

Winston-Salem REGIONAL OFFICE  
DIVISION OF WATER MANAGEMENT  
UNDERGROUND STORAGE TANK SECTION

MEMORANDUM

TO: George C. Marthis, Jr., Head, Trust Fund Branch

THROUGH: Cindy Winstanley, UST Supervisor

FROM: Eric J. Ireland, RS, Env. Health (Title)

SUBJECT: Technical Review - STF Reimbursement Claim / DATE: 8/23/99

Site Name/County: South Elm Swoco; Gulford Co.

Incident#: 10076; Claim # 203; Site Rank E

Claim Period: JAN 98 to sept 98; Claim Amount: 4,717.09

RP: Midstate Oil Co., Consultant: IT Corporation of NC

Attached please find the STF reimbursement claim package for the subject site. The results of my technical review of the claim submittal are summarized below:

**RECOMMEND NO CUTS/REDUCTIONS: ALL WORK PERFORMED APPEARS TO BE REASONABLE AND NECESSARY** [except as otherwise noted per comments on Project Summary Form and/or specific Supplementary forms]

\*\*\*\*\*

**RECOMMEND THE FOLLOWING SPECIFIC CUTS/REDUCTIONS:**  
(or see attached typed memo)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Visited: No  Yes \_\_\_\_\_ : Date of Visit: \_\_\_\_\_

Please do not hesitate to contact me at (336) 574-3540 should you have any questions regarding my review of the subject claim.

cc: WSRO Files

DIVISION OF WASTE MANAGEMENT  
UST SECTION

6/25/99

RECEIVED  
N.C. DEPT. OF ENVIRONMENTAL & NATURAL RESOURCES

JUN 29 1999

Wilmington-Salem  
Regional Office

MEMORANDUM

TO: WSRO Regional UST Supervisor  
FROM: Processing Assistant  
Trust Fund Branch  
SUBJECT: STF Reimbursement Claim

Attached is an original copy of a reimbursement claim for technical review. Return this claim to the Central Office in exactly the same order it was sent to you including any technical review reductions made. Please do not remove the Accounting Review Form or this memorandum from the claim before returning it to the Central Office. The exception to this would be if the claim is returned to the Owner/Operator or Consultant during this period. If that is necessary, please remove these two in-office forms before returning the claim. Keep them until the claim is returned to you and then reattach them to the claim. Remember to send a copy of the letter that is sent with the claim to the Central Office.

If the claim needs to be reviewed by George Matthis or Central Office technical staff before it is ready for final audit, please note that on the cover sheet you attach to the claim before sending it to the Central Office. It will be given to the staff person designated.

Note from George Matthis: Although eligibility for Trust Fund reimbursement has previously been completed, there may be new situations that the Central Office would not be aware of. The situations could include, but are not limited to, the issuance of multiple notices of violation for failure to prevent or mitigate the spread of contamination, questionable dates of release discovery based on initial assessments or subsequent releases that result in separate occurrences. Any of these would impact the amount of reimbursement, if not cause the site to be ineligible. Please ask that the technical reviewer consider any new site information, where applicable, prior to beginning a technical review.

Thank you for your prompt attention to this.

County: Gulford

Amount Paid on this Site to Date: \$ <u>36,486.78</u>	
Incident #: <u>10076</u>	Claim #: <u>203</u>
Date Sent to R.O.:	
Date Due Back to C.O.: <u>2 weeks</u>	

# Accounting Review Form

**(NOT TO BE REMOVED FROM CLAIM UNLESS CLAIM IS RETURNED TO RP OR CONSULTANT)**

## INITIAL RECEIPT

Claim # 203 Site SN SC # 10074 County Gulfard  
Site Name South Elm Sunoco Regional Office WSRO  
Date received 6/1/99 Date File Folder Completed \_\_\_\_\_ Initials TW

## ELIGIBILITY

% Noncommercial Eligible \_\_\_\_\_ % Commercial Eligible \_\_\_\_\_ % Ineligible \_\_\_\_\_  
Noncommercial Deductible \_\_\_\_\_ Commercial Deductible \_\_\_\_\_ Version \_\_\_\_\_  
Site Rank: AB CDE Regional Office Note: \_\_\_\_\_ Date completed \_\_\_\_\_ Initials \_\_\_\_\_

## INITIAL REVIEW

Reorganize each claim - Obtain all missing documentation (subcontractor invoices, receipts over \$500.00); make sure all forms and statements of payment are notarized; obtain proof of payment if missing. All pertinent Secondary Forms must be in each claim for the Reimbursement by Task System.

Amount requested for reimbursement: \$ 4717.09

Amount of Main Invoices & Proof of Payment (POP) submitted: \$ 4717.09 POP \$ \_\_\_\_\_

Proof of Payment: \_\_\_\_\_ Cancelled Checks \_\_\_\_\_ Notarized letter/Contract \_\_\_\_\_

Is dual reimbursement requested:  YES  NO (Check the site file to see if copy of contract on file)

Check off each item below to indicate that claim is complete. The asterisk denotes items that are commonly omitted from claims but may be required depending on the system used.

<input checked="" type="checkbox"/> Cost Summary Form & Certification of Costs (fully completed & notarized)	<input checked="" type="checkbox"/> Subcontractor Invoices to Validate Secondary Forms*
<input checked="" type="checkbox"/> Tank Owner & Consultants Tax I.D./SS #'s	<input checked="" type="checkbox"/> Written Justifications (lab time & excessive over maximum rate)*
<input checked="" type="checkbox"/> Signed Contract or Notarized Letter (for dual reimbursement)	<input checked="" type="checkbox"/> Tank Disposal Certificate(s)*
<input checked="" type="checkbox"/> Project Summary	<input checked="" type="checkbox"/> Hauling Manifests*
<input checked="" type="checkbox"/> Main Invoices	<input checked="" type="checkbox"/> 3 Quotes for Remediation Systems (costs over \$2,000) for Time & Materials Reimbursement System* (TMR)
<input checked="" type="checkbox"/> Proof of Payment	<input checked="" type="checkbox"/> Required Bid Specifications & Bid Quotes for Sections 2, 3, 7, 9, & 10 for Reimbursement By Task System* (RBT)
<input checked="" type="checkbox"/> Primary Forms	
<input checked="" type="checkbox"/> Secondary or Supplementary Forms*	

**IMPORTANT NOTE:** For the TMR system, all submitted costs must be itemized using the supplementary forms. The transfer of lump sum costs (in excess of \$500.00) to the supplementary forms without any itemization is cause for requesting the breakdown of the lump sum costs from the Consultant.

