

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



IOP: 488
OUT DATE: 5/17/17
DOC.NAME: WITHDRAWAL
PROJ. MGR: H PODLIPNY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

May 17, 2017

RECEIVED

MAY 24 2017

TCEQ
CENTRAL FILE ROOM

Mr. Lars Nielsen
38954 Proctor Boulevard, No. 207
Sandy, OR 97055

Re: Site Withdrawal, Walgreens, 209 US Highway 90 West, Dayton, Liberty County, TX; Innocent Owner/Operator Program (IOP) No. 488; Customer No. CN602830374; Regulated Entity No. RN104602719


Dear Mr. Nielsen:

The Texas Commission on Environmental Quality (TCEQ) has received the February 17, 2017 email from Mr. Mark McPherson of McPherson LawFirm, PC, notifying the TCEQ of your desire to withdraw the above-referenced site from the IOP. The account for this site (PCA No. 32488) will be closed within 15 days from the date of this letter.

Please note, the TCEQ received the application fee on May 19, 2005 and is unable to refund any remaining credit balance as the State Comptroller policy for refunds is four years from the receipt date of non-billed fees. However, a form is enclosed that will allow you to file a claim against the state of Texas for any remaining credit balance.

You may contact me with any questions at (512) 239-2603.

Sincerely,


Heather Podlipny, Project Manager
VCP-CA Section
Remediation Division

HP/bk

Enclosure: Comptroller of Public Accounts Form 74-209

cc: Mr. Mark McPherson, McPherson LawFirm, PC, 15950 Dallas Parkway, Suite 400, Dallas, TX 75248-6628
Mr. Jason Ybarra, Waste Section Manager, TCEQ Houston Region Office, R-12

Miscellaneous Claim Application

Use this form to file a claim against the state of Texas for the following reasons:

- Warrant that is void due to expiration date.
- Unpaid bill that cannot be paid by receiving state agency due to expiration of appropriation.
- Other claim justified by state contract or state law.

Instructions on second page

Type of Claim (Please check one)

☐ **Void Warrant**
☐ **Unpaid Bill**
☐ **Other** _____

Please type or print

Claimant's name (Legal name of individual or business)

Mailing address (P.O. Box, street, city, state and ZIP + 4 code)

Claimant's Social Security number (SSN)* or Texas taxpayer number or Federal Employer Identification Number (FEIN)

Claimant's telephone (Area code and number)

Amount of claim

Specific reason for claim (For void warrant(s), list specific identification of goods, services, refund or other items for which the warrant(s) were originally issued.)

Supporting documentation (Please list)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |


* Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. § 405(c)(2)(C)(i); Tex. Govt. Code §§ 403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

Certification

I certify that the information I have furnished on this form is true and correct. I certify that the amount of this claim is still outstanding and is due and payable.

Type or print name

Title


 Claimant's signature

Date

Complete application and mail to: **Comptroller of Public Accounts**
Fiscal Management Division
P.O. Box 13528
Austin, TX 78711-3528
ATTN: Miscellaneous Claims Analyst

Or FAX to: 512-463-2138

For questions, call 1-800-531-5441, ext. 5-0966.
 The local number in Austin is 512-475-0966.

Eligibility:

Claims that are over eight years old, as determined from the day after payment was due on the original claim, are generally not eligible for payment by the Comptroller's office through the provisions of the Miscellaneous Claims Act. For void warrants, the expiration date is eight years from the date the warrant was originally issued. For unpaid bills, the expiration date is eight years from the day after payment was due on the original invoice of delivery of goods or services. If lacking an invoice, eight years from the day after the last day of the contract billing period.

Instructions for Completing the Miscellaneous Claim Application

Type of Claim

Check the box indicating the type of claim you are filing.

Claimant Name

Enter the name of the person or business in whose behalf this claim is being submitted.

Mailing Address

Enter the mailing address where correspondence concerning this claim should be sent.

Please include your ZIP + 4 code.

Claimant's SSN, Texas taxpayer number or FEIN

If claimant is an individual, enter the Social Security number. If claimant is a business, enter the Texas taxpayer number or Federal Employer Identification Number.

Amount of Claim

If the claim is for a void warrant, enter the amount of warrant. If the claim is for an unpaid bill, enter the amount due. If the claim is for any other type of liability, enter amount due.

Specific Reason for Filing Claim

Fully describe the reason for filing the claim. It must include the following information:

- **Void Warrant:** Description of the goods, services, refund or other item for which the original warrant was issued. Attach original warrant or warrant information. **File should contain specific identification of goods, services, refund or other items for which the warrant was originally issued.**
- **Unpaid Bill:** Description of goods or services or other item which is unpaid. You must also attach an invoice or other acceptable documentation of the unpaid amount which lists the original date the goods or services were delivered or performed.
- **Other:** Fully describe the reason for the claim. Include all appropriate documentation.

Supporting Documentation

Application **MUST** contain supporting documentation (such as void warrants, itemized bills, invoices, contracts, etc.) that will fully substantiate the claim. If not included, a statement must be provided explaining why these items are not available.

Certification

The claimant or authorized agent (representative of business) signature is required.

Submit the completed and signed application to the mailing address or FAX number indicated.

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Type of Claim (Please check one)

☐ Void Warrant
 ☐ Unpaid Bill
 ☐ Other _____

Please type or print

Claimant's name (Legal name of individual or business)

Mailing address (P.O. Box, street, city, state and ZIP + 4 code)

Claimant's Social Security number (SSN)* or Texas taxpayer number or Federal Employer Identification Number (FEIN)

Claimant's telephone (Area code and number)

Amount of claim

Specific reason for claim (For void warrant(s), list specific identification of goods, services, refund or other items for which the warrant(s) were originally issued.)

Refund of remaining balance of Innocent Owner/Operator Program (IOP) application fee with the Texas Commission on Environmental Quality (TCEQ). TCEQ received \$1,000 fee on 5/19/2005. The IOP applicant requested to withdraw on 2/17/2017. Remaining credit/balance of \$508.50 (PCA Code 32488 - Nielsen, Hans J.) could not be refunded because State Comptroller of Public Accounts policy allows state agencies to refund money up to 4 years from the date payment was received. The IOP Certification rules in 30 Texas Administrative Code Chapter 333 Subchapter B describe the expected refund "30 TAC§333.37(a) - The applicant may withdraw the application by giving advance written notice to the executive director. The remainder of the application fee not incurred or obligated in the review of the application will be refunded."

Supporting documentation (Please list)

1. _____ 3. _____
 2. _____ 4. _____


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