

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

*FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE*

Obligation Number:

UST Re-Evaluation of a Reimbursable Amount

1. General Information

| | | | |
|---------------------------------------|----|----------------------------------|-----|
| Agency Interest Number (AI) | | PSTEAF Application Number | |
| Reimbursement Amount Requested | \$ | Date of Directive | / / |
| Name of Directive | | | |

2. UST Facility Information

| | | | |
|--|-----------------|---------|-------------|
| UST Facility Name | | | |
| UST Facility Physical Address <i>(PO Box not accepted)</i> | Street Address: | | |
| | City: | County: | Zip Code: - |

3. Applicant Information

| | | | |
|--------------------------------------|--------------|--------|--|
| Applicant Name | | | |
| Applicant Contact Information | Phone: () - | Email: | |

4. Requirements

This request is for completion of the following activities and their expected costs per task as directed in the above referenced written directive. The following shall be used in determining the estimated costs and submitted with this re-evaluation.

- Personnel costs for the contracted eligible company shall be calculated using the personnel rates established in the UST PSTEAF Reimbursement Rates, Section 5 (401 KAR 42:250).
- Submit an itemized cost breakdown of the eligible company's or partnership's time and materials to be used for the completion of the written directive.
- Three (3) written estimates must be included from subcontractors in the area in which the facility is located for services or materials not provided by the contracted company or partnership (refer to 401 KAR 42:250, Section 7), if applicable.
- If a cost estimate was submitted for portions of the written directive, those costs shall again be submitted with this document.

5. Estimated Costs

Include a description of the task directed and the estimated costs (attach additional pages if necessary). Attach to this form all required information as described in Section 4 Requirements above.

| Task Description | Estimated Cost |
|------------------|----------------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |

AI _____

6. Bids

Bids shall be obtained only from persons qualified and able to perform the work being bid. Bids shall not be obtained from persons with whom the applicant or applicant's primary contractor has a financial interest. The lowest viable bid shall be the basis for reimbursement.

| | | |
|---------------|----------------------------|----|
| Bid #1 | Subcontractor Name | |
| | Description of work | |
| | Bid Amount | \$ |
| Bid #2 | Subcontractor Name | |
| | Description of work | |
| | Bid Amount | \$ |
| Bid #3 | Subcontractor Name | |
| | Description of work | |
| | Bid Amount | \$ |

7. Certification

I certify that the foregoing cost estimate requested amount is true and accurate, and is effective until ___ / ___ / ___ (MM/DD/YY). I certify that the costs listed are reasonable and necessary to the performance of the written directive. I understand that the UST Branch may request additional information to verify that the costs are reasonable and necessary for the completion of the written directive issued ___ / ___ / ___ (MM/DD/YY).

| | | | | |
|--|------------------|--|------------------|-----|
| Professional Engineer or Professional Geologist | <i>Printed</i> | | License # | |
| | <i>Signature</i> | | Date | / / |

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <https://eec.ky.gov/Environmental-Protection/Waste/underground-storage-tank/Pages/default.aspx>. For copies of UST facility records please visit <https://eec.ky.gov/pages/Open-Records.aspx> or email EEC.KORA@ky.gov.

**GENERAL INSTRUCTIONS
UST Re-Evaluation of a Reimbursable Amount**

Instructions provided are for the DWM 4291, UST Re-Evaluation of a Reimbursable Amount form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

All sections shall be completed to be accepted by the cabinet. If this form is not complete (including all required additional documentation) a deficiency letter will be sent to the applicant for corrections.

Submit DWM 4291 form via mail, fax, or electronically:

**Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
Phone: (502) 564-5981
Fax: (502) 564-0094**

<https://eec.ky.gov/Environmental-Protection/Waste/underground-storage-tank/Pages/default.aspx>

| | | |
|----------------|-----------|---|
| Section | 1. | <p>General Information:</p> <ul style="list-style-type: none"> • Agency Interest Number (AI) – Enter the agency interest number for the UST facility. • PSTEAF Application Number – Enter the applicable Application for Assistance number. • Reimbursement Amount Requested – Enter the dollar amount requested for re-evaluation. • Date of Directive – Enter the date of the directive for which the original amount was obligated. • Name of Directive – Enter the name of the directive for which the original amount was obligated. |
| Section | 2. | <p>UST Facility Information:</p> <ul style="list-style-type: none"> • UST Facility Name – Enter the UST facility name. • UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted. |
| Section | 3. | <p>Applicant Information:</p> <ul style="list-style-type: none"> • Applicant Name – Enter the applicant name. This is not the UST facility name, unless it is the same as the applicant. • Applicant Contact Information – Enter the applicant's contact information including phone number and email address. |
| Section | 4. | <p>Requirements:</p> <ul style="list-style-type: none"> • Personnel costs for the contracted eligible company shall be calculated using the personnel rates for the contracted eligible company established in the UST PSTEAF Reimbursement Rates, Section 5 (401 KAR 42:250). • Submit an itemized cost itemization of the eligible company's or partnership's time and material to be used for the completion of the written directive. • Three (3) written estimates must be included from subcontractors in the area in which the facility is located for services or materials not provided by the contracted company or partnership (refer to 401 KAR 42:250, Section 7), if applicable. • If any previously approved cost estimate that will be used to perform any portion of the directive was submitted for portions of the written directive, submit those costs again. |
| Section | 5. | <p>Estimated Costs:</p> <ul style="list-style-type: none"> • Include a separate description of the task directed and the estimated costs. |
| Section | 6. | <p>Bids:</p> <ul style="list-style-type: none"> • Three (3) bids shall be obtained only from persons qualified and able to perform the work being bid. Bids shall not be obtained from persons with whom the applicant or applicant's primary contractor has a financial interest. The lowest viable bid shall be the basis for reimbursement. |
| Section | 7. | <p>Certification:</p> <ul style="list-style-type: none"> • Enter the appropriate dates in the certification stating the cost estimates are true and accurate. • Professional Engineer or Professional Geologist – The Professional Engineer (P.E.) or Professional Geologist (P.G.) shall certify the information included in the re-evaluation request by printing name, license number, and sign and date. |