



Linda S. Adams  
Secretary for  
Environmental Protection

# State Water Resources Control Board

## Division of Financial Assistance

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P.O. Box 944212 • Sacramento, California • 94244-2120  
(800) 813-FUND (3863) ♦ FAX (916) 341-5806 ♦ [www.waterboards.ca.gov/water\\_issues/programs/ustcf](http://www.waterboards.ca.gov/water_issues/programs/ustcf)



Arnold Schwarzenegger  
Governor

October 19, 2009

To: Underground Storage Tank (UST) Cleanup Fund (Fund) Claimants and Interested Parties

### IMPORTANT NOTICE – CHANGES TO FUTURE PAYMENT REVIEW AND PROCESSING

This letter is to notify you that the Fund is making several improvements for payment review and processing on existing claims. These include:

- **Changes to Letter of Commitment (LOC) Issuance.** The LOC process will be streamlined to eliminate processing amended LOCs for each payment issued for a claim. The new LOC will not contain any specific dollar amounts, but modified language stating that the Fund will reimburse the claim up to \$1.5 million per occurrence less the deductible.

Due to this change, the Fund will issue an LOC only once during the life of a claim, unless the claimant information changes. If the claimant information changes (i.e., address changes, tax ID changes, etc.) for a claim, then an amended LOC will be issued with the correct information. A copy of the amended LOC will be mailed to the claimant for their records.

PLEASE NOTE: In order to ensure consistency through the program, the Fund will be sending out the new LOC for all active claims as reimbursement requests are processed.

- **New Reimbursement Request (RR) Form.** A new version of the RR Form is now available for use when submitting your RR package to the Fund. Fund Staff will be sending the new RR Form out for every package they process and place on hold for revenue. Please discard any previous versions of the RR Form. Failure to use the new RR Form may result in a delay of reviewing your RR package.

PLEASE NOTE: The new RR form is only needed for future submittals. The Fund will continue to process any in-house submittals that used previous versions of the RR form. If you are submitting an RR package and do not have the new form, please contact the Fund and new forms will be provided. Requests for RR forms for multiple claims can be consolidated into one email request.

All information referenced in this Notice, along with other Fund related information, can be found on our web site at: [http://www.waterboards.ca.gov/water\\_issues/programs/ustcf/](http://www.waterboards.ca.gov/water_issues/programs/ustcf/).

If you have questions, please contact the Fund at (800) 813-FUND (3863) or by e-mail at [USTCleanupFund@waterboards.ca.gov](mailto:USTCleanupFund@waterboards.ca.gov).

Sincerely,

Ronald M. Duff, P.E., Fund Manager  
Underground Storage Tank Cleanup Fund

*California Environmental Protection Agency*

**STATE WATER RESOURCES CONTROL BOARD**

**REIMBURSEMENT REQUEST (RR) - UNDERGROUND STORAGE TANK CLEANUP FUND**

**A** CLAIM NO: 0000 REGION: 5 PRIORITY: B  
 CLAIMANT: RUSS T. TANK  
 CO-PAYEE:  
 JOINT CLAIMANT:

**B** CIO: CLEAN IT UP COMPANY  
 ATTN: MIGHTY HELPFUL  
 MAILING ADDRESS: 425 FIRST STREET  
 BIG PLUME, CA 99999  
 CONTAMINATED SITE: CLEAN WATER MARKET  
 ADDRESS: 6777 CLEAN WATER WAY  
 BIG PLUME, CA 99999  
 If Any Information in Section B Has Changed, Check Here And Complete An "Address Change Form"  
[www.waterboards.ca.gov/water\\_issues/programs/ustcf/paymentformsinfo.shtml](http://www.waterboards.ca.gov/water_issues/programs/ustcf/paymentformsinfo.shtml)

**FOLLOWING SECTION TO BE COMPLETED BY CLAIMANT**

**RR CONTACT INFORMATION** (Fund Staff is authorized to contact the following person/entity regarding the information contained in this RR package only):  
 NAME: REALLY CLEAN CONSULTING COMPANY: \_\_\_\_\_  
 PHONE: 999-999-9999 FAX NO.: 111-111-1111  
 EMAIL: RCLEANCONSULT@EMAIL.COM

