

Instructions for the Facility Restoration Reimbursement Worksheet

General Instructions:

This worksheet shall be completed per 401 KAR 42:250 to initiate reimbursement for actions related to facility restoration. 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 facility restoration costs is based upon the cabinet's determination that restoration activities have been completed.

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 10 below. The reimbursement of personnel rates and equipment will be reimbursed based upon those tasks and qualifications listed in the "Contractor Cost Outline" (August 2006).

The cabinet shall reimburse for the replacement of surface material removed during corrective action activities. Reimbursement for restoration costs shall not exceed the cost of replacing the original material removed. Reimbursement shall be limited to a one-time replacement cost for surface materials.

Additional cost related to the repair of subsidence resulting from improper placement of fill material shall not be reimbursable.

General Information

Agency Interest Number: Type the Agency Interest number.

Completion of Reimbursement Worksheet

1. **Mobilization and Demobilization of Heavy Equipment and Oversight Personnel to the Regulated Facility.** Enter the round trip mileage from the contractor's or subcontractor's office providing the equipment to the regulated facility. Enter the round trip mileage for the personnel providing oversight from the contractor's office to the regulated facility per day if there is no overnight stay charged. If overnight stay was necessary to complete facility restoration, enter the number of days associated with overnight stay.
2. **Per Diem.** Enter the number of overnight stays for personnel providing oversight and submit copies of hotel receipts with the worksheet, if applicable. Per diem reimbursement for non supervisory personnel has been integrated into the unit costs established.
3. **Transportation of Drummed Waste, 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 Drummed Waste, Purged Water or Soil Cuttings.** Enter the number drums disposed. Include the invoice and waste manifest(s) from the actual disposal facility as an attachment to this reimbursement worksheet. This should correspond with the number of drums listed on the waste manifest(s).

5. **Asphalt Replacement.** Enter the square footage associated with asphalt replacement. If the asphalt being replaced is greater than 4 inches in thickness, enter the additional inches beyond 4 inches. If curbing is being replaced, enter the linear feet of curbing. Provide a map to scale showing the dimensions of the asphalt replacement area, along with photos showing the before and after replacement as an attachment to this reimbursement worksheet.
6. **Concrete Replacement.** Enter the square footage associated with concrete replacement. If the concrete being replaced is greater than 4 inches in thickness, enter the additional inches beyond 4 inches. If rebar is being replaced, enter the total cost of the concrete replaced. Provide a map to scale showing the dimensions of the concrete replacement area, along with photos showing the before and after replacement as an attachment to this reimbursement worksheet.
7. **Reseeding.** Enter the square footage associated with reseeding. For an area over 43,560 (1 acre), add the additional square footage. Provide a map to scale showing the dimensions of the area reseeded, along with photos depicting the reseeded area as an attachment to this reimbursement worksheet.
8. **Well Decommissioning.** Enter the number of wells decommissioned. This should correspond to the well decommissioning logs submitted to the cabinet. This includes decommissioning of domestic use wells.
9. **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.