

**DES Waste Management Division
29 Hazen Drive; PO Box 95
Concord, NH 03302-0095**

**NH DES Site #:
Project Type:
Project Number:**

Prepared For:

Prepared By:

Ransom Consulting, LLC
Pease International Tradeport
112 Corporate Drive
Portsmouth, NH 03801
603.436.1490



REQUEST FOR REIMBURSEMENT AUTHORIZATION

Waste Management Division - Oil Fund Disbursement Board

PO Box 95, Concord NH 03302

(603) 271-2570 | jennifer.marts@des.nh.gov

www.des.nh.gov



RSA: RSA 146-D

A. AUTHORIZATION INFORMATION

(1) Type of Facility (check only one):

☐ Motor Fuel AST (LAST)

☒ Motor Fuel UST (LUST)

☐ On-Premise-Use Fuel Oil (OPUF)

☐ Fuel Oil AST (FUEL)

☐ Motor Oil (MOST)

☐ Gasoline ETHER

(2) Type of Authorization (check only one):

☒ Corrective Action (Site Cleanup)

☐ Third-Party Damages (Court Judgement)

B. FACILITY AND/OR PROPERTY INFORMATION

(1) Facility and/or property name.

(1) Gill Fancy Foods & Gas

(2) Address.

(2) 9 White Mountain Highway

(3) Town.

(3) Tamworth

(4) Is the facility at this location active or permanently closed?

(4) Permanently closed

(5) NHDES facility registration/permit number, if applicable.

(5)

(6) NHDES site number and project number.

(6) 199110092 / 15913

(7) Date of discharge discovery.

(7) 07/31/2006

C. OWNER/INSURANCE INFORMATION

(1) Facility and/or property name.

(1) Kahlon LLC

(2) Mailing Address.

(2) P.O. Box 476

Chocorua, New Hampshire 03817

(3) Daytime phone.

(3) (551) 556-5555

(4) Are you a new owner since last authorization?

(4) ☐ Yes Date of acquisition: ☒ No

(5) No. of facilities/properties owned in NH (type checked above).

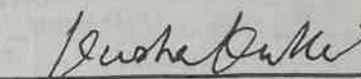
(5) ☐ (Not applicable for OPUF or ETHER project)

(6) Is coverage available under private insurance?

(6) ☐ Yes ☐ No ☒ Previously determined

D. OWNER'S LIABILITY STATEMENT AND AFFIRMATION

I hereby certify that the facility referenced above is currently in compliance, or I am the owner of land where a compliant facility was located, or I am a duly authorized officer of the entity that owns the compliant facility or land where a compliant facility was located. I understand that a 'deductible' or deductible balance may be applied against any amounts reimbursed from the fund. If reimbursement is made to an 'Applicant', I understand that the deductible or deductible balance amount may be billed and that said amount is due within 30 days of the billing date, unless the Board approves periodic payments. I understand the funds under RSA 146-D only provide excess insurance coverage. I declare that the representations made in this reimbursement authorization are to the best of my knowledge true and correct, and agree to reimburse the fund for any payments made based upon incorrect information on this form, or incorrect reimbursement submittal information. If an officer of the owner, I affirm that I have been duly authorized by the corporation, LLC, LLP, or other corporate entity to bind the corporation, LLC, LLP, or other corporate entity, and to make the above declarations. I also affirm that the corporation, LLC, LLP, or other corporate entity has made all filings and paid all fees required by the New Hampshire Secretary of State.


Owner or Company Officer Signature & Date Signed

E. GENERAL INSTRUCTIONS

- (1) Complete this Request for Reimbursement Authorization form and include a copy of it, under a cover letter, with insurance information, facility compliance information, and "Alternate W-9" form, as applicable, prior to your first reimbursement request submittal. A separate authorization form is needed for corrective action costs, and for third-party damage costs. **Mall the completed and signed original form to the address on Page 2.** Contact NHDES for information/guidance. The cover letter must identify the parent company if the owner named in C(1) is a subsidiary.
- (2) Do not submit an authorization request if the facility is not in compliance with applicable requirements, or was not closed in compliance. Contact NHDES for facility compliance information/guidance.
- (3) Do not submit a reimbursement request for costs incurred before discharge discovery, for costs associated with discharge discovery, for costs associated with facility closure or upgrading. Work in progress must be authorized by NHDES. See the rules of the Oil Fund Disbursement Board (N.H. Admin. Rules Odb 400).
- (4) Electronic submittal of reimbursement authorizations and reimbursement requests is preferred. Paper reimbursement request submittals will be accepted, but payment may be delayed. If you are not familiar with the reimbursement program submittal process, contact NHDES for information/guidance to avoid rejection due to incompleteness. If you are the new owner of a facility/property, for which the previous owner was reimbursed, you must also complete this form and submit it prior to your first reimbursement request, checking the box labeled "Yes" under C(4), and indicating the date of acquisition of a facility/property. You should determine that NHDES records such as facility ownership/registration, groundwater permit holder, and responsible party are correct.
- (5) If you are a former owner that previously submitted this form and received reimbursement, you do not need to re-submit the form if you transfer ownership to another party and continue corrective action under the terms of a facility/property transfer (indemnification) agreement. However, you must include a copy of the indemnification agreement with all reimbursement requests submitted after the effective date of the ownership transfer. The agreement must state the former owner has an obligation to continue corrective action after transfer to a new owner.
- (6) By law, the funds under RSA 146-D, only provide excess insurance. Private insurance for cleanup costs and/or third-party damages must be exhausted before State reimbursement is available. The initial reimbursement authorization request for coverage under the State funds for a discharge must include documents to demonstrate there is no private insurance coverage. Private insurance coverage determinations must be sought from all carriers of policies on the facility and/or property. If there is no insurance maintained on the facility and/or property, then a notarized letter must be provided stating so. Coverage determinations from insurance agents interpreting policies are not acceptable. The coverage determination must be from the insurance company or an authorized adjuster. For groundwater and surface water contamination, see N.H. Insurance Department Bulletin INS NO. 11-009-AB.

Attach the following documents to the initial reimbursement authorization request, as applicable:

- ☐ A. A copy of the claim or request for coverage filed with all private insurance carriers for the facility and/or property.
- ☐ B. Copies of all responses from private insurance carriers regarding coverage determinations under the policies.
- ☐ C. Copies of Declaration of Coverage sheets and other information regarding policy coverage, policy limits and payments received from private insurance.

If coverage under private insurance is available you must check the box labeled "Yes" under C(6). If the information provided (see above C.) indicates that the limits of coverage were reached, your reimbursement request(s) will be processed.

You may check the box labeled "No" under C(6) if the information provided (see above A. and B.) indicates coverage was denied. Your reimbursement request(s) will be processed.

If the information provided indicates insurance coverage issues are not resolved, the Oil Fund Disbursement Board must approve a waiver for your reimbursement request(s) to be processed. Contact NHDES for further information regarding insurance coverage.

- (7) Requests for reimbursement authorization for third-party damage awards or settlements are subject to pre-notification procedures and submittal requirements specified in Odb 400.

Submit completed form(s) and documents to:

Fund Management Section
NHDES - WMD
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

If you have questions, email: Jennifer.Marts@des.nh.gov or call (603) 271-2570.

NOTE: INCOMPLETE SUBMITTALS WILL BE RETURNED

Reimbursement Authorization Form Version 2/26/2020