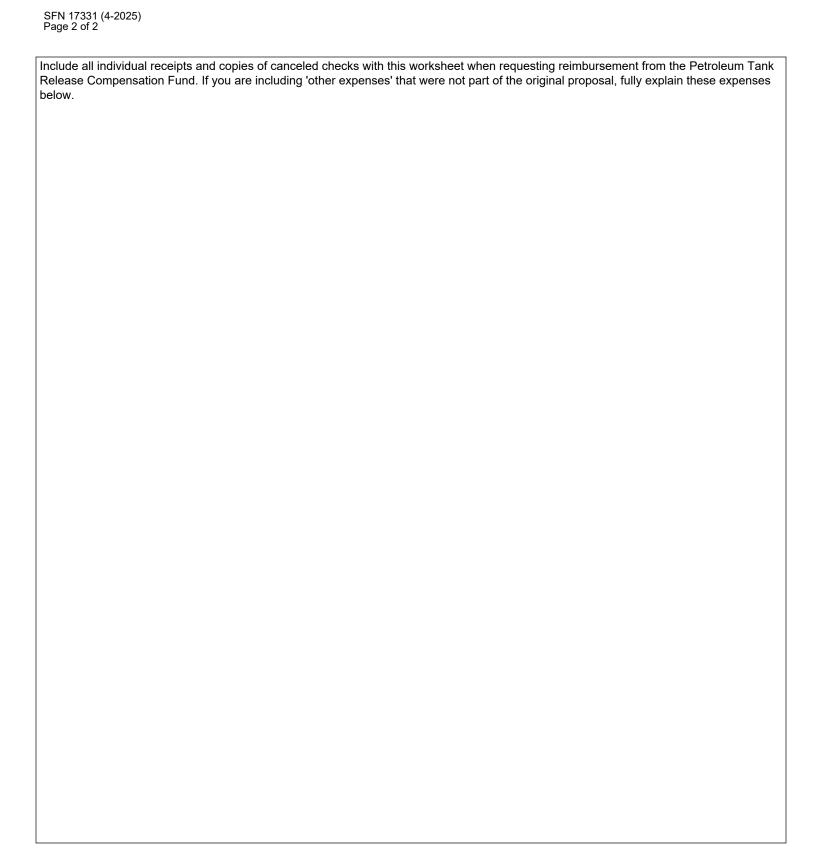


Use this form when requesting bid proposals and when submitting your reimbursement request to the North Dakota Department of Environmental Quality.

Date			Claim Number			
Tank Owner				Telephone Number		
Street Address			City		State	ZIP Code
Evacuation Company				Telephone Number		
Street Address			City		State	ZIP Code
Date Work Completed					1	
Tank Owner Location: (Site Address)						
Number and Size of UST(s) Pulled						
DESCRIPTION OF SERVICES				PROPOSAL		ACTUAL EXPENSES
CONTAMINATED SOIL AND TANK REMOVAL EXPENSES						
Land Farming or Disposal Charge	\$	Per CY X	Total CY =			
Back-hoe Charge	\$	Per CY X	Total CY =			
Loader Charge	\$	Per CY X	Total CY =			
Trucking Charge	\$	Per CY X	Total CY =			
Mobilization Charge						
Cement and Asphalt Removal/Disposal						
Cement Sawing						
FILL EXPENSES						
Pea rock/sand/clay/other (Specify)	\$	Per CY X	Total CY =			
Trucking Charge	\$	Per CY X _	Total CY =			
Other Expenses: (Please Itemize - Ex	ample: crane	charge, tank re	emoval, subcontractor(s	s) labor expens	ses, etc.)	
TOTAL						

The Actual Expenses Total must be manually calculated.



## **RETURN FORM TO:**

North Dakota Department of Environmental Quality 4201 Normandy St.
Bismarck, ND 58503-1324
Telephone (701) 328-5150
Fax (701) 328-5200

Email: <u>deqptrcf@nd.gov</u>

https://deq.nd.gov/Director/PTRCF/