DIRECT ALL INQUIRIES TO:
Mike Hankins
(614) 923-0154
mhankins@ustankalliance.com

PLEASE NOTE THE PAYMENT ADDRESS

MAKE CHECKS PAYABLE TO:
US Tank Alliance, Inc.
7400 Skyline Drive East, Suite A
Columbus, OH 43235
Attn: A/R Dept.

34094

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: CESQG
2. Page 1 of
3. Emergency Response Phone: 6145977944
4. Manifest Tracking Number: 014836632 JJK

5. Generator's Name and Mailing Address: 317 786-1993 Speedway 5525 4120 E Southport Rd INDIANAPOLIS IN 46237
Generator's Site Address (if different than mailing address)
Generator's Phone:

6. Transporter 1 Company Name: US TANK — U.S. EPA ID Number: OHR 000141267

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address: EQ INDIANAPOLIS, 2650 N. SHADELAND AVE, INDIANAPOLIS, IN 46219 — U.S. EPA ID Number: INR000125641
Facility's Phone: 317-247-7100

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. NON Hazardous Solid Waste	2	Dm	800	P	
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
F074121 IND

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: Chris Adams — Signature: [signature] — Month 1 Day 12 Year 16

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Chris Adams — Signature: [signature] — Month 1 Day 12 Year 16
Transporter 2 Printed/Typed Name — Signature — Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: Nancy Catt — Signature: [signature] — Month 12 Day 11 Year 16

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIR

8899012

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:	1/1/16-5/31/16		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0049	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
SPM	Provide Final Review Of Project Documents- final review of 1Q 2016 CAPR	1.00	Hours	$131.00	$131.00	XXXXXXXXXX	XXXX	$131.00	$0.00	
PM	Meeting- updating client on site status, Report Writing- 1Q 2016 CAPR, Report Preparation- 1Q 2016 CAPR and revisions after SPM review, Project Management- quarterly scope and coordination with field staff	4.75	Hours	$107.50	$510.63	XXXXXXXXXX	XXXX	$510.63	$0.00	
Staff	Compile Data, Data Reduction	1.75	Hours	$90.25	$157.94	XXXXXXXXXX	XXXX	$157.94	$0.00	
Drafting	Quarterly Maps	1.50	Hours	$52.75	$79.13	XXXXXXXXXX	XXXX	$79.13	$0.00	
Clerical	Copy/Bind Report- 1Q 2016 CAPR	0.25	Hours	$36.50	$9.13	XXXXXXXXXX	XXXX	$9.13	$0.00	
Copies	1Q 2016 CAPR	252.00	Pages	$0.15	$37.80	XXXXXXXXXX	XXXX	$37.80	$0.00	
						SUBTOTAL		$925.63	$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
GRAND TOTAL FOR THIS PAY REQUEST								$925.63	$0.00	
Additional Notes:										

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0049
Date 04/29/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 4/29/16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Senior Project Manager	1.00	131.00	131.00
Project Manager	4.75	107.50	510.63
Staff Project Person	1.75	90.25	157.94
Drafting Person	1.50	52.75	79.13
Word Processor/Clerical	0.25	36.50	9.13

EXPENSES

	Units	Rate	Billed Amount
In-House Copies	252.00	0.15	37.80

Invoice total **925.63**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0049
Date 04/29/2016

Audrey Kortz

Timesheet Date: 04/08/2016

Project	Phase	Activity	Employee Type	Sat-02	Sun-03	Mon-04	Tue-05	Wed-06	Thu-07	Fri-08	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Provide Final Review of Project Documents	Senior Project Manager			1.00					1.00
			Regular total	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Cara Hancock

Timesheet Date: 04/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Copy/Bind Report	Word Processor/Clerical			0.25					0.25
			Regular total	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.25
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Elizabeth Gwinn

Timesheet Date: 04/01/2016

Project	Phase	Activity	Employee Type	Sat-26	Sun-27	Mon-28	Tue-29	Wed-30	Thu-31	Fri-01	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Drafting - Quarterly Maps	Drafting Person				1.00	0.50			1.50
			Regular total	0.00	0.00	0.00	1.00	0.50	0.00	0.00	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Elizabeth Lemons

Timesheet Date: 04/08/2016

Project	Phase	Activity	Employee Type	Sat-02	Sun-03	Mon-04	Tue-05	Wed-06	Thu-07	Fri-08	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.50	40.50

Holly Young

Timesheet Date: 04/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Meeting	Project Manager				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 04/15/2016

Project	Phase	Activity	Employee Type	Sat-09	Sun-10	Mon-11	Tue-12	Wed-13	Thu-14	Fri-15	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Writing – Final	Project Manager				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0049
Date 04/29/2016

Holly Young

Timesheet Date: 04/08/2016

Project	Phase	Activity	Employee Type	Sat-02	Sun-03	Mon-04	Tue-05	Wed-06	Thu-07	Fri-08	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager							1.75	1.75
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager				1.00				1.00
			Regular total	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**1.75**	**2.75**
			Timesheet total	**0.00**	**0.00**	**8.00**	**8.00**	**8.00**	**8.00**	**8.00**	**40.00**

Timesheet Date: 04/01/2016

Project	Phase	Activity	Employee Type	Sat-26	Sun-27	Mon-28	Tue-29	Wed-30	Thu-31	Fri-01	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager				1.00				1.00
			Regular total	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**0.00**	**1.00**
			Timesheet total	**0.00**	**0.00**	**8.00**	**8.00**	**8.00**	**8.00**	**8.00**	**40.00**

Megan Lemons

Timesheet Date: 04/01/2016

Project	Phase	Activity	Employee Type	Sat-26	Sun-27	Mon-28	Tue-29	Wed-30	Thu-31	Fri-01	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person				1.00				1.00
			Regular total	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**0.00**	**1.00**
			Timesheet total	**0.00**	**0.00**	**7.50**	**5.00**	**7.50**	**7.50**	**4.50**	**32.00**

Scott Farrell

Timesheet Date: 04/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person			0.25					0.25
			Regular total	**0.00**	**0.00**	**0.25**	**0.00**	**0.00**	**0.00**	**0.00**	**0.25**
			Timesheet total	**0.00**	**0.00**	**8.00**	**8.00**	**8.00**	**8.00**	**8.00**	**40.00**

AMERICAN ENVIRONMENTAL CORPORATION

REIMBURSABLE

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 291143 Phase: Qtly. Date: 4-25-16

Project Site: Speedway 5525 Employee Name: Cara

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Mileage	Mile		0.54	0.00	
Disposable Sample Gloves	Pair		$0.33	0.00	
In-House Copies	Each	252	$0.15	0.00	IQ 2016 CAPR, VFC # 80284187
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		$29.15	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		$8.76	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, gloves, 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 otherwise addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
emergency contact signs	each		$14.41	0.00	
keyed alike locks	each		$25.38	0.00	
	day			0.00	
				0.00	
	Each			0.00	
			Total	0.00	

REVISED 1/25/16

PROJECT MANAGER'S APPROVAL:

Revised 2014

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		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0050	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
PM	Project Management- quarterly sampling scope, 2Q 2016 CAPR preparation, Report Preparation- 2Q 2016 CAPR	4.00	Hours	$107.50	$430.00	XXXXXXXXXX	XXXX	$430.00	$0.00	
Staff	Data Reduction	2.75	Hours	$90.25	$248.19	XXXXXXXXXX	XXXX	$248.19	$0.00	
							SUBTOTAL	$678.19	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$678.19	$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
Additional Notes:										

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0050
Date 05/31/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 5/27/16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Project Manager	4.00	107.50	430.00
Staff Project Person	2.75	90.25	248.19
		Invoice total	**678.19**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0050
Date 05/31/2016

Holly Young

Timesheet Date: 05/27/2016

Project	Phase	Activity	Employee Type	Sat-21	Sun-22	Mon-23	Tue-24	Wed-25	Thu-26	Fri-27	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager				1.50				1.50
			Regular total	0.00	0.00	0.00	1.50	0.00	0.00	0.00	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 05/20/2016

Project	Phase	Activity	Employee Type	Sat-14	Sun-15	Mon-16	Tue-17	Wed-18	Thu-19	Fri-20	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 05/13/2016

Project	Phase	Activity	Employee Type	Sat-07	Sun-08	Mon-09	Tue-10	Wed-11	Thu-12	Fri-13	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager						1.00		1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 05/06/2016

Project	Phase	Activity	Employee Type	Sat-30	Sun-01	Mon-02	Tue-03	Wed-04	Thu-05	Fri-06	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager			1.00					1.00
			Regular total	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Stacy Workman

Timesheet Date: 05/06/2016

Project	Phase	Activity	Employee Type	Sat-30	Sun-01	Mon-02	Tue-03	Wed-04	Thu-05	Fri-06	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person					1.75	1.00		2.75
			Regular total	0.00	0.00	0.00	0.00	1.75	1.00	0.00	2.75
			Timesheet total	0.00	3.00	8.00	8.00	9.00	8.00	7.00	43.00

SUBSEQUENT PAY REQUEST # 6

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:	6/1/16-Present		
Invoice Number 291143-0051	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
Staff	Data Reduction, Compile Data	2.00	Hours	$91.50	$183.00	XXXXXXXXXX	XXXX	$183.00	$0.00	
Tech	Sample Prep, Quarterly Sampling	8.00	Hours	$62.75	$502.00	XXXXXXXXXX	XXXX	$502.00	$0.00	
Mileage	Quarterly Sampling	52.00	Miles	$0.540	$28.08	XXXXXXXXXX	XXXX	$28.08	$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	
Miscellaneous	55 Gallon Drum- Quarterly Sampling	1.00	Lump	$26.50	$26.50	$0.00	10%	$29.15	$0.00	
Qtrly Samp Misc	Quarterly Sampling (COC included to prove wells sampled)	12.00	Well	$30.00	$360.00	XXXXXXXXXX	XXXX	$360.00	$0.00	
							SUBTOTAL	$1,132.23	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	**$1,132.23**	**$0.00**	

Additional Notes:

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0051
Date 06/30/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 6/24/16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Staff Project Person	2.00	91.50	183.00
Field Technician	8.00	62.75	502.00

EXPENSES

	Units	Rate	Billed Amount
Mileages	52.00	0.54	28.08
Water Level Indicators	1.00	15.00	15.00
Decon Materials	1.00	15.00	15.00
55-gallon Drums	1.00	29.15	29.15
Quarterly Monitoring Well Sampling Materials	12.00	30.00	360.00

Invoice total **1,132.23**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0051
Date 06/30/2016

Eleanor Crofford

Timesheet Date: 06/17/2016

Project	Phase	Activity	Employee Type	Sat-11	Sun-12	Mon-13	Tue-14	Wed-15	Thu-16	Fri-17	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Sample Prep	Field Technician				1.00				1.00
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Quarterly Sampling	Field Technician				7.00				7.00
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person				1.00				1.00
			Regular total	**0.00**	**0.00**	**0.00**	**9.00**	**0.00**	**0.00**	**0.00**	**9.00**
			Timesheet total	**0.00**	**0.00**	**9.00**	**10.50**	**7.00**	**12.50**	**6.00**	**45.00**

Elizabeth Lemons

Timesheet Date: 06/10/2016

Project	Phase	Activity	Employee Type	Sat-04	Sun-05	Mon-06	Tue-07	Wed-08	Thu-09	Fri-10	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					1.00			1.00
			Regular total	**0.00**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**1.00**
			Timesheet total	**0.00**	**0.00**	**8.00**	**8.00**	**8.50**	**8.50**	**7.00**	**40.00**

AMERICAN ENVIRONMENTAL CORPORATION

REIMBURSABLE

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 291143 **Phase:** Qrtly **Date:** 06/14/16

Project Site: Speedway 5525 **Employee Name:** E. Crofford

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Mileage	Mile	52	0.54	28.08	
Disposable Sample Gloves	Pair		$0.33	0.00	
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	12	30.00	360.00	(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	1	$15.00	15.00	
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	1	$15.00	15.00	
55-gallon Drum	Each	1	$29.15	29.15	
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		$8.76	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, gloves, 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 otherwise addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
emergency contact signs	each		$14.41	0.00	
keyed alike locks	each		$25.38	0.00	
	day			0.00	
				0.00	
	Each			0.00	
			Total	447.23	

REVISED 1/25/16

PROJECT MANAGER'S APPROVAL:

Revised 2014

Chain-of-Custody-Record

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	Facility ID	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	State:	IN
Phone #:		Fax #:	
Speedway Proj. Mgr:	Sam Kramer	**INVOICE TO SPEEDWAY**	
AFE #:	90136	Work Order #:	1100054692

COC ID # 00043500

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	Fax #:	Fax: 317-871-4094
Sampler:	E. Crofford		
Shipped:	Pickup		
Tracking #:			

80147343

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
MW-1	06/14/2016 11:45am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	001
MW-2	06/14/2016 11:05am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	002
MW-3	06/14/2016 11:35am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	003
MW-4	06/14/2016 10:45am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	004
MW-5	06/14/2016 11:15am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	005
MW-6	06/14/2016 10:35am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	006
MW-7	06/14/2016 10:55am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	007
MW-8	06/14/2016 10:05am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	008
MW-9	06/14/2016 09:45am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	009
NCW	06/14/2016 10:15am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	010
NCW-3	06/14/2016 09:55am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	011

TURN AROUND TIME
STANDARD

Chain-of-Custody-Record

Speedway Project Information

Speedway Store #:	C210005525	Facility ID	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	State:	IN
Phone #:		Fax #:	
Speedway Proj. Mgr:	Sam Kramer	**INVOICE TO SPEEDWAY**	
AFE #:	90136	Work Order #:	1100054692

COC ID # 00043500

Lab Information

Lab:	Pace Analytical Services (IN)
Consultant:	American Environmental Corp.
Project Mgr:	Holly Young
Address:	8500 Georgetown Road Indianapolis, Indiana 46268
Phone #:	O:317-871-4090 x226 Fax #: Fax: 317-871-4094
Sampler:	E. Crofford
Shipped:	Pickup
Tracking #:	50147343

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
SCW	06/14/2016 10:25am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	012
TRIP BLANK	06/14/2016 08:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	013
DUP1	06/14/2016 12:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	014

Relinquished by: Eleanor Crofford	Date 6/14/16	Time 1450	Received by:	Date	Time
Relinquished by:	Date	Time	Received by laboratory: [signature]	Date 6/14/16	Time 1450
Special Reporting Requirements:			Lab Notes:	Temp 4.9° Rec	

Chain of Custody Analysis to be Performed
COC ID # 43500

Chain-of-Custody-Record
Printed: 07/30/2016

5014 7343

Analysis Name: BTEX/ MTBE/Naphthalene (Water)

Analysis Description / Method: BTEX/ MTBE/Naphthalene / Volatile Organic Compounds by Gas Chromatography/Mass Spectrometry (GC/MS)

Container Type / Preservative: VOA - 40 MILL / HCL

Analytes: Benzene ug/L, Ethylbenzene ug/L, Methyl tert butyl ether ug/L, Naphthalene ug/L, Toluene ug/L, Total Xylenes ug/L

Sample Condition Upon Receipt

Pace Analytical

Client Name: SAGE Dura

Project # 50147343

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☑ Client ☐ Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☑ no Seals intact: ☐ yes ☑ no

Date/Time 5035A kits placed in freezer _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☑ None ☐ Other _____

Thermometer 1 2 3 4 5 6 A B C D ~~E~~ F Type of Ice: ~~Wet~~ Blue None ☐ Samples on ice, cooling process has begun

Cooler Temperature 4.9/4.9 (Initial/Corrected) Ice Visible in Sample Containers: ☐ yes ☑ no

Temp should be above freezing to 6°C

Date and Initials of person examining contents: MZ 6/14/16

		Comments:
Are samples from West Virginia? Document any containers out of temp.	☐Yes ☑No	1.
Chain of Custody Present:	☑Yes ☐No ☐N/A	2.
Chain of Custody Filled Out:	☑Yes ☐No ☐N/A	3.
Chain of Custody Relinquished:	☑Yes ☐No ☐N/A	4.
Sampler Name & Signature on COC:	☑Yes ☐No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☑No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☑No ☐N/A	7.
Containers Intact:	☑Yes ☐No ☐N/A	8.
Sample Labels match COC: -Includes date/time/ID/Analysis	☑Yes ☐No ☐N/A	9.
All containers needing acid/base pres. have been checked? exceptions: VOA, coliform, TOC, O&G All containers needing preservation are found to be in compliance with EPA recommendation (<2, >9, >12) unless otherwise noted.	☐Yes ☐No ☑N/A	10 (Circle) HNO3 H2SO4 NaOH NaOH/ZnAc
Residual Chlorine Check (SVOC 625 Pest/PCB 608)		11. Present Absent
Residual Chlorine Check (Total/Amenable/Free Cyanide)		12. Present Absent
Headspace in VOA Vials (>6mm):	☑Yes ☐No ☐N/A	13 MW5 2/3 SCW 1/3
Headspace Wisconsin Sulfide	☐Yes ☐No	14
Trip Blank Present:	☑Yes ☐No ☐N/A	15
Trip Blank Custody Seals Present	☑Yes ☐No ☐N/A	
Project Manager Review		
Samples Arrived within Hold Time:	☑Yes ☐No ☐N/A	15.
Sufficient Volume:	☑Yes ☐No ☐N/A	16.
Correct Containers Used:	☑Yes ☐No ☐N/A	17.

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: [signature] Date: 6/14/16

Form F-IN-Q-290-rev.09, 13Oct2015

Sample Container Count

CLIENT: SPEEDWAY

COC PAGE 1 of 2
COC ID# 00043501

Project # 50147343

Sample Line Item	DG9H	AG1U	WGFU	AG0U	R 4 / 6	BP2N	BP2U	BP2S	BP3N	BP3U	BP3S	AG3S	AG1H	BP3C	BP1U	SP5T	AG2U						pH <2	pH >9	pH>12
1	3																								
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									

Container Codes

DG9H	40mL HCL amber voa vial	AG0U	100mL unpreserved amber glass	BP1N	1 liter HNO3 plastic	DG9P	40mL TSP amber vial
AG1U	1liter unpreserved amber glass	AG1H	1 liter HCL amber glass	BP1S	1 liter H2SO4 plastic	DG9S	40mL H2SO4 amber vial
WGFU	4oz clear soil jar	AG1S	1 liter H2SO4 amber glass	BP1U	1 liter unpreserved plastic	DG9T	40mL Na Thio amber vial
R	terra core kit	AG1T	1 liter Na Thiosulfate amber glass	BP1Z	1 liter NaOH, Zn, Ac	DG9U	40mL unpreserved amber vial
BP2N	500mL HNO3 plastic	AG2N	500mL HNO3 amber glass	BP2A	500mL NaOH, Asc Acid plastic	SP5T	120mL Coliform Na Thiosulfate
BP2U	500mL unpreserved plastic	AG2S	500mL H2SO4 amber glass	BP2O	500mL NaOH plastic	JGFU	4oz unpreserved amber wide
BP2S	500mL H2SO4 plastic	AG2U	500mL unpreserved amber glass	BP2Z	500mL NaOH, Zn Ac	U	Summa Can
BP3N	250mL HNO3 plastic	AG3U	250mL unpreserved amber glass	AF	Air Filter	VG9H	40mL HCL clear vial
BP3U	250mL unpreserved plastic	BG1H	1 liter HCL clear glass	BP3C	250mL NaOH plastic	VG9T	40mL Na Thio. clear vial
BP3S	250mL H2SO4 plastic	BG1S	1 liter H2SO4 clear glass	BP3Z	250mL NaOH, Zn Ac plastic	VG9U	40mL unpreserved clear vial
AG3S	250mL H2SO4 glass amber	BG1T	1 liter Na Thiosulfate clear glass	C	Air Cassettes	VSG	Headspace septa vial & HCL
AG1S	1 liter H2SO4 amber glass	BG1U	1 liter unpreserved glass	DG9B	40mL Na Bisulfate amber vial	WGFX	4oz wide jar w/hexane wipe
BP1U	1 liter unpreserved plastic	BP1A	1 liter NaOH, Asc Acid plastic	DG9M	40mL MeOH clear vial	ZPLC	Ziploc Bag

