

FORMAT FOR COVER LETTER TO ACCOMPANY REIMBURSEMENT ELIGIBILITY DOCUMENTS

[DATE]

Fund Management Section
Oil Remediation & Compliance Bureau
NHDES Waste Management Division
P.O. Box 95, 29 Hazen Drive
Concord, NH 03302-0095

Re: [TOWN], [ADDRESS], [SITE/PROJECT NAME] [PROJECT TYPE] Request for Reimbursement Eligibility, Site No. [#####] Project No. [#####]

Attached, please find the following documents in support of reimbursement eligibility for this project:

- **Request for Reimbursement Authorization Form (February 26, 2020 version)**
NEEDED FOR 1ST CORRECTIVE ACTION REQUEST FROM THE OWNER OF A FUND-ELIGIBLE FACILITY OR PROPERTY; AND FOR THE 1ST REQUEST FROM A TRANSFEREE OWNER. **NOTE:** *Send in the original form by mail to Nicole Gianunzio, Waste Management Division, NHDES, P.O. Box 95, Concord, NH 03302-0095 after electronically submitting to Onestop.*
- **Private Insurance Coverage Information, Or Notarized Letter Stating There Is No Insurance** NEEDED FOR 1ST CORRECTIVE ACTION REQUEST FOR FUEL, LAST, LUST, MOST AND OPUF PROJECTS.
- **Facility Compliance Information**
NEEDED TO ESTABLISH ELIGIBILITY. FOR REGULATED FACILITIES, CONTACT THE OIL COMPLIANCE SECTION AT (603) 271-3899 TO DETERMINE COMPLIANCE STATUS. **NOTE:** *Photographs or diagrams are not acceptable to demonstrate compliance for OPUF projects. A letter certifying compliance is needed.*
- **Late AST Registration Waiver Request** - MAY BE NEEDED, CONTACT PROGRAM STAFF.
- **Facility or Property Ownership Transfer Information**
NEEDED FOR 1ST REQUEST FROM NEW OWNER OF FUND-ELIGIBLE FACILITY OR PROPERTY; OR, REQUESTS FROM FORMER OWNERS WITH AGREEMENTS TO CONTINUE CORRECTIVE ACTION AFTER SALE.
- **Parent Company** - MAY BE NEEDED IF THE OWNER/RESPONSIBLE PARTY IS A SUBSIDIARY
- **Vendor Number Information**
MAY BE NEEDED IF OWNER/RESPONSIBLE PARTY WILL SEEK REIMBURSEMENT PAYMENT VS. AN "APPLICANT" AS DEFINED UNDER NH ADMINISTRATIVE RULE ODB 402.01.

The Responsible Party for this project, identified below, [matches/does not match] the Responsible Party in NHDES records: **NOTE: If the RP does not match NHDES records, because an ownership transfer occurred or is occurring, please indicate that we need to change our records.**

[FACILITY OWNER OR PROPERTY OWNER – AS APPLICABLE]
[ADDRESS]
[TOWN/CITY, STATE ZIP]

Please call [NAME/the undersigned] at [PHONE NUMBER] if you have questions.

Sincerely,

[NAME, TITLE]
[COMPANY NAME]