Kansas Agricultural Remediation 816 SW Tyler, Topeka, Kansas 66612 Phone: (785) 440-0356 Fax: (785) 234-2930 **APPLICATION FOR REIMBURSEMENT**	(OFFICE USE ONLY)	
	KARB FILE NO.	AMT CLAIMED
	AMT BD AUTHORIZED	DATE PAID

The data which you supply on this application will be used to assess your eligibility for KARB reimbursement. You are not legally required to provide this data, but we will not be able to process your application without it. This application constitutes a public record except for the applicant's social Security Number and the Kansas Tax Identification Number. Anyone may request a copy of this application. However, we will withhold the applicant's Social Security Number and the Kansas Tax Identification Number.

1. General Information

THIS APPLICATION IS (Check ☑ One): ☐ Initial Request ☐ Subsequent Request	KDHE Site ID #	KDHE Order or Approval Letter is Attached ☐ Yes ☐ No

2. Applicant / Eligible Person

APPLICANT IS (Check ☑ One): ☐ OWNER ☐ OPERATOR ☐ OTHER (Specify): ________________________________

COMPANY (APPLICANT) NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
INDIVIDUAL'S NAME	TITLE	
TELEPHONE NO. (Include area code)	FAX NO. (Include area code)	
SOCIAL SECURITY NO. (If individual)	KANSAS TAX ID #	

3. Contact Information / Site Identification

INCIDENT SITE NAME (If different from Company Name above)	Contact Person (**Person at incident site**)	TELEPHONE NO. (Include area code)
INCIDENT SITE LOCATION (Where incident occurred)		
CITY (Where incident occurred, if applicable)	COUNTY (where incident occurred)	
CONTACT PERSON'S NAME (**Person completing this application**)	TITLE	
TELEPHONE N0. (Include area code)	FAX NO. (Include area code)	

4. Remediation Activities

Dates of invoices submitted with THIS application: __________/__________/__________ to __________/__________/__________

Please provide a brief chronological description of the activities covered on this application, including any special circumstances (attach additional sheet (s) if more space is needed):

Kansas Agricultural Remediation
816 SW Tyler, Topeka, Kansas 66612
Phone: (785) 440-0356 Fax: (785) 234-2930

APPLICATION FOR REIMBURSEMENT – Page 2

5. Discharge Site Information

A.
At the time of the incident, the applicant was: (check all that apply)

☐ a pesticide manufacturer or labeler
☐ a commercial application business
☐ a distributor of fertilizers
☐ a distributor of pesticides
☐ a common carrier
☐ a farmer
☐ an elevator
☐ agricultural retail business
☐ other ________________________________

B.
Submit a map, drawn to scale, of the site and any supporting documentation indicating the proximity of the incident to any private or public water supply.

C.
Have you previously received reimbursement from KARB for corrective action costs at this discharge site? ☐ yes ☐ no

If yes, does this application include:

☐ additional costs for the same discharge
☐ costs for another discharge

D.
Have you, or will you be, applying to another government agency for reimbursement of all or a portion of your corrective action costs? ☐ yes ☐ no

If yes, enter the program name and date of the claim:

____

E.
Enter the person's name that compiled this application:

____

F.
I certify that I have reviewed all of the information included in this application and it is true and correct to the best of my knowledge. I hereby agree that any appeal of the final order by the Kansas Agricultural Remediation Board shall be resolved in accordance with the Kansas Uniform Arbitration Act.

____
(Signature)

____
(Print Name)

____
(Date)

KDHE Site ID #

Kansas Agricultural Remediation
816 SW Tyler, Topeka, Kansas 66612
Phone: (785) 440-0356 Fax: (785) 234-2930

APPLICATION FOR REIMBURSEMENT – Page 3

6. Others Involved

Did anyone else incur corrective action costs and make application for KARB reimbursement or payment related to this incident? ☐ YES ☐ NO

If yes, list name, address and telephone number of that person or persons below. (If additional space is needed, attach a separate sheet.)

Name of Individual or Firm	Telephone No. (Include area code)		
Mailing Address	City	State	Zip Code
Relationship to Eligible Person			

7. Contractors / Consultants

Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at the incident. Failure to provide this information for ALL persons who performed corrective actions may result in action to recover any reimbursement which may be paid. Additional pages may be attached if more room is needed.

A	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			
B	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			
C	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			
D	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			
E	Name of Individual or Firm	Telephone No. (Include area code)		
	Mailing Address	City	State	Zip Code
	Service(s) Performed			

Describe relationship (financial or otherwise) between applicant and any contractor who performed work at this site:

KDHE Site ID #

Kansas Agricultural Remediation
816 SW Tyler, Topeka, Kansas 66612
Phone: (785) 440-0356 Fax: (785) 234-2930

APPLICATION FOR REIMBURSEMENT – Page 4

8. Eligible Costs Summary (ECS)

This part of the form is used to report the actual costs incurred and paid. The ECS Table below summarizes costs for the remedial investigation, corrective action designs, corrective actions taken, and ongoing corrective actions. First complete the Cost Detail Worksheets which accompany this application. From the worksheets, take the total of each category and enter those amounts in the corresponding category space in the ECS Table below. Please provide a copy of all bills, invoices or other documentation that supports the costs.

