

BUDGET AND BILLING FORM FOR LEAKING UNDERGROUND STORAGE TANK SITES

A. SITE INFORMATION

Site Name: _____

Site Address: _____ City: _____

Zip: _____

County: _____ IEPA Generator No.: _____

IEMA Incident No.: _____

IEMA Notification Date: _____

Date this Form was Prepared: _____

This form is being submitted as a: (check one)

Budget Proposal

Budget Amendment (Budget Amendments must include only the costs over the previous budget.)

Amendment Number: _____

Billing Package for costs incurred pursuant to 35 Illinois Administrative Code (IAC), Part 732 ("new program").

Name(s) of report(s) documenting the costs requested: _____

_____ Date(s): _____

This form is being submitted for the Site Activities indicated below (check one):

Early Action

Site Classification

Low Priority Corrective Action

High Priority Corrective Action

Other (indicate activities) _____

DO NOT SUBMIT "NEW PROGRAM" COSTS AND "OLD PROGRAM" COSTS AT THE SAME TIME, ON THE SAME FORMS.

A-1

This form must be submitted in duplicate.

IEMA No. _____

If eligible for reimbursement, where should reimbursement checks be sent? Please note that only owners or operators of USTs may be eligible for reimbursement. Therefore, payment can only be made to an owner or operator.

Pay to the order of: _____

Send in care of: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Petroleum USTs in Illinois presently owned or operated by the owner or operator; any subsidiary, parent or joint stock company of the owner or operator; and any company owned by any parent, subsidiary or joint stock company of the owner or operator:

Fewer than 101: _____ 101 or more: _____

Number of USTs at the site: _____ (Number of USTs includes USTs presently at the site and USTs that have been removed.)

Number of incidents reported to IEMA: _____

Incident Numbers assigned to the site due to releases from USTs: _____

Please list all tanks which have ever been located at the site and are presently located at the site.

Product Stored	Size (gallons)	Did UST		Incident No.	Type of Release
		have a	release?		
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____

B. PROPOSED BUDGET SUMMARY AND BUDGET TOTAL (fields filled in automatically)

1. Investigation Costs: \$ _____

2. Analysis Costs: \$ _____

3. Personnel Costs: \$ _____

4. Equipment Costs: \$ _____

5. Field Purchases and Other Costs: \$ _____

6. Handling Charges: \$ _____

TOTAL PROPOSED BUDGET = \$ _____

C. APPROVED BUDGET SUMMARY AND BILLING SUMMARY

1. Amount approved in the Budget

- 1. Investigation Costs: \$ _____
- 2. Analysis Costs: \$ _____
- 3. Personnel Costs: \$ _____
- 4. Equipment Costs: \$ _____
- 5. Field Purchases and Other Costs: \$ _____
- 6. Handling Charges: \$ _____

TOTAL APPROVED IN THE BUDGET = \$ _____

2. Amount Requested for Reimbursement

- 1. Investigation Costs: \$ _____
- 2. Analysis Costs: \$ _____
- 3. Personnel Costs: \$ _____
- 4. Equipment Costs: \$ _____
- 5. Field Purchases and Other Costs: \$ _____
- 6. Handling Charges: \$ _____

AMOUNT REQUESTED FOR REIMBURSEMENT = \$ _____

_____ A budget for the bills included in this billing package was approved by the Agency on _____.

_____ This billing package includes bills which were included in the Budget Amendment dated _____,
and approved by the Agency on _____.

_____ Neither a budget nor a budget amendment was approved by the Agency for the bills included in this package.

IEMA No. _____

D. PAYMENT CERTIFICATION - This certification must be included with every request for payment.

I, _____ the owner or operator of the Leaking UST site for which this claim is being submitted, certify that \$ _____ is the amount being sought in this claim for reimbursement, \$ _____ has already been reimbursed from the Fund for this occurrence and \$ _____ has been sent to the Agency for reimbursement for this occurrence but has not yet been reimbursed. I further certify that the number of petroleum USTs in Illinois presently owned or operated by the owner or operator, any subsidiary, parent or joint stock company of the owner or operator, and any company owned by any parent, subsidiary or joint stock company of the owner or operator is:

Fewer than 101: _____ 101 or more: _____

Except for claims associated with Early Action, I certify that a plan for the work included in this billing package was approved by the Agency on _____; certify that a budget for the work included in this claim was approved by the Agency on _____; certify that the amount sought for payment was expended in conformance with the approved budget and approved plan.

I further certify that if the costs included in this claim for reimbursement are approved for payment, the following limitations will not be exceeded:

1. Payment of this claim will not result in the owner or operator receiving reimbursement of corrective action costs or indemnification costs from the Fund for more than \$1,000,000 per occurrence.
2. Payment of this claim will not result in the owner or operator receiving reimbursement of corrective action costs or indemnification costs from the Fund incurred during a calendar year in excess of the following amounts:

\$1,000,000, if fewer than 101 tanks are owned or operated in Illinois.

\$2,000,000, if 101 or more tanks are owned or operated in Illinois.

Owner/Operator: _____ Title: _____

Signature: _____ Date: _____

Subscribed and sworn to before me the _____ day of _____, 20____.
(This certification must be notarized when the certification is signed.)

(Notary Public) Seal:

E. INVESTIGATION COSTS

Method I _____ Method II _____ Method III _____ Not Applicable _____

- 1. Drilling Costs** - This includes the costs for drilling labor, drill rig usage, and other drilling equipment. Borings which are to be completed as monitoring wells should be listed here. Costs associated with disposal of cuttings should not be included here. An indication must be made as to why each boring is being conducted (i.e., classification, monitoring wells, migration pathways).

_____ borings to _____ feet = _____ feet to be bored for _____

_____ borings to _____ feet = _____ feet to be bored for _____

_____ borings to _____ feet = _____ feet to be bored for _____

_____ borings to _____ feet = _____ feet to be bored for _____

_____ borings to _____ feet = _____ feet to be bored for _____

Total Feet to be Bored: _____

Borings: _____ feet x \$ _____ per foot = \$ _____ (or)

Hours _____ x \$ _____ per hour = \$ _____

_____ borings through _____ ft of bedrock = _____ Ft bedrock to be bored

_____ borings through _____ ft of bedrock = _____ Ft bedrock to be bored

Total Feet bedrock to be Bored: _____

Borings: _____ Ft bedrock x \$ _____ per ft bedrock = \$ _____ (or)

_____ Hours x \$ _____ per Hour = \$ _____

_____ # of Mobilizations @ \$ _____ per mobilization = \$ _____

Other Costs	Number of Units	Unit Cost	Total Cost

IEMA No. _____

- 2. **Professional Services (e.g., P.E., geologist)** - These costs must be listed in Section I, the Personnel section of the forms.

- 3. **Monitoring Well Installation Materials** - Costs listed here must be costs associated with well casing, well screens, filter pack, annular seal, surface seal, well covers, etc. List the items below in a time and materials format.

Material	Number of Units	Unit Cost	Total Cost

- 4. **Disposal Costs** - This includes the costs for disposing of boring cuttings and any water generated while performing borings or installing wells.

Disposal of Cuttings: _____ drums x \$ _____ per drum = \$ _____

Disposal of Water: _____ gallons x \$ _____ per gallon = \$ _____

Transportation Costs: \$ _____

Describe how the water/soil will be disposed: _____

Total Investigation Costs: \$ _____

F. ANALYSIS COSTS

1. **Physical Soil Analysis** - This must only include analysis costs for classification of soil types at the site.

_____ Moisture Content samples x \$ _____ per sample = \$ _____

_____ Soil Classification samples x \$ _____ per sample = \$ _____

Indicate method to be performed: _____

_____ Soil Particle Size samples x \$ _____ per sample = \$ _____

_____ Ex-situ Hydraulic Conductivity/Permeability samples
x \$ _____ per sample = \$ _____

Indicate the method to be performed: _____

_____ Rock Hydraulic Conductivity/Permeability samples
x \$ _____ per sample = \$ _____

_____ Natural Organic Carbon Fraction (foc) samples
x \$ _____ per sample = \$ _____

Indicate the ASTM or SW-846 method to be performed: _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

2. **Soil Analysis Costs** - This must be for laboratory analysis only.

_____ BTEX samples x \$ _____ per sample = \$ _____

_____ PNA samples x \$ _____ per sample = \$ _____

_____ LUST Pollutants samples x \$ _____ per sample = \$ _____

_____ pH Samples x \$ _____ per sample = \$ _____

_____ Paint Filter samples x \$ _____ per sample = \$ _____

_____ TCLP Lead samples x \$ _____ per sample = \$ _____

_____ Flash Point samples x \$ _____ per sample = \$ _____

_____ Lab and/or Field Bank samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ per sample = \$ _____

3. Groundwater Analysis Costs - This must be for laboratory *analysis* only.

_____ BTEX samples x \$ _____ per sample = \$ _____

_____ PNA samples x \$ _____ per sample = \$ _____

_____ LUST Pollutants samples x \$ _____ per sample = \$ _____

_____ pH Samples x \$ _____ per sample = \$ _____

_____ Lab and/or Field Blank samples x \$ _____ per sample = \$ _____

_____ Flash Point samples x \$ _____ per sample = \$ _____

_____ samples x \$ _____ Per sample = \$ _____

_____ samples x \$ _____ Per sample = \$ _____

_____ samples x \$ _____ Per sample = \$ _____

_____ samples x \$ _____ Per sample = \$ _____

_____ samples x \$ _____ Per sample = \$ _____

_____ samples x \$ _____ Per sample = \$ _____

TOTAL ANALYSIS COSTS = \$ _____

G. PERSONNEL

All personnel costs that are not included elsewhere in the budget/billing form must be listed here. Costs must be listed per task, not personnel type. The following are some examples of tasks: Drafting, data collection, plan, report, or budget preparation for _____ (i.e., site classification work plan, 45 day report, or high priority corrective action budget), sampling, field oversight for _____ (i.e., drilling/well installation, corrective action, or early action), of maintenance of _____. The above list is not inclusive of all possible tasks.

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

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_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

_____ : _____ hours x \$ _____ per hour = \$ _____
(Title)

Task to be performed for the above hours: _____

TOTAL PERSONNEL COSTS: \$ _____

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TOTAL OTHER COSTS = \$ _____

Subtotal Page I-2 _____

Total (Pages I-1 and I-2) _____

K. LOW PRIORITY CORRECTIVE ACTION

Corrective Action at Low Priority Sites consists of groundwater monitoring for three years.

A. Preparation of the Corrective Action Plan. Attach the appropriate sections of the budget/billing forms to support the summary of costs.

- 1. Investigation Costs: \$ _____
- 2. Analysis Costs: \$ _____
- 3. Personnel Costs: \$ _____
- 4. Equipment Costs: \$ _____
- 5. Field Purchases and Other Costs: \$ _____
- 6. Handling Charges: \$ _____

B. 1st Year Sampling and Analytical Costs (Quarterly Monitoring) - Provide a summary of the 1st year costs below. Attach the appropriate sections of the budget/billing forms to support the summary of costs.

- 1. Analysis Costs: \$ _____
- 2. Personnel Costs: \$ _____
- 3. Equipment Costs: \$ _____
- 4. Field Purchases and Other Costs: \$ _____
- 5. Handling Charges: \$ _____

C. 2nd Year Sampling and Analytical Costs (Semiannual Monitoring) - Provide a summary of the 2nd year costs below. Attach the appropriate sections of the budget/billing forms to support the summary of costs.

