

Instructions for the Miscellaneous Tasks Reimbursement Worksheet

General Instructions:

This reimbursement worksheet shall be completed per 401 KAR 42:250 to initiate reimbursement for actions required that may not be directed by the cabinet or included on other reimbursement worksheet. The following identifies the fixed cost allowed per task performed. The rates prescribed in this worksheet shall include facility visits, scheduling, oversight personnel, labor, equipment and material needed in order to perform the listed actions, per 401 KAR 42:250 "Contractor Cost Outline" (August 2006).

Complete this reimbursement worksheet to include only those tasks required by regulation or written directive. This shall only include those costs not previously submitted for reimbursement.

Reimbursement of the fixed cost is contingent upon the cabinet's determination that the actions undertaken are necessary and meet the requirements of 401 KAR Chapter 42.

A deduction from the submitted claim shall be made to accommodate for the entry level amount specified in this administrative regulation, unless previously deducted from prior claim payments.

Actions directed by the cabinet that do not have a fixed cost listed on this reimbursement worksheet shall be included in Number 12 below. The reimbursement of personnel rates and equipment shall be based on those tasks and qualifications listed in the "Contractor Cost Outline" (August 2006).

General Information

Agency Interest Number: Type the Agency Interest number.

Completion of Reimbursement Worksheet

1. **Mobilization and Demobilization of Oversight Personnel to the Regulated Facility.** The cabinet shall determine the round trip mileage from the contractor's office to the regulated facility. Mobilization and demobilization charges may be added only to initial abatement, cistern decommissioning, and monitoring well pad replacement. All other actions included on this worksheet either include mobilization and demobilization or those costs will be included in those actual costs submitted in those actual costs.
2. **Initial Abatement.** Complete for initial abatement actions taken at a regulated facility in accordance with 401 KAR 42:060, prior to a written directive from the cabinet and not declared an emergency by the cabinet. Enter "1" if initial abatement actions were undertaken. The applicant shall attach this reimbursement worksheet with the required status letter describing the actions completed and recommendations for future actions. The cost outlined for this item also includes the preparation of the required status letter and facility sketch.
3. **Transportation of Purged Water or Soil Cuttings.** Enter the number of drums transported. This should correspond with the number of drums included on the waste manifest(s) submitted with this reimbursement worksheet.
4. **Disposal of Purged Water or Soil Cuttings.** Enter the number of drums disposed. Include the waste manifest(s) from the actual disposal facility as an attachment to this reimbursement worksheet. Include the number of drums disposed. This number should correspond with the number of drums listed on the waste manifest(s).

5. **Initial Review of Facility for New Contracting Company and New Contractor.** Enter “1” beside review. Include a copy of the new contract as an attachment to this reimbursement worksheet. The fixed cost for this item includes all necessary actions taken to perform the initial review.
6. **Cistern Decommissioning.** Enter the number of cisterns directed for decommissioning.
7. **Monitoring Well Pad Replacement.** Reimbursement for this item shall be limited to costs incurred to repair damage (e.g. cracked concrete pad, damaged protective casing, etc.) or replace a monitoring well pad in order to maintain the monitoring well construction standards in accordance with 401 KAR 6:310. This action shall be reported to the cabinet in writing, and include photo documentation of the damaged monitoring well. Enter the number of monitoring well pads replaced and provide photo documentation as an attachment to this reimbursement worksheet.
8. **Tank and Line Tightness Test.** Enter the actual cost of the Tank and Line Tightness Test. Include the invoice showing the actual cost as an attachment to this reimbursement worksheet.
9. **Encroachment Permit (EP) or Off-Site Property Access Agreement (PA).** Enter the number of encroachment permits or individually written and executed property access agreements. Include a copy of the agreement(s) or encroachment permit (including encroachment permit renewals) as an attachment to this reimbursement worksheet. Access denials shall be documented per Section 11 of the Site Investigation Outline incorporated by reference in 401 KAR 42:060.
10. **Dye Trace Test.** Enter the actual cost of the Dye Trace Test. Include the invoice showing the actual cost as an attachment to this reimbursement worksheet.
11. **Backfill Subsidence Repair.** Reimbursement for this item shall be limited to costs incurred to repair backfill subsidence due to settling at the facility.
Mobilization and demobilization: Enter the round trip mileage from the contractor’s office to the regulated facility.
Purchase and Transportation of Backfill: Enter the number of tons of backfill purchased and transported from the nearest quarry. Submit weigh tickets with the worksheet for the backfill material.
Install and Compact Backfill: Enter the number of tons of backfill purchased.
12. **Other Costs.** Any other costs that do not fall within the listed task must be pre-approved in writing, following the submittal of a written cost estimate, by the cabinet prior to costs being incurred. An invoice shall be submitted for any tasks required that do not fall within one of the listed tasks. The invoice provided shall clearly show the actions completed in chronological order. Backup documentation shall be submitted to support the hours of the personnel performing the tasks and the equipment used to complete the tasks. Actions necessary as a result of mistakes, omissions, or inefficiencies occurring during the performance of corrective action shall not be reimbursed.
13. **Laboratory Analysis.** Enter the number of samples collected and analyzed at a laboratory. If analyses are required that are not listed above, enter the actual cost under “other” and include the invoice that documents the actual cost as an attachment to this Reimbursement Cost Worksheet.
14. **Reporting.** Enter “1” beside miscellaneous reporting as directed in writing by the cabinet.