

**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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_  
Designated contact person                      Title                      Telephone

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.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
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
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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**