**Obtain all documentation prior to passing the claim on for 50% reimbursement or Regional Office review.**

Initial Review Completed 6/25/99 by: TEN





# COST SUMMARY FORM

(all five pages of this form must be submitted with each claim)

**Site Name** SUN / S. ELM STREET **Incident No.** 10076

<i>Section Seven</i>	<i>Section Seven</i>	<i>Section Eight</i>	<i>Section Eight</i>	<i>Section Ten</i>	<i>Section Ten</i>
Amt. Requested (applicant use)	Amt. Approved (DEM use)	Amt. Requested (applicant use)	Amt. Approved (DEM use)	Amt. Requested (applicant use)	Amt. Approved (DEM use)
7.000		8.000		10.000	
7.010		8.010		10.010	NR
7.020		8.020		10.020	NR
7.030		8.030		10.030	
7.040		8.040		10.040	
		8.041		10.050	
7.060		8.050		10.060	
7.070		8.060		10.070	
7.081		8.070			
7.100		8.080		<b>Total</b>	
7.110		8.090			
7.121		8.091		<i>Section Eleven</i>	<i>Section Eleven</i>
7.140		8.092		Amt. Requested	Amt. Approved
7.150		8.100		(applicant use)	(DEM use)
7.161		8.110		11.000	
7.180				11.020	
7.201		<b>Total</b>		11.030	
7.221				11.040	
7.250				11.050	
7.260		<i>Section Nine</i>	<i>Section Nine</i>	<b>Total</b>	
7.270		Amt. Requested	Amt. Approved		
7.280		(applicant use)	(DEM use)		
7.291		9.000		<i>Section Twelve</i>	<i>Section Twelve</i>
7.300		9.010		Amt. Requested	Amt. Approved
7.320		9.020		(applicant use)	(DEM use)
7.330		9.030		12.010	91.00
7.340		9.040		12.020	
7.360		9.050		12.030	
7.380		9.060			
7.390				<b>Total</b>	91.00
7.400		<b>Total</b>			
7.410	NR				
<b>Total</b>					

**TOTAL CLAIM AMOUNT REQUESTED (Page 1, 2, & 3)** 4,717.09

**TOTAL CLAIM AMOUNT APPROVED (DEM use only)**

**50% AMOUNT PAID (DEM use only)**

CERTIFICATION OF COSTS

Site Name SUN / S. ELM STREET Incident No. 10076
Date of Work (starting) 1/30/98 Date of Work (ending) 9/24/98

Certification Affidavit of Tank Owner/Operator/Land owner or Attorney-in-fact

I certify to the best of my knowledge and belief: that the costs presented herein represent actual costs incurred in the performance of corrective actions at this site during the period indicated on this Reimbursement Request; that these costs have not been submitted as part of another Reimbursement Request; that a release has occurred from a petroleum underground storage tank system at this site; that no charges are presented as part of this Reimbursement Request that does not directly relate to the release of petroleum at this site; and that the costs incurred in excess of the applicable State Trust Fund deductible(s) are not eligible to be paid or reimbursed by or from any other source, including any contract of insurance. I understand that submission of a false statement, representation, or documentation to the Department under Article 21 of Chapter 143 of the General Statutes, or under any rules adopted shall be guilty of a misdemeanor, punished by a fine not to exceed ten thousand dollars (\$10,000), or by imprisonment not to exceed six (6) months or both.

Check if you have moved & this is a new address. You must supply both a mailing address & street address.

Tank Owner/Operator (Individual names require S.S. number and Company's require Federal I.D. number)

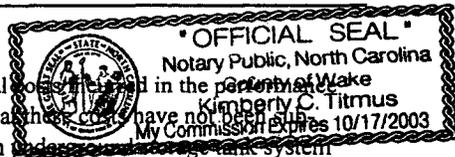
Full Name: MIDSTATE OIL COMPANY Signature: [Signature] Date: 5/27/99
Mailing Address: 4041 MARKET STREET City: ASTON, PA Zip Code & Extension: 19014-3197
Street Address: C/O SUN COMPANY
Federal I.D. # or S.S. # 23-2015757 Telephone: 610-859-5705

Before me personally appeared DANIEL P. SHINE to me known and known to me to be the person described in and who executed the foregoing instrument, and acknowledge to and before me that HE executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 27th day of May A.D., 19 99
Notary Public [Signature] My commission expires 10/17/03
State of North Carolina County of Wake

Certification Affidavit of Main Consultant/Contractor

I certify to the best of my knowledge and belief: that the costs presented herein represent actual costs incurred in the performance of corrective actions at this site during the period indicated on this Reimbursement Request; that these costs have not been submitted as part of another Reimbursement Request; that a release has occurred from a petroleum underground storage tank system at this site; that no charges are presented as part of this Reimbursement Request that does not directly relate to the release of petroleum at this site; and that the costs incurred in excess of the applicable State Trust Fund deductible(s) are not eligible to be paid or reimbursed by or from any other source, including any contract of insurance. I understand that submission of a false statement, representation, or documentation to the Department under Article 21 of Chapter 143 of the General Statutes, or under any rules adopted shall be guilty of a misdemeanor, punished by a fine not to exceed ten thousand dollars (\$10,000), or by imprisonment not to exceed six (6) months or both.



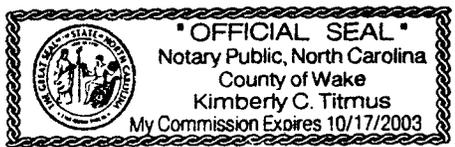
Main Consultant/Contractor

Company Name: IT CORPORATION OF NORTH CAROLINA, INC. Contact Person: MARY E. RELYEA
Mailing Address: 1000 PERIMETER PARK DR., SUITE I, MORRISVILLE, NC 27560
Federal I.D. # or S.S. # 02-0324047 Telephone: 919-467-2227
Signature: [Signature] Date: 5/27/99

Before me personally appeared MARY E. RELYEA to me known and known to me to be the person described in and who executed the foregoing instrument, and acknowledge to and before me that SHE executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 27th day of May A.D., 19 99
Notary Public [Signature] My commission expires 10/17/03
State of NORTH CAROLINA County of WAKE

GW/TF-600(a) 1/2/98



## PROJECT SUMMARY

Page 4 of 5

(ALL FIVE PAGES OF THIS FORM MUST BE SUBMITTED WITH EACH CLAIM)

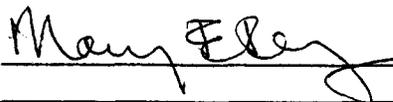
Site Name SUN / S. ELM STREET

Incident No. 10076

Name of Project Manager MARY RELYEA

Phone No. 919-467-2227

Signature of Project Manager



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### IMPORTANT DIRECTIONS PLEASE READ!

*Please list and itemize all work performed during the work period listed on the Certification of Costs.  
Please list items such as date of release, source of the release including lines and identification of all USTs.  
Please indicate if a second release or multiple releases have occurred.  
Indicate the volume and use of the UST including all USTs removed or closed.  
Indicate the quantity and methods for sampling (i.e. Soil, Water, etc.)  
Indicate the quantity and depth of borings and wells installed.  
Indicate the phase of work involved and what reports were generated.  
Indicate the amount of free product recovered during this period.  
Provide a brief update on the performance of the remedial system, please also include maintenance activities.*

---

*Claim period between January through September 1998:*

*Work performed approved under task authorization # 10076-01*

- *Utility Clearance*
- *Work plan for geoprobe investigation*
- *Supervision of geoprobe investigation on August 12, 1998*
- *Subcontractor fees for geoprobe drilling of 4 points for a total depth of 48 feet*
- *Analytical fees*
- *Preparation of a soil cleanup/site closure report (October 16, 1998)*
- *Travel to and from site for geoprobe investigation.*

**GW/TF-600(a) 1/2/98**

**PRE-APPROVAL  
TASK AUTHORIZATION FORM**

Department of Environment, Health & Natural Resources  
Division of Water Quality

