

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

IN THE MATTER OF:	)	
	)	
DRYCLEANER ENVIRONMENTAL	)	
RESPONSE TRUST FUND ACT	)	
PROPOSAL TO:	)	
ADD 35 ILL. ADM. CODE PARTS	)	R21-19
1501.100 TO 1501.450,	)	(Rulemaking – Land)
REPEAL 35 ILL. ADM. CODE PARTS	)	
1500.10 THROUGH 1500.70, AND	)	
REPEAL 2 ILL. ADM. CODE PARTS	)	
3100.10 THROUGH 3100.60	)	

**NOTICE**

TO: SEE ATTACHED CERTIFICATE OF SERVICE LIST

PLEASE TAKE NOTICE that I have today electronically filed with the Office of the Clerk of the Illinois Pollution Control Board the ILLINOIS ENVIRONMENTAL PROTECTION AGENCY'S RESPONSE TO THE ILLINOIS POLLUTION CONTROL BOARD'S QUESTIONS FROM THE AUGUST 19, 2021, ORDER, and the ILLINOIS ENVIRONMENTAL PROTECTION AGENCY'S RESPONSE TO PRE-FILED QUESTIONS SUBMITTED BY SUNG KANG, a copy of which is herewith served upon you.

ILLINOIS ENVIRONMENTAL  
PROTECTION AGENCY

By: /s/ John M. McDonough II  
John M. McDonough II  
Assistant Counsel  
Division of Legal Counsel

DATED: September 2, 2021

1021 North Grand Avenue East  
Springfield, Illinois 62794-9276  
217/782-5544

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**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY’S RESPONSE TO THE ILLINOIS POLLUTION CONTROL BOARD’S QUESTIONS FROM THE AUGUST 19, 2021, ORDER**

The Illinois Environmental Protection Agency (“Agency” or “Illinois EPA”) submits these answers for the above-titled matter to the Illinois Pollution Control Board (“Board”). The Board requested comments on Illinois EPA’s rulemaking proposal and supporting documents in its August 19, 2021, Hearing Officer Order. The Illinois EPA’s comments in response are in bold:

**Section 1501.130 Definitions**

1. The definition of "Drycleaning operations" refers to “Standard Industrial Classification Industry No. 7215 and No. 7216 in the Standard Industrial Classification Manual (SIC) by the Technical Committee on Industrial Classification.” Please comment on whether the specific SIC sections must be incorporated by reference.

**The Agency’s proposal borrows the definition of “Drycleaning operations” from Section 5 of the Drycleaner Environmental Response Trust Fund Act (“DERT Fund Act”). See 415 ILCS 135/5. The statutory definition includes references to Standard Industrial Classification (“SIC”) Manual by the Technical Committee on Industrial Classification. The Agency has no objection to incorporating the relevant SIC sections that the General Assembly included in the DERT Fund Act by reference.**

2. Please comment on whether the “EPAct” should be changed to “Act” to be consistent with how the Environmental Protection Act is defined in other Parts of the Board regulations.

**The Agency supports maintaining the term “EPAct” in these rules. When crafting this proposal, the Agency elected to include this term to clearly distinguish between references to the Illinois Environmental Protection Act and the DERT Fund Act.**

3. The term “active drycleaning facility” encompasses both a drycleaning facility actively engaged in drycleaning operations and that is licensed. Is the term “active drycleaning facility” used consistently to mean both active and licensed throughout the proposed regulations?

**The proposed rules define “active drycleaning facility” using the language from Section 5 of the DERT Fund Act. See 415 ILCS 135/5. This definition encompasses drycleaning facilities that are actively engaged in drycleaning operations and that are licensed. The term is used consistently throughout the proposal.**

4. In the definition of “green solvent”, should “Council” be replaced with “Agency”, or should “Agency” be added?

**No. The definition of “green solvent” is intended to honor any of the Council’s historic green solvent determinations and reflect the existing statutory authority to determine which products are green solvents. The Board has authority to determine which solvents are green solvents. See 415 ILCS 135/65(a). Conversely, the Agency does not.**

#### **Section 1501.140      Incorporations by Reference**

5. Please comment on whether a blank place holder section is needed if there are no documents to be incorporated by reference.

**This section will not be necessary if the Board determines no documents need to be incorporated by reference.**

#### **Section 1501.160      Recordkeeping and Audits**

6. Subsection(a) requires the owners or operators to maintain certain types of information “in accordance with accepted business practices and appropriate accounting procedures and practices.” Please comment on whether the specified practices and procedures allow the information to be retained in electronic (digital) format. If not, should the rules specify the format?

**The Agency does not object expressly including language authorizing records required by the proposed rules to be maintained by owners or operators in an electronic format.**

7. Subsection (b) requires the owners or operators to provide the Agency or its duly authorized representatives proper facilities for such access, inspection and copying.

- a. The Council had drycleaning inspectors fluent in Korean. Does the Agency intend to hire drycleaning inspectors fluent in Korean?

**The Agency will utilize its existing field operations staff to inspect drycleaning facilities. Central Management Services has translation services available to executive agencies. To the extent necessary, the Agency will evaluate the need to utilize those services.**

- b. Please clarify whether the Agency staff will employ portable scanners or scanner applications for smartphones to copy the relevant information. If so, should the last sentence in subsection (b) include a reference to “scanning” as well as copying?

**The Agency’s inspectors currently utilize smartphones to take photos of items observed and documents reviewed during inspections. The Agency intends to continue this practice when inspecting drycleaning facilities.**

- c. Please clarify whether the owners or operators must provide copiers or printers for the Agency staff to print or make copies.

**The proposed rules require owners or operators of drycleaning facilities to make records available to the Agency. The proposed rules do not require owners or operators of drycleaning facilities to have copiers or printers at drycleaning facilities.**

- d. Please comment on whether it is a common practice to have copiers or printers at drycleaning facilities.

**The proposed rules do not require owners or operators of drycleaning facilities to have copiers or printers at drycleaning facilities.**

- e. Will the public have access to view any of the required documentation? If so, under what circumstances would the public have that access?

**The DERT Fund Act and proposed rules do not provide a framework for onsite public review of records required by this Part. Any releasable items copied by the Agency would be publicly accessible through a Freedom of Information Act request submitted to the Agency.**

8. Subsection (c) specifies that “[o]wners or operators must maintain the information set forth in subsection (a) and make such available to the Agency until the later in time of either”, and lists seven different time limitations. Please comment on whether it is acceptable to the Agency if the proposed language is reworded as follows for purposes of clarity:

Owners or operators must maintain the information set forth in subsection (a) and make such available to the Agency until the later lastest [sp.] in time of ~~either~~ the following:

**The Agency has no objection to the proposed change except for the spelling of “latest” replacing “later.”**

9. Subsection (c)(7) requires information to be maintained until “[t]he expiration of any other applicable record retention period.” Please comment on whether the proposed rules include record retention periods other than those specified in subsection (c). If so, provide citations to those sections.

**The record retention language in proposed Section 1501.160(c)(7) reflects the possibility of other longer retention periods that exist independent of these rules. In developing its proposed rules, the Agency endeavored to parallel much of the Council’s existing rules to minimize the impact on the regulated community. These rules became Board rules on July 1, 2020. Existing Board rules include this language. See 35 Ill. Adm. Code 1500.40(i)(2)(C).**

#### **Section 1501.195 Submissions and Certifications**

10. Subsection (a) requires “[a]ll submittals to the Agency under this Part must be in the form and in a format prescribed by the Agency.”
  - a. Please clarify whether the Agency is developing forms for submittal of information under various sections of Part 1501. If so, would it be possible for the Agency to submit draft forms into the record? If not, please comment on how the Agency plans to disseminate information to the regulated entities.

**The Agency has developed forms for the submission of information under the DERT Fund Act. Copies of these forms are included with this filing. See Attachment 1. Additionally, copies of these forms are available online at <https://www2.illinois.gov/epa/topics/cleanup-programs/drycleaners/Pages/default.aspx>.**

- b. The Council had provided documents in both English and Korean. Does the Agency intend to provide written materials in both English and Korean, such as licensing, insurance, and claim forms? Will such written materials be available online as well as in paper form?

**The Agency can make hard copies of these forms available, as needed. As noted above, Central Management Services has translation services available for documents. To date, the Agency has not received any requests for documents in Korean. However, the Agency will examine availing itself of these services as circumstances require.**

11. Subsection (c) requires certification from a Licensed Professional Engineer (LPE) or Licensed Professional Geologist (LPG). Please comment on whether the definitions of LPE and LPG must be included under Section 1501.130.

**The Agency has no objection to including the suggested definitions.**

**Section 1501.200      General Licensing Provisions**

12. Please clarify whether the prohibition under Subsection (a), which states that “[n]o drycleaning facility in this State shall be operated without a license issued by the Agency for that facility”, is based on the DERT Fund act. If so, please comment on whether the statutory language could be used in subsection (a). If not, please comment whether statutory authority is necessary for the Board to adopt the proposed prohibition.

**The Agency has no objection to borrowing the statutory language from Section 60(a) of the DERT Fund Act. See 415 ILCS 135/60(a).**

13. Subsection (d) states that the Agency “may” issue an annual license for an active drycleaning facility after processing a completed license application and proof of licensing fee payment. Please comment on whether the Agency would deny a license after processing a completed application and receiving the fees. If not, should the word “may” be changed to “must”?

