

Colorado Petroleum Storage Tank
Fund

**SUPPLEMENTAL REIMBURSEMENT APPLICATION --
Short Form S (2010)**

This form should be used, and can only be used, on Supplemental Reimbursement Applications when the Applicant has already established eligibility for reimbursement of remediation costs relative to this occurrence.

RAP # _____

CDLE/OPS Internal Use only

The nature of this Supplemental Reimbursement Application is: [Select all that apply]

Additional costs not previously reimbursed.

Applicant seeks reimbursement of costs approved but not reimbursed pursuant to Committee Policy #13 (Costs exceeded \$50,000 without a Corrective Action Plan, CAP now approved.)

Other (Explain):

List RAP # of last claim previously filed for this remediation:

Applicant's Full Legal Name:	City and County of Denver	Social Security # or Federal Tax ID #	84-6000580
Contact Person:	Diane Delillio	Phone # 720.865.5448	Fax # 720.865.8534
Mailing Address:	Street 200 West 14th Avenue, Suite 300 City Denver State CO Zip 80204-2732		E-mail:
Reimbursement Mailing Address (if different):	Street City State Zip		E-mail:

Applicant is (select one): **Government**

Site Name:	Public Works - Fleet Maintenance
Site Address:	Street 2013 South Osage Street City Denver State CO Zip

Complete this section only if you want the representative to be the primary contact and copied on all correspondence.

Applicant's Representative (if applicable)	Name Paragon Consulting Group Address 6901 Broadway City Denver State CO Zip 80221	E-Mail: dmrau@paragoncg.com & lsbaker@paragoncg.com Phone # 303.428.7610 Fax # 303.428.7620
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Total from Listing of Costs, last column:	\$41,092.47
Less reimbursement from any other source (see #5):	
NET REIMBURSEMENT REQUEST:	\$41,092.47
Dates of work covered by this application:	From: 4/1/10 To: 12/31/10

AFFIDAVIT: WORK PERFORMED BY EMPLOYEES OF LISTED APPLICANT

CERTIFICATION OF EMPLOYEE (not needed if employee is no longer employed by the applicant last day of employment)

I, being first duly sworn upon oath and being of lawful age, state that the foregoing information is correct to the best of my personal knowledge, information and belief, and that the work listed above was a necessary component of remediation at this site. I understand there are severe civil and criminal penalties for making any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud. As an employee of the applicant, I certify I was paid in full for my work.

Employer Signature Diane DeLillio for DEH, CCOD Date 4-19-12

Print or type name, title and company Phone: 720-865-5448

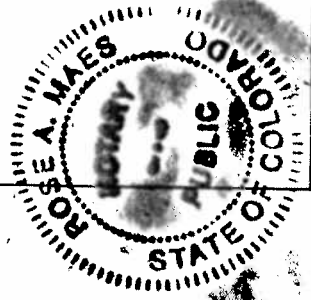
Diane DeLillio, Program Manager Environmental Public Health
City and County of Denver Analyst II

Subscribed and sworn to before me in the county of Denver, Colorado, this 19 day of April [month], 2012 (year);

My commission expires 6-5-2012

[Handwritten Signature]

Notary Public Signature



REIMBURSEMENT INFORMATION

1	Will there be additional reimbursement applications for this release?	YES
2	Have any of the costs submitted for reimbursement already been submitted with another reimbursement application? If yes, identify these costs and explain why you are resubmitting these costs:	NO
3	Do any of the costs submitted for reimbursement cover a time period for which you have already received, or requested reimbursement? If yes, identify these costs and explain why you are resubmitting them:	NO
4	Except for this remediation, is there any relationship - personal, financial, or otherwise - between Applicant and any company or person who performed work for which reimbursement is claimed? If yes, explain:	NO
5	Has Applicant received, or does Applicant expect to receive, compensation for corrective action costs from ANY source other than the Colorado Petroleum Storage Tank Fund, including lawsuits, settlements, judgments, contributions from other parties? If yes, state amount of other reimbursement: \$ _____. Identify source of reimbursement, including court case name and number, if applicable: <i>Note: If there have been any changes to insurance from that submitted with the Original Application, provide updated information with this Application (in the same format as the Original Application - insurance information).</i>	NO
6	Do any costs claimed for reimbursement represent work performed by the Applicant or Applicant's employees? If yes, submit the Affidavits Regarding Work Performed by Applicant.	NO
7	Has the Legal Name, Remit Entity or Address, Mailing Address or Tax Payer Identification Number changed since the submittal of the Original or last Supplemental Reimbursement Application? If so, please submit a W-9 with an original signature and Internal Revenue Service (IRS) documentation (see Application Checklist).	NO

By submitting this application, the Applicant affirms and agrees that:

1. The Applicant certifies, under penalty of law, that Applicant is the appropriate person to request reimbursement, and that this document and all attachments were prepared under Applicant's direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted.
2. The Applicant is the owner/operator or duly authorized agent of the owner/operator responsible for this Site. The Applicant is and shall be responsible for assuring compliance with all applicable State and federal regulations.
3. The information submitted by the Applicant, to the best of Applicant's knowledge and belief, is true, accurate and complete. Applicant understands that this application will be submitted by the Colorado Department of Labor and Employment (CDLE or State) for consideration by the Petroleum Storage Tank Committee (Committee). Upon demand by the Committee, Applicant agrees to return the entire award Applicant may receive or any other amount the Committee considers appropriate if (a) Applicant misrepresented or omitted any fact, either in writing or orally, relevant to the determinations made by the Committee or the CDLE; or (b) Applicant fails to complete, to the Committee's or the CDLE's satisfaction, the corrective action.
4. The Applicant shall not be entitled to obtain any other reimbursement from any source other than the State for the same costs or work reimbursed by the State. Any reimbursement the Applicant receives or is entitled to receive, including insurance proceeds, is and shall be the property of the State of Colorado to the extent of payment(s) made to the Applicant by the State from the Petroleum Storage Tank Fund. Upon receipt of any such reimbursement from a source other than the State, Applicant shall immediately report and pay such reimbursement to the State.
5. To the extent payment is made from the Petroleum Storage Tank Fund, the Applicant hereby assigns to the State of Colorado any rights the Applicant may have which may allow the Applicant to seek and obtain recovery from any other entity for the costs or work reimbursed by the State, including the right to recover from insurance companies.
6. The Applicant shall not submit any further claims for reimbursement from the State for the Site(s) and work identified in this application, other than an amendment to the application or protest of the Fund Payment Report, if any, for work not heretofore reimbursed.
7. To the extent authorized by law, the Applicant shall indemnify, save, and hold harmless the State against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by the Applicant, or its employees, agents, subcontractors, or assignees pursuant to the terms of this application.

As to governmental entity Applicants, no term or condition of this application shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions, of the Colorado Governmental Immunity Act, CRS 24-10-101 et seq., or the Federal Tort Claims Act, 28 USC 2671 et seq., as applicable, as now or hereafter amended.

The Applicant, by execution of this application containing this indemnification clause, does not waive the operation of any law concerning the parties' ability to indemnify.

8. In addition to any other legal rights the State of Colorado may have, the State shall have audit and on-site inspection rights for 3 years after payment.
9. The remediation services and supplies for which expenses are listed in this application were performed and/or purchased at the most reasonable rates available for compliance.
10. The Applicant shall provide all formal or informal environmental assessment information to any future owner upon request.
11. In the event the Applicant breaches any of the terms, conditions or requirements of this application, the State of Colorado, in addition to any other remedies, at law or equity, shall be entitled to immediate repayment on demand of all amounts paid to the Applicant; and in the event that the State is required to take legal action to enforce any of the provisions contained herein, the State shall be entitled, in addition to damages, to its costs and reasonable attorney fees and related expenses incurred in connection with such enforcement.
12. At all times during the performance of this remediation, the Applicant shall strictly adhere to all applicable federal and state laws, rules and regulations that have been or may hereafter be established, including without limitation 42 USC 6991 and CRS 8-20.5-101, et seq., and associated regulations.

13. The State may allocate more or less funds to the remediation described in this Application than the amount requested by the Applicant. Once the reimbursement request is approved, the State will issue a Fund Payment Report, substantially in the form of Exhibit B, documenting the amount that will be processed and paid.
14. The Committee has the authority and the right to designate funds be paid to Applicants on pro-rata basis when the Petroleum Storage Tank Fund balance prevents payment in full, pursuant to CRS 8-20.5-206(e)(2).
15. Each additional request by Applicant for reimbursement from the Petroleum Storage Tank Fund must be submitted on a new supplemental application. Any additional payment by the State shall be conditioned upon the issuance by the Committee of a new Fund Payment Report for payment.
16. Pursuant to 7 CCR 1101-14, Article 8, the Applicant may file a protest of the Fund Payment Report if the Applicant disputes a decision by the Committee, as stated on the Fund Payment Report. The Applicant may petition the Committee to review its decision. A Protest must be submitted within 60 days of the date of the Fund Payment Report. See 7 CCR 1101-14, 8-8. The Applicant shall use the form of Protest of Fund Payment Report provided by the Division of Oil and Public Safety of the Colorado Department of Labor and Employment.
17. The maximum amount to be paid by the State, if any, in connection with this reimbursement request shall be authorized by the Committee in the Fund Payment Report.
18. The payment by the State and acceptance by the Applicant of any reimbursement amounts requested under this application shall be deemed to be good and sufficient consideration for the promises, certifications and affirmations made by Applicant in this Application.
19. The City does not by this Agreement irrevocably pledge present cash reserves for payments in future fiscal years, and this Agreement is not intended to create a multiple-fiscal year debt of the City.

Signatory Page

Applicant:

City and County of Denver

Legal Name of Applicant

84-6000580

Social Security Number or FEIN

Signature of Applicant or Authorized Officer

Date

Print Name & Title of Authorized Officer

Corporations:

(A corporate attestation is required. A corporate seal is required, if available.)