(all)  
**RECEIVED**  
**JUL 06 1998**

Site Name Former Sunoco Facility Site Rank E Incident # 10076  
 City Greensboro County Guilford  
 Owner/Operator/Landowner/Attorney-in-fact Sun Company  
 Name of Consulting Firm Fluor Daniel GTI  
 Name of Project Manager (consultant) Mary Relyea  
 Date of Proposal (consultant) 3/9/98 Proposal Number (consultant) 102573  
 Consultant Phone (919) 467-2227 Consultant Fax (919) 467-2299  
 Regional Office Winston-Salem Incident Manager (if known) Sherril Knight  
 Site Status  Commercial  Non-Commercial Melanie Wells  
 Has State Trust Fund eligibility been determined?  Yes or  No  
 TASK AUTHORIZATION NUMBER (assigned by region) 10076-01

TOTAL AMOUNT NOT TO EXCEED (this task authorization) 7269.36

Note to reimbursement claimants: Proposals are required to elaborate on the costs for the tasks listed below and describe the scope of work and the rationale for conducting these activities. Pre-approval from the appropriate regional office for tasks that could not have been reasonably anticipated or for tasks that were inadvertently omitted in the original task authorization, also requires a "CHANGE ORDER FORM" to be submitted and approved by the appropriate regional office. Written justification(s) must be provided to the regional office before a change order can be granted. When all authorized work is completed and the claim is to be compiled, it is required that a copy of the approved and signed (by the region) "TASK AUTHORIZATION FORM" and any previously approved "CHANGE ORDER FORM" with written justification be incorporated into the claim. Claims will not be processed without these documents. Final reimbursement of costs associated with the above authorized amount may vary depending on eligibility status of the site (i.e., deductibles, apportionment, etc.). Costs associated with developing and submitting a proposal, the task authorization or change order form are not reimbursable.

Task Number	Requested Amt. (Consultant)	Approved Amt. (Regional Office)	Task Number	Requested Amt. (Consultant)	Approved Amt. (Regional Office)
✓ 3.050	\$200.00	200.00			
3.060	\$300.00	300.00			
3.140	\$210.00	210.00			
3.151	\$540.00	540.00			
3.160	\$2,500.00	2500.00			
4.090	\$1,505.36	1505.36			
6.081	\$560.00	560.00			
6.082	\$420.00	420.00			
6.171	\$800.00	800.00			
12.010	\$234.00	234.00			
	<u>7269.36</u>				

INCIDENT MANAGER AUTHORIZATION Melanie Wells DATE 6/25/98  
 GROUNDWATER SUPERVISOR AUTHORIZATION Sherril Knight DATE 6/26/98  
 DEADLINE FOR TASK COMPLETION \_\_\_\_\_



**IT Corporation of North Carolina, Inc.**

1000 Perimeter Park Drive, Suite 1

Morrisville, NC 27560-9291

Tel. 919.467.2227

Fax. 919.467.2299

A Member of The IT Group

May 19, 1999

Groundwater Section  
Post Office Box 29578  
Raleigh, NC 27626-0578

**RE: STATE REIMBURSEMENT APPLICATION FOR MID-STATE OIL COMPANY  
SITE LOCATION: 2903 S. ELM STREET, GREENSBORO, NC  
SERVICES PROVIDED FROM: JANUARY 1998 -SEPTEMBER 1998  
CLAIM TOTAL: \$4,717.09**

Whom It May Concern:

This letter shall serve as verification and authorization of co-payment from the North Carolina Leaking Petroleum Underground Storage Tank Cleanup Fund for the referenced application.

Checks should be made payable to "Mid-State Oil Company" and "IT Corporation of North Carolina, Inc". Checks should be mailed to the attention of Daniel P. Shine at the following location:

Mid-State Oil Company c/o Sun Company, Inc  
4041 Market Street  
Aston, PA 19014-3197

If you have any questions regarding this authorization, please contact Mary E. Relyea at (919) 467-2227.

Sincerely,

MID-STATE OIL COMPANY

  
Daniel P. Shine  
Retail Environmental Engineer

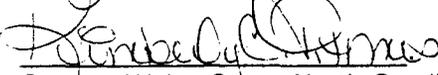
IT Corporation Of North Carolina, Inc.

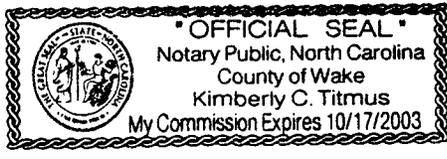
  
Mary E. Relyea  
Project Manager

Sworn and subscribed to me this 27<sup>th</sup> day of May A.D., 19 99.

  
County: Wake State: North Carolina

Sworn and subscribed to me this 27<sup>th</sup> day of May A.D., 19 99.

  
County: Wake State: North Carolina





**IT Corporation of North Carolina, Inc.**

1000 Perimeter Park Drive, Suite I

Morrisville, NC 27560-9291

Tel. 919.467.2227

Fax. 919.467.2299

A Member of The IT Group

May 19, 1999

Groundwater Section  
Post Office Box 29578  
Raleigh, NC 27626-0578

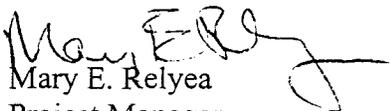
RE **SUN S. ELM STREET**  
**2903 S. ELM ST., GREENSBORO, NC**  
**DUNS #0275-7516**  
**FACILITY ID #0-002409**  
**GW INCIDENT # 10076**

**CONSULTANT'S/CONTRACTORS STATEMENT**

Below is a list of invoices which are being submitted to NCDHNR for reimbursement for services performed at Station No. 0275-7516 located at 2903 S. Elm Street, Greensboro, NC.

INVOICE NUMBER	INVOICE DATE	DATE PAID	AMOUNT PAID BY RP	AMOUNT
386458	09/14/98			\$854.76
388874	10/06/98			\$1,531.18
190864	04/23/99			\$2,331.15
TOTAL			\$0.00	\$4,717.09

Sincerely,  
**IT CORPORATION OF NORTH CAROLINA, INC.**

  
Mary E. Relyea  
Project Manager

  
Angela Kelly  
Project Business Administrator II



FLUOR DANIEL GTI

Mailed 9/30/98  
JB

INVOICE

FED. I.D. # 02-0324047

TERMS: Net 30 days

REMIT TO:

Fluor Daniel GTI, Inc.

P.O. Box 11583

Boston, MA 02211

For inquiries, please call:  
(813) 626-2336

=====  
Billing Through 08/27/98  
=====

Sun Company, Inc.  
Attn: Daniel Shine  
4041 Market Street  
Aston, PA 19010

Project# 102573  
Jobsite# 1642110

Page - 1  
Date - 09/14/98  
Account - 631347  
Invoice - 386458  
Dist/Terr - SED/324  
Proj Mngr - SRA

Account Notes:

Sun Company, Inc. 102573  
Site Address: 2903 S. Elm St.  
Greensboro, NC

Duns #0275-7516

Client Contact: Dan Shine

TASK	DESCRIPTION	UNITS	RATE	TOTAL
033000	Reimbursement Prep	3	25.00	\$ 75.00
033050	Utility Clearance	1	200.00	\$ 200.00
033140	Prober Survey Prep	1	210.00	\$ 210.00
033151	Field Supervision	0.50	540.00	\$ 270.00
120010	Required Consultant Travel	70	1.30	\$ 91.00
Subtotal				\$ 846.00
Tax				8.76
TOTAL INVOICE				\$ 854.76