**The Agency has no objection to revising proposed Subsection 200(d), but proposes changing the word “may” to “shall” for consistency with Section 60(b) of the DERT Fund Act. See 415 ILCS 135/60(b).**

14. Subsection (e) states, “If the facility is enrolled in the SRP, all SRP fees due have been paid.” Please comment on whether this provision a prerequisite for obtaining a license. If so, comment on whether subsection (e) should be revised as follows to reflect the proposed intent:

- e)      If the facility is enrolled in the SRP, the Agency may issue an annual license only if all SRP fees due have been paid.

**The Agency has no objection to the Board’s proposal.**

15. In subsection (g)(3), please confirm that the burden of proof is on the owner or operator to prove compliance with this Part to avoid license revocation. Please clarify what proceeding is being referred to?

**The Agency proposes rewording proposed Section 1501.200(g)(3) as follows:**

**The burden of proof is on the owner or operator in such proceeding to demonstrate compliance with this Part and the DERT Fund Act when responding to the Agency’s notice of revocation.**

**Section 1501.210 Application Procedures**

16. Subsection (a)(2)(C) requires an applicant to have “successfully completed all continuing education requirements adopted by the Board.”

- a. Please propose continuing education requirements that the Agency believes would be reasonable and appropriate.

**The Agency is not in a position to evaluate the effectiveness of continuing drycleaner continuing education requirements and does not have the resources to support such a program. Indeed, the Agency does not currently develop, implement, or approve continuing education programs in any of its hazardous or non-hazardous waste programs. Section 12(g) of the DERT Fund Act authorized the Agency to propose new rules, “for carrying out, administering, and enforcing the provisions of this Act.” See 415 ILCS 135/12(g). Section 12(h) of the DERT Fund Act authorizes the Board to adopt continuing education and compliance program requirements. See 415 ILCS 135/12(h). Accordingly, the Agency does not intend to file such a proposal. The Agency does not oppose continuing education requirements developed by interested third parties that are comparable to historic practices in this arena.**

**In other areas of state law, entities that are required to maintain and apply an understanding of evolving operational practices certify to the Agency that they have completed those requirements. See 415 ILCS 151/1-40(d)(electronics recyclers must certify to the Agency compliance with industry-accepted procedures for data destruction or sanitation). In those instances, the Agency does not oversee the third parties that administer the standards or training to meet those standards. If the Board elects to require a continuing education and compliance program, the Agency recommends the Board require drycleaning facilities to certify to the Agency that they have completed the compliance program required by Board regulations, rather than reviewing and approving the program. As noted in the pre-filed testimony, the Agency has no objection to continuing education and compliance program requirements being considered in this or a subsequent rulemaking.**

- b. Does the Agency intend to provide continuing education opportunities for drycleaners to meet the Board continuing education requirements?

**No. As noted above, the Agency does not currently develop, implement, or approve continuing education programs of this kind.**

- c. If not, who is expected to provide these opportunities to drycleaners to meet the Board continuing education requirements?

**Historically, drycleaner continuing education programs were provided by private entities. If the Board determines that a continuing education program**

**is necessary, the Agency would not oppose a program that is consistent with the Agency's response to question 16(a).**

- d. Will such continuing education requirements be available in English and Korean?

**See previous responses related to the Agency's preferred role in a continuing education program.**

**Section 1501.220 Annual License Fee**

17. Please clarify whether the licensing fees specified in this section are based on those specified in the DERT Fund Act. If so, would it be possible to italicize the relevant portions of the proposed language to indicate that the fees are set in compliance with the statutory requirements?

**The proposed fees are derived from Section 60(c) of the DERT Fund Act. See 415 ILCS 135/60(c). The Agency does not object to changing the language in the proposed rules to mirror the language in Section 60(c) of the DERT Fund Act.**

18. Subsections (b)(3)(A) and (B) specifies multipliers for chlorine-based drycleaning solvents to determine an equivalent value of hydrocarbon-based drycleaning solvents. Please clarify whether the multipliers are based on the licensing fee structure proposed for those solvents. If not, please explain the bases for the proposed multipliers.

**The multipliers for chlorine-based drycleaning solvents is based on the licensing fee structure proposed for those solvents and is derived from existing Board regulations. See 35 Ill. Adm. Code 1500.30(d).**

19. Subsection (b)(4) refers to drycleaning machines with a solvent "retainer" and one or more drycleaning machines without a solvent "reclaimer". Please clarify whether the term "retainer" should be "reclaimer".

**The term "retainer" should be replaced with "reclaimer."**

**Section 1501.230 Drycleaning Green Solvent**

20. Subsection (b) specifies that "Under a request for a solvent to be classified as a green solvent, the Agency shall review the information submitted under this Section and provide a recommendation to the Board regarding whether the solvent should be classified as a green solvent. If the Board determines the solvent should be classified as a green solvent it shall amend this rule to list the solvent as a green solvent."

- a. What is the justification for the Board to determine whether a solvent should be considered a "green solvent"? Is there a reason the Agency cannot make this determination without Board approval?

**Section 65(a) of the DERT Fund Act gives the Board authority to determine whether a solvent is a green solvent. See 415 ILCS 135/65(a). The Agency does not have the statutory authority to make this determination.**

- b. As proposed, please clarify whether the Agency's recommendation to the Board under this subsection would be in the form of a rulemaking proposal.

**As proposed, the Agency's recommendation to the Board under this subsection would be a rulemaking.**

- c. If so, please comment on whether the proposed language should be revised to require the Agency to propose an amendment of Part 1501 rather than filing a recommendation.

**The Agency does not object to the revising the language in proposed Section 230 to clarify that an Agency recommendation to the Board would need to be filed as a proposed rulemaking.**

21. Please clarify whether the green solvent "Green Earth" under subsection (c)(3) is a registered trademark of the Green Earth Cleaning company. If so, should the rule include the registered trademark symbol for "Green Earth"?

**The list of green solvents included in the proposed rules is derived from the previously existing Council rules that are now Board rules. The roster of solvents was evaluated by the Council and, thereafter, was used for individual drycleaners to evaluate the tax consequences of their purchasing decisions. The Agency does not regulate drycleaner taxation and has no additional information related to the previously established enumerated list of green solvents.**

#### **Section 1501.310 Eligibility**

22. Subsection (b) states "A completed application for remedial action benefits must have been submitted to the Council on or before June 30, 2005." Please clarify how many claims are:

- a. Fully determined by the Council, but have not been reimbursed from the DERT Fund; and

**As of September 2, 2021, there are 77 drycleaners eligible for reimbursement from the DERT Fund that have not requested or received the total amount that was approved for their remedial activities.**

- b. Filed, but pending full determination.

**As of September 2, 2021, the Agency has rendered an eligibility determination on each drycleaner that has requested reimbursement from the DERT Fund.**

23. Please explain in detail how pending applications for remedial action will be resolved.

**As of September 2, 2021, there are no applications that have been submitted to the Agency that are pending a determination on DERT Fund reimbursement eligibility.**

24. Please clarify how applications for remedial action benefits that are submitted after June 30, 2005 are treated.

**In accordance with proposed Section 1501.310(b), applications for remedial action benefits that are submitted after June 30, 2005 are not eligible for reimbursement as a remedial action claim. Depending on the circumstances, a drycleaner that submitted an application after June 30, 2005 may be able to file a claim for reimbursement against its insurance through the DERT Fund.**

25. Please explain if and how else persons may apply for funding or reimbursement of remedial action costs from releases discovered after June 30, 2006.

**Releases discovered after June 30, 2006 are not eligible for reimbursement from the DERT Fund as a remedial action claim. Depending on the circumstances, a drycleaner that discovered a release after June 30, 2006 may be able to file a claim for reimbursement against its insurance through the DERT Fund.**

26. Please clarify how a person could submit an application for remedial action benefits for a release discovered between July 1, 2006 and June 30, 2007 that also satisfies the June 30, 2005 application deadline in subsection (b).

**This is not possible. The dates included in the proposed rules mirror the dates included in parallel relevant provisions in the DERT Fund Act. See 415 ILCS 135/40(c)(7) and 415 ILCS 135/40(d). The Agency is now aware of this discrepancy and proposes amending its proposal with clarifying language. Nonetheless, after its review of records obtained from the Council, the Agency is not aware of any drycleaning locations with a release that was discovered between July 1, 2005 and June 30, 2006, which would have been impacted by this inconsistency.**

#### **Section 1501.330 Reimbursement Limitations**

27. Subsection (b) states that reimbursement is only paid for releases discovered on or after July 1, 1997, and on or before June 30, 2006. Is it the intent of the Agency that DERT Fund reimbursement is not available for releases discovered after June 30, 2006?

- a. Please clarify how many claims are currently pending for DERT Fund reimbursement.

**It is not the Agency's intent to limit DERT Fund reimbursement to releases discovered prior to June 30, 2006. Proposed Section 1501.330 applies only to claims that are eligible for reimbursement as a remedial action claim.**

**The DERT Fund Act includes, among other prerequisites, discovery prior to June 30, 2006 as an eligibility criteria for making such a claim. Releases discovered after June 30, 2006 may be eligible for reimbursement from the DERT Fund if such a claim was at a site that obtained insurance through the DERT Fund. As noted above, there are currently 77 drycleaners that are eligible for reimbursement from the DERT Fund for reported releases.**

**Section 1501.350 Claim Procedures**

28. Subsection (a) requires "Claims received prior to the effective date of this Part shall be reviewed in accordance with the rules in effect at the time of claim submission."

- a. Please clarify whether the "rules in effect" prior to Part 1501 are those under Part 1500.

