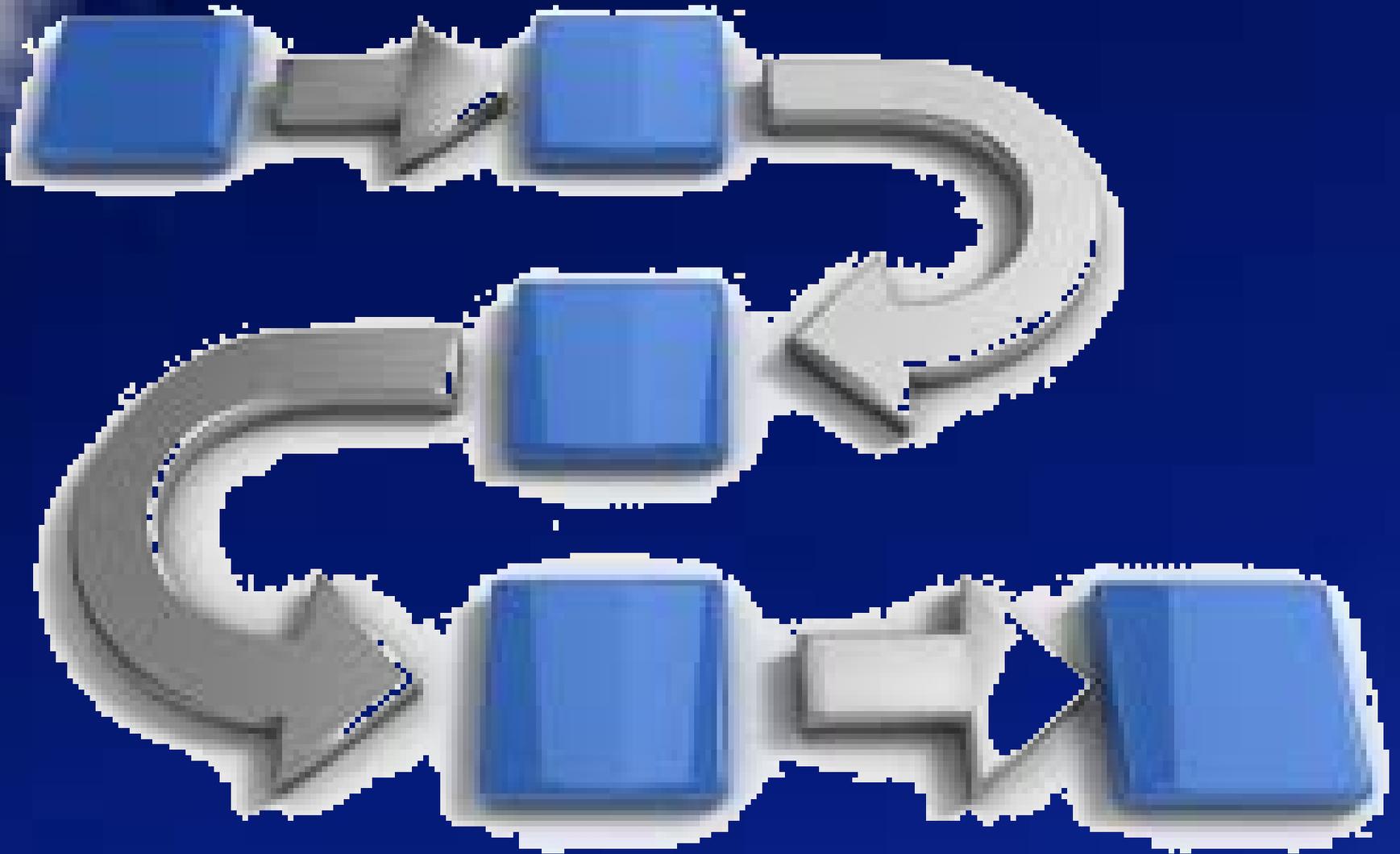


Petroleum Tank Release Cleanup Fund

Road to Re-Development







Petroleum Tank Release Cleanup Fund

- Eligible Release
- Petroleum Contamination
- Co-Payment (\$17,500 / \$5,000)
- Reimbursable Costs
- Department Approved

