

PCB Contaminated Sediment Disposal Compensation Claim

Financial Assistance for Remediation of Polychlorinated Biphenyls (PCB) Contaminated Sediment Grant Program
 Form 8700-325 (5/09)

NOTICE: This form is authorized under s. 292.68, Wis. Stats. Completion of this form is mandatory. Failure to submit a timely completed form to the Department of Natural Resources will result in denial of reimbursement funds. Personally identifiable information collected on this form will be used for program administration and may be available to requesters under Wisconsin's Open Records laws (ss.19.31-19.39, Wis. Stats.) and requirements.

GUIDANCE: For questions concerning this form, contact Sandy Chancellor, Grant Manager, at (608) 264-9207 or Ed Lynch, Waste Program Manager, at 608-266-3084. Information and forms are available at: <http://dnr.wi.gov/org/caer/cfa/Grants/pcbssediment.html>

I. Claimant Information and Eligibility Requirements:

Claimant Name		Contact Name	Authorized Representative Name	
Facility Name (if applicable)		Contact Title	Authorized Representative Title	
Mailing Street Address		Contact Phone	Authorized Representative Phone	
Mailing City		Contact Fax Number		
State	Zip Code	Contact E-mail Address	Assembly District:	Senate District:
Find at: http://waml.legis.state.wi.us/				

II. Claimant Eligibility

Claimant must answer "Yes" to ALL questions below to be eligible for reimbursement.

- I am a responsible party under s. 292.11, Wis. Stats., (the state hazardous substances spill statute) or 42 U.S.C. sections 9601 *et seq.* or have a consent decree with DNR or EPA for remediation of PCB contaminated sediment dredged from the beds or bank of navigable waters in the State of Wisconsin and those sediments contain polychlorinated biphenyls (PCBs) in concentration of 50 parts per million or greater. Yes No
- The PCB contaminated sediment was transported to and disposed at a licensed hazardous waste disposal facility outside of the State of Wisconsin and the disposal occurred on or after May 1, 2007. Yes No
- The PCB contaminated sediment was transported to and disposed at a licensed hazardous waste disposal facility outside of the State of Wisconsin and the disposal occurred within two years of the date of this application.
 Yes No
- I can provide test results that show the sediment had a PCB concentration of 50 parts per million or greater.
 Yes No
- I can provide proof of proper disposal at a licensed hazardous waste facility outside of the State of Wisconsin.
 Yes No
- I can provide proof of all eligible reimbursement costs. Yes No

III. Eligible Reimbursement Costs for Disposal of PCB Contaminated Sediment:

		To be completed by DNR
Transportation Cost:	\$	\$
Permits:	\$	\$
Disposal Fees Out of State:	\$	\$
<i>(less such costs for the disposal in Wisconsin):</i>	<i>Minus</i> \$	<i>Minus</i> \$
Other Cost Pre-Approved by the DNR Waste Program Manager:	\$	\$
Total Reimbursement Cost:	= \$	= \$
Percentage of Reimbursement Allowed :	X 0.95	X 0.95
TOTAL THIS REIMBURSEMENT CLAIM:	\$	\$

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IV. Attachments Required for Reimbursement of Eligible Costs

- Copy of test results which show that the sediment contains PCBs in a concentration of 50 part per million or greater.
- If applicable, a copy of consent decree with DNR or EPA establishing that the sediment was removed from navigable waters in Wisconsin as part of a remediation project (or other proof that I am a responsible party for the remediation of PCB contaminated sediment).
- Copy of manifest document showing that the PCB contaminated sediment was transported and disposed at a licensed hazardous waste disposal facility outside Wisconsin and that the disposal occurred on or after May 1, 2007, AND within 2 years of this application claim.
- Copies of costs paid for disposal: invoices, checks (front & back), and contract between claimant and disposal facility indicating estimate of cost associated with disposal.
- Copy of cost estimate for cost associated with disposal in a Wisconsin facility. (*See instructions to calculate Wisconsin disposal costs*)
- A completed W-9 form with original signature for check processing purposes. (*Note: Check will be mailed to name and address provided on W9.*)

V. Claimant Certification

I certify that, to the best of my knowledge and belief, the costs reported on this claim form are eligible costs in accordance with s. 292.68, Wis. Stats.

SIGNATURE OF CLAIMANT	DATE SIGNED
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Send this completed application claim form, signed, and dated with the required attachments to:

**Ed Lynch (RR/5)
Wisconsin DNR
PO Box 7921
Madison, WI 53707-7921**

Attachments Checklist --

Transport and Disposal for PCB-Contaminated Sediment

W9 FORM: A completed W9 form for needed before the DNR can issue reimbursement. This document may be found in the appendix of the application guide or at <http://dnr.wi.gov/org/caer/cfa/Grants/pcbsediment.html>

TRANSPORTER & DISPOSAL FACILITY CERTIFICATION:

- Provide a knowledgeable contact's name, address, and phone number and all companies providing transportation and disposal services. Also provide the distance to the out-of-state disposal facility.
- Provide certification statements from the transporter and the out-of-state disposal facility that both are in compliance with applicable federal, state, and local laws and permits governing the transportation and disposal of materials containing PCBs with a concentration of 50 parts per million or greater.

MAP: Provide a map showing the location and elevation from which the contaminated sediment was dredged or excavated.

INSURANCE: If any portion of the transportation, disposal, or permitting costs for which the applicant is seeking reimbursement is covered by insurance, provide a statement from the applicant's insurance company stating that the insurance company has denied the applicant's claim for coverage.

ESTIMATE OF ADDITIONAL TRANSPORTATION COSTS: Estimate additional transportation costs for the disposal of sediment that contains PCBs in a concentration of 50 parts per million or greater by subtracting estimated WI transportation costs from actual costs to transport sediment out-of-state. Prepared estimate in accordance with s. 292.68(5), Wis Stats. (*See page 5 of the instruction sheet for this information.*)

TEST RESULTS: Provide a copy of test results showing that the sediment on which the application is based contains PCBs in a concentration of 50 parts per million or greater. **NOTE:** Responsible parties should follow appropriate USEPA guidance to determine TSCA applicability in sediment.

COST REIMBURSEMENT WORKSHEET: Provide a detailed worksheet for transportation, disposal, and permitting costs. The worksheet shall list and identify each eligible cost for which the applicant seeks reimbursement from the department, the date the reimbursable activity took place, and the total transportation and disposal costs, allocated to the following categories:

- a. Transportation including cost per mile for transportation and copies of signed transportation agreements.
- b. Disposal including cost per ton for disposal and copies of signed disposal agreements.
- c. Costs for necessary permitting.

(*See worksheet provided on page 4 within the application or develop a spreadsheet and attach.*)

INVOICES or other information documenting and cross-referencing each of the costs incurred and listed on the detailed cost reimbursement worksheet and identifying the nature of the services provided, the amount charged for the services, the name of the provider, and the dates on which the services were provided.

CANCELLED CHECKS or other supporting documentation to prove that the applicant has paid all of the costs detailed on the **COST REIMBURSEMENT WORKSHEET** for the specific location of the PCB contaminated sediment removal.

AGENT AGREEMENT (if applicable): If the agent is processing this reimbursement, signed and dated copy of agreement between the applicant and the agent.

