

REQUEST FOR REIMBURSEMENT APPLICATION FORM
ILLEGAL DUMP SITE CLEANUP

NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
Waste Management Division, Planning and Aid Unit

1. Applicant: _____

2. Federal Identification Number: _____

3. _____
 Applicant mailing address

City/Village	Zip Code	County
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4. _____

Designated contact person	Title	Telephone
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5. Legal Description: _____ Quarter of Section _____ Township _____ Range _____

Location from nearest town: _____

6. Date(s) cleanup occurred: _____

7. Describe materials cleaned up: _____

8. Total reimbursement amount requested: \$_____

Total must equal the total listed on the back side of this sheet if using the schedule of eligible costs or documented expenses you have attached.

9. Describe efforts taken to discourage future illegal dumping at this site. Attach additional sheets if needed.

10. I, the undersigned Authorized Representative, certify this information is true, accurate, and complete.

Printed name of Authorized Representative and Title

PLEASE MAIL THE COMPLETED FORM TO:
Nebraska Department of Environmental Quality
Waste Planning and Aid Unit
PO Box 98922
Lincoln, Nebraska 68509-8922

(Over for Schedule of Eligible Costs & Calculations)

SCHEDULE OF ELIGIBLE COSTS & CALCULATIONS

A. Labor Costs

The per hour rate for laborer includes fringe benefits and is calculated for a non-technical, non-managerial position. **Labor costs refer to employees picking up materials by hand, not with equipment.** In the event that a specialized laborer is required to perform the work, please contact the Department.

Maximum reimbursement amount: \$9.60 per hour

_____ Employees x _____ Hours x \$_____ /hour = \$_____

B. Equipment Costs

The equipment costs are the **maximum per hour rate for equipment and the operator.** In the event that the cleanup required usage of equipment not listed below, please contact the Department for a maximum rate.

Equipment Type	Maximum hourly rate
Loader	\$68.00
Skidloader	\$44.00
Backhoe-small	\$53.00
Backhoe-large	\$90.00
Crawler	\$73.00
Lo-boy	\$65.00
Dump truck	\$43.00

REMINDER: Equipment cost rates include operator, mileage, and maintenance.

Equipment Type _____ Hours x \$_____ /hour = \$_____

Equipment Type _____ Hours x \$_____ /hour = \$_____

Equipment Type _____ Hours x \$_____ /hour = \$_____

C. Transportation Costs

The transportation costs are the maximum **per mile rate for the vehicle.** In the event that the cleanup required usage of a vehicle not listed below, please contact the Department for a maximum rate. REMINDER: Transportation costs include operator, mileage, and maintenance.

Vehicle Type	Maximum per mile rate
Pickup	\$.47

Type of Vehicle _____ miles x \$_____ /mile = \$_____

D. Disposal Fee

(attach paid receipt)

\$_____

TOTAL REIMBURSEMENT FEE (report in number 8 on other side)

\$_____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DEPARTMENT AT 402-471-3388