Attest (Seal) By

(Corporate Secretary or Equivalent)

Contract Control Number: ENVHL-RC57000-03

Contractor Name: State of Colorado - Colorado Department of Labor and Employment, Division of Oil and Public Safety

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of

SEAL

CITY AND COUNTY OF DENVER

ATTEST:

By _____

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

DOUGLAS J. FRIEDNASH, Attorney
for the City and County of Denver

By _____

By _____

By _____



Contract Control Number: ENVHL-RC57000-03

Contractor Name: State of Colorado - Colorado Department of Labor
and Employment, Division of Oil and Public Safety

By: The State of Colorado does not sign these but instead will issue
a payment for this application request.

Name: _____
(please print)

Title: _____
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)



**SUBMIT THE FOLLOWING DOCUMENTS AND THIS CHECK LIST
FOR A SUPPLEMENTAL APPLICATION**

This document is part of the Application. It **MUST** be filled out and **INCLUDED** with your Application.

Copies of forms can be accessed on the OPS website at <http://www.colorado.gov/cdle/ops> (State Fund Section/Fund Forms)

Directions:

Select the appropriate boxes to the right of each number to indicate the required documents listed below are included with this Application.

Failure to supply the necessary information outlined in these boxes will result in your application being returned to you as "Incomplete".

1.	<input checked="" type="checkbox"/>	Two copies of the "Supplemental Reimbursement Application - Short Form S (Supplemental 2010)" form. One of these copies must have an original signature with the proper signatory authority. If the Applicant is a corporation, signature must be by the corporate president or vice president and the corporate secretary or equivalent must attest the Application. The president or vice president can delegate signatory authority. Said authority must be on corporate letterhead.
2.	<input checked="" type="checkbox"/>	Two copies of the CDLE/OPS form - "Listing of Costs". Note: The Listing of Costs MUST BE IN ORDER BY date of work performed with the earliest date listed first.
3.	<input checked="" type="checkbox"/>	An original with a notarized seal and one copy of the CDLE/OPS form "Affidavit: Proof of Payment" listing each invoice as outlined on the "Listing of Costs". The Affidavit must be on company letterhead.
		OR - Cancelled checks with the front of the check encoding the amount of the check proving that the check cleared the bank.
		OR - An original and one copy of the CDLE/OPS form: "CPA Certification". The Affidavit must have an original signature and all information at the bottom of the Affidavit must be completed including the CPA's license number, State where issued and expiration date.
		OR - If applicable, an original with a notarized seal and one copy of the CDLE/OPS form: "Affidavit: Work Performed by Non-Listed Applicant". The Affidavit MUST have the original certified signatures of both the consultant/contractor and the Applicant.
		OR - If applicable, an original with a notarized seal and one copy of the CDLE/OPS form: "Affidavit: Work Performed by Employees of Listed Applicant". The affidavit MUST have the original and certified signatures of both the Applicant and the Employee (if still employed by the Applicant).
4.	<input checked="" type="checkbox"/>	Two copies of invoices to support each cost. The invoices MUST be in order by date of work performed and should match the order of the Listing of Costs.
5.		Two copies of Internal Revenue Service (IRS) LTR 147C (for entities), LTR 76C (for individuals), or equivalent document sourced by the IRS which is no older than six months (can be obtained by calling the IRS at 1-800-829-4933 or 1-800-829-1040).
		Two copies of current W-9, one with an original signature, which exactly matches the IRS sourced document.

Colorado's Reasonable Cost Guidelines apply to all work performed July 1, 1997 forward with respect to costs only. The invoice format must be in accordance with the revised invoice format effective July 1, 2009 (see OPS webpage, Fund Section, Invoicing). Phase of Work, Activity and Task and Labor codes must be on every invoice for each cost - including utilities - regardless of when the work was performed.

Note: Failure to record each of these codes for each cost requested will result in a deficiency letter and the Application review process will halt. Additionally, the time clock will stop and no interest will accrue.

MAIL TO:
Colorado Department of Labor and Employment
Division of Oil & Public Safety - Fund Section
633 17th St, Ste 500
Denver, CO 80202-3610

If you have any questions please consult the OPS website and/or contact OPS via the "Technical Assistance Line" at (303) 318-8547.

