



**Georgia Department of Natural Resources
 Environmental Protection Division
 Land Protection Branch
 Response and Remediation Program**

**Hazardous Waste Trust Fund Application
 "Request for Reimbursement"**

This application shall be used by state and local governments only for requesting reimbursement of eligible costs from the Hazardous Waste Trust Fund (HWTF). Unless otherwise defined in this application, all terms used in this application shall have the same meaning as those used in the Georgia Rules for Hazardous Site Response, Chapter 393-3-19.

All sections of the form must be complete for the application to be considered. All forms and attachments to the application should be typed.

Site Name

Hazardous Site Inventory Number
 (if applicable)

Solid Waste Permit Number
 (if applicable)

Name of Applicant (State or Local Government)

Name and Title of Contact Person for this Application

Mailing Address

City

State

Zip Code

County

(Area Code) Telephone Number of Contact Person

(Area Code) Facsimile Number of Contact Person

e-mail Address of Contact Person

Amount Requested from HWTF: \$

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Please check the appropriate response to the following questions or provide the information as requested:

1. The site for which reimbursement is being requested is currently listed on the (Check both if applicable)

_____ National Priorities List Date of Listing ____/____/____

_____ Hazardous Site Inventory Date of Listing ____/____/____

2. Have you received written notification from USEPA pursuant to the Comprehensive Response Compensation and Liability Act (CERCLA) or from GA EPD pursuant to the Hazardous Site Response Act (HSRA) that the state or local government making this application has been identified as a responsible party for this site? (If "Yes", attach a copy of this letter to this application. If "No", the applicant is not eligible for funds from the Hazardous Waste Trust Fund.)

_____ Yes _____ No _____ Don't know

3. Is the site for which the reimbursement is being requested owned by the applicant? (Check "Yes" or "No" below) If "No", please provide the name and address of the current owner of record.

_____ Yes _____ No

Owner Name/Address/Contact:

Please attach a 50-year abstract of title for the subject property, including copies of all deeds referenced therein, along with a title opinion executed by an attorney admitted to practice by the State Bar of Georgia.

4. Please provide the following information for all persons who may be responsible parties for this site. Attach additional pages as necessary. If a percentage share of liable costs has been apportioned, please indicate that percentage for each responsible party.

Name/Address/Contact:

Percentage of
Assigned cost share:

4. continued

Name/Address/Contact:

Percentage of
Assigned cost share:

5. Has a resolution been adopted by the applicant's governing body authorizing the applicant to apply for and receive such funds? (If "Yes", please attach a copy of the authorizing resolution to this application. If "No", the application cannot be processed until the authorizing resolution is submitted.)

*For your convenience, a model resolution is available at www.gaepd.org.

_____ Yes _____ No

6. Is the applicant using an accounting system that meets the requirements of the Government Accounting Standards Board (GASB)? (If "No", the applicant is not eligible for funds from the Hazardous Waste Trust Fund.)

_____ Yes _____ No

7. List the funding sources (other than this application) and corresponding amounts which have been received or requested for use at this site (including any prior applications to, or funds received from the HWTF.) The applicant should provide a detailed list outlining the items for which reimbursement has been received or has been requested. Attach additional pages if necessary.

Name of Funding Source:	Amount:	Commitment Date:
_____	_____	____/____/____
_____	_____	____/____/____

8. Please attach a brief history of the site including permitting history, corrective action required, consent or administrative orders, or other information. Attach copies of any current orders or permits. Please provide directions to the site and attach a map showing its location. If this application is for reimbursement of costs associated with only a portion or phase of a project, please provide a map that clearly delineates the portion for which funding is being requested.

9. Please attach a description of costs for which reimbursement is being requested along with proof of payment and supporting documentation sufficient to determine eligible costs.

Acceptable documentation for an Application for Reimbursement:

- Copy of Engineering Contract or Agreement to determine scope of work.
- Copy of itemized engineers invoice.
- Copy of Applicant's cancelled checks verifying payment by applicant.
- If invoice and cancelled check are different, notation on the check should indicate which engineering invoice(s) is covered in each check.

10. Please provide the name, title, address and telephone number of the individual who will be authorized to execute a contract with EPD to effectuate payment from the Hazardous Waste Trust Fund.

Name and Title

Address

City State Zip Code

(Area Code) Telephone Number

11. Please provide the name, title, address and telephone number of the individual authorized to receive payment. If this is more than one individual, please attach additional pages.

Name and Title

Address

City State Zip Code

(Area Code) Telephone Number

12. All checks from the Hazardous Waste Trust Fund should be made payable to:

Federal ID #: _____

13. Please provide any other information you believe to be relevant to this application:

I certify 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment for knowing violations.

Signature of Applicant

Notary Public

Name of Applicant

My Commission Expires

Title

Date

Please mail completed Application to the following address:

Ms. Kelly Kitchens
Georgia Environmental Protection Division
Response and Remediation Program
2 Martin Luther King Jr. Drive, SE
Suite 1452 East Tower
Atlanta, Georgia 30334

If you have any questions regarding this application, please call:

Ms. Kelly Kitchens
Response and Remediation Program
(404)657-8600