

Instructions for the Final Site Investigation for a Facility Reimbursement Worksheet

General Instructions:

The following identifies the fixed cost allowed per task performed for actions directed by the cabinet. Reimbursable rates include all costs associated with the actions being performed. The rates prescribed in this reimbursement worksheet shall include, but are not limited to, 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).

The cabinet shall complete the reimbursement worksheet for all tasks directed for Final Site Investigation for a facility. The pre-established fixed cost shall be identified by written directive. The amount pre-established shall be considered the final cost for the completion of the written directive. Directives from the cabinet shall include a scope of work that shall not exceed two days of field work.

The "Certification" section of the reimbursement worksheet shall be completed by the applicant. The entire reimbursement worksheet shall be submitted with the required report.

Reimbursement shall be made based on the pre-established fixed cost as indicated on the reimbursement worksheet minus the applicable entry level amount, unless previously deducted from prior claim payments.

Reimbursement for pre-established fixed cost is contingent upon a determination by the cabinet's technical review that the report required by written directive is complete and meets the requirements of 401 KAR Chapter 42.

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. If the per diem is applicable based on this mileage only one round trip mileage from the office to the regulated facility shall be reimbursed. In this case, an additional 30 miles shall be reimbursed per day for the overnight stay in addition to the applicable per diem.
2. **Per Diem.** The cabinet's reimbursement for per diem costs shall include personnel providing supervisory oversight at the facility (one individual) and meals and lodging for that individual during the course of facility activities requiring more than one day of field work and occurring at a facility greater than 65 miles (one way) from the nearest contractor's office or as directed by the cabinet. Per diem reimbursement shall be limited to one (1) overnight stay per directive from the cabinet. Per diem reimbursement for non supervisory personnel has been integrated into the unit costs established.
3. **Pump Test.** Reimbursement shall be based on the duration of the pump test requested.
4. **Slug Test.** Reimbursement shall be based on the number of wells for which a test is requested.
5. **Water Sampling and Well Gauging.** Enter the number of wells or other sampling points (i.e. streams, domestic use wells, springs, seeps) from which samples were collected as directed. If no sampling is required, enter the number of wells gauged as directed. NOTE: If a well is to be sampled, the cost of gauging is included.

6. **Laboratory Analysis.** Reimbursement shall be based on the total number of samples requested and the analysis required.
7. **Reporting.** Reimbursement shall be made based on the type of report requested.

Applicant

1. **Name of Owner/Operator.** Enter the name of the applicant that applied to the cabinet for reimbursement.
2. **Mailing Address.** Enter the address of the applicant.
3. **City, State, Zip.** Enter the city, state and zip code of the applicant.
4. **Name of Contact Person and Telephone Number.** Enter the name of the contact person and their telephone number, including area code.
5. **Applicant Signature and Date.** The Applicant or authorized personnel shall sign and date the form.
6. **Title of Applicant/Authorized Representative.** Print the title of applicant or authorized representative.
7. **Certified Contractor Signature and Number.** The Certified Contractor listed for this facility shall sign and include their certification number on the form.
8. **Certified Company Representative Signature and Certified Company Number.** The Certified company representative shall sign and include the company certified number on the form.