OPS website: <http://www.colorado.gov/cdle/ops>

LISTING OF COSTS

Primary Invoice # ¹	Contractor Name	Dates of Work ²		Proof of Payment			Invoice Amount	Amount Submitted for Reimbursement ⁵
		xx/xx/xx Beginning	xx/xx/xx Ending	Check #	Canceled Check ³ Check Amt	Other ⁴		
042610	City and County of Denver	4/1/10	4/25/10			AFF	\$71.25	\$71.25
1086242	Bureau Veritas	4/30/10	6/24/10			AFF	\$1,817.28	\$1,622.00
062160	City and County of Denver	5/26/10	6/25/10			AFF	\$546.25	\$546.25
070110	City and County of Denver	6/1/10	6/30/10			AFF	\$3,668.00	\$3,668.00
1092518	Bureau Veritas	6/25/10	8/13/10			AFF	\$676.70	\$676.70
1092519	Bureau Veritas	6/25/10	8/13/10			AFF	\$510.50	\$510.50
080110	City and County of Denver	7/1/10	7/31/10			AFF	\$300.00	\$272.00
1101588	Bureau Veritas	8/14/10	11/23/10			AFF	\$24,153.14	\$23,674.69
092610	City and County of Denver	8/26/10	9/25/10			AFF	\$95.00	\$95.00
100110	City and County of Denver	9/1/10	9/30/10			AFF	\$4,039.00	\$3,913.00
010211	City and County of Denver	11/15/10	12/31/10			AFF	\$142.50	\$142.50
1102581	Bureau Veritas	11/24/10	12/2/10			AFF	\$7,294.74	\$238.72
010211a	City and County of Denver	12/1/10	12/31/10			AFF	\$4,802.00	\$4,657.00
1106764	Bureau Veritas	12/3/10	12/14/10			AFF	\$598.00	\$598.00
4Z.	Reimbursement Application Preparation Costs (1%)	4/1/10	12/31/10				\$406.86	\$406.86
TOTAL SUBMITTED FOR REIMBURSEMENT CONSIDERATION:								\$41,092.47

- 1 List all PRIMARY invoices. If invoice does not clearly identify work performed, add that information to the invoice copy submitted with the application.
- 2 List invoices in order by the date of work performed.
- 3 If proof of payment is by canceled check, back of canceled check is also required if the dollar amount is not encoded by the bank on the front of the check.
- 4 If proof of payment is by payee affidavit or CPA Certification, use following codes: AFF = Affidavit. CPA = CPA Certification of Payment. Use CDLE Forms.
- 5 List only ALLOWABLE costs. If amount requested differs from invoice amount, identify on the invoice any cost for which reimbursement is NOT requested.

*Note: Difference of \$195.28 for Bureau Veritas Invoice 1086242 includes \$180 reduced to fit into EFS and \$15.28 for unallowed shipping and markup

*Note: Difference of \$28.00 for City and County of Denver Invoice 080110 is for labor above RCG for listed applicant

*Note: Difference of \$478.45 for Bureau Veritas Invoice 1101588 includes \$13.00 for labor above RCG, \$36.00 for labor reduced from 5.3 to 5.4, \$96 for labor reduced from 5.2 to 5.4 and \$333.45 for potholing mileage and markup above RCG.

*Note: Difference of \$26.25 for Airvac Services, Inc. Invoice 5343562mis for rate per hour above RCG.

*Note: Difference of \$126.00 for City and County of Denver Invoice 1000110 is for labor above RCG for listed applicant

*Note: Difference of \$7056.02 for Bureau Veritas Invoice 1102581 includes \$9.22 for unallowed markup on shipping, \$0.88 for unallowed markup on mileage and \$7,045.92 for an invoice previously submitted on Bureau Veritas invoice 1101588.

*Note: Difference of \$145.00 for City and County of Denver Invoice 010111a is for labor above RCG for listed applicant

AFFIDAVIT: WORK PERFORMED BY EMPLOYEES OF LISTED APPLICANT

Employee Name: City and County of Denver
 Site Name: Fleet Maintenance Facility
 Site Address: 2013 South Osage Street
 City, State, Zip: Denver, CO 80223

Employee Individual Consultant #: Diane DeLillio
 Consultant #: 6236*
 *as of 7/24/09

Event #: 3789

Start Date: 4/1/2010

End Date: 12/31/2010

PHASE OF WORK CODE (PWC)	ACTIVITY CODE (AC)	TASK OR LABOR CODE (TLC)	TASK DESCRIPTION 1	UNITS	QUANTITY	UNIT RATE REQUESTED REIMBURSEMENT 2	SUBTOTAL REQUESTED REIMBURSEMENT	MARKUP REQUESTED REIMBURSEMENT	SUBTOTAL BY ACTIVITY AND TASK GROUP	TOTAL REQUESTED REIMBURSEMENT
3G	i	5.3	Project Manager	hour	0.75	\$ 95.00	\$ 71.25			\$ 71.25
3G	i	5.3	Project Manager	hour	5.75	\$ 95.00	\$ 546.25			\$ 546.25
3G	i	5.3	Project Manager	hour	1.00	\$ 95.00	\$ 95.00			\$ 95.00
3G	i	5.3	Project Manager	hour	1.50	\$ 95.00	\$ 142.50			\$ 142.50
GRAND TOTAL										\$ 855.00

1 The work performed should conform to the list of responsibilities and duties in Colorado's Reasonable Cost Guidelines, Article 4, Part 5.

2 Hourly rate should not exceed rates at Article 4, Part 5-2.

CERTIFICATION OF LISTED APPLICANT

I, being first duly sworn upon oath and being of lawful age, state that the foregoing information is correct to the best of my personal knowledge, information and belief, and that the work listed above was a necessary component of remediation at this site. I understand there are severe civil and criminal penalties for making any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Company Name City and County of Denver

Company's Listed Consultant # C-337

Employer Signature Diane DeLillio

Date 4-19-12

Print or type name, title Environmental Public Health Analyst II
Diane DeLillio

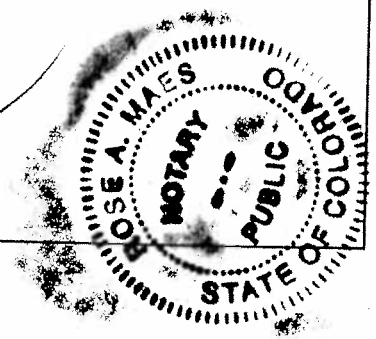
Phone: 720-865-5448

Subscribed and sworn to before me in the county of Denver, Colorado, this 19 day of April [month], 2012 (year).

My commission expires 6-5-2012

Rose A. Maes

Notary Public Signature



OPS INVOICE FORMAT

Client Name: City and County of Denver
CCoD Personnel Name: Diane DeLillio
CCoD individual listing #: 6236 (as of 7-24-09)
Billing Address: 200 W. 14th Avenue, Suite 300
City, State, Zip: Denver, CO 80204-2732
Site Name: Public Works - Fleet Maintenance
Site Address: 2013 South Osage
City, State, Zip: Denver, CO 80223
Event #: 3789

Invoice#: 042610
Invoice date: 4/26/2010
Page: 1 of 1
Job#: N/A
CCoD Consultant Listing #: #C-337
 as of 6/19/09
Period Covered by Invoice:
Start Date: 4/1/2010 **End Date:** 4/25/2010

PHASE OF WORK CODE (PWC)	ACTIVITY CODE (AC)	TASK OR LABOR CODE (TLC)	TASK DESCRIPTION	UNITS	QUANTITY	UNIT RATE REQUESTED REIMBURSEMENT	SUBTOTAL REQUESTED REIMBURSEMENT	MARKUP REQUESTED REIMBURSEMENT	SUBTOTAL BY ACTIVITY AND TASK GROUP	TOTAL REQUESTED REIMBURSEMENT	
3G Monitoring plan implementation & report preparation											
I. Data review & reporting											
Labor											
3G	I.	5.3	project manager	/hour	0.75	\$ 95.00	\$ 71.25		\$ 71.25	\$ 71.25	
									TLC-5 group - Labor Subtotal		\$ 71.25
									Activity Code I. Subtotal		\$ 71.25
									TOTAL 3G COSTS:		\$ 71.25

PHASE OF WORK COST SUMMARY

PHASE OF WORK CODE AND DESCRIPTION	INVOICE TOTAL COSTS
3G Monitoring plan implementation & report preparation	\$ 71.25
GRAND TOTAL	\$ 71.25



**BUREAU
VERITAS**

**COLORADO PETROLEUM
STORAGE TANK FUND**

AFFIDAVIT: PROOF OF PAYMENT

This form should be used when an applicant submits an affidavit as proof of payment for costs claimed for reimbursement. See 7CCR1101-14, 8-2(d)(2)(D). This form is not required if copies of canceled checks are provided.

- **THIS FORM MUST BE REPRODUCED ON THE COMPANY LETTERHEAD OF THE PAYEE (NOT on the applicant's letterhead). AFFIDAVITS THAT ARE NOT ON THE PAYEE'S LETTERHEAD ARE NOT ACCEPTABLE.**
- **This form must be signed by the payee (NOT by the applicant.)**
- **Use a separate affidavit for each contractor.**
- **Do not use this form if there is any affiliation or relationship between the applicant and the payee.**

Applicant's name _____ City and County of Denver _____

Site name and address _____ Public Works - Fleet Maintenance, 2013 South Osage Street, Denver, CO _____

Check As Appropriate:

I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund have been paid in full by the applicant.

_____, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund will be paid in full by the applicant upon receipt of the reimbursement in accordance with a promissory agreement. (Provide a signed and notarized copy of the agreement)

INVOICE #	INVOICE DATE	AMT. PAID	INVOICE #	INVOICE DATE	AMT. PAID
1086242	8/29/10	\$1,817.28	1092518	4/27/10	\$676.70
1092519	8/27/10	\$510.50	1101588	11/29/10	\$24,153.14
1102581	12/13/10	\$7,284.74	1106764	1/24/11	\$598.00

I further state that there is no relationship or affiliation between the applicant and myself.

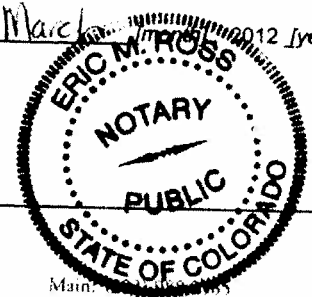
I hereby certify that the foregoing information is correct to the best of my knowledge, information and belief. I understand there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Signature <u>Amanda M. Geier</u>		Date <u>3/20/2012</u>
Print name <u>Amanda M. Geier</u>	Title <u>Executive Assistant</u>	Phone # <u>(303) 988-2585</u>
Company (payee) name <u>Bureau Veritas North America, Inc.</u>		
Company (payee) mailing address <u>165 S. Union Blvd., Suite 310, Lakewood, CO 80228</u>		

Subscribed and sworn to before me in the county of Jefferson, Colorado, this 20th day of March, 2012 [year].