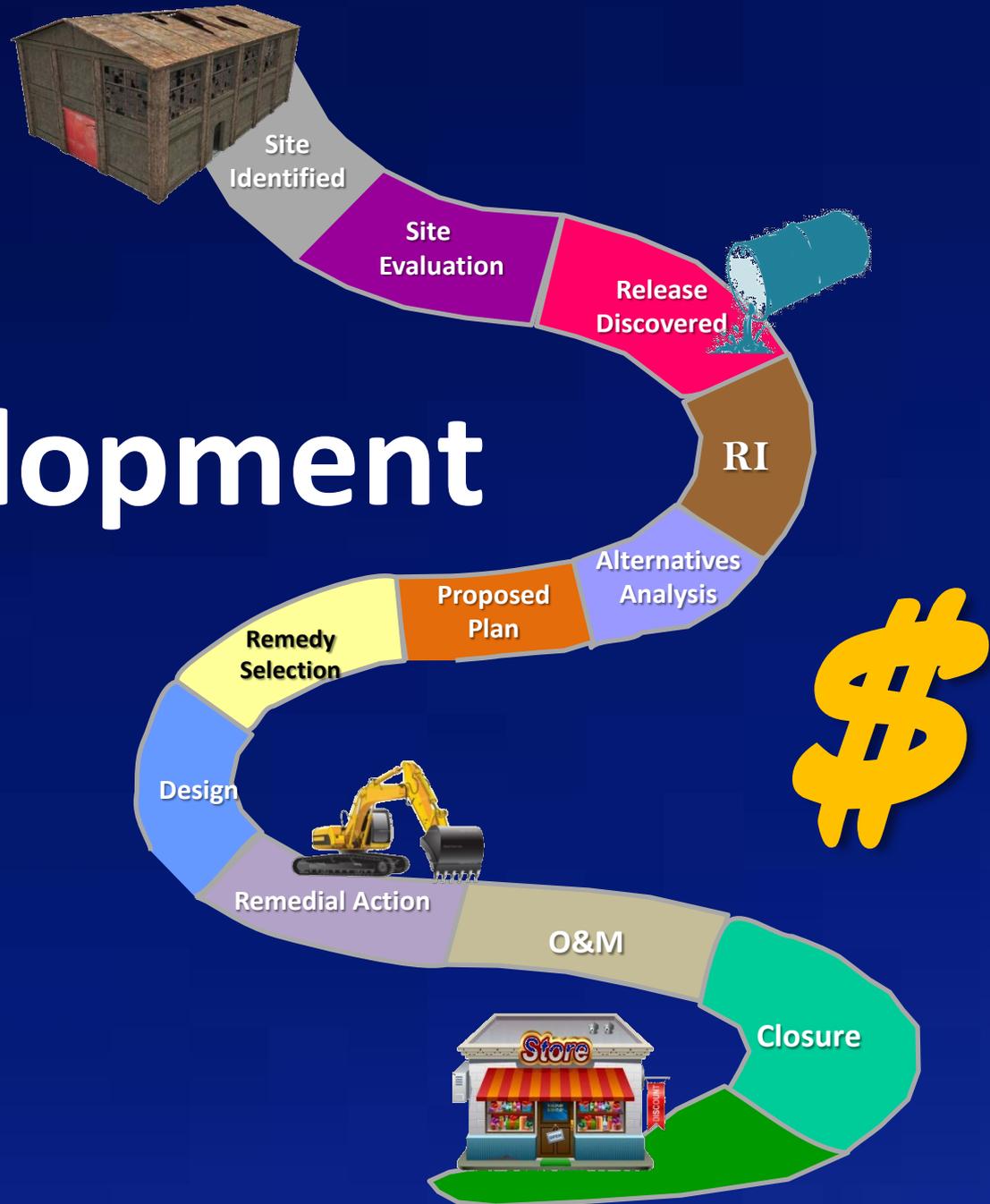




Leak? Suspect Release?

Eligible Costs?

Site Redevelopment Process



Usual Steps



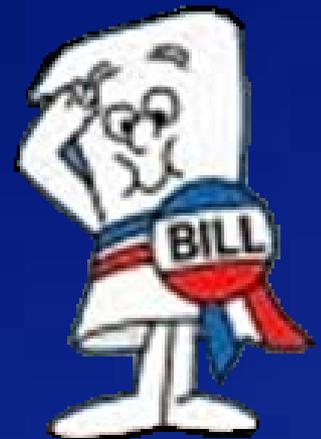
- Department Approved Workplan
- Obligated Work for Funding
- Claim Received - Properly Completed
 - Within 5 Years of Work
- Adjustments (nonreimbursable)
 - Reasonable, Actual, Necessary
- CO-Pay Met
- Reimbursement Made 

