



# MtBE Settlement Fund Assistance Application

## MtBE Remediation Bureau



Publication: R-WMD-14-1

The State of New Hampshire received settlement funds to resolve litigation related to MtBE contamination. The use of these funds is restricted to projects that address MtBE contamination. This document has been created to facilitate the submission of information necessary to determine project eligibility and may be submitted by any affected party. NH Department of Environmental Services will consider all applications and respond accordingly. To apply, please complete and submit this form. Send this completed application to:

MTBE REMEDIATION BUREAU  
NHDES/WASTE MANAGEMENT DIVISION  
29 HAZEN DRIVE  
P.O. BOX 95  
CONCORD NH 03302-0095

If necessary, attach additional sheets to provide the requested information. NHDES will attempt to provide a response within 30 days of receipt of a complete application. If you have any questions about the MtBE Settlement Fund, please contact Michael Juranty at [Michael.Juranty@des.nh.gov](mailto:Michael.Juranty@des.nh.gov) or call (603) 271-8873.

### I. Applicant Information

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### II. Consultant Information

Contact Person: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Will the consultant be a direct applicant for reimbursement of project costs from NHDES?  Yes  No  
If Yes, a copy of their contract with the owner including a waiver of claims statement will be required with the first reimbursement claim.

### III. Assistance Requested

Please describe the scope of the assistance being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If known, what are the estimated project costs and basis for the estimate?  
\_\_\_\_\_  
Please describe the benefits of proposed project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Project Description**

Project Name: \_\_\_\_\_

NHDES Site# (MtBE contamination source, if known): \_\_\_\_\_

Proposed Project Overview: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the project include removal of underground storage tanks (USTs)?  Yes  No

If Yes, check all of the following that apply to the UST system:

- Used to Store Gasoline
- In Temporary Closure – when was the system last filled: \_\_\_\_\_
- Requires Upgrade for the 12/22/2015 UST Compliance Deadline – Please list deficiencies:  
\_\_\_\_\_
- Active or Closed Leaking Underground Storage Tank (LUST) Project:
  1. Was the LUST project closed prior to 1/1/2007?  Yes  No
  2. Does current or historical data show MtBE present in groundwater above Ambient Groundwater Quality Standards?  Yes  No
- Removal of the UST System Will Facilitate Source Area Remediation.

Risk(s) posed by MtBE (check all that apply):

- Groundwater Contamination       Potential Indoor Air Threat
- Soil Contamination                       Surface Water Contamination
- Drinking Water Wells >AGQS – Number of wells are impacted: \_\_\_\_\_
- Drinking Water Wells <AGQS – Number of wells are impacted: \_\_\_\_\_
- Other \_\_\_\_\_

Briefly describe the extent of MtBE Contamination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous relevant report(s) available?  Yes  No

If Yes, list key reports and attach any information that has not previously been submitted to NHDES:

\_\_\_\_\_

\_\_\_\_\_

**V. Certification**

The applicant certifies that this form has been completed to the best of their knowledge and all information has been submitted to NHDES in order to make an eligibility determination for this project.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. Approval (FOR STATE USE ONLY)**

NHDES has reviewed the application and project information provided and determined that the project is eligible for funding under the MtBE Reimbursement Fund Program.

MtBE Remediation Bureau Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_