My commission expires 12/21/2013

[Signature]
Notary Public Signature



Bureau Veritas North America, Inc.
165 South Union Boulevard, Suite 310
Lakewood, CO 80228

Main: (303) 988-2585
Fax: (303) 988-2583
www.us.bureauveritas.com

OPS INVOICE FORMAT

CCoD Address: City and County of Denver
Billing Address 200 W. 14th Avenue, Suite 300, Denver, CO 80204-2732
Site Name: Public Works - Fleet Maintenance
Site Address: 2013 South Osage
City, State, Zip: Denver, CO 80223

Invoice#: 1086242
Invoice date: 6/29/2010
Page: 1 of 1
Job#: 10009-009207.01

Event #: 3789

Start Date: 4/30/2010

End Date: 6/24/2010

PHASE OF WORK CODE (PWC)	ACTIVITY CODE (AC)	TASK OR LABOR CODE (TLC)	TASK DESCRIPTION	UNITS	QUANTITY	UNIT RATE REQUESTED REIMBURSEMENT	SUBTOTAL REQUESTED REIMBURSEMENT	MARKUP REQUESTED REIMBURSEMENT	SUBTOTAL BY ACTIVITY AND TASK GROUP	TOTAL REQUESTED REIMBURSEMENT
3B Remediation system design										
b. System design										
3B	b.	5.4	project engineer / scientist (6142)	/hour	10	\$ 88.00	\$ 880.00			\$ 880.00
									TLC-5 group - Labor Subtotal	
									\$ 880.00	
TOTAL 3B COSTS:										\$ 880.00
3C CAP report preparation										
c. CAP preparation										
Labor										
3C	c.	5.3	project manager (6142)	/hour	6.25	\$ 106.00	\$ 662.50			\$ 662.50
									TLC-5 group - Labor Subtotal	
									\$ 662.50	
TOTAL 3C COSTS:										\$ 662.50
3G Monitoring plan implementation & report preparation										
i. Data review & reporting										
Labor										
3G	i.	5.3	project manager (6142)	/hour	0.75	\$ 106.00	\$ 79.50			\$ 79.50
									TLC-5 group - Labor Subtotal	
									\$ 79.50	
TOTAL 3G COSTS:										\$ 79.50

PHASE OF WORK COST SUMMARY

PHASE OF WORK CODE AND DESCRIPTION	INVOICE TOTAL COSTS
3B Remediation system design	\$ 880.00
3C CAP report preparation	\$ 662.50
3G Monitoring plan implementation & report preparation	\$ 79.50
GRAND TOTAL	\$ 1,622.00

INVOICE

Tax ID# 06-1689244



PAGE 1 OF 2

EVENT ID 3789

Remit checks to:
 Bureau Veritas North America, Inc
 13905 Collections Center Drive
 Chicago, IL 60693

Remit ACH Transfers to:
 ABA Routing Number 121000358
 Account Number 14594-11058

Remit Wire Transfers to:
 ABA Routing Number 026009593
 Account Number 14594-11058
 Swift Code BOFAUS6S

Ms. Diane DeLillio
 City and County of Denver
 Department of Environmental Health
 Division of Environmental Quality
 200 W 14th Ave
 Department 310
 Denver, CO 80204

June 29, 2010
 Project No: 10009-009207.01
 Invoice No: 1086242

Contract No. OC91321
 CE No. TBD *CE 002116*
 EQ Project No. 20097031
 Fund/Org No. 78410 / 6506102 / 600400
 BVNA Proposal No. 1009.10.013
 Fleet Maintenance Facility Osage
 2013 Osage Street
 Denver, CO

STATUS: 88% Work Complete / 12% Budget Remaining
 PROGRESS INVOICE *April 30, 2010*

Professional Services through June 24, 2010

Level 2 001 *3G* Project Management
Professional Personnel

	Hours	Rate	Amount
i. - Data Review and Reporting			
5.3 - Project Manager			
Wisher, Scott A. <i>(6142)</i>	.75	106.00	79.50
Totals	.75		79.50
Total Labor			79.50
Total this Task			\$79.50

Level 2 002 CAP Mod - 3C
Professional Personnel

	Hours	Rate	Amount
c. - CAP Preparation			
5.3 - Project Manager			
Wisher, Scott A. <i>(6142)</i>	16.25 <i>6.25</i>	106.00	1,722.50 <i>662.50</i>
Totals	16.25		1,722.50
Total Labor			1,722.50 <i>662.50</i>
<i>3B b. Project Professional (6142)</i>	<i>10.00</i>	<i>88.00</i>	<i>880.00</i>

Payment Terms: Net 30 Days Please Reference Our Invoice Number On Your Check

880.00

Project 10009-009207.01 CCOD Fleet Maintenance Osage CAP Mod Invoice 1086242

Reimbursable Expenses

Overnight & Express Shipping				
4/22/10 Federal Express	c. 6.33		6.20	0.00
4/22/10 Federal Express	c. 6.33		9.08	0.00
Total Reimbursables			15.28	15.28

Total this Task **\$1,737.78**
1722.50

Billing Limits

	Current	Prior	To-Date
Total Billings	1,817.28	2,183.00	4,000.28
Limit			4,512.00
Remaining			511.72

Total this Invoice **\$1,817.28**

For billing inquiries please call Amanda Geier at 303.218.3512

OK APR 10
Less labor reduced to 5.4 @ 10 EFS 7-B-10 <180.00>
Less unallowed Shipping & Markup <15.28>
Requested Reimbursement = \$1,622.00

OPS INVOICE FORMAT

Client Name: City and County of Denver
CCoD Personnel Name: Diane DeLillio
CCoD individual listing #: 6236 (as of 7-24-09)
Billing Address: 200 W. 14th Avenue, Suite 300
City, State, Zip: Denver, CO 80204-2732
Site Name: Public Works - Fleet Maintenance
Site Address: 2013 South Osage
City, State, Zip: Denver, CO 80223
Event #: 3789

Invoice#: 062610
Invoice date: 6/26/2010
Page: 1 of 1
Job#: N/A
CCoD Consultant Listing #: #C-337
 as of 6/19/09
Period Covered by Invoice:
Start Date: 5/26/2010 **End Date:** 6/25/2010

PHASE OF WORK CODE (PWC)	ACTIVITY CODE (AC)	TASK OR LABOR CODE (TLC)	TASK DESCRIPTION	UNITS	QUANTITY	UNIT RATE REQUESTED REIMBURSEMENT	SUBTOTAL REQUESTED REIMBURSEMENT	MARKUP REQUESTED REIMBURSEMENT	SUBTOTAL BY ACTIVITY AND TASK GROUP	TOTAL REQUESTED REIMBURSEMENT
3G Monitoring plan implementation & report preparation										
i. Data review & reporting										
Labor										
3G	i.	5.3	project manager	/hour	5.75	\$ 95.00	\$546.25		\$ 546.25	\$ 546.25
TLC-5 group - Labor Subtotal									\$ 546.25	
Activity Code i. Subtotal									\$ 546.25	
TOTAL 3G COSTS:									\$ 546.25	

PHASE OF WORK COST SUMMARY

PHASE OF WORK CODE AND DESCRIPTION		INVOICE TOTAL COSTS	
3G	Monitoring plan implementation & report preparation	\$	546.25
GRAND TOTAL		\$	546.25

AFFIDAVIT: WORK PERFORMED BY EMPLOYEES OF LISTED APPLICANT

Employee Name: City and County of Denver
Site Name: Fleet Maintenance Facility
Site Address: 2013 South Osage Street
City, State, Zip: Denver, CO 80223

Employee Individual Consultant: Pete Kates
Consultant #: 6235
 *as of 7/17/09

Event #: 3789

Start Date: 6/1/2010

End Date: 12/31/2010

PHASE OF WORK CODE (PWC)	ACTIVITY CODE (AC)	TASK OR LABOR CODE (TLC)	TASK DESCRIPTION 1	UNITS	QUANTITY	UNIT RATE REQUESTED REIMBURSEMENT 2	SUBTOTAL REQUESTED REIMBURSEMENT	MARKUP REQUESTED REIMBURSEMENT	SUBTOTAL BY ACTIVITY AND TASK GROUP	TOTAL REQUESTED REIMBURSEMENT
3G	g	4.1	sample wells-includes labor, bailer, tape, pH meter, tools & misc.	wells	48	\$ 76.00	\$ 3,648.00			\$ 3,648.00
3G	g	5.5	staff engineer / scientist	hour	19.00	\$ 68.00	\$ 1,292.00			\$ 1,292.00
3G	g	5.6	senior technician	hour	24.00	\$ 53.00	\$ 1,272.00			\$ 1,272.00
3G	I	5.5	staff engineer / scientist	hour	21.00	\$ 68.00	\$ 1,428.00			\$ 1,428.00
GRAND TOTAL										\$ 7,640.00

1 The work performed should conform to the list of responsibilities and duties in Colorado's Reasonable Cost Guidelines, Article 4, Part 5.

