



For Administrative  
Use Leave Blank

# STAGE I VAPOR COLLECTION REIMBURSEMENT APPLICATION

This form is designed to enable eligible applicants to apply for reimbursement of costs, as described in the, "Initial Registration Form", associated with installing Stage I vapor collection system. Complete each applicable section and attach the requested documentation. If you are applying only for reimbursement of costs associated with installing Stage I vapor collection at an eligible gasoline dispensing facilities (GDF), you do not need section V of this application form. Similarly, if you are applying only for reimbursement of the costs associated with retrofitting a gasoline cargo tank, you do not need section III or IV of this application form.

For reimbursement associated with retrofits at GDF, attach the following information:

- A site map indicating the location of each UST in relation to the dispensers, buildings, and driveway entrances. If concrete was removed and replaced as part of the retrofit, the site map must also show the dimensions of the affected area.
- Copies of each contractor and subcontractor invoice for which reimbursement is requested.

For reimbursement associated with retrofits of Gasoline Tanks, attach the following information:

- Documentation for each existing gasoline cargo tank establishing that it was used to deliver gasoline to a GDF during 2008. Examples of documentation include bills of lading, invoices, and trip reports. Please note that a copy of section V of this form should be included for each gasoline cargo tank that is referenced in your reimbursement request.
- Copies of each contractor and subcontractor invoice for which reimbursement is requested.

## I. APPLICANT INFORMATION

Responsible Official's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact Person (if different from above "Name") \_\_\_\_\_

Day Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

**Check One**

Corporation  Partnership  Individual

Is this facility required to comply with 40 CFR 63.11118?  Yes  No

Pursuant to IDAPA 58.01.01.123-125,  
Based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

\_\_\_\_\_  
Responsible Official Signature

## STAGE I VAPOR COLLECTION REIMBURSEMENT APPLICATION

*Skip this page if you are applying only for costs associated with retrofitting liquid fuel cargo trucks or transport trailers.*

<b>II. GDF INFORMATION</b>	
Facility Name _____	
Street Address _____	
City _____	ID Zip _____
Day Phone _____ County of Site: _____	

<b>III. UNDERGROUND STORAGE TANK INFORMATION</b>			
Complete the following information regarding the status of all underground storage tanks at this location ( <i>attach additional sheets if necessary</i> ) Please attach a site diagram indicating the location of all tanks at the site.			
Tank #	Capacity (gallons)	Contents	Tank Material
1			
2			
3			
4			
5			
6			
7			

<b>IV. ELIGIBLE COST SUMMARY FOR GASOLINE STORAGE TANK</b>					
In the area below, provide a detailed description of the costs (equipment, materials, and labor) for which reimbursement is requested. All contractor and subcontractor invoices must be included with this application. If the invoices provide sufficient detail (such as labor rates, unit costs, and total charges), you need only write "See Invoice" in the Specific Task Description section. ( <i>Attach additional sheets if necessary.</i> )					
<b>COST TABLE. GDF Stage I Vapor Collection</b>					
Specific Task Description	Contractor Name	Invoice Number	Total Units	Unit Cost	Subtotal
<b>TOTAL OF COST</b>					
TOTAL REIMBURSEMENT REQUEST					

**STAGE I VAPOR COLLECTION  
REIMBURSEMENT APPLICATION**

*Skip this page if you are applying only for costs associated with retrofitting eligible underground storage tanks.*

V. ELIGIBLE COST SUMMARY FOR GASOLINE CARGO TANK		
In the area below, provide a detailed description of the costs (equipment, materials, and labor) for which reimbursement is requested. All contractor and subcontractor invoices must be included with this application. If the invoices provide sufficient detail (such as labor rates, unit costs, and total charges), you need only write "See Invoice" in the Specific Task Description section. <i>(Attach additional sheets if necessary.)</i>		
Specific task description	TRAILER ID # OR BULK TRUCK ID # (LAST 6 DIGITS)	TOTAL
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL ELIGIBLE COSTS	\$
	TOTAL REIMBURSEMENT REQUEST	\$

*Please send this application and accompanying documents to:*  
**The Idaho Department of Environmental Quality**  
**Attention: Leonard Herr**  
**Boise Regional Office**  
**1445 North Orchard**  
**Boise, ID 83706**  
**(208) 373-0550**