

Telephone: 701-328-5166 Fax Number: 701-328-5200 Email: solidwaste@nd.gov Website: https://deq.nd.gov/wm

SECTION 1. ADMINISTRATIVE SECTIO	N								
Name of Government Unit	Check One ☐ Region/District ☐ County ☐ City ☐ Township				Telephone Number				
Applicant Name	Address	ess				Fax	Fax Number		
Position		City				Sta	te	ZIP Code	
epartment Contact and Phone Number Amou		ount Requested				Dat	Date of Request		
Project Name	Contract	Contract Dates			Contract Number				
SECTION 2. BUDGET EXPENDITURES									
Personnel (Name)	Title or P	osition	Hourly Hours Wage Claimed		Amount Requested		nt Requested		
1.			(\$.00)		\$			
2.			(\$.00)		\$			
3.			(\$.00)		\$			
SECTION 3. SURVEY PHASE									
Number of townships surveyed at (\$.00) (Please attach list)						\$			
Number of townships with one release form (\$.00) (Please identify on list)						\$			
Number of satisfactorily completed release forms (\$.00) (Please send originals to the Dept)						\$			
Miscellaneous supplies and office materials necessary to complete (Please attach itemization)						\$			
Costs for advertisement of bids (Please attach receipts)						\$			
Mileage (Please certify with signature)						\$			
Incentive payment of (\$ per ton)						\$	\$		
SECTION 4. COLLECTION PHASE									
Cost of collection, crushing, and transportation (Please attach weight tickets and receipts)						\$			
Miscellaneous supplies and office materials necessary to complete collection (Please attach itemization)						\$			
TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT						\$			
SECTION 5. SIGNATURES									
Reviewed by ND Dept of Environmental Quality Representative & Date Unit of Government									
Title	Title								
Recommended Payment Amount	Signature of Grantee					Date			
Approved by ND Dept of Environmental Quality Division [Department Code								

The applicant certifies that the foregoing information is true, correct, and complete, and that payment (reimbursement) has not been received.