2 Hourly rate should not exceed rates at Article 4, Part 5-2.

CERTIFICATION OF LISTED APPLICANT

I, being first duly sworn upon oath and being of lawful age, state that the foregoing information is correct to the best of my personal knowledge, information and belief, and that the work listed above was a necessary component of remediation at this site. I understand there are severe civil and criminal penalties for making any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Company Name City and County of Denver

Company's Listed Consultant # C-337

Employer Signature Pete Kates

Date 4/24/12

Print or type name, title Peter Kates
Environmental Specialist

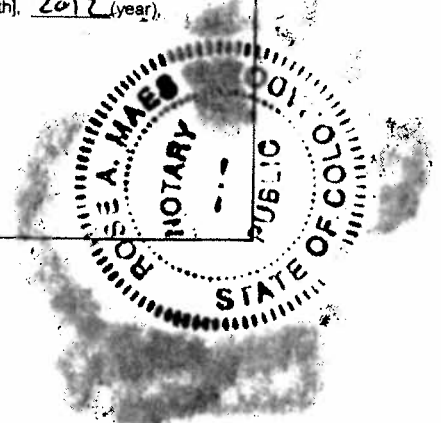
Phone: 720-865-5443

Subscribed and sworn to before me in the county of Denver, Colorado, this 24 day of April [month], 2012 [year].

My commission expires 4-5-2012

Ronald M. [Signature]

Notary Public Signature



AFFIDAVIT: WORK PERFORMED BY EMPLOYEES OF LISTED APPLICANT

CERTIFICATION OF EMPLOYEE (not needed if employee is no longer employed by the applicant last day of employment)

I, being first duly sworn upon oath and being of lawful age, state that the foregoing information is correct to the best of my personal knowledge, information and belief, and that the work listed above was a necessary component of remediation at this site. I understand there are severe civil and criminal penalties for making any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud. As an employee of the applicant, I certify I was paid in full for my work.

Employer Signature *Peter Kates*

Date 4/24/12

Print or type name, title and company
Peter Kates, Environmental Specialist

Phone: 720-865-5443

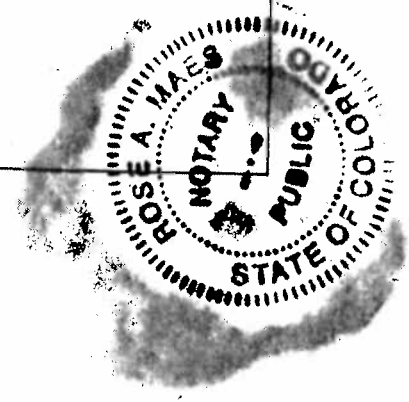
City and County of Denver

Subscribed and sworn to before me in the county of Denver, Colorado, this 24 day of April [month], 2012 (year).

My commission expires 6-5-2012

Rose A. Maes

Notary Public Signature



OPS INVOICE FORMAT

Client Name: City and County of Denver
CCoD Personnel Name: Peter Kates
CCoD individual listing #: 6235
Billing Address: 200 W. 14th Avenue, Suite 300
City, State, Zip: Denver, CO 80204-2732
Site Name: Public Works - Fleet Maintenance
Site Address: 2013 South Osage
City, State, Zip: Denver, CO 80223
Event #: 3789

Invoice#: 070110
Invoice date: 7/1/2010
Page: 1 of 1
Job#: N/A
CCoD Consultant Listing #: #C-337

Period Covered by Invoice:
Start Date: 6/1/2010 **End Date:** 6/30/2010

PHASE OF WORK CODE (PWC)	ACTIVITY CODE (AC)	TASK OR LABOR CODE (TLC)	TASK DESCRIPTION	UNITS	QUANTITY	UNIT RATE REQUESTED REIMBURSEMENT	SUBTOTAL REQUESTED REIMBURSEMENT	MARKUP REQUESTED REIMBURSEMENT	SUBTOTAL BY ACTIVITY AND TASK GROUP	TOTAL REQUESTED REIMBURSEMENT
3G Monitoring plan implementation & report preparation										
g. Monitoring plan implementation										
Groundwater Sampling										
3G	g.	4.1	sample wells-includes labor, bailer, tape, pH meter, tools and misc.	wells	16	\$ 76.00	\$1,216.00			\$ 1,216.00
TLC-4 group - Groundwater Sampling Subtotal									\$ 1,216.00	
Labor										
3G	g.	5.6	senior technician	/hour	8.00	\$ 53.00	\$ 424.00			\$ 424.00
TLC-5 group - Labor Subtotal									\$ 424.00	
Laboratory Analysis										
3G	g.	6.9	BTEX/MTBE/TVPH (Accutest Mountain States #D7-10167)	/sample	16	\$ 80.00	\$1,280.00			\$ 1,280.00
TLC-6 group - Laboratory Analyses Subtotal									\$ 1,280.00	
Activity Code g. Subtotal									\$ 2,920.00	
l. Data review & reporting										
Labor										
3G	i.	5.5	staff engineer / scientist	/hour	11.00	\$ 68.00	\$ 748.00			\$ 748.00
TLC-5 group - Labor Subtotal									\$ 748.00	
TOTAL 3G COSTS:										\$ 3,668.00

PHASE OF WORK COST SUMMARY

PHASE OF WORK CODE AND DESCRIPTION	INVOICE TOTAL COSTS
3G Monitoring plan implementation & report preparation	\$ 3,668.00
GRAND TOTAL	\$ 3,668.00