Sample Container Count

CLIENT: Speedway

COC PAGE 2 of 2
COC ID# CO043500

Project # 50147343

Sample Line Item	DG9H	AG1U	WGFU	AG0U	R	4 / 6	BP2N	BP2U	BP2S	BP3N	BP3U	BP3S	AG3S	AG1H	BP3C	BP1U	SP5T	AG2U						pH <2	pH >9	pH>12
1	3																									
2	1																									
3	1																									
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										

Container Codes

DG9H	40mL HCL amber voa vial	AG0U	100mL unpreserved amber glass	BP1N	1 liter HNO3 plastic	DG9P	40mL TSP amber vial
AG1U	1liter unpreserved amber glass	AG1H	1 liter HCL amber glass	BP1S	1 liter H2SO4 plastic	DG9S	40mL H2SO4 amber vial
WGFU	4oz clear soil jar	AG1S	1 liter H2SO4 amber glass	BP1U	1 liter unpreserved plastic	DG9T	40mL Na Thio amber vial
R	terra core kit	AG1T	1 liter Na Thiosulfate amber glass	BP1Z	1 liter NaOH, Zn, Ac	DG9U	40mL unpreserved amber vial
BP2N	500mL HNO3 plastic	AG2N	500mL HNO3 amber glass	BP2A	500mL NaOH, Asc Acid plastic	SP5T	120mL Coliform Na Thiosulfate
BP2U	500mL unpreserved plastic	AG2S	500mL H2SO4 amber glass	BP2O	500mL NaOH plastic	JGFU	4oz unpreserved amber wide
BP2S	500mL H2SO4 plastic	AG2U	500mL unpreserved amber glass	BP2Z	500mL NaOH, Zn Ac	U	Summa Can
BP3N	250mL HNO3 plastic	AG3U	250mL unpreserved amber glass	AF	Air Filter	VG9H	40mL HCL clear vial
BP3U	250mL unpreserved plastic	BG1H	1 liter HCL clear glass	BP3C	250mL NaOH plastic	VG9T	40mL Na Thio. clear vial
BP3S	250mL H2SO4 plastic	BG1S	1 liter H2SO4 clear glass	BP3Z	250mL NaOH, Zn Ac plastic	VG9U	40mL unpreserved clear vial
AG3S	250mL H2SO4 glass amber	BG1T	1 liter Na Thiosulfate clear glass	C	Air Cassettes	VSG	Headspace septa vial & HCL
AG1S	1 liter H2SO4 amber glass	BG1U	1 liter unpreserved glass	DG9B	40mL Na Bisulfate amber vial	WGFX	4oz wide jar w/hexane wipe
BP1U	1 liter unpreserved plastic	BP1A	1 liter NaOH, Asc Acid plastic	DG9M	40mL MeOH clear vial	ZPLC	Ziploc Bag

F-IN-Q-270-rev.06,11May2015

SUBSEQUENT PAY REQUEST # 7

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:	6/1/16-Present		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0052	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
SPM	Provide Final Review Of Project Documents- 2Q 2016 CAPR	1.00	Hours	$132.00	$132.00	XXXXXXXXXX	XXXX	$132.00	$0.00	
PM	Report Preparation- 2Q 2016 CAPR and revisions after SPM review, Report Writing- 2Q 2016 CAPR	9.50	Hours	$109.00	$1,035.50	XXXXXXXXXX	XXXX	$1,035.50	$0.00	
Staff	Compile Data, Data Reduction	3.00	Hours	$91.50	$274.50	XXXXXXXXXX	XXXX	$274.50	$0.00	
Drafting	Quarterly Maps	2.00	Hours	$53.50	$107.00	XXXXXXXXXX	XXXX	$107.00	$0.00	
Clerical	Copy/Bind Report- 2Q 2016 CAPR	0.25	Hours	$37.00	$9.25	XXXXXXXXXX	XXXX	$9.25	$0.00	
Copies	2Q 2016 CAPR	246.00	Pages	$0.15	$36.90	XXXXXXXXXX	XXXX	$36.90	$0.00	
Subcontractor	US Tank Alliance- transportation and disposal of purge water generated during quarterly sampling	1.00	Lump	$100.00	$100.00	$0.00	10%	$110.00	$0.00	
						SUBTOTAL		$1,705.15	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		$1,705.15	$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
Additional Notes:										

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0052
Date 07/31/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 7/29/16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Senior Project Manager	1.00	132.00	132.00
Project Manager	9.50	109.00	1,035.50
Staff Project Person	3.00	91.50	274.50
Drafting Person	2.00	53.50	107.00
Word Processor/Clerical	0.25	37.00	9.25

EXPENSES

	Units	Rate	Billed Amount
In-House Copies	246.00	0.15	36.90

SUBCONTRACTOR

	Units	Rate	Billed Amount
Subcontractor			110.00

Invoice total **1,705.15**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0052
Date 07/31/2016

Audrey Kortz

Timesheet Date: 07/15/2016

Project	Phase	Activity	Employee Type	Sat-09	Sun-10	Mon-11	Tue-12	Wed-13	Thu-14	Fri-15	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Provide Final Review of Project Documents	Senior Project Manager							1.00	1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Cara Hancock

Timesheet Date: 07/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Copy/Bind Report	Word Processor/Clerical						0.25		0.25
			Regular total	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.25
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Elizabeth Gwinn

Timesheet Date: 07/08/2016

Project	Phase	Activity	Employee Type	Sat-02	Sun-03	Mon-04	Tue-05	Wed-06	Thu-07	Fri-08	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Drafting - Quarterly Maps	Drafting Person						1.50	0.50	2.00
			Regular total	0.00	0.00	0.00	0.00	0.00	1.50	0.50	2.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Elizabeth Lemons

Timesheet Date: 07/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person						0.50	0.50	1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	0.50	0.50	1.00
			Timesheet total	0.00	0.00	8.25	8.25	8.25	8.00	7.75	40.50

Timesheet Date: 07/15/2016

Project	Phase	Activity	Employee Type	Sat-09	Sun-10	Mon-11	Tue-12	Wed-13	Thu-14	Fri-15	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person							1.00	1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
			Timesheet total	0.00	0.00	8.25	8.50	8.25	8.25	6.75	40.00

Holly Young

Timesheet Date: 07/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager				1.50				1.50
			Regular total	0.00	0.00	0.00	1.50	0.00	0.00	0.00	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0052
Date 07/31/2016

Holly Young

Timesheet Date: 07/22/2016

Project	Phase	Activity	Employee Type	Sat-16	Sun-17	Mon-18	Tue-19	Wed-20	Thu-21	Fri-22	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager						1.50		1.50
			Regular total	0.00	0.00	0.00	0.00	0.00	1.50	0.00	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/15/2016

Project	Phase	Activity	Employee Type	Sat-09	Sun-10	Mon-11	Tue-12	Wed-13	Thu-14	Fri-15	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager			1.00				0.50	1.50
			Regular total	0.00	0.00	1.00	0.00	0.00	0.00	0.50	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/08/2016

Project	Phase	Activity	Employee Type	Sat-02	Sun-03	Mon-04	Tue-05	Wed-06	Thu-07	Fri-08	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager				1.00	1.25			2.25
			Regular total	0.00	0.00	0.00	1.00	1.25	0.00	0.00	2.25
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/01/2016

Project	Phase	Activity	Employee Type	Sat-25	Sun-26	Mon-27	Tue-28	Wed-29	Thu-30	Fri-01	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Writing – Draft	Project Manager			1.75			1.00		2.75
			Regular total	0.00	0.00	1.75	0.00	0.00	1.00	0.00	2.75
			Timesheet total	0.00	0.00	9.75	8.00	9.00	5.25	8.00	40.00

Samantha Simpson

Timesheet Date: 07/29/2016

Project	Phase	Activity	Employee Type	Sat-23	Sun-24	Mon-25	Tue-26	Wed-27	Thu-28	Fri-29	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person							0.50	0.50
			Regular total	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.50
			Timesheet total	0.00	0.00	8.50	10.00	8.00	12.00	8.50	47.00

Stacy Workman

Timesheet Date: 07/01/2016

Project	Phase	Activity	Employee Type	Sat-25	Sun-26	Mon-27	Tue-28	Wed-29	Thu-30	Fri-01	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

REIMBURSABLE

INDIANA ELTF RATES

Project # 291143 Phase: Qtly Date: 7-28-16

Project Site: Speedway 5525 Employee Name: Cara

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Mileage	Mile		0.54	0.00	
Disposable Sample Gloves	Pair		$0.33	0.00	
In-House Copies	Each	246	$0.15	0.00	2Q 2016 CAPR, VFC # 80331466
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		$29.15	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		$8.76	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, gloves, 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 otherwise addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
emergency contact signs	each		$14.41	0.00	
keyed alike locks	each		$25.38	0.00	
	day			0.00	
				0.00	
	Each			0.00	
			Total	0.00	

REVISED 1/25/16

PROJECT MANAGER'S APPROVAL:

Revised 2014

INVOICE

US TANK ALLIANCE, INC.

THANK YOU FOR YOUR BUSINESS!

Sold To: American Enviromental
Attn:
8500 Georgetown Road

Indianapolis, IN 46268

Facility: Speedway # 5525
4120 E Southport Rd

Indianapolis, IN 46237-3258

Invoice #:	0326403
InvoiceDate:	6/30/2016
Service Order #:	0326403
Customer PO #:	1100206268(sf)
Test Date:	6/21/2016
Terms:	Net 15 days
Sales Rep:	Mike Hankins
Federal Tax ID:	04-3544329

W - 7

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	**L - Waste Disposal** *Transportation & Disposal of 1 Nonhazardous solid drum*	$100.00	$100.00

29 MB
Qty

COMMENTS:

SubTotal	$100.00
Invoice Total	**$100.00**

DIRECT ALL INQUIRIES TO:
Mike Hankins
(614) 923-0154
mhankins@ustankalliance.com

PLEASE NOTE THE PAYMENT ADDRESS

MAKE CHECKS PAYABLE TO:
US Tank Alliance, Inc.
7400 Skyline Drive East, Suite A
Columbus, OH 43235
Attn: A/R Dept.