**The "rules in effect prior to the effective date of this Part" are 35 Ill. Adm. Code 1500.**

- b. Please provide an estimate of the number of existing claims that the Agency expects to be reviewed under the rules in effect prior to Part 1501.

**The Agency does not currently have any claims that would have to be reviewed under 35 Ill. Adm. Code 1500. The number of additional claims that must be reviewed under 35 Ill. Adm. Code 1500 will depend on a number of factors outside the Agency's control. Accordingly, the Agency cannot accurately estimate how that figure will increase prior to adoption of the proposed rules. As noted above, there are 77 sites that have been approved to receive reimbursement from the DERT Fund that could file claims prior to adoption of the proposed rules.**

- c. If there are significant number of existing claims waiting for the Agency's review, please comment on whether it would be prudent to not repeal the existing rules until the completion of the Agency's review and any potential appeals.

**The Agency's staff have diligently worked to handle all pending claims. Consequently, the Agency encourages the Board to repeal the existing rules.**

29. In the Public Act 101-400 revisions to 415 ILCS 135/25(d), the General Assembly provided that the Board may adopt rules allowing the direct payment from the Fund to a contractor who performs remediation. Sections 1501.350(d)(4)(B) and 1501.450(d)(4)(B) state: "[i]n no case must the Agency authorize the Illinois Office of the Comptroller to issue payment to an agent, designee, or entity that has conducted remedial action activities for the claimant." Please provide the justification for disallowing direct payment from the Office of the Comptroller to a contractor who performs remediation.

**The Agency's proposal is informed by and consistent with its administration of other comparable claims-based regulatory programs. Indeed, the Leaking Underground**

**Storage Tank rules governing claim payments includes a similar prohibition on payments to agents, designees, and other entities. See 35 Ill. Adm. Code 734.615(c).**

**Section 1501.360 Administrative Assessments for Eligible Inactive Drycleaning Facilities**

30. Does Section 1501.360 apply to all inactive drycleaning facilities that are eligible for reimbursement, or only those that have made a claim?

**This Section is derived directly from the DERT Fund Act and applies to inactive drycleaning facilities that are eligible for reimbursement, irrespective of whether the drycleaning facility has filed a claim.**

**Section 1501.410 Eligibility**

31. Regarding the proposed provisions in this section, the Agency states that “there are no continuing education or compliance program requirements in the proposed rules. Requirements for any specialized training are to be adopted by the Board, which could be considered and included within this rulemaking (if proposed by the Board or other party) or which, more likely, may be proposed during a subsequent rulemaking under the authority of Section 12(h) of the DERT Fund Act.” Jennings PFT at 14.

- a. Please comment on whether adding training requirements would be an effective means of keeping regulated entities up to date on the proposed insurance filing requirements.

**The Agency has included information related to DERT Fund insurance filing requirements on its website and contemplates updating those resources as necessary. The Agency welcomes input from the regulated community on whether additional training would be of value.**

- b. If so, comment on whether the Agency is willing to propose applicable specialized training provisions that the Board could consider in this rulemaking.

**The Agency does not intend to propose additional training provisions in this rulemaking. As noted above, the Agency does not maintain comparable training programs and does not advocate requiring the Agency to maintain or oversee such a program.**

- c. If not, comment on whether the Agency plans to file a proposal under Section 12(h) of the DERT Fund Act addressing specialized training requirements, and, if so, when that will be.

**The DERT Fund Act authorizes the Board to adopt continuing education and compliance program requirements. See 415 ILCS 135/12(h). Accordingly, the Agency does not intend to file such a proposal.**

32. Please clarify whether subsection (a)(1) requires an owner or operator of an active drycleaning facility to conduct a site investigation of the drycleaning facility prior to being able to obtain environmental liability coverage under the Fund.

**An owner or operator of an active drycleaning facility must conduct a site investigation prior to being eligible to obtain insurance from the DERT Fund.**

- a. If the site investigation discovers a release, will this mean that the drycleaner would not be able to obtain insurance?

**If a release is discovered during the site investigation, the drycleaning facility would not be able to obtain insurance that covers the discovered release. The drycleaning facility may be able to obtain insurance for future activities unrelated to the discovered release.**

- b. How will this situation be handled by the Agency?

**The Agency has not encountered such a situation to date. Should such a situation occur, it will be evaluated based on the unique facts gleaned from the site investigation when determining whether and to what extent the drycleaning facility is eligible for insurance for future operations.**

**Section 1501.420 Premium and Deductible Requirements**

33. The previous Council regulations provided for proration of the environmental liability insurance coverage under the Fund. What is the basis for denying proration in subsection (a)(2)?