Co-Pay

50%

- 50% of the first \$35,000 = \$17,500
- 50% of the first \$10,000 = \$5,000

- Insurance / SB 355



SB 355

50%

\$17,500
OR
\$5,000



DESIGNATED

SB 355

Grantor



Reasonable

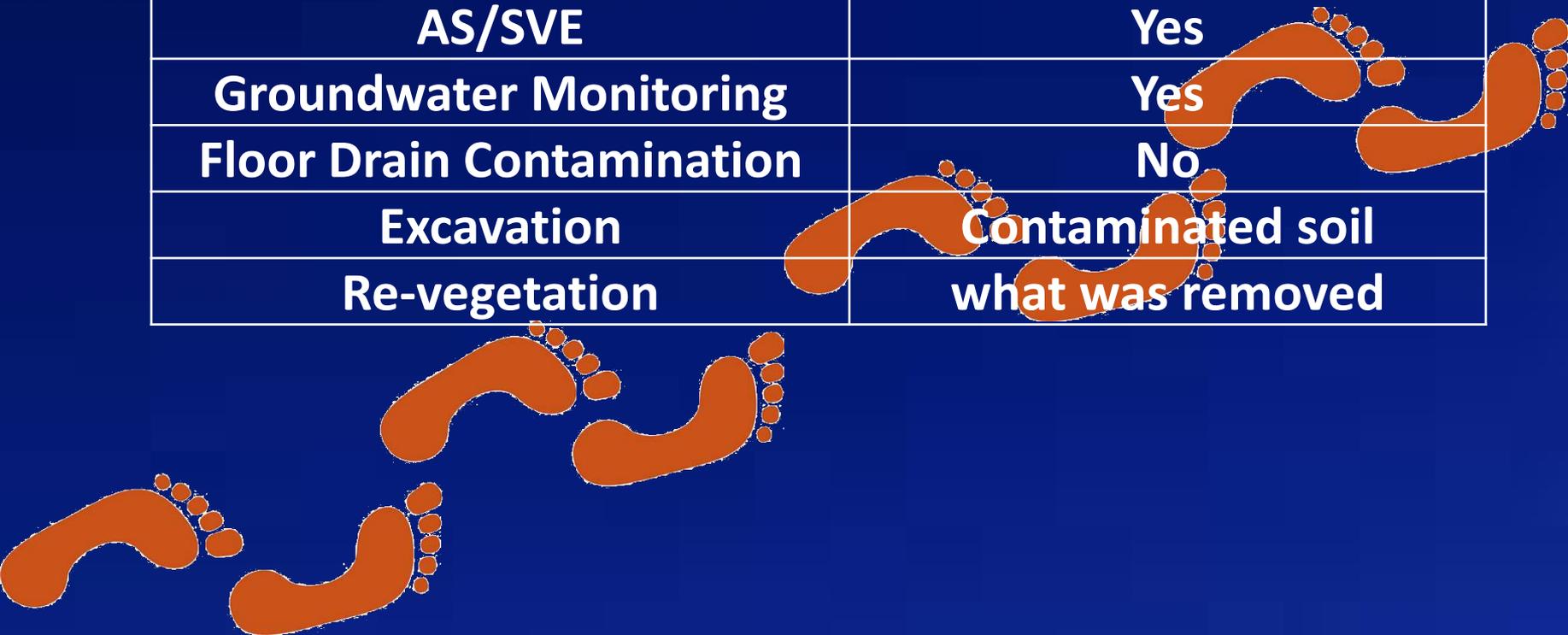
- **Competitive Bids**
- **Statistics**
- **Unit Pricing**
- **Assembly Rate Tables**



Standard Corrective Action Tasks

Equipment	Report	Rem Sys Design
Fieldwork	Soil Borings	Rem Sys Install
Free Product Activities	Soil Removal	Rem Sys Start Up
Laboratory Analysis w/Fee	Study	Rem Sys Monitoring
Lodging/Per Diem	Survey	Rem Sys Operations &
Mobilization	Water Level Measurements	Maintenance
Monitoring	Well Abandonment	Modification/Repair
Monitoring Well Installation	Well Development	Rem Sys Shutdown
Project Management	Work Plan Prep	Rem Sys Removal
Equipment	Report	Rem Sys Design

<u>Activity</u>	<u>Eligibility</u>
Remedial Investigation	After Release Discovery
Tank Removal	No
Canopy Removal	No
Building Removal	No
Asphalt/Resurface	Excavated Area
AS/SVE	Yes
Groundwater Monitoring	Yes
Floor Drain Contamination	No
Excavation	Contaminated soil
Re-vegetation	what was removed



