

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund
Summary of Corrective Action Costs**

SECTION A

Priority Class: _____ Claim #: _____ Claimant: _____

Site Address: _____

SECTION B

HAS YOUR SITE RECEIVED SITE CLOSURE?

- No. If no, proceed to Section C. Yes. If Yes, complete the following information and Section D:

Date your site received closure: _____ Total Corrective Action Costs Paid: \$: _____

SECTION C

IF YOUR SITE HAS NOT RECEIVED CLOSURE, COMPLETE THE FOLLOWING:
(attach additional pages if necessary)

A. Identify the phase of corrective action currently being conducted at this site (check one):

- Release Discovery
- Preliminary Site Assessment
- Soil and Water Investigation
- Remediation
- Verification Monitoring
- Site Closure

B. Provide an estimate of the eligible corrective action costs as follows:

1. Costs already incurred: \$ _____
2. Projected costs to complete current phase: \$ _____
3. Projected total costs to receive site closure: \$ _____

C. Additional site-specific questions:

1. What is the present land use for this site? _____
2. What is the projected future land use for this site? _____
3. Has groundwater beneath the site been impacted by this release? _____
4. How many groundwater monitoring wells are associated with this site? _____
5. When do you expect to receive your No Further Action (Closure) letter? _____

SECTION D

Claimant Certification: I, the undersigned, certify under penalty of perjury that I am the claimant for the above-mentioned claim and that all statements, answers, and supplementary attachments made in this form are true and correct to the best of my knowledge.

Claimant Signature

Date

Printed Name