36591

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: CCSQG
2. Page 1 of
3. Emergency Response Phone: 614-557-7944
4. Manifest Tracking Number: 015845278 JJK

5. Generator's Name and Mailing Address: 317-786-1993 Speedway #5525 4120 E Southport RD Indianapolis IN 46237-3258

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name: US Tank Allince Inc. — U.S. EPA ID Number: OHR000141267

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address: EQ INDIANAPOLIS 2650 N. SHADELAND AVE INDIANAPOLIS, IN 46219 — U.S. EPA ID Number: INR000125641

Facility's Phone: 317-247-7190

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. UN1203, Gasoline, 3, pg11	1	DM	55	G	
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information: D074172 IND

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: Wade Swallows — Signature: Wade Swallows — Month 6 Day 27 Year 16

GENERATOR

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Wade Swallows — Signature: Wade Swallows — Month 6 Day 27 Year 16

Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: Nancy Cott — Signature: Nancy Cott — Month 6 Day 28 Year 16

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

SUBSEQUENT PAY REQUEST # 8

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

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

Select Date:	6/1/16-Present		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0053	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
PM	Report Preparation- 3Q 2016 CAPR	0.75	Hours	$109.00	$81.75	XXXXXXXXXX	XXXX	$81.75	$0.00	
Staff	Compile Data, Data Reduction	1.50	Hours	$91.50	$137.25	XXXXXXXXXX	XXXX	$137.25	$0.00	
Tech	Quarterly Sampling, Sample Prep	8.00	Hours	$62.75	$502.00	XXXXXXXXXX	XXXX	$502.00	$0.00	
Mileage	Quarterly Sampling	36.00	Miles	$0.540	$19.44	XXXXXXXXXX	XXXX	$19.44	$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 included to prove wells sampled)	11.00	Well	$30.00	$330.00	XXXXXXXXXX	XXXX	$330.00	$0.00	
						SUBTOTAL		$1,100.44	$0.00	
						GRAND TOTAL FOR THIS PAY REQUEST		**$1,100.44**	**$0.00**	

Additional Notes:

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0053
Date 08/31/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 8/26/16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Project Manager	0.75	109.00	81.75
Staff Project Person	1.50	91.50	137.25
Field Technician	8.00	62.75	502.00

EXPENSES

	Units	Rate	Billed Amount
Mileages	36.00	0.54	19.44
Water Level Indicators	1.00	15.00	15.00
Decon Materials	1.00	15.00	15.00
Quarterly Monitoring Well Sampling Materials	11.00	30.00	330.00

Invoice total **1,100.44**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0053
Date 08/31/2016

Elizabeth Lemons

Timesheet Date: 08/05/2016

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Holly Young

Timesheet Date: 08/12/2016

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager							0.75	0.75
			Regular total	0.00	0.00	0.00	0.00	0.00	0.00	0.75	0.75
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Lori Bebinger

Timesheet Date: 08/26/2016

Project	Phase	Activity	Employee Type	Sat-20	Sun-21	Mon-22	Tue-23	Wed-24	Thu-25	Fri-26	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Quarterly Sampling	Field Technician			7.00					7.00
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person			1.00					1.00
			Regular total	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00
			Timesheet total	0.00	0.00	8.50	9.25	9.00	7.25	8.00	42.00

Timesheet Date: 08/19/2016

Project	Phase	Activity	Employee Type	Sat-13	Sun-14	Mon-15	Tue-16	Wed-17	Thu-18	Fri-19	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Sample Prep	Field Technician					1.00			1.00
			Regular total	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	9.00	7.50	8.00	9.00	7.00	40.50

AMERICAN ENVIRONMENTAL CORPORATION

REIMBURSABLE

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 291143 **Phase:** Qrtly **Date:** 08/22/16

Project Site: Speedway 5525 **Employee Name:** L. Bebinger

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Mileage	Mile	36	0.54	19.44	
Disposable Sample Gloves	Pair		$0.33	0.00	
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	11	30.00	330.00	(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	1	$15.00	15.00	
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	1	$15.00	15.00	
55-gallon Drum	Each		$29.15	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		$8.76	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, gloves, 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 otherwise addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
emergency contact signs	each		$14.41	0.00	
keyed alike locks	each		$25.38	0.00	
	day			0.00	
				0.00	
	Each			0.00	
			Total	379.44	

REVISED 1/25/16

PROJECT MANAGER'S APPROVAL:

Revised 2014

Chain-of-Custody-Record

COC ID # 00043997

50152476

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	**Facility ID**	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	**State:**	IN
Phone #:		**Fax #:**	
Speedway Proj. Mgr:	Sam Kramer	****INVOICE TO SPEEDWAY****	
AFE #:	90136	**Work Order #:**	1100054692

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	**Fax #:**	Fax: 317-871-4094
Sampler:	Lori Bebinger		
Shipped:	Pickup		
Tracking #:			

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
MW-1	08/22/2016 01:15pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	-001
MW-2	08/22/2016 12:55pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	-002
MW-3	08/22/2016 12:25pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	003
MW-4	08/22/2016 12:15pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	004
MW-5	08/22/2016 12:45pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	005
MW-6	08/22/2016 12:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	006
MW-7	08/22/2016 11:50am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	007
MW-8	08/22/2016 11:40am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	008
MW-9	08/22/2016 12:35pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	009
NCW	08/22/2016 01:05pm	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	010
NCW-3	08/22/2016 11:30am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	011

Chain-of-Custody-Record

COC ID # 00043997

50152476

TURN AROUND TIME
STANDARD

Speedway Project Information

Speedway Store #:	C210005525	**Facility ID**	016845
Address:	4120 E Southport Rd		
City:	Indianapolis	**State:**	IN
Phone #:		**Fax #:**	
Speedway Proj. Mgr:	Sam Kramer	****INVOICE TO SPEEDWAY****	
AFE #:	90136	**Work Order #:**	1100054692

Lab Information

Lab:	Pace Analytical Services (IN)		
Consultant:	American Environmental Corp.		
Project Mgr:	Holly Young		
Address:	8500 Georgetown Road Indianapolis, Indiana 46268		
Phone #:	O:317-871-4090 x226	**Fax #:**	Fax: 317-871-4094
Sampler:	Lori Bebinger		
Shipped:	Pickup		
Tracking #:			

Sample ID	Date/Time Sampled	Matrix	Count	Container Type	Preservative	Analysis to be Performed	Method	Remarks
TRIP BLANK	08/22/2016 08:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	012
DUP	08/22/2016 12:00am	W	3	VOA - 40 MILL	HCL	BTEX/ MTBE/Naphthalene	8260B	013

Relinquished by: [signature]	Date 8/22/16	Time 1530	Received by: [signature] Pace	Date 8-22-16	Time 1530
Relinquished by:	Date	Time	Received by laboratory:	Date	Time
Special Reporting Requirements:			Lab Notes:	Temp 6.1°c	

Chain of Custody Analysis to be Performed
COC ID # 43997

Chain-of-Custody-Record
Printed: 10/07/2016

Analysis Name: BTEX/ MTBE/Naphthalene (Water)

Analysis Description / Method: BTEX/ MTBE/Naphthalene / Volatile Organic Compounds by Gas Chromatography/Mass Spectrometry (GC/MS)

Container Type / Preservative: VOA - 40 MILL / HCL

Analytes: Benzene ug/L, Ethylbenzene ug/L, Methyl tert butyl ether ug/L, Naphthalene ug/L, Toluene ug/L, Total Xylenes ug/L

Sample Condition Upon Receipt

Pace Analytical™ Client Name: Speedway Project # 50152476

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☑ Client ☐ Commercial ☐ Pace Other _____

Tracking #: _____

Custody Seal on Cooler/Box Present: ☐ yes ☑ no Seals intact: ☐ yes ☐ no

Date/Time 5035A kits placed in freezer _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other _____

Thermometer 1 2 3 4 5 6 A B C D E F Type of Ice: (Wet) Blue None ☐ Samples on ice, cooling process has begun

Cooler Temperature (Initial/Corrected) 6.1°/6.1° Ice Visible in Sample Containers: ☐ yes ☐ no

Temp should be above freezing to 6°C

Date and initials of person examining contents: 8/22/16 AJ

		Comments:
Are samples from West Virginia? Document any containers out of temp.	☐Yes ☑No	1.
Chain of Custody Present:	☑Yes ☐No ☐N/A	2.
Chain of Custody Filled Out:	☑Yes ☐No ☐N/A	3.
Chain of Custody Relinquished:	☑Yes ☐No ☐N/A	4.
Sampler Name & Signature on COC:	☐Yes ☑No ☐N/A	5.
Short Hold Time Analysis (<72hr):	☐Yes ☑No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☑No ☐N/A	7.
Containers Intact:	☑Yes ☐No ☐N/A	8.
Sample Labels match COC: -Includes date/time/ID/Analysis	☑Yes ☐No ☐N/A	9.
All containers needing acid/base pres. have been checked? exceptions: VOA, coliform, TOC, O&G All containers needing preservation are found to be in compliance with EPA recommendation (<2, >9, >12) unless otherwise noted.	☐Yes ☐No ☑N/A	10 (Circle) HNO3 H2SO4 NaOH NaOH/ZnAc
Residual Chlorine Check (SVOC 625 Pest/PCB 608)		11. Present Absent
Residual Chlorine Check (Total/Amenable/Free Cyanide)		12. Present Absent
Headspace in VOA Vials (>6mm):	☐Yes ☑No ☐N/A	13
Headspace Wisconsin Sulfide	☐Yes ☐No	14
Trip Blank Present:	☑Yes ☐No ☐N/A	15
Trip Blank Custody Seals Present	☑Yes ☐No ☐N/A	
Project Manager Review		
Samples Arrived within Hold Time:	☑Yes ☐No ☐N/A	15.
Sufficient Volume:	☑Yes ☐No ☐N/A	16.
Correct Containers Used:	☑Yes ☐No ☐N/A	17.

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: Y Sayer **Date:** 8/22/16

Form F-IN-Q-290-rev.09, 13Oct2015

Sample Container Count

CLIENT: Speedway

COC PAGE 1 of 2

COC ID#

Project # 50152476

Sample Line Item	DG9H VG9H	AG1U	WGFU	AG0U	R	Bulk Kit 4 / 6	BP2N	BP2U	BP2S	BP3N	BP3U	BP3S	AG3S	AG1H	BP3C	BP1U	SP5T	AG2U				Matrix Sl/Wt/Ot (Soil/Water/Other)	pH <2	pH >9	pH>12
1	3																					WT			
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									

Container Codes

DG9H	40mL HCL amber voa vial	AG0U	100mL unpreserved amber glass	BP1N	1 liter HNO3 plastic	DG9P	40mL TSP amber vial
AG1U	1liter unpreserved amber glass	AG1H	1 liter HCL amber glass	BP1S	1 liter H2SO4 plastic	DG9S	40mL H2SO4 amber vial
WGFU	4oz clear soil jar	AG1S	1 liter H2SO4 amber glass	BP1U	1 liter unpreserved plastic	DG9T	40mL Na Thio amber vial
R	terra core kit	AG1T	1 liter Na Thiosulfate amber glass	BP1Z	1 liter NaOH, Zn, Ac	DG9U	40mL unpreserved **amber** vial
BP2N	500mL HNO3 plastic	AG2N	500mL HNO3 amber glass	BP2A	500mL NaOH, Asc Acid plastic	SP5T	120mL Coliform Na Thiosulfate
BP2U	500mL unpreserved plastic	AG2S	500mL H2SO4 amber glass	BP2O	500mL NaOH plastic	JGFU	4oz unpreserved amber wide
BP2S	500mL H2SO4 plastic	AG2U	500mL unpreserved amber glass	BP2Z	500mL NaOH, Zn Ac	U	Summa Can
BP3N	250mL HNO3 plastic	AG3U	250mL unpreserved amber glass	AF	Air Filter	VG9H	40mL HCL clear vial
BP3U	250mL unpreserved plastic	BG1H	1 liter HCL clear glass	BP3C	250mL NaOH plastic	VG9T	40mL Na Thio. clear vial
BP3S	250mL H2SO4 plastic	BG1S	1 liter H2SO4 clear glass	BP3Z	250mL NaOH, Zn Ac plastic	VG9U	40mL unpreserved **clear** vial
AG3S	250mL H2SO4 glass amber	BG1T	1 liter Na Thiosulfate clear glass	C	Air Cassettes	VSG	Headspace septa vial & HCL
AG1S	1 liter H2SO4 amber glass	BG1U	1 liter unpreserved glass	DG9B	40mL Na Bisulfate amber vial	WGFX	4oz wide jar w/hexane wipe
BP1U	1 liter unpreserved plastic	BP1A	1 liter NaOH, Asc Acid plastic	DG9M	40mL MeOH clear vial	ZPLC	Ziploc Bag

Sample Container Count

CLIENT: Speedway

COC PAGE 2 of 2

COC ID#

Project # 50152476

Sample Line Item	DG9H-VG9H	AG1U	WGFU	AG0U	R Bulk Kit 4 / 6	BP2N	BP2U	BP2S	BP3N	BP3U	BP3S	AG3S	AG1H	BP3C	BP1U	SP5T	AG2U				Matrix SI/Wt/Ot (Soil/Water/Other)	pH <2	pH >9	pH>12
1	3																				WT			
2	3																				WT			
3																								
4																								
5																								
6																								
7																								
8																								
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10																								
11																								
12																								

Container Codes

DG9H	40mL HCL amber voa vial	AG0U	100mL unpreserved amber glass	BP1N	1 liter HNO3 plastic	DG9P	40mL TSP amber vial
AG1U	1liter unpreserved amber glass	AG1H	1 liter HCL amber glass	BP1S	1 liter H2SO4 plastic	DG9S	40mL H2SO4 amber vial
WGFU	4oz clear soil jar	AG1S	1 liter H2SO4 amber glass	BP1U	1 liter unpreserved plastic	DG9T	40mL Na Thio amber vial
R	terra core kit	AG1T	1 liter Na Thiosulfate amber glass	BP1Z	1 liter NaOH, Zn, Ac	DG9U	40mL unpreserved amber vial
BP2N	500mL HNO3 plastic	AG2N	500mL HNO3 amber glass	BP2A	500mL NaOH, Asc Acid plastic	SP5T	120mL Coliform Na Thiosulfate
BP2U	500mL unpreserved plastic	AG2S	500mL H2SO4 amber glass	BP2O	500mL NaOH plastic	JGFU	4oz unpreserved amber wide
BP2S	500mL H2SO4 plastic	AG2U	500mL unpreserved amber glass	BP2Z	500mL NaOH, Zn Ac	U	Summa Can
BP3N	250mL HNO3 plastic	AG3U	250mL unpreserved amber glass	AF	Air Filter	VG9H	40mL HCL clear vial
BP3U	250mL unpreserved plastic	BG1H	1 liter HCL clear glass	BP3C	250mL NaOH plastic	VG9T	40mL Na Thio. clear vial
BP3S	250mL H2SO4 plastic	BG1S	1 liter H2SO4 clear glass	BP3Z	250mL NaOH, Zn Ac plastic	VG9U	40mL unpreserved clear vial
AG3S	250mL H2SO4 glass amber	BG1T	1 liter Na Thiosulfate clear glass	C	Air Cassettes	VSG	Headspace septa vial & HCL
AG1S	1 liter H2SO4 amber glass	BG1U	1 liter unpreserved glass	DG9B	40mL Na Bisulfate amber vial	WGFX	4oz wide jar w/hexane wipe
BP1U	1 liter unpreserved plastic	BP1A	1 liter NaOH, Asc Acid plastic	DG9M	40mL MeOH clear vial	ZPLC	Ziploc Bag

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:	6/1/16-Present		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
291143-0054	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 (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
PM	Report Preparation- 3Q 2016 CAPR	4.25	Hours	$109.00	$463.25	XXXXXXXXX	XXXX	$463.25	$0.00	
Staff	Compile Data	1.50	Hours	$91.50	$137.25	XXXXXXXXX	XXXX	$137.25	$0.00	
Drafting	Quarterly Maps	2.00	Hours	$53.50	$107.00	XXXXXXXXX	XXXX	$107.00	$0.00	
							SUBTOTAL	$707.50	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	**$707.50**	**$0.00**	

Additional Notes:

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0054
Date 09/30/2016

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THRU 9/30/16

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Project Manager	4.25	109.00	463.25
Staff Project Person	1.50	91.50	137.25
Drafting Person	2.00	53.50	107.00
		Invoice total	**707.50**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0054
Date 09/30/2016

Elizabeth Gwinn

Timesheet Date: 09/30/2016

Project	Phase	Activity	Employee Type	Sat-24	Sun-25	Mon-26	Tue-27	Wed-28	Thu-29	Fri-30	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Drafting - Quarterly Maps	Drafting Person				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.50	9.00	7.50	7.00	8.00	40.00

Timesheet Date: 09/16/2016

Project	Phase	Activity	Employee Type	Sat-10	Sun-11	Mon-12	Tue-13	Wed-14	Thu-15	Fri-16	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Drafting - Quarterly Maps	Drafting Person				1.50				1.50
			Regular total	0.00	0.00	0.00	1.50	0.00	0.00	0.00	1.50
			Timesheet total	0.00	0.00	8.25	8.25	8.25	8.00	7.25	40.00

Elizabeth Lemons

Timesheet Date: 09/23/2016

Project	Phase	Activity	Employee Type	Sat-17	Sun-18	Mon-19	Tue-20	Wed-21	Thu-22	Fri-23	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person							1.00	1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
			Timesheet total	0.00	0.00	7.00	8.75	9.00	8.75	7.75	41.25

Holly Young

Timesheet Date: 09/30/2016

Project	Phase	Activity	Employee Type	Sat-24	Sun-25	Mon-26	Tue-27	Wed-28	Thu-29	Fri-30	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager			1.50					1.50
			Regular total	0.00	0.00	1.50	0.00	0.00	0.00	0.00	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 09/09/2016

Project	Phase	Activity	Employee Type	Sat-03	Sun-04	Mon-05	Tue-06	Wed-07	Thu-08	Fri-09	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager				1.00				1.00
			Regular total	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 09/02/2016

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-30	Wed-31	Thu-01	Fri-02	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager				1.25	0.50			1.75
			Regular total	0.00	0.00	0.00	1.25	0.50	0.00	0.00	1.75
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Stacy Workman

Timesheet Date: 09/02/2016

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-30	Wed-31	Thu-01	Fri-02	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0054
Date 09/30/2016

Stacy Workman

Timesheet Date: 09/02/2016

Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

American Environmental

AUDREY SMITH KORTZ, L.P.G., C.H.M. M.
Vice President – Technical Services

FIELDS OF EXPERTISE

Technical review and consulting; project management; geology; regulatory compliance; environmental audits; design and implementation of subsurface assessments; soil and groundwater remediation; expert witness testimony.

EDUCATION

B.S., Geology; Ball State University, Muncie, Indiana, 1979

Graduate Courses in Geology and the School of Public and Environmental Affairs, IUPUI, Indianapolis, Indiana, 1983 to 1993

PROFESSIONAL SUMMARY

Ms. Kortz is Vice President of Technical Services for American Environmental Corporation. She has over 32 years of diversified experience as an environmental consultant serving as principal technical advisor for numerous environmental projects throughout the Midwest. She provided technical oversight for project managers and staff, on projects including site characterization, evaluation and implementation of remedial strategies, environmental assessments and audits, quality assurance/quality control, risk assessments, and vapor intrusions. She additionally serves as client liaison to state regulatory agencies. Ms. Kortz's responsibilities as a principal for American Environmental include supervision and coordination of project and staff personnel, quality assurance/quality control, budgeting, and scheduling. She assists with American Environmental's Health and Safety program, and indoor air quality projects. Ms. Kortz is one of the Emergency Response Operation Managers. She qualifies as an "Environmental Professional" (per AAI) and has conducted several hundred Phase I Environmental Site Assessments.

PROFESSIONAL REGISTRATIONS & AFFILIATIONS

- Licensed Professional Geologist, IN No. 619
- Professional Geologist, KY No. 952
- Certified Hazardous Materials Manager, No. 2011
- Certified Supervisor in Occupational Safety and Health for Hazardous Waste Site Activities (29 CFR 1910.120), 1990
- Indiana Geologists, Member and Past President
- Certified in Occupational Safety and Health for Hazardous Waste Site Activities (29 CFR 1910.120), 1987
- Professional Geologists of Indiana, Member and Past President, Founding Board Member
- Association of Groundwater Scientists and Engineers
- Indianapolis General Contractor

PROFESSIONAL TECHNICAL EXPERIENCE

Vice President – Technical Services, American Environmental Corporation, 1991 to present

Senior Project Manager, American Environmental Corporation, 1989 to 1991

Geologist to Project Manager, ATEC Associates, Inc., 1979 to 1989.

ADDITIONAL TRAINING

American Petroleum Institute (API) WorkSafe training, 2006 to 2012.

IDEM Consultant Days, 2007 to 2012.

Environmental Conference, Speedway SuperAmerica LLC, Vevay, Indiana, August 31 to September 2, 2010

Midwestern States Risk Assessment Symposium, Indianapolis, IN, November 3 and 4, 2009.

Indiana Petroleum & Environmental Contractors Association, UST Leak Remediation for Consultants and Contractors, February 12, 2009.

Environmental Conference, Speedway SuperAmerica LLC, Lexington, Kentucky, August 26 to 28, 2008.

UST Leak Remediation for Consultants /Contractors, IPECA, November 29, 2007.

DID

INVOICE

DAYTON INDUSTRIAL DRUM, INC.

INVOICE # 104993
DATE: JULY 30, 2015

1880 RADIO ROAD
DAYTON, OHIO 45431
Phone 937-253-8933
Fax 937-253-8656
800-253-1997
Email: did.incorporated@yahoo.com

TERMS: Net 30

INVOICE TO: American Environmental Corporation
8500 Georgetown Road
Indianapolis, Indiana 46268

SHIP TO Steve Sikora
317-339-1438

PO NUMBER	SHIP VIA	CONTACT
Verbal	#133 Pat	Steve Sikora 317-339-1438

QTY		DESCRIPTION		UNIT PRICE	LINE TOTAL
170		55 Gal. Open Head Drums; UN1A2 (17-H); New 12 Gauge Boltring; 2" x ¾" Fitting, in Lid; Assembled; Black		26.50	4505.00
				TOTAL	4505.00

THANK YOU FOR YOUR BUSINESS

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

Michael R. Pence
Governor

Thomas W. Easterly
Commissioner

SEP 15 2014

67-02/rsteiff
Speedway LLC
500 Speedway Drive
Enon, OH 45323

Attn: J. ~~Mitchell Oliver~~

Dear Mr. Oliver:

Re: Excess Liability Trust Fund Claim
Speedway #5525
ELTF # 200908503 FID # 16845
Indianapolis, Marion County

On July 11, 2014, 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:	**27**
Total Deductible:	**$25,000.00**
Pursuant to IC 13-23-8-3, all ELTF claimants are required to pay a deductible prior to reimbursement.	
Amount of Deductible Previously Met:	**$25,000.00**
Amount of Deductible Met (this claim):	**$0.00**
UST Fee Reimbursement Percentage:	**100%**
Pursuant to IC 13-23-8-4.5 and 328 IAC 1-3-3(b), you are eligible to apply to the fund for up to this percentage of reimbursable costs.	
ELTF Priority Ranking under 328 IAC 1-4:	**2**

The following technical determinations have been made regarding your site:

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: **$6,668.26**
After review by the ELTF section, 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 three million dollars ($3,000,000) from the excess liability trust fund during a year. At this time no payment will be made and a breakdown of this determination has been enclosed. 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 [328 IAC 1-5-1(e)].

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,

Bobbi Steiff

Bobbi Steiff, Chief
Excess Liability Trust Fund Claims Section
Underground Storage Tank Branch
Office of Land Quality

RMS/llt
Enclosures

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.

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
0	200908503	Speedway, LLC	0

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
				SUBTOTAL	$0.00	$0.00	
				GRAND TOTAL FOR THIS INVOICE	$0.00	$0.00	

Additional Notes:

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.		$150.00	$150.00		
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:

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:

Part of State Form 47139 (R8 / 2-14)

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
JASON BLACKBURN

Invoice number 341039-0001
Date 05/31/2014

Project **SPEEDWAY #5525: REMEDIATION BUILDING FIRE INVESTIGATION- 341039**

WORK PERFORMED THROUGH 5/30/14

JOB LOCATION: 4120 E SOUTHPORT INDIANAPOLIS IN
PROJECT MANAGER: HAY

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Project Manager	4.25	107.00	454.75
Staff Project Person	17.00	90.00	1,530.00

EXPENSES

	Units	Rate	Billed Amount
Mileages	187.00	0.56	104.72
Disposable Gloves	16.00	0.33	5.28
Generators	1.00	150.00	150.00
Shop Vacuums	1.00	10.00	10.00

SUBCONTRACTOR

	Units	Rate	Billed Amount
Materials			12.34
Utility Services			289.65

Invoice total **2,556.74**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

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	
				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

CREDIT CARD BACKUP COPIES

Employee Name: Robert Huel

Job #: ~~[illegible]~~ 341039

Store Name: 5525

Phase: ~~[illegible]~~

Date: 3/28/14

Credit Card Receipt Copy Below:

Purchase Description:

padlock to lock up trailer
fire department cut 2 locks

~~[illegible]~~ 341039

Use Your BIG CARD 2% REBATE

MENARDS®

MENARDS - INDY SOUTH
7140 S. Emerson Ave
Indianapolis IN 46237

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 06/26/14

Sale Transaction

1-9/16"X3/4"PADLOCK LAMI	
2213798	10.49
TOTAL	10.49
IN TAX 7.00%	0.73
TOTAL SALE	11.22
VISA 1097	11.22
018295	
Swiped	

TOTAL NUMBER OF ITEMS = 1

THANK YOU, YOUR CASHIER, Susan

80103 04 5872 03/28/14 11:59AM 3084

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

Michael R. Pence
Governor

Carol S. Comer
Commissioner

JAN 11 2016

John M. Helms
Speedway, LLC
500 Speedway Drive
Enon, OH 45323

AEC

Dear Mr. Helms:

Re: Excess Liability Trust Fund Claim
Speedway #5525
ELTF # 200908503 FID # 16845
Indianapolis, Marion County

On October 1, 2015, the Excess Liability Trust Fund Section (ELTF) received your application for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

ELTF Submittal Number: **31**

Total Deductible: **$25,000.00**

Pursuant to IC 13-23-8-3, all ELTF claimants are required to pay a deductible prior to reimbursement.

Amount of Deductible Previously Met: **$25,000.00**

Amount of Deductible Met (this claim): **$0.00**

UST Fee Reimbursement Percentage: **100%**

Pursuant to IC 13-23-8-4.5 and 328 IAC 1-3-3(b), you are eligible to apply to the fund for up to this percentage of reimbursable costs.

ELTF Priority Ranking under 328 IAC 1-4: **2**

The following technical determinations have been made regarding your site:

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:	**$7,649.29**
After review, 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 three million dollars ($3,000,000) from the excess liability trust fund during a year. At this time no payment will be made and a breakdown of this determination has been enclosed. 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 [328 IAC 1-5-1(e)].

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/llt
Enclosures

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
Subsequent Costs Claimed							
1	N/A	Pace Analytical	1550018386	$630.00	$0.00	$630.00	
2	N/A	American Environmenta	291143-0040	$200.71	$0.00	$200.71	
2-1				$645.00	$403.13	$241.87	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.
2-2				$1,714.75	$270.75	$1,444.00	Costs denied due to a discrepancy between date work was performed on the timesheet (6/26/15) and the date on the field note (6/25/15). Please provide more information as to the specific tasks performed for the description "O&M" and clarify the date work was performed for employee W. Aho. The system was destroyed by fire on 3/28/14 and the remains were removed prior to that date.
2-3				$1,023.00	$465.00	$558.00	Please provide additional information regarding the actual task(s) and/or activities being performed for the description "system O&M" on 6/3/15 and 6/4/15 by employee P. Jump. The system was destroyed by fire on 3/28/14.

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.

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	

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

Total of Original Request	$7,649.29
Total Amount Disallowed	$2,356.65
Total Amount Approved	$5,292.64
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	$5,292.64
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.