<u>Activity</u>	<u>Petro Fund</u>	<u>Browns Field</u>	<u>RDG</u>
Remedial Investigation	\$	\$	\$
Nature & Extent	\$		
Tank Removal			\$
Canopy Removal			\$
Building Removal		\$	\$
Asphalt/Resurface	\$		\$
AS/SVE	\$		
Groundwater Monitoring	\$		
Floor Drain Contamination		\$	
Excavation	\$	\$	
Re-vegetation	\$	\$	\$

Multiple Funding Source Template



Petroleum Tank Release Compensation Board

STATE OF MONTANA

P.O. Box 200902 • Helena, MT 59620-0902 • (406) 841-5090

Website www.deq.mt.gov/pet/default.mcp.x

Form 10

Please enter budgeted, claimed and reimbursed amounts (if known) for each funding source

MULTIPLE FUNDING SOURCE SPREADSHEET (FORM 10)														Facility ID #		Date:	
Release # Work Plan #		Funding Source(s)												Total Budgeted, Claimed, and Reimbursed All			
		Petroleum Tank Release Compensation Board			2nd Funding Source			3rd Funding Source									
		Funding Recipient:			Funding Recipient:			Funding Recipient:			Total Budgeted	Total Claimed					
Task Number	Task Name- Please choose from drop down list	Date Work Completed	Total Project Budget	Budgeted	Claimed	Expected Reimb.	Budgeted	Claimed	Expected Reimb.	Budgeted	Claimed	Expected Reimb.	Total Budgeted	Total Claimed			
1				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
2				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
3				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
4				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
5				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
6				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
7				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
8				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
9				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
10				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
11				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
12				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
13				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
14				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
15				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
16				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
17				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
18				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
19				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
20				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
21				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
22				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
23				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
24				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
25				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
26				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
27				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
28				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Total Activity Costs			\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00			
TOTAL PROJECT COSTS			\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00			

Please visit our website (<http://www.deq.mt.gov/pet/codesrates/tasks.mcp.x>) for general information concerning PTRCB's Review of corrective action plans, the allocation of costs to tasks, associated codes, and standard rates associated with reimbursement of claims.

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD
CLAIM FOR REIMBURSEMENT –CORRECTIVE ACTION
FORM 3**

Claims should be submitted upon completion of a task or tasks of a Department of Environmental Quality corrective action plan for a **single** petroleum release. A **separate claim form is required for each release**. Please review the [Form 3 Instructions](#) before completing this form. If you require assistance, contact Janet Adolph at 406-444-9714 or e-mail jaadolph@mt.gov.

1. Facility and Petroleum Release Information	
Name of Facility:	
Street Address:	
City:	
DEQ Facility Identification Number:	
DEQ Petroleum Release Number: (only one release #)	

2. Owner – Name and Address		3. Operator – Name and Address		4. Payable to: – Name and Address (Required)	
Attn:		Attn:		Attn:	
Phone Number:		Phone Number:		Phone Number:	
Fax Number:		Fax Number:		Fax Number:	
Email Address:		Email Address:		Email Address:	
Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Claimant – Name and Address		6. Consultant – Name and Address		7. Any other person – Name and Address	
Attn:		Attn:		Attn:	
Phone Number:		Phone Number:		Phone Number:	
Fax Number:		Fax Number:		Fax Number:	
Email Address:		Email Address:		Email Address:	
Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Total amount of this claim (including all page 2's):	\$0.00
--	--------

Facility Name: _____

Facility # _____

Release # _____

12. Owner Certification: I certify under penalty of perjury that this submitted claim is for work that was actually completed; that the work performed was necessary to clean up the petroleum release at the facility identified in **Section 1**; that the cost of work for which reimbursement is sought is reasonable; and that to the best of my knowledge, all information herein provided is true and correct. **NOTE: If someone is submitting the claim on behalf of the owner/operator, skip Section 12 and complete Section 13. See the [Form 3 instructions](#).**

Owner/Operator Signature

Date

Typed Name of Owner/Operator

State of _____

County of _____

Signed and Sworn before me on this day _____ by _____
Date

(SEAL)

Notary Public

Printed or typed

Notary Public for the State of

Residing at

My Commission Expires

13. Claimant Certification: I certify under penalty of perjury that I am authorized to submit claims on behalf of the owner or operator for this release and the information on this claim form is true to the best of my knowledge. This claim is submitted for work that was actually completed.

