

FORM 1
Biosolids Land Application Local Monitoring Expenses
REIMBURSEMENT INVOICE

Page 1 of 1

DEQ USE ONLY

Claim No:	Activity Dates:	
County:	Date Rec'd:	
Evaluator:	Permit No:	Approval Amount:

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

I. Claimant Information		
A. Name of Local Government Official:		B. County:
C. Claimant Mailing Address:		D. City, State
		E. Zip Code
F. Claimant Telephone No. ()	G. Claimant Fax No. ()	H. Local Monitor Name
I. Contact Person for Reimbursement	J. Contact Person Telephone No. ()	K. Contact Person Fax No. ()

II. Monitoring Activity Information (Attach additional separate sheets if necessary)		
A. DEQ Permit No. and Site Identification		B. Farm(er) and Site Location
C. Type of Monitoring Activity and Dates		D. Reimbursable Time and Charges
E. Sampling and Testing Information	F. Name and location of Lab used	G. Total Lab Charges

III. Multiple Owner Information (For Local Monitor employed by multiple jurisdictions)
Are the expenses listed above part of a multiple owner payment submission? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to the above question, you are required to submit this invoice with the multiple owner payment Form 2.

IV. Responsible Official Statement (Please sign name):
A. Were the listed expenses incurred during the dates included in Part II.C of this form? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No", please attach the necessary documentation to explain the discrepancy.

V. Statement Of Costs	
A. Are all expenses listed in this invoice complete at the date of this invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Will additional reimbursement costs incurred for monitoring activities at the site(s) listed above be submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Total costs claimed for reimbursement in this Invoice \$ _____

VI. County Administrator Certification (Please print name):	
The following signature attests that the monitoring activities for which reimbursement is sought have been performed in accordance with the provisions of the VPA Permit Regulation (9 VAC 25-32) and the Fees for Permits and Certificates regulation (9 VAC 25-20):	
_____ County Administrator	_____ Date
_____ Local Monitor	_____ Date

INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT INVOICE

Fill in the following information

Block I. Claimant Identification

- A. Claimant's name: The Local government jurisdiction where land application of biosolids occurred and local monitoring activities took place during the dates specified is the claimant, but a responsible local government official should be named. The claimant may submit an invoice for costs incurred for any completed local monitoring activities during the stated reimbursement period since any prior invoice submittals for a reimbursement period of time. The claimant named in this section will be considered the person or entity that will receive all original correspondence and will be named as the payee on the reimbursement checks unless a Payment Assignment Form has been completed.
- Where there are multiple jurisdictions (owners) employing the same local monitor, one Claimant may claim the costs submitted for the reimbursable monitoring expenses. The other owners must assign the right to reimbursement to this single claimant by using the Multiple Owners Payment Assignment Form 2.
- B. Provide the County in which land application of biosolids occurred and the invoiced monitoring expenses are claimed.
- C. D. E. Provide the claimant's current mailing address; including the city, state, and zip code.
- F. List the telephone number, including area code, for the claimant.
- G. Provide the fax number, including area code, for the claimant.
- H. Provide the Local Monitor's name. The Local Monitor may be an individual, a business entity (e.g. partnership or corporation) or a government agency.
- I. Provide the name of a person who can answer questions about the invoice.
- J. List the telephone number, including area code, where the contact person can be reached.
- K. Provide the fax number, including area code, for the contact person.

Block II. Monitoring Activity Information (Attach additional separate sheets to provide this information if necessary).

- A. Provide the DEQ Permit number(s) authorizing the land application of biosolids on the listed sites for which monitoring expenses are being claimed. The site identification numbers as listed in the DEQ Permit should be included. Also, the monitoring activities site location can be identified by the farm name as is generally known.
- B. List the Farm name or landowner's name if known and the site's location (street name), including the city, state, and zip code, if known.
- C. Describe the type of reimbursable monitoring activity that occurred and the date that the activity took place.
- D. List the time expended for the monitoring activities and the reimbursable charges for that activity.
- E. Describe any sampling activity on specific sites or other locations and list any laboratory testing of samples.
- F. List the Name of any Laboratories performing testing on samples collected.
- G. Provide the reimbursable laboratory testing costs.

Block III. Multiple Owner Information

Check the box indicating whether or not this invoice is part of a multiple owner payment request. If "Yes" is checked, submit the invoice with a complete copy of Form 2 with all other invoices and required endorsements.

Block IV. Responsible Official Statement

Signature of responsible local official checking the box indicating whether or not the local monitoring expenses listed in this invoice were verified to occur during the period of time that reimbursement is claimed. If "No" is checked, submit documentation explaining why any claimed monitoring expenses did not occur during the listed time period.

Block V. Statement of Costs

- A. Check whether or not the expenses claimed in this invoice are complete for the time period specified in this invoice.
- B. Check whether or not additional reimbursement claims will be submitted for monitoring activities during the time period specified in this invoice.
- C. Enter the total costs being claimed for the monitoring activities during the time period specified in this invoice.

Block VI. County Administrator Certification

Signature of County Administrator indicates that the invoice has been properly prepared by a responsible official who has verified that the local monitoring expenses claimed in this invoice are correct to the best of their knowledge

Signature of Local Monitor indicates that the claimed expenses are accurate and complete for activities they have reported.