- 1. Analysis Costs: \$ _____
- 2. Personnel Costs: \$ _____
- 3. Equipment Costs: \$ _____
- 4. Field Purchases and Other Costs: \$ _____
- 5. Handling Charges: \$ _____

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D. 3rd Year Sampling and Analytical Costs (Annual Monitoring) - Provide a summary of the 3rd year costs below. Attach the appropriate sections of the budget/billing forms to support the summary of costs.

1. Analysis Costs: \$ _____

2. Personnel Costs: \$ _____

3. Equipment Costs: \$ _____

4. Field Purchases and Other Costs: \$ _____

5. Handling Charges: \$ _____

TOTAL LOW PRIORITY CORRECTIVE ACTION COSTS: \$ _____

L. HIGH PRIORITY CORRECTIVE ACTION

Corrective Action at High Priority Sites may involved both soil and groundwater remediation. Provide below a summary of costs for the remediation type(s) chosen and attach the appropriate sections of the budget/billing forms to support the summary of costs.

A. Preparation of the Correction Action Plan

1. Investigation Costs: \$ _____
2. Analysis Costs: \$ _____
3. Personnel Costs: \$ _____
4. Equipment Costs: \$ _____
5. Field Purchases and Other Costs: \$ _____
6. Handling Charges: \$ _____

B. Groundwater Remediation

- 1 Analysis Costs: \$ _____
- 2 Personnel Costs: \$ _____
- 3 Equipment Costs: \$ _____
- 4 Field Purchases and Other Costs: \$ _____
- 5 Handling Charges: \$ _____

Of the above costs, please provide a breakdown of the costs associated with operation and maintenance (O&M), if applicable, as requested below:

_____ Months of O&M x \$ _____ per month = \$ _____

C. Excavation and Disposal

- 1 Analysis Costs: \$ _____
- 2 Personnel Costs: \$ _____
- 3 Equipment Costs: \$ _____
- 4 Field Purchases and Other Costs: \$ _____
- 5 Handling Charges: \$ _____

Of the above costs, please provide a breakdown of the costs associated with excavation, transportation, and disposal as requested below:

Excavation: _____ yards³ x \$ _____ per yards³ = \$ _____

Transportation: _____ yards³ x \$ _____ per yards³ = \$ _____

Disposal: _____ yards³ x \$ _____ per yards³ = \$ _____

D. Alternate Technology, Type _____

1. Investigation Costs: \$ _____
2. Analysis Costs: \$ _____
3. Personnel Costs: \$ _____
4. Equipment Costs: \$ _____
5. Field Purchases and Other Costs: \$ _____
6. Handling Charges: \$ _____

Of the above costs, please provide a breakdown of the following costs, if applicable, as requested below:

Excavation: _____ yards³ x \$ _____ per yards³ = \$ _____

Transportation: _____ yards³ x \$ _____ per yards³ = \$ _____

Treatment: _____ yards³ x \$ _____ per yards³ = \$ _____

Operation and Maintenance (O&M):

_____ Months of O&M x \$ _____ per month = \$ _____

E. Backfill Costs

1. Personnel Costs: \$ _____
2. Equipment Costs: \$ _____
3. Field Purchases and Other Costs: \$ _____
4. Handling Charges: \$ _____

Of the above costs, please provide a breakdown of the following costs, if applicable, as requested below:

Type of Backfill: _____

_____ yards³ x \$ _____ per yards³ = \$ _____

Type of Backfill: _____

_____ yards³ x \$ _____ per yards³ = \$ _____

IEMA No. _____

M. JUSTIFICATION FOR BUDGET AMENDMENTS

If this form is being submitted for an amendment, you must submit a narrative justifying the need for the amendment. If the amendment includes a revision in a corrective action proposal, a new proposal must be submitted.