Claimant Signature

Date

Typed Name of Claimant

State of _____

County of _____

Signed and Sworn before me on this day _____ by _____
Date

(SEAL)

Notary Public

Printed or typed

Notary Public for the State of

Residing at

My Commission Expires

Submit this completed claim and supporting documents to the following address:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902, HELENA MT 59620-0902**

**Montana Petroleum Tank Release Compensation Board
Acknowledgment of Payment
Form 6**

This form acknowledges that payment for invoice(s) as shown below has been received and deposited or cashed. **If this form is submitted after the claim for reimbursement, the correct claim number must be entered in the space provided below. If you require assistance call 406-444-9714.**

1. Facility Information

Facility Name:	<input type="text"/>
Street Address:	<input type="text"/>
City:	<input type="text"/>
Facility Number:	<input type="text"/>
Release Number:	<input type="text"/>

2. Claim Number(s) (if applicable):

3. Information regarding the invoice(s) for which payment has been received.

Invoice#	Invoice Date	Invoiced Amount	Amount Received	Name of Company/Individual that paid you
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Total		\$0.00	\$0.00	

4. I acknowledge that my company has received payment as shown above.

<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Signature Name (Typed or Printed)	Title
<input type="text"/>	<input type="text"/>
Company Name	Daytime Phone
<input type="text"/>	
Contact E-mail Address	

Submit completed form to:
**Petroleum Tank Release Compensation Board
PO Box 200902
Helena MT 59620-0902**



**Montana Petroleum Tank Release Compensation Board
Assent to Audit (Form 2)**

Check this box if the Assent applies to All Releases in which you may be involved , OR

Check this box For Release Number(s),

Each contractor, subcontractor or vender employed to carry out any corrective action plan, in whole or in part, is required to complete an Assent to Audit form. Before any owner or operator may receive reimbursement from the Petroleum Tank Release Cleanup fund, for work completed by the undersigned company, an Assent to Audit must be on file with the Petroleum Tank Release Compensation Board. **You may submit this form via fax 406-444-9711, US mail to the address below or email to jaadolph@mt.gov.** If you require assistance, call 406-444-9714.

I, the undersigned, state that I am an officer or agent of the company listed below with authority to consent to an audit of all documents which relate to and support the statements or invoices which this company has submitted or may submit for reimbursement from the Petroleum Tank Release Cleanup Fund. This company hereby consents to an audit, conducted by a representative of the state of Montana of all documents, supporting statements and invoices submitted for reimbursement from the Petroleum Tank Release Cleanup Fund of the costs to carry out corrective action to address the above-named release(s).

(Type or Print please)

Company Info

Name:

Address:

Email Address

City, State, Zip:

Phone:

Signature: _____

Date:

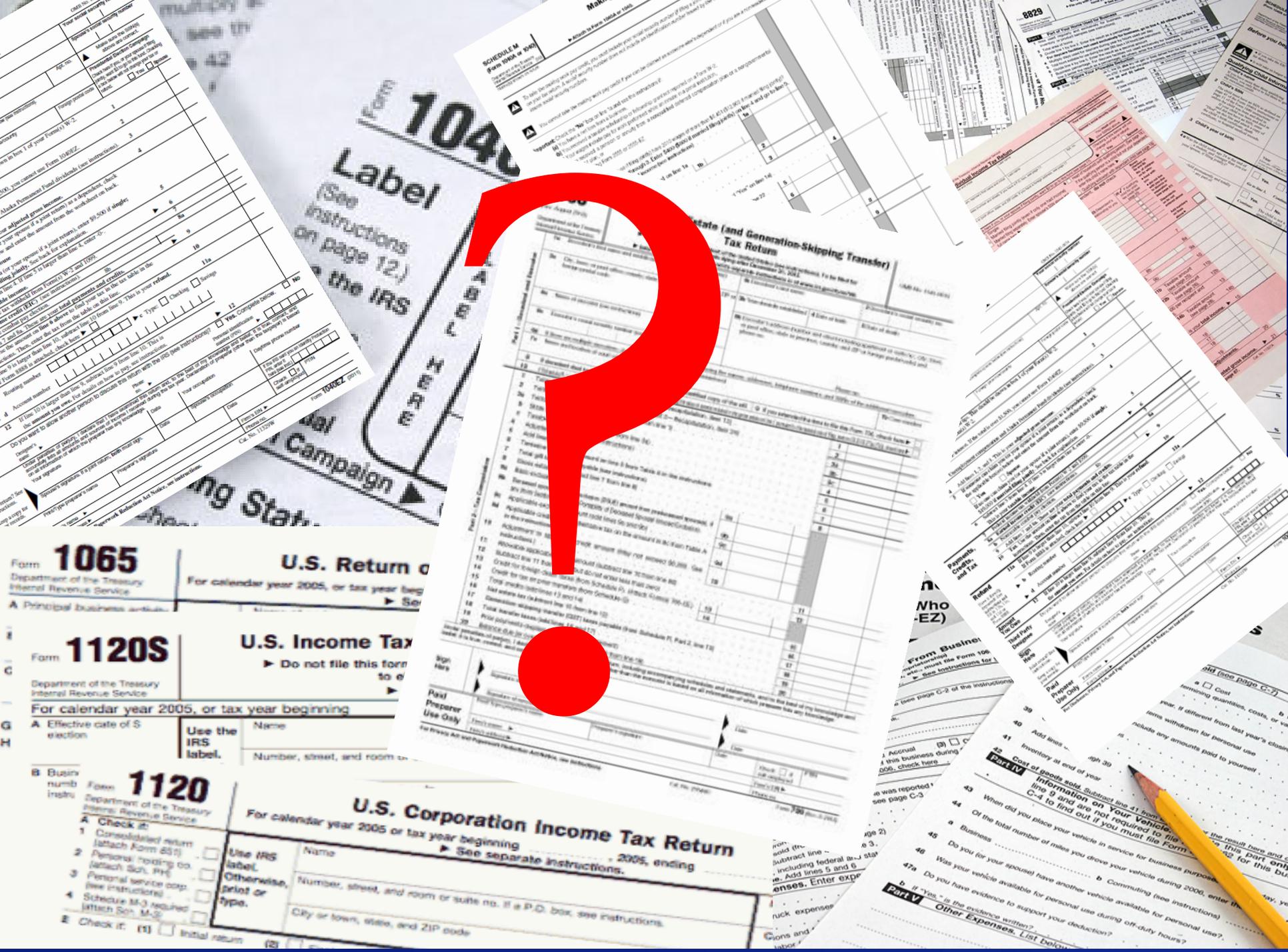
Signature Name Typed:

Title:

Claim #(s) if already submitted and awaiting this Assent to Audit.

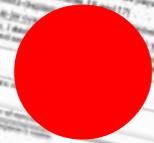
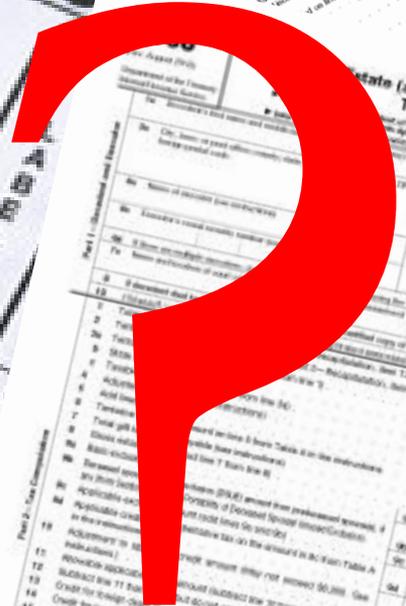
Submit completed form to:

**Petroleum Tank Release Compensation Board
PO Box 200902
Helena MT 59620-0902**



Form 1040

Label
(See instructions on page 12.)
the IRS



Form 1065 U.S. Return of Partnership Income
Department of the Treasury Internal Revenue Service
For calendar year 2005, or tax year beginning on 1/1/05

Form 1120S U.S. Income Tax Return
Department of the Treasury Internal Revenue Service
For calendar year 2005, or tax year beginning on 1/1/05

Form 1120 U.S. Corporation Income Tax Return
Department of the Treasury Internal Revenue Service
For calendar year 2005 or tax year beginning on 1/1/05, ending on 12/31/05

SCHEDULE M Form 1040-A (2005)
Additional Tax
You must file this schedule with your 2005 Form 1040-A if you are a partner in a partnership that has a net operating loss for 2005.

Form 8829
Part of Your Home for Business
Use this form to claim the deduction for depreciation on the part of your home that you use as your principal place of business.

Form 4798
Part IV Information on Your Vehicle
Use this form to provide information on your vehicle for the 2005 tax year.

Form 4798
Part V Other Expenses, List Below
Use this form to provide information on other expenses for the 2005 tax year.