**The DERT Fund Act does not authorize prorated insurance premiums. Indeed, Section 45(f) states “[i]f [insurance] coverage is purchased for any part of a year, the purchaser shall pay the full annual premium.” See 415 ILCS 135/45(f)(emphasis added).**

Respectfully submitted,

ILLINOIS ENVIRONMENTAL  
PROTECTION AGENCY

By: /s/ John M. McDonough II  
Assistant Counsel  
Division of Legal Counsel

DATED: September 2, 2021

1021 N. Grand Ave. East  
Springfield, IL 62794-9276  
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**ATTACHMENT 1**



Electronic Filing: Received, Clerk's Office 09/02/2021  
**Illinois Environmental Protection Agency**

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

*Drycleaner Environmental Response Trust Fund*  
**Budget Plan**

**Claimant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 FEIN or SSN: \_\_\_\_\_

**Remediation Applicant (RA) (if different than claimant)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext: \_\_\_\_\_

**Authorized Agent**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext: \_\_\_\_\_

**Remediation Site**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Tax Parcel ID: \_\_\_\_\_  
 Agency ID: \_\_\_\_\_  
 Date Site Accepted into SRP: \_\_\_\_\_

**Certification (Must be notarized)**

*I hereby certify that all cost estimates contained in this budget plan were reviewed by me, and, to the best of my knowledge and belief, the estimates are in accordance with the Act, the DERT Fund Act, 35 Ill. Adm. Code Parts 740 and 890, and the information presented is accurate and complete.*

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Notarization**

State of Illinois, County of \_\_\_\_\_

Signed before me on \_\_\_\_\_ date by \_\_\_\_\_ (name of person)



Seal

\_\_\_\_\_  
 Signature of Notary Public

SRP report accompanying budget plan: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Environmental Consultant Services		
Vendor	Expected Service Rendered	Total Cost
Total:		

Soil Boring and Well Monitoring		
Vendor	Expected Service Rendered	Total Cost
Total:		

Laboratory Analysis			
Vendor	No. of Samples	Type of Lab Test	Total Cost
Total:			

Equipment (Rental / Leasing / Purchasing)				
Vendor	Service Rendered	Units	Cost per Unit	Total Cost
Total:				

Excavation				
Vendor	Quantity of Soil	Unit Type	Cost per Unit	Total Cost
Total:				

Trucking / Hauling				
Vendor	Quantity of Soil / GW	Unit Type	Cost per Unit	Total Cost
Total:				

Vendor	Quantity of Soil / GW	Unit Type	Cost per Unit	Total Cost
Total:				

Site Restoration / Backfill				
Vendor	Quantity of Soil	Unit Type	Cost per Unit	Total Cost
Total:				

Remediation Systems				
Vendor	Service Rendered	Units	Cost per Unit	Total Cost
Total:				

Other Costs (Permits, etc.)	
Services Provided or Equipment Purchased	Total Cost
Total:	

Return this form (original and one copy) to:

Illinois EPA  
 Mail Code 24  
 P.O. Box 19276  
 1021 North Grand Avenue East  
 Springfield, Illinois 62794-9276

Questions or concerns? Please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).



Electronic Filing: Received, Clerk's Office 09/02/2021  
**Illinois Environmental Protection Agency**

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

*Drycleaner Environmental Response Trust Fund*  
**Claim Form**

As soon as you have a known or suspected release from your drycleaning facility, please fill out this form as completely as you can. **Note:** This form should be completed within Acrobat before being printed, signed, and submitted.

**1. Claimant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

- Claimant is:  the owner/operator of the drycleaning facility.  
 a third party affected by a release at an insured facility.

**2. Authorized Agent (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

**3. Facility Information**

**Drycleaning Facility**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tax Parcel ID: \_\_\_\_\_

**Third Party Facility**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tax Parcel ID: \_\_\_\_\_

4. Claim is for:  Remedial benefits (i.e. historical solvent release, one occurring before the insurance policy effective date)  
 Insurance benefits (i.e. current solvent release, one occurring after the insurance policy effective date)

5. Policy number: \_\_\_\_\_

6. Drycleaning Units

Number of units at this location: \_\_\_\_\_

Are they still in use?

Yes  No If No, as of what date were the drycleaning units no longer in use? \_\_\_\_\_

What drycleaning solvents are/were stored in the drycleaning units?

7. Are there any other machines, equipment, or tanks (underground or aboveground) located at this facility that contain any product that is chlorine-based or petroleum-based besides the drycleaning units that store drycleaning solvent?

Yes  No If Yes, please explain.

8. Who owns the land that the drycleaning units are located on? \_\_\_\_\_

Does anyone lease the land?