AMOUNT REQUESTED FOR THIS RR: \$ 25,321 REIMBURSEMENT NO. 1

**CERTIFICATION:** I have read and signed the Conditions of Payment Certification Form dated January 2007. I understand that this RR **CANNOT BE PROCESSED** unless a complete and accurate Conditions of Payment Certification Form is currently on file with the Fund.  
 The costs claimed in this RR have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board.  
 CLAIMANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOLLOWING SECTION IS FOR STATE USE ONLY**

OFFICIAL RR NO.: _____  <b>RR TYPE:</b> <input type="checkbox"/> PAYOFF <input type="checkbox"/> FINAL <input type="checkbox"/> NEGATIVE  <b>COPY OF LOC ATTACHED:</b> <input type="checkbox"/> FIRST RR FOR CLAIM <input type="checkbox"/> CLAIMANT INFORMATION CHANGE  CALSTARS CODING: 0550-570.01-30530	<b>PAYMENT CALCULATION</b>	
	TOTAL REIMBURSEMENT ELIGIBLE (TOTAL PAID TO DATE + NEW RR)	\$
	Less: ADJUSTMENT <input type="checkbox"/> THIRD PARTY JUDGEMENT <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> OTHER _____	\$
	Less: DEDUCTIBLE	\$ «DEDUCT»
	TOTAL REIMBURSEMENT ALLOWED (NOT TO EXCEED \$1.5 MILLION - LESS DEDUCTIBLE)	\$
	Less: PREVIOUS REIMBURSEMENT TOTAL (PREVIOUS PAYMENTS)	\$
<b>AMOUNT DUE</b>	<b>\$</b>	

**SIGNATURES FOR APPROVAL OF PAYMENT**

Reviewed By: \_\_\_\_\_ Analyst Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manager

## REIMBURSEMENT REQUEST (RR) FORM INSTRUCTIONS

Use the instructions below to complete the RR Form. Complete all required sections of the Form to prevent delays in processing your RR package. This Form can be obtained by contacting the Fund directly at: [USTCF\\_Payments@waterboards.ca.gov](mailto:USTCF_Payments@waterboards.ca.gov).

- **Section A** – Do not write in this section. (PLEASE NOTE: Any changes made to Section A on the RR Form will result in the RR package being returned.)
- **Section B** – Do not write in this section. Mark the checkbox if you have any changes to the information in this section. If you check this box, complete and submit an Address Change Form to correct this information. The accompanying RR and any future RR Forms will be updated with the new information. (PLEASE NOTE: Any changes made to Section B on the RR Form will result in the RR package being returned.)
- **RR Contact Information** – Complete this section only if you would like the Fund to contact a different person/entity regarding the information contained in the accompanying RR package or to request information that may be needed in order to process the accompanying RR package.
- **Amount Requested for this RR** – Enter the amount that is being requested for the accompanying RR package only.
- **Reimbursement No.** – Enter the RR No. for this RR package. This should be the number following the last RR package you submitted to the Fund.
- **Certification** – Read the certification in its entirety and sign on the line to certify that the information contained in this RR package is complete and accurate. Sign using blue ink. Only an original signature will be accepted.
- **State Use Only** – Do not write in this section as it is designated for State Use Only. (PLEASE NOTE: If you write in this section, the Fund will return the RR package.)

Address Change and Condition of Payment Certification Forms can be obtained at [http://www.waterboards.ca.gov/water\\_issues/programs/ustcf/forms.shtml](http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml).

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 0000

CLAIMANT: RUSS T. TANK

CO-PAYEE:

JOINT CLAIMANT:

C/O: CLEAN IT UP COMPANY
ATTN: MIGHTY HELPFUL
MAILING ADDRESS: 425 FIRST STREET
BIG PLUME, CA 99999

TAX ID/SSA NO: 00-0000000

Subject to availability of funds, the State Water Resources Control Board (State Water Board) agrees to reimburse RUSS T. TANK (Claimant) for eligible corrective action costs at CLEAN IT UP COMPANY, 425 FIRST STREET, BIG PLUME, CA 99999 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

- 1. Reimbursement shall not exceed \$1,500,000, less the applicable deductible of \$5,000.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations...
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests...
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the State Water Board.
8. This Letter of Commitment may be withdrawn at any time by the State Water Board if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the State Water Board this 1ST day of JANUARY, 1111.

STATE WATER RESOURCES CONTROL BOARD

By \_\_\_\_\_
Manager, Underground Storage Tank Cleanup Fund

STATE USE ONLY
RESIDENT
NON-RESIDENT
VENDOR TYPE:
INITIALS: