

REQUEST FOR REIMBURSEMENT - ILLEGAL DUMP SITE CLEANUP

NEBRASKA DEPARTMENT OF WATER, ENERGY, AND ENVIRONMENT Planning and Aid Division, Waste and Air Grant Unit

1. _____
Applicant Federal Identification Number
2. _____
Applicant mailing address City/Village Zip Code County
3. _____
Designated contact person Title Telephone

Email address
5. Legal Description: _____ Quarter of Section: _____ Township: _____ Range: _____
6. Street addresses or location from nearest town: _____

7. Date(s) cleanup occurred: _____
8. Describe materials cleaned up: _____

9. Total reimbursement amount requested: \$ _____
Must equal the total listed on the next page if using the schedule of eligible costs or documented expenses you have attached.
10. Describe efforts taken to discourage future illegal dumping at this site. Attach additional sheets if needed.

4. 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 SEND THE COMPLETED FORM TO:

**Nebraska Department of Environment and Energy
Waste and Air Grants Unit
PO Box 98922
Lincoln, Nebraska 68509-8922
dwee.wastegrants@nebraska.gov**

(Over for Schedule of Eligible Costs & Calculations)

SCHEDULE OF ELIGIBLE COSTS & CALCULATIONS

A. Labor Costs

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

Maximum reimbursement rate: \$15.00 per hour

_____ Employees x _____ Hours x \$15.00 per hour = \$ _____

B. Equipment Costs

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

Equipment Type	Max hourly rate
Loader	\$68.00
Skid loader	\$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 = \$ _____

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C. Transportation Costs

The transportation costs are the maximum **per mile rate for the vehicle** REMINDER: Transportation costs include operator, mileage, and maintenance.

Vehicle Type	Maximum per mile rate
Pickup Truck	\$0.76

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

D. **Disposal Fee** (attach paid receipt) \$ _____

TOTAL REIMBURSEMENT FEE (report in item 8 on the other side) \$ _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DEPARTMENT AT 402-471-2186