

**DERF Site Investigation Bid Summary
 Consultant Selection Cover Sheet**

Notice: Use this form to notify the Department of Natural Resources of the consultant you are selecting to conduct a site investigation and to submit and summarize the bids required in the Dry Cleaner Environmental Response Fund (DERF) Program. This form is authorized under s. 292.65, Wis. Stats. and s. NR 169.23, Wis. Adm. Code. Completion of this form is mandatory for any person applying for DERF reimbursement. Persons who do not submit a completed form will not be eligible for reimbursement under DERF. Personal information will be used to manage the DERF program, and be made available to requesters under Wisconsin's Open Records laws (ss. 19.32-19.39, Wis. Stats.) and requirements.

Complete the following information and submit it to your DNR regional project manager. Copy this form as necessary.

Site Information

Site name:	Facility Name:	BRRTS #
	One Hour Martinizing - Elm Grove	02-68-552102

Consultant Selected

Consultant Name:	Consultant Address:
Terracon	9856 S. 57th St. Franklin, WI 53132

Summary of Costs:

Consultant Name:	KPRG
Consulting costs:	12,360.00
Drilling costs:	7,985.00
Analytical costs:	4,210.00
Miscellaneous costs:	4,200.00
Total Costs:	28,755.00

Consultant Name:	ATS
Consulting costs:	16,030.00
Drilling costs:	5,425.00
Analytical costs:	2,667.00
Miscellaneous costs:	2,670.00
Total Costs:	26,792.00

Consultant Name:	Giles
Consulting costs:	12,235.00
Drilling costs:	4,400.00
Analytical costs:	2,470.00
Miscellaneous costs:	3,850.00
Total Costs:	22,955.00

Optional 4th bid information:

Consultant Name:	Terracon
Consulting costs:	8,863.00
Drilling costs:	9,280.00
Analytical costs:	4,513.00
Miscellaneous costs:	1,998.00
Total Costs:	24,654.00

Justification for Selection:

Applicant Information and Certification

I certify that the information contained above is true and correct to the best of my knowledge.

Applicant Name	OHM - Elm Grove	Date	9/16/2008
Street Address	W229 N2494 Hwy F	City	Waukesha
		State	WI
		Zip Code	53186
Signature	* [Signature]		

Department Use Only

Project Manager Approval Signature	Phone Number	Date

If not approved, reason for non-approval: