

Owner/Operator and Licensed Professional Engineer/Geologist Billing Certification Form

Under penalty of perjury as defined in Section 32-2 of the Criminal Code of 1961 [720 ILCS 5/32-2], I certify to the following:

- The bills in the attached application for payment are for performing corrective action activities associated with Incident # _____ reported for the Leaking Underground Storage Tank site located at Address: _____
City: _____ State: _____ Zip: _____
- The bills are for the billing period _____, _____ through _____, _____ and were incurred in conformance with the Environmental Protection Act and 35 Ill. Adm. Code 731, 732, or 734.
- The attached application for payment and all documents submitted with it were prepared under the supervision of the licensed professional engineer or licensed professional geologist and the owner and/or operator whose signatures are set forth below and in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information provided. The information in the attached application for payment is, to the best of my knowledge and belief, true, accurate, and complete.
- The costs for remediating the above-listed incident are correct, are reasonable, and if applicable, were determined in accordance with Subpart H: Maximum Payment Amounts, Appendix D Sample Handling and Analysis amounts, and Appendix E Personnel Titles and Rates of 35 Ill. Adm. Code 732 or 734.
- I am aware there are significant penalties for submitting false statements or representations to the Illinois EPA, including but not limited to fines, imprisonment, or both as provided in Section 44 of the Environmental Protection Act [415 ILCS 5/44] and Section 32-2 of the Criminal Code of 1961 [720 ILCS 5/32-2].

Owner/Operator Name: _____

Authorized Representative*: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Subscribed and sworn to before me the _____ day of _____, _____.

(Notary Public) Seal:

L.P.E./L.P.G. Name: _____ L.P.E./L.P.G. Seal:

L.P.E./L.P.G. Illinois Registration No.: _____

L.P.E./L.P.G. Registration Expiration Date: _____

Company Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

L.P.E./L.P.G. Signature: _____ Date: _____

Subscribed and sworn to before me the _____ day of _____, _____.

(Notary Public) Seal:

*For a corporation, a principal executive officer of at least the level of vice president, or a person authorized by a resolution of the board of directors to sign the applicable document if a copy of the resolution, certified as a true copy by the secretary of the corporation, is submitted with the document.