ECS Table		**(Do Not Write in This Space – Office Use Only) APROVED ELIGIBLE COSTS**	
COST CATEGORY	**COSTS**	**EXCLUSIONS AND EXPLANATIONS**	**TOTAL COSTS APPROVED**
A. Consultant Services			
B. Mileage			
C. Equipment Rental			
D. Supplies			
E. Lodging & Food			
F. KDHE			
G. Mail			
H. Miscellaneous			
K. TOTAL AMOUNT CLAIMED			

KDHE Site ID #

Kansas Agricultural Remediation
816 SW Tyler, Topeka, Kansas 66612
Phone: (785) 440-0356 Fax: (785) 234-2930

APPLICATION FOR REIMBURSEMENT – Page 5

9. Other Financing Sources

FINANCING SOURCE(S) (Check ☑ all that apply – if more space is needed for additional entry, attach separate sheet):
☐ INSURANCE (Attach an itemized copy of policy coverage and limits) ☐ OTHER (Specify): ____________________________

Did the applicant have in effect one or more insurance policies at the time of the release? (Circle One) No or Yes

Was an insurance claim filed for coverage of any of the costs which the applicant is seeking reimbursement in the application? ________________

If **no**, explain why a claim was not filed: ____

____

Did the insurer agree to cover your claim? (Circle One) No or Yes

If **no**, provide a copy of the insurer's letter explaining the reasons for denying your claim

If **yes**, state the amount of benefits received (or to be received) and provide a copy of the insurer's explanation of benefits

POLICY NO.	EFFECTIVE DATES	DOLLAR AMOUNT RECEIVED
______________________________	From: ______________________________	$ ________________________________
	To: ______________________________	

NAME OF INSURANCE COMPANY OR OTHER FINANCING SOURCE		
STREET ADDRESS	STATE	ZIP CODE
AGENT'S OR CONTACT PERSON'S NAME	TELEPHONE NO. (Include area code)	

10. Certification

Initial Reimbursement Request: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. I certify that the Kansas Department of Health and Environment has approved the corrective actions taken. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, this application and all of its attachments are, to the best of my knowledge, true, accurate and complete. I certify that I have complied with the ccorrective action design and the corrective actions were taken as described in that design. I further certify that I have the authority to submit this application on behalf of:

COMPANY NAME		
SIGNATURE OF ELIGIBLE PERSON	TITLE	DATE

KDHE Site ID #

COST DETAIL WORKSHEET - CONSULTANT SERVICES COSTS

Enter the total onto line A of page 4 of this application.

Firm Name	Invoice #	Description	Unit Cost	Total Units	Subtotal
TOTAL CLEANUP CONSULTANT SERVICES COSTS (also enter on line A page 4 application)					

KDHE Site ID #

COST DETAIL WORKSHEET – MILEAGE

Enter the total onto line B of page 4 of this application.

Firm Name	Invoice #	Well #	Description	Unit Cost	Total Units	Subtotal
TOTAL MILEAGE (also enter on line B page 4 application)						

KDHE Site ID #

COST DETAIL WORKSHEET – EQUIPMENT RENTAL

LAB Name	Invoice #	Method	Soil/Water Analysis	Unit Cost	Total Units	Subtotal
TOTAL EQUIPMENT RENTAL (also enter on line C page 4 application)						

KDHE Site ID #

COST DETAIL WORKSHEET – SUPPLIES

Enter the totals for each category onto the appropriate line D-G of page 4 of this application

	Firm Name	Invoice#	Description	Unit Cost	Total Units	Subtotal
EXCAVATION						
	Subtotal					
EQUIPMENT						
	Subtotal					
TRUCKING						
	Subtotal					
LAND APPLICATION						
	Subtotal					
	TOTAL SUPPLIES					

KDHE Site ID #

COST DETAIL WORKSHEET – LODGING/FOOD

Enter the total onto line H of page 4 of this application

Firm Name	Invoice #	Description	Unit Cost	Total Units	Subtotal
TOTAL LODGING/FOOD (also enter on line E page 4 application)					

KDHE Site ID #

COST DETAIL WORKSHEET – KDHE

Enter the total onto line I of page 4 of this application.

Firm Name	Invoice #	Description	Unit Cost	Total Units	Subtotal
TOTAL KDHE (also enter on line F page 4 application)					

KDHE Site ID #

COST DETAIL WORKSHEET – MAIL/MISCELLANEOUS

Enter the total onto line J of page 4 of this application.

Firm Name	Invoice #	Description	Unit Cost	Total Units	Subtotal
TOTAL MAIL/MISCELLANEOUS (also enter on line G/H page 4 application)					

KDHE Site ID #