



Part I  
Section B

**CONTRACTOR/EXCAVATION EXPENSES - UNIT PRICE INFORMATION**

**This information must be included in the contractors invoice or detailed on this form. Without this information, the PRCF will be unable to process your claim.**

TYPE OF WORK	UNIT COST	TOTAL COST
Mobilization/demobilization of equipment	\$ _____	\$ _____
<b>TANK REMOVAL AND DISPOSAL</b>		
Tank size in gallons _____ no. of tanks _____ cost per tank \$ _____		\$ _____
Tank size in gallons _____ no. of tanks _____ cost per tank \$ _____		\$ _____
Tank size in gallons _____ no. of tanks _____ cost per tank \$ _____		\$ _____
<b>SURFACE REMOVAL</b>		
Asphalt: thickness in inches _____ no. of sq. yd. _____ cost per sq. yd. _____		\$ _____
Concrete: thickness in inches _____ no. of sq. yd. _____ cost per sq. yd. _____		\$ _____
With rebar? Yes _____ No _____		
<b>EXCAVATION (in-place yardage)</b>		
Excavate Soil: no. of cu. yd. _____ cost per cu. yd. _____		\$ _____
<b>HAULING CONTAMINATED SOIL (loose yardage)</b>		
no. of cu. yd. _____ cost per cu. yd./mile \$ _____ no. of miles (one way) _____		\$ _____
<b>FILL MATERIAL (loose yardage)</b>		
Purchase: no. of cu. yd. _____ cost per cu. yd. \$ _____		\$ _____
Placement & compaction: no. of cu. yd. _____ cost per cu. yd. \$ _____		\$ _____
Hauling: no. of cu. yd. _____ cost per cu. yd./mile \$ _____ miles (one way) _____		\$ _____
<b>RESURFACING</b>		
Concrete: thickness in inches _____ no. of sq. ft. _____ cost per sq. ft. _____		\$ _____
Asphalt: thickness in inches _____ no. of sq. ft. _____ cost per sq. ft. _____		\$ _____
<b>OTHER (attach additional pages if required.)</b>		
_____ \$ _____		\$ _____
_____ \$ _____		\$ _____
<b>INVOICE SUBTOTAL</b>		\$ _____
<b>EXCISE TAX</b>		\$ _____
<b>INVOICE TOTAL (B-1)</b>		\$ _____

**LANDFARM/LANDFILL INFORMATION**

<b>TIPPING FEES</b> no. of cu. yd. _____ cost per cu. yd. \$ _____	\$ _____
<b>4% TAX</b>	\$ _____
<b>INVOICE TOTAL (B-2)</b>	\$ _____
<b>GRAND TOTAL (B-1 + B-2)</b>	\$=====

Part I  
Section C

SDCL 34A-13-31 authorizes the Petroleum Release Compensation Board to "...reduce otherwise allowable claims submitted by the covered party...equal to the amount of the ineligible claim" when the covered party "...knew or should have known that the claim reimbursement was not allowable". A "Partial List of Ineligible Expenses" is available from the Petroleum Release Compensation Fund.

I, the undersigned, have read and understand the above statements. I hereby certify that the foregoing amounts submitted for reimbursement from the Petroleum Release Compensation Fund are true and correct to the best of my knowledge and beliefs. Furthermore, I hereby certify that the expenses submitted in this claim are for cleanup expenses that were incurred in compliance with SDCL 34A-13.

\*\*\*\*\*

(Please Print or Type)

**TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT \$\_\_\_\_\_**

\_\_\_\_\_  
**Firm's Name, Address, City, State, Zip**

\_\_\_\_\_  
**Applicant Name (Printed)**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**FORMS THAT ARE FILLED OUT INCORRECTLY WILL BE RETURNED TO THE APPLICANT.**