Task Cd	Task Description	Amount
3	Pre Drilling Tasks	
330	Pre Drilling Tasks	
33000	Cost for Reimbursement Prep	.40
TOTAL FOR Cost for Reimbursement		75.00
33050	Utility Clearance	3.60
TOTAL FOR Utility Clearance		200.00
TOTAL FOR Pre Drilling Tasks		275.00
331	Description Not Found	
33140	Prepare Probe Survey Plan	5.70
		210.00



**FLUOR DANIEL GTI**

**INVOICE**

FED. I.D. # 02-0324047  
TERMS: Net 30 days  
REMIT TO:  
Fluor Daniel GTI, Inc.  
P.O. Box 11583  
Boston, MA 02211

For inquiries, please call:  
(813) 626-2336

=====  
Billing Through 08/27/98  
=====

Sun Company, Inc.  
Attn: Daniel Shine  
4041 Market Street  
Aston, PA 19010

Project# 102573  
Jobsite# 1642110

Page - 2  
Date - 09/14/98  
Account - 631347  
Invoice - 386458  
Dist/Terr - SED/324  
Proj Mngr - SRA

ask Cd	Task Description	Amount
	TOTAL FOR Prepare Probe Survey P1	210.00
33151	Superision of Field Work	52.00
		<del>270.00</del>
	TOTAL FOR Superision of Field Wor	270.00
	TOTAL FOR Description Not Found	480.00
	TOTAL FOR Pre Drilling Tasks	755.00
2	Travel Time and Lodging	
200	Travel Time and Lodging	
20010	Required Consultant Travel	1.20
		91.00
	TOTAL FOR Required Consultant Tra	91.00
	TOTAL FOR Travel Time and Lodging	91.00
	TOTAL FOR Travel Time and Lodging	91.00
	Sub Total:	846.00
	Total Taxable Amount:	146.00
	Total Tax @ 6.000 %	8.76
	Total For: ***** This Invoice *****	854.76



**FLUOR DANIEL GTI**

*Mailed 10/9/98  
3/3*

**INVOICE**

FED. I.D. # 02-0324047  
TERMS: Net 30 days  
REMIT TO:  
Fluor Daniel GTI, Inc.  
P.O. Box 11583  
Boston, MA 02211

For inquiries, please call:  
(813) 626-2336

=====  
Billing Through 09/24/98  
=====

Sun Company, Inc.  
Attn: Daniel Shine  
4041 Market Street  
Aston,, PA 19010

Project# 102573  
Jobsite# 1642110

Page - 1  
Date - 10/06/98  
Account - 631347  
Invoice - 388874  
Dist/Terr - SED/324  
Proj Mngr - SRA

Account Notes:  
Sun Company, Inc. 102573  
Site Address: 2903 S. Elm St.  
Greensboro, NC  
Duns #0275-7516  
Client Contact: Dan Shine

TASK	DESCRIPTION	UNITS	RATE	TOTAL
033000	Reimbursement Prep	1	25.00	\$ 25.00
033160	Probe Survey		Cost +	\$ <del>681.18</del> 584.20
066000	Reimbursement Prep	1	25.00	\$ 25.00
066171	Soil Cleanup & Site Closure Rpt.	1	800.00	\$ 800.00
033151		18	540.00	\$ <del>972.00</del>
TOTAL INVOICE				\$1,531.18

Task Cd	Task Description	Amount
03	Pre Drilling Tasks	
0330	Pre Drilling Tasks	
033000	Cost for Reimbursement Prep	-1.00 25.00
TOTAL FOR Cost for Reimbursement		25.00
TOTAL FOR Pre Drilling Tasks		25.00
0331	Description Not Found	
033160	Cost for Probe Survey	.00 <del>681.18</del> 584.20
TOTAL FOR Cost for Probe Survey		<del>681.18</del> 584.20
TOTAL FOR Description Not Found		<del>681.18</del> 584.20
TOTAL FOR Pre Drilling Tasks		706.18
06	Reports	
0660	Reportssk	



**FLUOR DANIEL GTI**

**INVOICE**

FED. I.D. # 02-0324047

TERMS: Net 30 days

REMIT TO:

Fluor Daniel GTI, Inc.

P.O. Box 11583

Boston, MA 02211

For inquiries, please call:  
(813) 626-2336

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Billing Through 09/24/98  
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Sun Company, Inc.  
Attn: Daniel Shine  
4041 Market Street  
Aston, PA 19010

Project# 102573  
Jobsite# 1642110

Page - 2  
Date - 10/06/98  
Account - 631347  
Invoice - 388874  
Dist/Terr - SED/324  
Proj Mngr - SRA

Task Cd	Task Description	Amount
66000	Reimbursement Preparation	
	1.10	25.00
	TOTAL FOR Reimbursement Preparati	25.00
	TOTAL FOR Reportssk	25.00
661	Description Not Found	
66171	Soil Cleanup & Site Closure	
	19.50	800.00
	TOTAL FOR Soil Cleanup & Site Clo	800.00
	TOTAL FOR Description Not Found	800.00
	TOTAL FOR Reports	825.00
	Sub Total:	1,531.18
	Total Taxable Amount:	.00
	Total Tax @ 6.000 %	.00
	Field Supervision	96.98
	Total For: ***** This Invoice *****	1,531.18

033151

PM  
4124

# Groundwater Technology Inc.

## INVOICE

**TERMS:** Net 30 Days

**REMIT TO:**

Groundwater Technology Inc.  
P. O. Box 11583  
Boston, MA 02211

*For inquiries, please call:*  
**(813) 626-2336**

=====  
Billing Through 04/02/99  
=====

Project # 102573  
Project Site # 1165762

Sun Company, Inc.  
Attn: Daniel Shine  
4041 Market Street  
Aston, PA 19010  
US

Page - 1  
Date - 04/23/99  
Client # - 1107910  
Invoice # - 190864  
PM Loc - MOR  
Proj Mngr - 982846

Account Notes:  
Sun Company, Inc. 102573  
Site Address: 2903 S. Elm St.  
Greensboro, NC  
Duns #0275-7516  
Client Contact: Dan Shine

TASK	DESCRIPTION	UNITS	RATE	TOTAL
0331000	Vertical Drilling		Cost +	\$ 230.00
04400000	Reimbursement Prep	1	30.00	\$ 30.00
04400000	Analytical Cost		Cost +	\$2,071.15
=====				
TOTAL INVOICE				\$2,331.15

Cost Cd	Cost Cd Description	Units	Amount
03	Pre Drilling Tasks		
0331			
033110			
03311000	Vertical Drilling	.00	230.00
TOTAL FOR Vertical Drilling			230.00
TOTAL FOR Pre Drilling Tasks			230.00
40	Sampling Servs & Analy Costs		
44000	Cost for Reimbursement Prep		
4400000	Reimbursement Preparation	1.50	30.00
TOTAL FOR Reimbursement Preparati			30.00
TOTAL FOR Cost for Reimbursement			30.00

PA  
A124

# Groundwater Technology Inc.

## INVOICE

**TERMS:** Net 30 Days

*For inquiries, please call:*  
(813) 626-2336

**REMIT TO:**

Groundwater Technology Inc.  
P. O. Box 11583  
Boston, MA 02211

=====  
Billing Through 04/02/99  
=====

Project # 102573,  
Project Site # 1165762

Sun Company, Inc.  
Attn: Daniel Shine  
4041 Market Street  
Aston, PA 19010  
US

Page - 2  
Date - 04/23/99  
Client # - 1107910  
Invoice # - 190864  
PM Loc - MOR  
Proj Mngr - 982846

Cost Cd	Cost Cd Description	Units	Amount
044090	Cost For Analy & Shipping		
04409000	Analytical/Shipping Costs	.00	2,071.15
	TOTAL FOR Analytical/Shipping Cos		2,071.15
	TOTAL FOR Cost for Analy & Shippi		2,071.15
	TOTAL FOR Sampling Servs & Analy C		2,101.15
	TOTAL FOR Sampling Servs & Analy C		2,101.15
	Sub Total:		2,331.15
	Total Taxable Amount:		.00
	Total Tax		.00
	Total For: ***** This Invoice *****		2,331.15

Name of Site SUN / S. ELM ST.

