


Environmental Protection Agency

Pt. 310, App. III

APPENDIX III TO PART 310—FORM: APPLICATION FOR REIMBURSEMENT TO LOCAL GOVERNMENTS FOR EMERGENCY RESPONSE TO HAZARDOUS SUBSTANCE RELEASE UNDER CERCLA SEC. 123

EPA Form 9310-1, Application for Reimbursement to Local Governments

Please type or print all information

 <p>United States Environmental Protection Agency Washington, D.C. 20460</p> <p><b>Application for Reimbursement to Local Government for Emergency Response to Hazardous Substance Releases Under CERCLA Sec. 123</b></p>		<p>Form Approved</p> <p>OMB No 2050-0077</p> <p>Approved expires</p>
<b>1. Local government Identification</b>		
a. Name of Local government	b. Contact Name and Telephone Number	
c. Official Address	d. Date of Application	
<b>2. Release Description</b>		
a. Date and Time of Occurrence or Discovery	b. Location	
c. Source or Cause of Release		
d. Hazardous Substances Released and Quantity (Petroleum, crude oil, or any unspecified fractions thereof are <u>excluded</u> )		
e. Threats to human health and Environmental		
f. Attach any additional material pertinent to the release		
<b>3. Response Description</b>		
a. Date and Time of HazMat Response Initiation	b. Was anyone notified of the response? <input type="checkbox"/> EPA <input type="checkbox"/> NCR <input type="checkbox"/> OTHER	
c. EPA Region	d. Date and Time Contact Made	e. Date of Response completion (Local government has received all data, reports, and charges for response)
f. Jurisdiction in Which Response Occurred	g. Is your local government a participant in the Title III Emergency Response Plan? (Check one ) <input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Responding Agencies and Jurisdictions		

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i. Summary of Response Actions	
j. Temporary Measures for Which Reimbursement is Sought	
<b>4. Cost Information</b>	
a. Total Response Cost \$	b. Total Reimbursement Requested \$
c. Complete and Attach Table 1, "Detailed Cost Breakdown"	
d. Complete and Attach Table 2, "Cost Recovery Summary"	
e. Attach Other Pertinent Financial Information	
5. Certification and Authorization (To be completed by highest ranking official of applying local government.) I hereby certify that: 1) All costs are accurate and were incurred specifically for the response for which reimbursement is being requested. 2) Reimbursement for costs incurred for response activities does not supplant local funds normally provided for response 3) Cost recovery was pursued as presented in the attached Table 2; and 4) Reimbursement funds for which costs are later recovered will be returned to EPA I further certify that I am authorized to request this reimbursement and to receive funds from the Federal Government.	
Printed or Typed Name of Highest Ranking Local Government Official or Authorized Representative	Signature of Highest Ranking Local Government Official or Authorized Representative
Title	Date
Burden Statement: The Agency requires applicants for reimbursement to submit an application package that demonstrates consistency with program eligibility criteria and certifies compliance with the reimbursement requirements. This information collection is necessary to ensure proper use of the Superfund and appropriate distribution of reimbursement awards among applicants. EPA will receive and closely evaluate reimbursement requests in accordance with 40 CFR 310 to ensure that the most deserving cases receive awards. The public reporting and recordkeeping burden for this collection of information is estimated to average 9 hours per response annually. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.	

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\* Form 9310-1 is not considered complete unless it is signed by the highest ranking official of the local government requesting reimbursement, or signed by the authorized representative indicated in an enclosed letter delegating signature authority for this application process.

ATTACHMENT 1 TO FORM 9310-1 COST ELEMENT CODES AND COMMENTS

[Cost Element Codes for use in Table 1]

Code	Cost category	Cost element	Comments
PC .....	Personnel Compensation .....	PC1: Overtime—for services excess of the local agency's standard work day or work week. PC2: Experts and consultants—for services rendered on a per diem or fee basis or for services of an intermittent, advisory nature.	Compensation of overtime costs incurred specifically for a response will be considered only if overtime is not otherwise provided for in the applicant's operating budget.

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**ATTACHMENT 1 TO FORM 9310-1 COST ELEMENT CODES AND COMMENTS—Continued**

[Cost Element Codes for use in Table 1]

Code	Cost category	Cost element	Comments
TR .....	Transportation .....	TR1: Passenger vehicle rental—for transportation of persons during evacuation. TR2: Nonpassenger vehicle rental—for transportation of equipment or supplies.	Passenger and nonpassenger vehicle rental costs will be considered for private vehicles not owned or operated by the applicant or other unit of local government.
RC .....	Utilities .....	RC1: Utilities—for power, water, electricity and other services exclusive of transportation and communications.	Utility costs will be considered for private utilities not owned or operated by the applicant or other unit of local government.
OS .....	Other Contractual Services ...	OS1: Contracts for technical or scientific analysis—for tasks requiring specialized hazardous substance response expertise. OS2: Decontamination services—for specialized cleaning or decontamination procedures and supplies to restore clothing, equipment or other serviceable gear to normal functioning.	May include such items as specialized laboratory analyses and sampling.
SM .....	Supplies and Materials .....	SM1: Commodities—for protective gear and clothing, cleanup tools and supplies and similar materials purchased specifically for, and expended during, the response.	May include such items as chemical foam to suppress a fire; food purchased specifically for an evacuation; air purifying canisters for breathing apparatus; disposable, protective suits and gloves; and sampling supplies.
EQ .....	Equipment .....	EQ1: Replacement—for durable equipment declared a total loss as a result of contamination during the response. EQ2: Rents—for use of equipment owned by others.	Equipment replacement costs will be considered if applicant can demonstrate total loss and proper disposal of contaminated equipment. Equipment rental costs will be considered for privately owned equipment not owned or operated by the applicant or other unit of local government.

<b>Table 1 Detailed Cost Breakdown</b>			
<b>Temporary Emergency Measure</b>	<b>Cost Incurred By</b>	<b>Cost Element (See Attachment 1)</b>	<b>Amount</b>

EPA Form 9310-1 Attach supporting documentation, e.g., invoices, sales receipts, rental agreements

<b>Table 2</b> <b>Cost Recovery Summary</b> <b>Note: This "Cost Recovery Summary" must accompany each request for reimbursement.</b> <b>You Must Fill Out Each Section Of This Form.</b>			
Name and Title of Source Contacted	Date(s) Contacted	Brief Summary of Response	Details Attached
Attempts to Recover Costs from Potentially Responsible Parties (Including PRP Insurance)			
Attempts to Recover Costs from State Funding Sources			
Attempts to Recover Costs from Local Government Insurance			

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**PART 311—WORKER PROTECTION**

SOURCE: 54 FR 26658, June 23, 1989, unless otherwise noted.

Sec.

311.1 Scope and application.

311.2 Definition of employee.

AUTHORITY: 29 U.S.C. 655, Pub. L. 99-499.

**§311.1 Scope and application.**

The substantive provisions found at 29 CFR 1910.120 on and after March 6, 1990, and before March 6, 1990, found at 54 FR 9317 (March 6, 1989), apply to