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		
		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		

CLAIM NUMBER	ITEM NUMBER	REASON(S) FOR RECONSIDERATION OF DENIED COST	ATTACHMENTS	AMT DENIED	AMT REQUESTED	AMT DISALLOWED	REF
				SUBTOTAL	$1,286.25	$0.00	
				GRAND TOTAL FOR THIS INVOICE	**$1,286.25**	**$0.00**	

Additional Notes:

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	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	
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 375 →	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

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
							SUBTOTAL	$4,478.81	$0.00	
							GRAND TOTAL FOR THIS PAY REQUEST	$4,478.81	$0.00	
Additional Notes:										

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0040
Date 06/30/2015

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THROUGH 6/26/15

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Senior Project Manager	1.00	131.00	131.00
Project Manager	6.00	107.50	645.00
Staff Project Person	19.00	90.25	1,714.75
Field Technician	16.50	62.00	1,023.00
Drafting Person	0.50	52.75	26.38
Word Processor/Clerical	0.25	36.50	9.13

EXPENSES

	Units	Rate	Billed Amount
O&M Incidental Equipment, Materials, & Suppliess	3.00	10.00	30.00
Mileages	330.00	0.575	189.75
Disposable Gloves	8.00	0.33	2.64
In-House Copies	228.00	0.15	34.20
Equipment Rental			672.98
		Invoice total	**4,478.83**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0040
Date 06/30/2015

Audrey Kortz

Timesheet Date: 06/26/2015

Project	Phase	Activity	Employee Type	Sat-20	Sun-21	Mon-22	Tue-23	Wed-24	Thu-25	Fri-26	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Oversight	Senior Project Manager						1.00		1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	10.00	6.00	8.00	8.00	40.00

Cara Hancock

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Copy/Bind Report	Word Processor/Clerical						0.25		0.25
			Regular total	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.25
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Elizabeth Lemons

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.50			0.50
			Regular total	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Holly Young

Timesheet Date: 06/26/2015

Project	Phase	Activity	Employee Type	Sat-20	Sun-21	Mon-22	Tue-23	Wed-24	Thu-25	Fri-26	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager						1.25	0.50	1.75
			Regular total	0.00	0.00	0.00	0.00	0.00	1.25	0.50	1.75
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 06/19/2015

Project	Phase	Activity	Employee Type	Sat-13	Sun-14	Mon-15	Tue-16	Wed-17	Thu-18	Fri-19	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager						1.00		1.00
			Regular total	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 06/12/2015

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting.	Project Management	Project Manager				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	9.50	6.50	40.00

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager			1.00	0.25				1.25
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager					1.00	0.50		1.50

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0040
Date 06/30/2015

Holly Young

Timesheet Date: 06/05/2015

Regular total	0.00	0.00	1.00	0.25	1.00	0.50	0.00	2.75
Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Lauren Nielsen

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Drafting - Quarterly Maps	Drafting Person				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	9.00	7.25	8.00	12.75	7.50	44.50

Lori Bebinger

Timesheet Date: 06/12/2015

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person			0.25					0.25
			Regular total	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.25
			Timesheet total	0.00	0.00	7.75	9.00	10.00	8.50	12.50	47.75

Paul Jump

Timesheet Date: 06/05/2015

? ? more info

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	System O M ?	Field Technician					5.00	2.50		7.50
			Regular total	0.00	0.00	0.00	0.00	5.00	2.50	0.00	7.50
			Timesheet total	0.00	0.00	10.00	8.00	9.00	8.50	9.50	45.00

Robert Hoel

Timesheet Date: 06/12/2015

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Site Visit	Staff Project Person			5.00					5.00
			Regular total	0.00	0.00	5.00	0.00	0.00	0.00	0.00	5.00
			Timesheet total	0.00	0.00	9.50	8.00	9.50	12.00	1.00	40.00

Roger Kidd

Timesheet Date: 06/12/2015

Project	Phase	Activity	Employee Type	Sat-06	Sun-07	Mon-08	Tue-09	Wed-10	Thu-11	Fri-12	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Site Visit	Field Technician			5.00					5.00
			Regular total	0.00	0.00	5.00	0.00	0.00	0.00	0.00	5.00
			Timesheet total	0.00	0.00	9.50	9.50	9.00	12.00	1.00	41.00

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0040
Date 06/30/2015

Roger Kidd

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	System Removal	Field Technician					4.00			4.00
			Regular total	0.00	0.00	0.00	0.00	4.00	0.00	0.00	4.00
			Timesheet total	0.00	0.00	10.00	12.50	9.50	13.50	11.50	57.00

Stacy Workman

Timesheet Date: 06/26/2015

Project	Phase	Activity	Employee Type	Sat-20	Sun-21	Mon-22	Tue-23	Wed-24	Thu-25	Fri-26	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person			0.50				0.50	1.00
			Regular total	0.00	0.00	0.50	0.00	0.00	0.00	0.50	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 06/19/2015

Project	Phase	Activity	Employee Type	Sat-13	Sun-14	Mon-15	Tue-16	Wed-17	Thu-18	Fri-19	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	Data Reduction	Staff Project Person			2.00				0.50	2.50
			Regular total	0.00	0.00	2.00	0.00	0.00	0.00	0.50	2.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person					0.25			0.25
			Regular total	0.00	0.00	0.00	0.00	0.25	0.00	0.00	0.25
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

William Aho

Timesheet Date: 06/26/2015

system gone

Project	Phase	Activity	Employee Type	Sat-20	Sun-21	Mon-22	Tue-23	Wed-24	Thu-25	Fri-26	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	O&M	Staff Project Person							3.00	3.00
			Regular total	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00
			Timesheet total	0.00	0.00	7.00	9.00	8.50	8.00	9.00	41.50

Timesheet Date: 06/05/2015

Project	Phase	Activity	Employee Type	Sat-30	Sun-31	Mon-01	Tue-02	Wed-03	Thu-04	Fri-05	Total
291143 SPEEDWAY #5525 O&M-291143	Ongong Activities Ongoing Activities Associated w/ an Approved CAP/CAPA	System O M ? prepare transport.	Staff Project Person					4.00	2.50		6.50
			Regular total	0.00	0.00	0.00	0.00	4.00	2.50	0.00	6.50
			Timesheet total	0.00	0.00	8.00	9.00	9.00	8.50	7.00	41.50

AMERICAN ENVIRONMENTAL CORPORATION

REIMBURSABLE

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 291143 **Phase:** ongoing/o&m **Date:** 06/25/15

Project Site: S-5525 **Employee Name:** Scott Aho

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Transportation	Mile	44	0.575	25.30	
Disposable Sample Gloves	Pair		$0.33	0.00	
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		$8.76	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, gloves, 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 otherwise addressed in the policy or 328 IAC 1)
Vacuum Air Sampling Pump	Day		$60.00	0.00	
emergency contact signs	each		$12.35	0.00	
keyed alike locks	each		$25.38	0.00	
				0.00	
				0.00	
	Each			0.00	
			Total	25.30	

REVISED 1/29/15

PROJECT MANAGER'S APPROVAL:

Revised 2014

AMERICAN ENVIRONMENTAL CORPORATION

PROJECT COST SUMMARY
INDIANA BLTF RATES

Project # 291143 Phase: Sytem O&M Date: 06/03/15

Project Site: S-5525 Employee Name: Paul Jump

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Transportation	Mile	44	$0.56	24.64	
Disposable Sample Gloves	Pair	4	$0.33	1.32	
In-House Copies	Each		$0.15	0.00	
Hmu/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		$15.00	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	
Boring and Monitoring Well Installation	Each		$30.00	0.00	(including but not limited to, gloves, plastic baggies, bubble wrap, paper towels, trash bags, closed system purge-and-trap samplers, distilled water, and ice)
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
	Each			0.00	
			Total	25.96	

AMERICAN ENVIRONMENTAL CORPORATION

PROJECT COST SUMMARY
INDIANA ELTF RATES

Project # 291143 Phase: System O&M Date: 06/04/15

Project Site: S-5525 Employee Name: Paul Jump

Activity/Item Description	Units	Quantity	Rate	Total	Comments
Transportation	Mile	44	$0.56	24.64	
Disposable Sample Gloves	Pair	4	$0.33	1.32	
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		$15.00	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	
Boring and Monitoring Well Installation	Each		$30.00	0.00	(including but not limited to, gloves, plastic baggies, bubble wrap, paper towels, trash bags, closed system purge-and-trap samplers, distilled water, and ice)
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
	Each			0.00	
			Total	25.96	

ORR Safety®
Worker Safety Means Business®

Louisville, KY / Indianapolis, IN / Cincinnati, OH / Houston, TX / Charleston, WV
Chicago, IL / Kansas City, MO / Fresno, CA / LaPlace, La / Tupelo, MS
Decatur, AL

Bill To:

AMERICAN ENVIRONMENTAL
8500 GEORGETOWN RD
INDIANAPOLIS, IN 46268

Ship To:

AMERICAN ENVIRONMENTAL-INDIANAPOLIS
8500 GEORGETOWN RD
INDIANAPOLIS, IN 46268

Invoice #: INV3190272
Invoice Date: February 20, 2015
Page 1 of 1

PO #	Customer ID	PackList #	Ship Method	Payment Terms	Ordered By
1000	4000633	OS05365364	UPS GROUND	NET 30 / AR	LORI BEBINGER

Employee ID	Employee Name	Department	Authorization ID	Authorization Name

Ordered	Shipped	Back Ordered	Orr Item #	Customer Item #	Orr Item Description	Unit Price	Ext. Price
20	20	0	BES6005PFS		Disposable Glove, N-Dex Original Sz S Pwdr Free Blu Ntrl 9.5" 4mil Rolled Cuff 100/Bx	$13.20	$264.06

STOP Stop waiting on the post office for your invoices!
Email CREDITDEPARTMENT@ORRCORP.COM to start e-invoicing

Subtotal	$264.06
Misc	$0.00
Tax	$19.87
Shipping	$19.86
Amount Received	$0.00
Total Due	$303.79

On behalf of Orr Safety, thank you for your business. Please contact us with any questions at 800-669-1677 x6438 or Email: custserv@orrcorp.com. Sincerely,
Diane Mattingly

INVOICE

SEND ALL PAYMENTS TO:
SUNBELT RENTALS, INC.
PO BOX 409211
ATLANTA, GA 30384-9211

SUNBELT® RENTALS

INVOICE NO.	52823362-001
ACCOUNT NO.	2828459
INVOICE DATE	6/05/15
PAGE	1 of 1

INVOICE TO

1oz - 510 - 644
AMERICAN ENVIRONMENTAL CORP
8500 GEORGETOWN RD
INDIANAPOLIS IN 46268-1647

JOB ADDRESS
SPEEDWAY GAS STATION
4120 E. SOUTHPORT RD
INDIANAPOLIS, IN 46237 3258

317-871-4090

RECEIVED BY: AHO, SCOTT	CONTRACT NO.: 52823362
PURCHASE ORDER NO.: 291143	
JOB NO.: 3 - SPEEDWAY GAS STA	
BRANCH: NOBLESVILLE PC219 18000 CUMBERLAND RD NOBLESVILLE, IN 46060-1625 317-773-1688	

QTY	EQUIPMENT #	Min	Day	Week	4 Week	Amount
1	4400LB 16' SHOOTING BOOM FORKLIFT	305.00	305.00	790.00	1830.00	305.00
	187016 Make: JCB Model: 52050 Ser #: 1411407 HR OUT: 1705.100 HR IN: 1705.100 Billed from 6/04/15 thru 6/04/15					

SALES ITEMS:

Qty	Item number	Unit	Price	
1	DLPKSRCHG TRANSPORTATION SURCHARGE	EA	12.500	12.50 Ø
1	ENVIRONMENTAL ENVIRONMENTAL	EA	4.270	4.27 Ø
	DELIVERY CHARGE			125.00
	PICKUP CHARGE			125.00
	FINAL BILL: 6/04/15 09:00 AM THRU 6/04/15 11:04 AM.			

mob

Job Number 291143

Phase O+M

Mark-Up % 10%

Approved by

555
x 10%
610.50

RECEIVED
JUN 15 2015
BY:

Equipment. Service. Guaranteed.

EMIT TO:

UNBELT RENTALS, INC.
O BOX 409211
TLANTA, GA 30384-9211

NET DUE UPON RECEIPT

Invoices not paid within 30 days may be subject to a 1-½% per month charge.

SUBTOTAL	571.77
SALES TAX	40.03
INVOICE TOTAL	611.80

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		
				SUBTOTAL	$792.56	$0.00	
				GRAND TOTAL FOR THIS INVOICE	**$792.56**	**$0.00**	

Additional Notes:

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	$108.25	XXXXXXXXXX	XXXX	$108.25	108.25	3
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	$342.38	XXXXXXXXXX	XXXX	$342.38	342.38	↓
Tech	On Site Labor; Preparation for System to be Removed from Site.	2.50	Hours	$62.25	$155.63	XXXXXXXXXX	XXXX	$155.63	155.63	↓
							SUBTOTAL	$792.56	$2.76	
							GRAND TOTAL FOR THIS PAY REQUEST	$792.56	$2.76	

Additional Notes:

CHEMVIRON MIDWEST

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	108.25	/ hour	108.25
	Mobilization / demobilization of CMI equipment, 1 truck	324	0.575	/ mile	186.30
	Travel labor, senior technician	5.5	62.25	/ hour	342.38
	On-site labor, senior technician	2.5	62.25	/ hour	155.63

Ø info
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Ø
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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

Chemviron Weekly Timesheet

Employee:	Jeff Mills		Date / From	06/14/15	to	07/20/15						
Project Table	Task Table			Date:	6/14	6/15	6/16	6/17	6/18	6/19	6/20	Totals
Project #	**Task #**	**Task Description**			**Sun**	**Mon**	**Tues**	**Wed**	**Thu**	**Fri**	**Sat**	
Office	120	General office				6	8	8	5.5	8		35.5
Shop	120	General Shop				2			1.5			3.5
Speedway 5525	101	Project Management							1			1
				Totals	0	8	8	8	8	8	0	40

Please initial as your signature: btb

Chemviron Weekly Timesheet

Employee:	Rob Paul		Date / From	06/14/15	to	06/20/15					
			Date:	6/14	6/15	6/16	6/17	6/18	6/19	6/20	Totals
Project #	**Task #**	**Task Description**		**Sun**	**Mon**	**Tues**	**Wed**	**Thu**	**Fri**	**Sat**	
office	120	General Office			1						1
Speedway 6682	130	O&M Visit			8						8
office	120	General Office				1					1
Speedway 7122	130	O&M Visit				9					9
office	120	General Office					1				1
Speedway 5505	130	O&M Visit					8				8
office	120	General Office						0.5			0.5
Speedway 5525	139	MTU decommission						9.5			9.5
office	120	General Office							2.5		2.5
Speedway 8336 onsite	101	Project Management								1	1
			Totals	0	9	10	9	10	2.5	1	41.5

Please initial as your signature: RP

Chemviron Weekly Timesheet											
Employee:	Rob Paul		**Date / From**	06/21/15	to	06/27/15					
			Date:	6/21	6/22	6/23	6/24	6/25	6/26	6/27	**Totals**
Project #	**Task #**	**Task Description**		**Sun**	**Mon**	**Tues**	**Wed**	**Thu**	**Fri**	**Sat**	
office	120	General Office			0.5	0.5	0.5				1.5
Speedway 8324	139	Drive to Wooster, hook up, prep MTU, bring back to Indian			12						12
Speedway 8324	139	Deliver MTU & meet w contractors				7					7
[redacted]						2					2
office	120	General Office				2					2
Speedway 5525	139	Decomm. MTU					4				4
[redacted]							6				6
office	120	General Office						1.5			1.5
Speedway 6682	139	Alarm response						7			7
office	120	General Office							2		2
			Totals	0	12.5	11.5	10.5	8.5	2	0	45

Please initial as your signature: RP

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		
				SUBTOTAL	$254.21	$0.00	
				GRAND TOTAL FOR THIS INVOICE	**$254.21**	**$0.00**	

Additional Notes:

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	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	
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:										

American Environmental

8500 Georgetown Road
Indianapolis, IN 46268
317-871-4090

SPEEDWAY LLC
P.O. BOX 1500
SPRINGFIELD, OH 45501
SAMUEL KRAMER

Invoice number 291143-0041
Date 07/31/2015

Project **SPEEDWAY #5525 O&M- 291143**

WORK PERFORMED THROUGH 7/31/15

JOB LOCATION: 4120 E. SOUTHPORT RD. INDIANAPOLIS, IN
PROJECT MANAGER: HAP

PROFESSIONAL FEES

	Hours	Rate	Billed Amount
Project Manager	2.75	107.50	295.63
Staff Project Person	4.50	90.25	406.13
Field Technician	7.00	62.00	434.00
Drafting Person	3.50	52.75	184.63

EXPENSES

	Units	Rate	Billed Amount
Mileages	96.00	0.575	55.20
Water Level Indicators	1.00	15.00	15.00
Decon Materials	1.00	15.00	15.00
Quarterly Monitoring Well Sampling Materials	11.00	30.00	330.00
Materials			12.41
		Invoice total	**1,748.00**

INVOICE DUE NET 30 DAYS
LATE PAYMENTS WILL BE CHARGED INTEREST AT 1.5% PER MONTH

WE APPRECIATE YOUR BUSINESS!

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0041
Date 07/31/2015

Elizabeth Gwinn

Timesheet Date: 07/31/2015

Project	Phase	Activity	Employee Type	Sat-25	Sun-26	Mon-27	Tue-28	Wed-29	Thu-30	Fri-31	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Drafting - Quarterly Maps	Drafting Person				2.00			1.50	3.50
			Regular total	0.00	0.00	0.00	2.00	0.00	0.00	1.50	3.50
			Timesheet total	0.00	0.00	10.00	10.50	6.00	6.50	7.00	40.00

Elizabeth Lemons

Timesheet Date: 07/24/2015

Project	Phase	Activity	Employee Type	Sat-18	Sun-19	Mon-20	Tue-21	Wed-22	Thu-23	Fri-24	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person			1.50					1.50
			Regular total	0.00	0.00	1.50	0.00	0.00	0.00	0.00	1.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/17/2015

Project	Phase	Activity	Employee Type	Sat-11	Sun-12	Mon-13	Tue-14	Wed-15	Thu-16	Fri-17	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person				1.00				1.00
			Regular total	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/03/2015

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-30	Wed-01	Thu-02	Fri-03	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person						0.50		0.50
			Regular total	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Holly Young

Timesheet Date: 07/31/2015

Project	Phase	Activity	Employee Type	Sat-25	Sun-26	Mon-27	Tue-28	Wed-29	Thu-30	Fri-31	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Report Preparation	Project Manager				0.50				0.50
			Regular total	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/24/2015

Project	Phase	Activity	Employee Type	Sat-18	Sun-19	Mon-20	Tue-21	Wed-22	Thu-23	Fri-24	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager					0.75	0.25		1.00
			Regular total	0.00	0.00	0.00	0.00	0.75	0.25	0.00	1.00
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

Timesheet Date: 07/03/2015

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-30	Wed-01	Thu-02	Fri-03	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Project Management	Project Manager				1.00		0.25		1.25
			Regular total	0.00	0.00	0.00	1.00	0.00	0.25	0.00	1.25
			Timesheet total	0.00	0.00	8.00	7.25	9.50	7.25	8.00	40.00

SPEEDWAY LLC
Project **SPEEDWAY #5525 O&M- 291143**

Invoice number 291143-0041
Date 07/31/2015

Lori Bebinger

Timesheet Date: 07/24/2015

Project	Phase	Activity	Employee Type	Sat-18	Sun-19	Mon-20	Tue-21	Wed-22	Thu-23	Fri-24	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Quarterly Sampling	Field Technician					7.00			7.00
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Data Reduction	Staff Project Person					1.00			1.00
			Regular total	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00
			Timesheet total	0.00	0.00	9.00	9.00	8.00	11.50	9.50	47.00

Stacy Workman

Timesheet Date: 07/03/2015

Project	Phase	Activity	Employee Type	Sat-27	Sun-28	Mon-29	Tue-30	Wed-01	Thu-02	Fri-03	Total
291143 SPEEDWAY #5525 O&M-291143	Quarterly Quarterly Reporting	Compile Data	Staff Project Person				0.25	0.25			0.50
			Regular total	0.00	0.00	0.00	0.25	0.25	0.00	0.00	0.50
			Timesheet total	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

J-27115

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

Ø

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!
****

ENTER FOR A CHANCE
TO WIN A $5,000
HOME DEPOT GIFT
CARD!

Share Your Opinion With Us! Complete the brief survey about your store visit and enter for a chance to win at:

www.homedepot.com/opinion

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

User ID:
2PX3 15475 13519

Password:
15325 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.