Incident No. 10076

**PRE-DRILLING TASKS**

**3.000 Cost per Task for preparing a reimbursement section(s)**

QUANTITY OF TASKS 4 (X) 25.00 RATE = 100.00

Price is per task  
Maximum rate is \$25.00 per task code (section three)  
Costs listed must pertain to the preparation of this claim only.

**3.030 DOT Encroachment Agreement (monitoring wells)**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum per DOT approved agreement  
Maximum rate is \$600.00 per agreement

**3.040 DOT Encroachment Agreement (remedial wells, crossings, etc.)**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum per DOT approved agreement  
Maximum rate is \$3200.00 per agreement

**3.050 Utility Clearance (on site & off)**

TOTAL COST 200.00 = 200.00

Price is lump sum  
Maximum rate is \$200.00 per event

**3.060 Cost for a Utility Clearance (subcontracted)**

TOTAL COST \_\_\_\_\_ (X) \_\_\_\_\_ MARKUP = \_\_\_\_\_

Maximum allowable is cost plus a 15% markup (i.e. 1.15 multiplier)  
Attach the contractor invoice to the back of this form (Primary form).  
Write the corresponding task number on the invoice (3.060).

**3.080 Procure well permits (all phases of drilling)**

LUMP SUM COST \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum  
Maximum rate is \$300.00

Name of Site SUN / S. ELM STREET

Incident No. 10076

**MULTI-PHASE VERTICAL DRILLING**

**3.090 Prepare work plan for drilling**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum  
Maximum rate is \$210.00

**3.101 Supervision of field work (Vertical Drilling)**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$540.00 per day (one day = 8 hours)  
Quantity of days should be broken down numerically to the nearest half hour (for guidance see worksheet "Ins5")  
Attach the Secondary task claim form.

**3.110 Cost for vertical drilling**

TOTAL COST \_\_\_\_\_ (x) \_\_\_\_\_ MARKUP = \_\_\_\_\_

Maximum allowable is cost plus a 15% markup (i.e. 1.15 multiplier)  
Markup is not allowed if the drilling is performed by the Consultant/Contractor  
Attach the Secondary Task Claim Forms, including the driller's invoice (costs are subject to drilling maximum rates)  
Write the corresponding task number on the driller's invoice (3.110).

**PROBE SURVEY**

**3.140 Prepare Probe Survey work plan**

TOTAL COST 210.00 = 210.00

Price is lump sum  
Maximum rate is \$210.00

**3.151 Supervision of field work (Probe Survey)**

TOTAL COST FROM SECONDARY FORM 366.98 = 366.98

375.74

PLUS \$8.76 TAX

Maximum rate is \$540.00 per day (one day = 8 hours)  
Quantity of days should be broken down numerically to the nearest half hour (for guidance see worksheet "Ins5")  
Attach the Secondary task claim form.

**3.160 Cost for Probe Survey (a.k.a. Geoprobe, Pushprobe, etc.)**

TOTAL COST 508.00 (x) 1.15 MARKUP = 584.20

Maximum allowable is cost plus a 15% markup (i.e. 1.15 multiplier)  
Markup is not allowed if the probe survey is performed by the Consultant/Contractor  
Attach the Secondary Forms, including the subcontractor invoice (costs are subject to maximum rates)  
Write the corresponding task number on the subcontractor invoice (3.160).

**3.161 Cost for a Mobile Lab (during Probe Survey)**

TOTAL COST \_\_\_\_\_ (x) \_\_\_\_\_ MARKUP = \_\_\_\_\_

Maximum allowable is cost plus a 15% markup (i.e. 1.15 multiplier)  
Markup is not allowed if the Mobile Lab is owned by the Consultant/Contractor  
Attach the Secondary Forms, including the subcontractor invoice (costs are subject to maximum rates)  
All mobile Labs and the analytical methods they run must be DEM certified.  
Write the corresponding task number on the subcontractor invoice (3.161).

**SECONDARY FORM-Section Three**

Name of Site SUN / S. ELM STREET

Incident No. 10076

**3.151 Supervision of field work (Probe Survey and Mobile Lab)**

Maximum rate is \$540.00 per day (one day = 8 hours)

The consultant's field hours must be less than the subcontractor's hours.

If you are filling this form out on computer, you will notice that it performs all of the calculations and totals for you.

If you are not filling this form out on a computer, for each event you will need to divide the quantity of field hours by 8, then take that number and multiply it by the rate per day, add up all the subtotal costs and place that value in the cell below the table.

	Date of work performed?	List quantity of field hours worked for each day	List your rate per day	Was overnight lodging required? (YES or NO)	SUBTOTAL COST
DAY 1	8/12/98	4.0	\$540.00	N	\$270.00
DAY 2					
DAY 3					
DAY 4					
DAY 5					
DAY 6					
DAY 7					
<b>*Total Cost for task 3.151</b>					<b>\$270.00</b>

\* Transfer this total dollar amount to the Primary Form, a markup is not allowed.

GW/TF-603(b) 1/2/98

+ 67.58  
 + 8.76  
 + 29.40

4 hrs      \$ 751.48      =      375.74

\$75.74



**ENVIRO - EQUIPMENT, INC.**  
 11180 DOWNS RD.  
 PINEVILLE, NC 28134  
 704/588-7970 FAX 704/588-5119

**INVOICE**

DATE	INVOICE #
8/17/98	7218

**BILL TO:**

Fluor Daniel GTI, Inc.  
 1000 Perimeter Park Drive  
 Suite I  
 Morrisville, NC 27560  
 Attn: Mary Relyea

THIS INVOICE IS SUBJECT TO THE TERMS AND CONDITIONS ON THE BACK OF THIS INVOICE.

278264	Due on recpt
--------	--------------

QUANTITY	DESCRIPTION	RATE	TOTAL
1	HNU PI-101 Photoionization Detector-Weekly Rate	255.00	255.00T
	NC Sales Tax	6.00%	15.30

**ENTERED**  
 SEP - 1 1998

**RECEIVED**  
 AUG 19 1998

*Split 4 ways.*

Thomasville 102562	033160	67.57
Summit Ave 102595	033160	67.57
S Elm St 102573	033158	67.58
Lenoir 102719	033160	67.58

*Mary*

VENDOR #	071181
CUSTOMER	
DEPT OR JOB #	
ACCOUNT #	402
TASK #	
AMOUNT	270.30
APPROVAL	<i>[Signature]</i> (if required)

*Rental from 1030 on 8/7 to 1030 on 8/14. Thank you for your business.	<b>TOTAL</b>	\$270.30
--	--------------	----------

**Payment Type Detail**

**Dropped off: Aug 08, 1998**      **Payor: Recipient**      **Reference: 278264**

• Distance Based Pricing, Region 2

**FedEx Ship**  
 Airbill 791604122805  
 Service Type FedEx Priority Overnight  
 Package Type Customer Packaging  
 Region 2  
 Pieces 1  
 Weight 25.0 lbs  
 Delivered Aug 07, 1998 09:01  
 Service  
 Area Code A1  
 Signed by P.MANY  
 Dec. Value USD 1,000.00

**Sender**  
 BRIAN CHEW  
 ENVIRO-EQUIPMENT INC  
 11180 DOWNS RD  
 PINEVILLE NC 28134-8445 US

**Recipient**  
 LAKESHA HOLLEY  
 FLUOR-DANIEL GTI  
 1000-I PERIMETER PARK DR.  
 MORRISVILLE NC 27560 US

Transportation Charges  
 Declared Value Charge

**Total Transportation Charges**

USD \$

**Payer Detail Subtotal**

USD \$

FedEx Internal Use: 001672544/01488/ /

VENDOR #	
CUSTOMER	
DEPT OR JOB #	split 4 ways
ACCOUNT #	4001
TASK #	033151
AMOUNT	67.00
APPROVAL	P. Many / [Signature]

*#29,40* } 102719  
 } 102595  
 } 102573  
 } 102562 } 033151

Name of Site SUN / S. ELM STREET Incident Number 10076  
 Name of Probe Survey Contractor PROBE TECHNOLOGY  
 Subcontractor Invoice Number 1002 Date of Invoice 8/16/98

**Task 3.160-Cost for Probe Survey**

For each Probing event that is performed, you must fill out and provide separate SECONDARY FORMS for each of those probing events. However, only one PRIMARY FORM is needed.  
 The STF will only reimburse a maximum of two probing events per site.  
 Attach the Probe Survey invoice(s) to the back of this form plus attach page 11 of 19.  
 For probe performance specifications and requirements, see task definition document.

**Per Diem & Mobe charges**

**Per diem - Two person Probe Survey crew**

QUANTITY OF NIGHTS ~~68~~ (x) ~~6.00~~ RATE = ~~408.00~~  
 Maximum rate is \$142.00 per night, for a two person crew (includes all meals)  
 This item is only reimbursable if overnight lodging is incurred

**Mobilization Charge (Probe Truck or Van)**

LUMP SUM COST 100.00 = 100.00  
 Maximum rate is \$200.00 per event  
 This rate includes mobe & demobe of all necessary equipment & personnel

**Rental Equipment**

**Water Trailer**

QUANTITY OF DAYS \_\_\_\_\_ (x) \_\_\_\_\_ RATE = \_\_\_\_\_  
 Maximum rate is \$50.00 per day  
 This item is only reimbursable for those sites where water is not available

**Steam Cleaner**

QUANTITY OF DAYS \_\_\_\_\_ (x) \_\_\_\_\_ RATE = \_\_\_\_\_  
 Maximum rate is \$75.00 per day  
 This item is only reimbursable for decontamination purposes

**Portable Generator**

QUANTITY OF DAYS \_\_\_\_\_ (x) \_\_\_\_\_ RATE = \_\_\_\_\_  
 Maximum rate is \$55.00 per day  
 This item is only reimbursable for steam cleaner

**Cost for boring abandonment (bentonite or grout), any size**

TOTAL FOOTAGE \_\_\_\_\_ (x) \_\_\_\_\_ RATE = \_\_\_\_\_  
 Maximum rate is \$2.00 per foot

Total Cost for task 3.160 ~~508.00~~

GW/TF-603(b) 1/2/98

100.00





# Invoice

DATE	INVOICE #
8/16/98	1002

**BILL TO:**

Fluor Daniels/GTI (NC)  
 1000 Perimeter Park Drive  
 Suite I  
 Morrisville, NC 27560

ENTERED  
 SEP - 1 1998

RECEIVED  
 AUG 19 1998

*Summit Ave*

VENDOR #	1182791
CUSTOMER	
DEPT OR JOB #	102573
ACCOUNT #	4201
TASK #	033160
AMOUNT	508.00
APPROVAL	<i>AA Per</i>

(if required)

*203 Elm St*

P.O. NUMBER	TERMS	PROJECT
272204	Net 45	Greensboro, NC

QUANTITY	DESCRIPTION	RATE	AMOUNT
----------	-------------	------	--------

68	Soil Borings	6.00	408.00
1	Mobilization	100.00	100.00

**TOTAL** \$508.00

EXHIBIT A

CONDITIONAL WAIVER AND RELEASE OF LIEN RIGHTS

Partial \_\_\_\_\_ Final

The undersigned Contractor PROBE TECHNOLOGY, INC. hereby acknowledges that upon receipt of payment in the sum of \$ \$1714.00 as satisfaction in full for all labor, services, and materials furnished to Customer, this document shall become effective to release pro tanto any mechanics' liens, stop notices or bond rights the undersigned has in connection with

SUN FACILITIES

(Job Description)

for the project located at Sun Facilities Center, Thonksville, Emerald (2)

(Project)

The Contractor certifies and warrants that it has fully paid and satisfied all claims for work, labor, materials, supplies, equipment and all other items used or furnished by Contractor or its subcontractor(s) or materialmen in the performance of said project through the date of 8/16/98.

The Contractor hereby expressly waives, releases and discharges owner of the property from any and all claims for mechanics' liens and rights to any such claim which the Contractor has or may have for labor, services, or materials or otherwise in connection with payment for said work or improvements and every part thereof and does hereby agree that it will not levy or place any mechanics', attachment, judgment, or other lien on or against the property described above for any existing indebtedness of the owner of the property to the Contractor.

In addition, the Contractor agrees to reimburse Customer for any excess payment made by Customer to the Contractor, which may be discovered as a result of any audit performed by Owner/Customer pursuant to the contract/work authorization.

Invoice Number: 1001 1002 1003 1004

Invoice Amount: \$367 \$508 \$427 \$412

Invoice Date: 8/16/98

BY: Michael A. Tynan  
(Signature)

NAME: MICHAEL A. TYNAN  
(Print)

DATE: 8/16/98

RECEIVED  
AUG 19 1998

WITNESS: Peggy B. Tynan  
(Signature)

NAME: Peggy B. TYNAN  
(Print)

Name of Site SUN / S. ELM STREET

Incident No. 10076

MISCELLANEOUS ITEMS RELATED TO DRILLING

3.340 Cost for a Well Abandonment Report

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum per Report  
Maximum rate is \$110.00

3.350 Measure top of well casing elevations (Surveying)  
(First 5 wells/site)

QUANTITY OF WELLS \_\_\_\_\_ (X) \_\_\_\_\_ RATE = \_\_\_\_\_

Price is per well  
Maximum rate is \$50.00 per well  
Includes all field equipment & personnel

3.351 Measure top of well casing elevations (Surveying)  
(Each additional well beyond 5 wells/site)

QUANTITY OF WELLS \_\_\_\_\_ (X) \_\_\_\_\_ RATE = \_\_\_\_\_

Price is per well  
Maximum rate is \$25.00 per well  
Includes all field equipment & personnel

3.360 Well Permit fees (reimbursable only where required)

TOTAL COST 200.00 (X) 1.15 MARKUP = 230.00

Maximum allowable is cost plus a 15% markup (i.e. 1.15 multiplier)  
Attach the agency invoice to the back of this form (Primary form).  
Write the corresponding task number on the invoice (3.360).  
Please note the name of the agency GUILFORD COUNTY DEPT OF PUBLIC HEALTH

3.380 Cost for procuring a N.C. Professional Land Surveyor

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum  
Maximum rate is \$250.00

3.390 Cost for the Surveyor

TOTAL COST \_\_\_\_\_ (X) \_\_\_\_\_ MARKUP = \_\_\_\_\_

Maximum allowable is cost plus a 15% markup (i.e. 1.15 multiplier)  
This Task may be utilized in place of task 3.350.  
This task can also be used to develop an accurate site map, depicting all features on and off the site.  
Whenever possible, maps should be generated on a CAD system, so future drawings can be modified with little effort.

Inv date 5-28-98A CKrom Sun Elm Street

Task 3.360

# FLUOR DANIEL GTI CHECK REQUEST FORM

Date of request: 7/14/98 \*Check needed at destination by: 7/31/98  
 Amount: \$ 200.00 Dept./account (non-billable) 4201  
 Requested by: Mary Bell Job/account/task (billable) 102573 / 066081  
 Reason for expenditure: Monitoring Well Permit

Please note that backup documentation is required prior to issuance of checks. This documentation should be part of the check request package that you submit for processing.

\*Check will be cut in the check run prior to the date required at destination unless otherwise specified. If the check is required less than one week after requesting date, please explain why the expenditure could not have been anticipated:

**Payee Information**—must be completed fully and legibly. If the vendor uses an abbreviation in their name, please also list the full name, if known. This will help prevent duplicating a vendor in our files.

Name: Guilford County Environmental Health  
 Address: 1100 East Wendover Ave  
Greensboro, NC 27405  
 Telephone: 1-336-373-3771

Is this a new vendor?  If yes, send a vendor setup request to Procurement prior to submitting this check request.

**Mailing Instructions**—all checks will be sent to the vendor via regular mail unless other instructions are indicated.

Mail check to vendor. — Please include copy of attached letter w/ check  
 Send check to vendor via Airborne Express (Fee will be charged to same account code as check.)  
 Send check to the \_\_\_\_\_ FDGTI office (Every effort should be made not to use this option, for internal audit reasons.)

**Additional Notes**—Check runs are completed every Thursday. All check requests must be received by 2 pm Wednesday to be included in the check run. Manual checks should only be requested for unavoidable situations. Please try to anticipate your needs. Offices that have local checking accounts should review the guidelines to determine if specific check request needs can be met through use of those accounts. PLEASE PRINT OR TYPE YOUR CHECK REQUESTS.

Supervisor's approval \_\_\_\_\_ (required for processing)

ACCOUNTING USE ONLY

COPIES NEEDED (check when copied)

Vendor # 1137519 Date of check 7-21-98  
 Check Run  Manual with Match  Manual no Match  
 Authorized Signature Barbara Schommer

Revised 3/97 KAO

ENTERED  
JUL 17 1998



Tosh 3.360



RECEIVED  
JUN 08 1998

GUILFORD COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION

May 28, 1998

SUBJECT: MONITOR WELL CONSTRUCTION

ELM ST. SUNOCO  
2903 ELM ST.  
ASTONGREENSBORO  
251-97-MW6-RW0  
\$200.00

Dear Madam or Sir:

The Guilford County Board of Health Rules and Regulations Governing the Construction and Abandonment of Monitoring and Recovery Wells under Section IV(B) states that "Monitoring and recovery well permits must be renewed every twelve (12) months from the date of initial issuance for so long as they remain in operation." Associated with the renewal of the permit is an annual fee. Renewal of the permit and the annual fee for the referenced site is now due. Please submit the fee listed below immediately upon receipt to the following address:

Guilford County Environmental Health  
Attn: Ken Carter  
1100 E. Wendover Avenue  
Greensboro, NC 27405

Please include the second page of this letter with the site information along with the payment so that the proper permit gets credited. If you have any questions call me at (910) 373-3771.

Sincerely,

*Kenneth L. Carter* [Signature]

Kenneth Carter  
Director, Environmental Manager

cc: permit file

1100 E. Wendover Avenue • Greensboro, North Carolina 27405  
373-3771 - 884-3771  
333-6026 • Director, Environmental Health

Name of Site SUN / S.ELM STREET

Incident No. 10076

**SAMPLING SERVICES AND ANALYTICAL COSTS**

**4.000 Cost per task for preparing a reimbursement section(s)**

QUANTITY OF TASKS 1 (x) 30.00 RATE = 30.00

Price is per task

Maximum rate is \$30.00 per task code (section four)

Costs listed must pertain to the preparation of this claim only.

**4.020 Cost for Stockpile Soil Sampling for disposal/treatment**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum

Maximum rate is \$500.00 per site

This task should only be used for disposing/treating contaminated soil under task 7.320.

Do not use this task for a UST closure, stockpile sampling should be performed following the excavation.

**4.031 Cost for Sampling any Diameter size or Depth well**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Price is per well

Maximum rate is \$100.00 per well

**4.041 Cost for Sampling Supply Wells**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Price is per well

Maximum rate is \$40.00 per well

**4.051 Cost for Sampling Surface Waters**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Price is per sample point

Maximum rate is \$40.00 per sample point

**4.060 Cost for Sampling Groundwater influent & effluent from a Pump & Treat System**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum

Maximum rate is \$100.00 per sample event

**4.070 Cost for Sampling Air Stream from a Vapor Extraction System**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Price is lump sum

Maximum rate is \$100.00 per sample event

Name of Site SUN / S. ELM STREET

Incident No. 10076

**SAMPLING SERVICES AND ANALYTICAL COSTS**

**4.090 Cost for Analytical and Shipping (all sampling)**

TOTAL COST FROM SECONDARY FORM 1801.00 (x) 1.15 MARKUP = 2,071.15

Price is cost plus a maximum markup of 15% (i.e. 1.15 multiplier)

Markup is not allowed if the lab analysis is performed by the Consultant/Contractor

Attach the Secondary Task Claim Forms, including the laboratory and shipping invoice

Write the corresponding task number on the laboratory invoice and shipping invoice

All costs are subject to maximum rates

*GW/TF-604(a) 1/2/98*





SPECIALIZED ASSAYS, INC. I N V O I C E

2960 Foster Creighton Dr.  
P.O. Box 40566  
Nashville, TN 37204-0566  
Phone 1-615-726-0177

INVOICE NO.: 0128185-IN

INVOICE DATE: 08/20/98

P.O. NO: ~~272204~~ 272195

REQUESTED BY:  
LAKESHIA HOLLEY

REFERENCE NO.:  
012698ke99

TERMS: NET 30

DATE RECEIVED: 08/13/98

DATE REPORTED: 08/18/98

CLIENT NO:  
0007979

109990

CLIENT NAME:

FLUOR DANIEL GTI (NC)  
ATTN: KIM TITMUS  
1000 PERIMETER PARK DR. STE 1  
MORRISVILLE NC 27560

PROJECT NAME: SUN OIL

PROJECT NO: 102573 - *Elm Street*

SAMPLE NO.	SAMPLE NAME	TEST NAME	COLLECTED	PRICE
A95746	GP-1	VPH		
A95746	GP-1	EPH	08/12/98	48.75
A95746	GP-1	8270 Extra	08/12/98	112.50
A95746	GP-1	8260 VOA/MTBE/IPE	08/12/98	198.75
A95747	GP-2	VPH	08/12/98	56.25
A95747	GP-2	EPH	08/12/98	48.75
A95747	GP-2	8270 Extra	08/12/98	112.50
A95747	GP-2	8260 VOA/MTBE/IPE	08/12/98	198.75
A95748	GP-3	VPH	08/12/98	56.25
A95748	GP-3	EPH	08/12/98	48.75
A95748	GP-3	PAH	08/12/98	112.50
A95748	GP-3	8270 Extra	08/12/98	68.00
A95748	GP-3	8260 VOA/MTBE/IPE	08/12/98	198.75
A95749	GP-4	VPH	08/12/98	56.25
A95749	GP-4	EPH	08/12/98	48.75
			08/12/98	112.50

VENDOR #	915868
CUSTOMER	
DEPT OR JOB #	102573
ACCOUNT #	4201
TASK #	04609000
AMOUNT	1801.00
APPROVAL	<i>M R</i>

RECEIVED  
SEP 01 1998

CONTINUED



**SPECIALIZED ASSAYS, INC. I N V O I C E**

2960 Foster Creighton Dr.  
P.O. Box 40566  
Nashville, TN 37204-0566  
Phone 1-615-726-0177

CLIENT NO:  
0007979 109990

CLIENT NAME:  
FLUOR DANIEL GTI (NC)  
ATTN: KIM TITMUS  
1000 PERIMETER PARK DR. STE 1  
MORRISVILLE NC 27560

INVOICE NO.: 0128185-IN

INVOICE DATE: 08/20/98

P.O. NO: 272204

REQUESTED BY:  
LAKESHIA HOLLEY

REFERENCE NO.:  
012698ke99

TERMS: NET 30

DATE RECEIVED: 08/13/98

DATE REPORTED: 08/18/98

PROJECT NAME: SUN OIL  
PROJECT NO: 102573

SAMPLE NO.	SAMPLE NAME	TEST NAME	COLLECTED	PRICE
-A95749	GP-4	PAH		
-A95749	GP-4	8270 Extra	08/12/98	68.00
-A95749	GP-4	8260 VOA/MTBE/IPE	08/12/98	198.75
			08/12/98	56.25

**RECEIVED**  
SEP 01 1998

INVOICE TOTAL: 1,801.00

**PRIMARY FORM - Section Six**

Name of Site Former Sunoco Facility

Incident No. T0076

**REPORTS**

**6.000 Cost per task for preparing a reimbursement section(s)**

QUANTITY OF TASKS 1 (x) 25.00 RATE = 25.00

Price is per task  
Maximum rate is \$25.00 per task code (section six)  
Costs listed must pertain to the preparation of this claim only.

**6.010 20-Day Report**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$400.00  
This task is not repeatable.

**6.011 Soil Contamination Report (90 Day Report)**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$560.00  
This task is not repeatable.

**6.020 45-Day Report**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$600.00  
This task is not repeatable.

**6.021 Free Product Recovery Report (Initial Report)**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$500.00  
This task is not repeatable.

**6.022 Free Product Recovery Report (Subsequent Reports after Initial Report)**

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$250.00  
Maximum number of times this task can be used is 4 times.

**6.030 UST Closure Report**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$800.00

**6.031 Limited Site Assessment Report (Phase I Only)**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$1,500.00  
This task is not repeatable.

**6.032 Limited Site Assessment Report (Phase I and II)**

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

Maximum rate is \$2,500.00  
This task is not repeatable.

Name of Site Former Sunoco Facility Incident No. 10076

REPORTS

6.090 Monitoring Report (pre CAP) (Initial Report)

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

This task covers sampling before a CAP is submitted
Maximum number of times this task can be used is 2 times for CAP under .0106 (c), (k) or (m)
Maximum number of times this task can be used is 4 times for CAP under .0106 (l)
Maximum rate is \$1,400.00

6.091 Monitoring Report (pre CAP) (Subsequent Reports after Initial Report)

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

This task covers sampling before a CAP is submitted
Maximum number of times this task can be used is 2 times for CAP under .0106 (c), (k) or (m)
Maximum number of times this task can be used is 4 times for CAP under .0106 (l)
Maximum rate is \$700.00

6.100 Active Remediation Monitoring Report (post CAP) (Initial Report)

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

This task covers monitoring the performance of a remediation system
Maximum rate is \$1,800.00

6.101 Active Remediation Monitoring Report (post CAP) (Subsequent Reports after Initial Report)

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

This task covers monitoring the performance of a remediation system
Maximum rate is \$900.00

6.110 Natural Attenuation Monitoring Report (post CAP) (Initial Report)

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

This task covers monitoring the performance of natural attenuation
Maximum rate is \$1,800.00

6.111 Natural Attenuation Monitoring Report (Subsequent reports after initial Monitoring Report)

TOTAL COST FROM SECONDARY FORM \_\_\_\_\_ = \_\_\_\_\_

This task covers monitoring the performance of natural attenuation
Maximum rate is \$900.00

6.112 Cleanup Level Verification Monitoring Report

TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

This task covers verification of cleanup levels.
Maximum rate is \$1000.00

6.120 System Enhancement Recommendations

Maximum rate is \$2200.00 TOTAL COST \_\_\_\_\_ = \_\_\_\_\_

6.171 Soil Cleanup and Site Closure Report

TOTAL COST 800.00 = 800.00

Maximum rate is \$800.00

**PRIMARY FORM - Section Twelve**

Name of Site SUN / S. ELM STREET Incident No. 10076

**TRAVEL TIME AND LODGING**

**TRAVEL TIME**

NOTE: Mileage costs are **not** reimbursable for the following Task Code Sections: 6, 8, 9 and 10.

**12.010 Required consultant travel for one person**

QTY OF SITE VISITS 1 (x) RNDTRPMI 70.0 (x) RATE \$ 1.30 = 91.00

Price is per mile

Maximum rate is \$1.30 per mile (regardless of personnel level or number of personnel traveling to site)

Maximum roundtrip mileage from consultants office to site, will not be reimbursed for more than 350 miles

**12.020 Required consultant travel for two people**

QTY OF SITE VISITS \_\_\_\_\_ (x) RNDTRIP MILES \_\_\_\_\_ (x) RATE \_\_\_\_\_ = 0.00

Price is per mile

Maximum rate is \$2.25 per mile (regardless of personnel level or number of personnel traveling to site)

Maximum roundtrip mileage from consultants office to site, will not be reimbursed for more than 350 miles

Two person travel is only allowed when used for the following task codes: 2.280, 3.350, 4.031, 5.020, 5.030,

5.040, 5.050, 5.060, 7.201 and 7.221.

**LODGING**

**12.030 Overnight lodging for one person**

QUANTITY OF NIGHTS \_\_\_\_\_ (x) \_\_\_\_\_ RATE = 0.00

Rate is per night (do not attach receipts)

Maximum rate is \$71.00 per night per person (includes all meals)

Overnight travel is only allowed when used for the following task codes:

Section 2 field tasks, 3.101, 3.151, 3.182, 3.301, 4.031, 5.020 to 5.060, 7.081, 7.121, 7.201, 7.221, 7.291 and 11.040.

NOTE: Lodging costs are **not** reimbursable for the following Task Code Sections: 1, 6, 8, 9 and 10.