Yes  No If Yes, who? \_\_\_\_\_

9. Who owns the facility / drycleaning units? \_\_\_\_\_

10. Who owns and / or operates the the business at this location, if any? \_\_\_\_\_

How long has this person or company operated it? \_\_\_\_\_

How long has the business with drycleaning units been at this location? \_\_\_\_\_

**Release Information**

11. When did you first learn a release (e.g. spill or leak) had occurred? \_\_\_\_\_

12. How was it discovered (e.g. accidental spill, soil testing, etc.)? \_\_\_\_\_

13. When and how was the problem reported to the Illinois EMA or Illinois EPA? \_\_\_\_\_

14. Identify the source of the contamination (e.g. the unit, spill, etc.), if known: \_\_\_\_\_

15. Are you aware of any person who has a bodily injury or property damage claim from the release?

Yes  No If Yes, list their names and phone numbers.

16. Do you think contamination has migrated beyond your property?

Yes  No If Yes, list names, addresses, and phone numbers of affected persons.

17. Has a "site investigation" or report been prepared?

Yes  No If Yes, list the date of the report and enclose a copy with this form. \_\_\_\_\_

18. Have activities commenced to clean up the contamination?

Yes  No If Yes, briefly describe.

19. Your Licensed Professional Engineer's name and company: \_\_\_\_\_

20. Has this site received a "No Further Remediation" letter?

Yes  No If Yes, please provide a copy.

**Other Insurance**

21. Have you ever had any other insurance policy specifically providing pollution liability coverage for this property?

Yes  No If Yes, provide the name of the company, the policy number, and a copy of the policy: \_\_\_\_\_

22. Has the incident been reported to this insurance company?

Yes  No

23. Have you received or are you requesting payment from anyone else for costs associated with this claim?

Yes  No If Yes, whom? \_\_\_\_\_

**Certification (Must be notarized)**

*I hereby certify and understand that, in addition to all other civil and criminal penalties provided by law, any person who knowingly makes to the Agency an oral or written statement that is false, fictitious, or fraudulent and that is materially related to or required by the DERT Fund Act or 35 Ill. Adm. Code 890 commits a Class 4 felony, and each such statement or writing shall be considered a separate Class 4 felony.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notarization**

State of Illinois, County of \_\_\_\_\_

Signed before me on \_\_\_\_\_ by \_\_\_\_\_  
date (name of person)



Seal

\_\_\_\_\_  
Signature of Notary Public

**Attachments:** Please provide copies of any and all of the following for this facility which exist at the time of filing this claim form.

- site investigation reports
- remediation objectives reports
- remedial action plans
- remedial action completion reports

Return this form (original and one copy) and any attachments to:

Illinois EPA  
Mail Code 24  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, Illinois 62794-9276

**Questions or concerns?** Please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).



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**Illinois Environmental Protection Agency**

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*Drycleaner Environmental Response Trust Fund*  
**Declarations**

Policy Number: \_\_\_\_\_  
 Named Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Period of Coverage: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Insurer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Names of Additional Insureds

The limits of liability are: \_\_\_\_\_  
 Deductible per "release": \_\_\_\_\_  
 Premium: \_\_\_\_\_

This certifies that the policy provides pollution liability coverage for the following "drycleaning facility":

Facility Name	Facility Address	City	State

for "remedial action" costs caused by the "release" of "drycleaning solvent," in accordance with and subject to the limits of liability, exclusions, conditions and other terms of the policy, and endorsements, arising out of operating the "drycleaning facility" identified above.

\_\_\_\_\_  
 Signature of the Authorized Representative of the  
 Drycleaner Environmental Response Trust Fund of Illinois

***This endorsement changes the policy. Please read it carefully.***

### Additional Insured Lessors of Premises

This endorsement modifies insurance provided under the following:

**Illinois Drycleaner Environmental Response Trust Fund  
Financial Responsibility Program**

#### Schedule

Designation of Premises  
(Property Leased to You): \_\_\_\_\_

Name of Person or Organization  
(Additional Insured-Lessor): \_\_\_\_\_

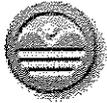
Additional Premium: \_\_\_\_\_

(If no additional premium appears above, then the premium shown on the Declarations suffices to make this endorsement effective.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to pollution liability covered by this policy arising out of the ownership, maintenance, or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any discovery of contamination after you cease to be a tenant in that premises. Any claim filed after the expiration of the policy or after an extended reporting period.
2. A release caused by structural alterations, new construction, or demolition operations performed by or on behalf of the person or organization shown in the Schedule. A release caused or contributed to by an act or omission of the person or organization shown in the Schedule.



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*Drycleaner Environmental Response Trust Fund*  
**Drycleaner Facility Information Form**

**Drycleaner Facility**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

**Real Estate Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Legal Entity: \_\_\_\_\_

**Named Insured**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Additional Insured**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**General Facility Information**

Compliance Program: \_\_\_\_\_

Expiration: \_\_\_\_\_

IEPA Permit Type (if applicable): \_\_\_\_\_

ROSS Program?  Yes  No

Number of USTs: \_\_\_\_\_

Number of ASTs: \_\_\_\_\_

Haz. Waste Generator Fac. Type: \_\_\_\_\_

Drycleaner Unit Information

Unit Number: \_\_\_\_\_

Year Installed: \_\_\_\_\_

Capacity: \_\_\_\_\_ pounds

Solvent Type: \_\_\_\_\_

Monthly Usage: \_\_\_\_\_ gallons

Unit Type: \_\_\_\_\_

Pollution Control Mechanism: \_\_\_\_\_

Solvent Waste Properly Stored?  Yes  No

Solvent Improperly Discharged?  Yes  No

Solvent Waste Managed within Laws?  Yes  No

Generation / Unit Type: \_\_\_\_\_

*I understand and certify that by signing below, I am verifying that the information provided on this facility information form is correct to the best of my knowledge.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form and the Insurance Renewal Application to:

Illinois EPA  
Attn: Drycleaner Trust Fund Program, Mail Code 24  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, Illinois 62794-9276

**Questions or concerns?** Please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).



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*Drycleaner Environmental Response Trust Fund*  
**Insurance Policy Transfer**

**Current Named Insured: Please complete this section.**

I hereby transfer all of my rights and duties under policy number \_\_\_\_\_  
 (policy number)

to \_\_\_\_\_, effective \_\_\_\_\_  
 (legal name of person / entity) (effective date)

I understand that I cannot make a new claim under this policy after the effective date listed here.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Authorized Representative

**Person / Entity Accepting the Assignment of Policy: Please complete this section.**

I hereby accept the transfer of all rights and duties under policy number \_\_\_\_\_  
 (policy number)

from \_\_\_\_\_, effective \_\_\_\_\_  
 (legal name of person / entity) (effective date)

The person / entity accepting the assignment of the policy must complete the information listed below.

**Named Insured**

Entity's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Legal Entity:  Sole Proprietorship  Corporation  Partnership  Other (Explain): \_\_\_\_\_

**Additional Insured** (If more than one, please attach a separate page with the information below.)

Entity's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Insurable Interest:  Operator / Owner  Land Owner  Building Owner  Other (Explain): \_\_\_\_\_

**Mortgagee** (Optional)

Mortgagee's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



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*Drycleaner Environmental Response Trust Fund*  
**Drycleaner Insurance Renewal Application**

Site Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Policy Number: \_\_\_\_\_

1.  Yes  No Is your drycleaner active and doing drycleaning for the general public?

If **No**, when did the drycleaner become inactive and stop doing drycleaning for the general public? \_\_\_\_\_

2.  Yes  No Is your drycleaning facility participating in and meeting all drycleaning compliance program requirements set forth in the DERT Fund Act?

If **No**, please explain.

3.  Yes  No Is your drycleaning facility licensed under the DERT Fund Act, Subpart B and have all fees due under that Subpart been paid?

If **No**, please explain.

4.  Yes  No Are all drycleaning solvent wastes generated at your drycleaning facility managed in accordance with applicable State waste management laws and rules?

If **No**, please explain.

5.  Yes  No Is there discharge of wastewater from drycleaning machines, or of drycleaning solvent from drycleaning operations, to a sanitary sewer or septic tank, to the surface, or in groundwater at your drycleaning facility?

If **Yes**, please explain.

6.  Yes  No Does your drycleaning facility have a containment structure around each machine, item of equipment, drycleaning area, and portable waste container in which any drycleaning solvent is utilized, that is capable of containing leaks, spills, or releases of drycleaning solvent from that machine, item, area, or container?

If No, please explain.

[Empty rectangular box for explanation]

7.  Yes  No Are portions of diked floor surfaces at your drycleaning facility on which a drycleaning solvent may leak, spill, or otherwise be released sealed or otherwise impervious?

If No, please explain.

[Empty rectangular box for explanation]

8.  Yes  No Is your drycleaning facility up to date on all insurance premiums for insurance coverage provided under the DERT Fund Act?

If No, please explain.

[Empty rectangular box for explanation]

*I understand and certify that by signing below, I am representing that I am an active drycleaning facility and the information provided on this renewal insurance application is correct to the best of my knowledge; further, I understand that providing false or misleading information may be grounds to terminate my insurance coverage.*

Printed Name

Title

Signature

Date

To remain in compliance with the requirements for this program, return this completed **Insurance Renewal Application** and the completed **Facility Information Form** to:

Illinois EPA  
Attn: Drycleaner Trust Fund Program, Mail Code 24  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, Illinois 62794-9276

**Questions or concerns?** Please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).



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**Illinois Environmental Protection Agency**

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*Drycleaner Environmental Response Trust Fund*  
**Drycleaner License Application Form**

Drycleaning facilities located in Illinois and **actively engaged** in drycleaning operations for the general public are **required** to be licensed with the **Drycleaner Environmental Response Trust Fund of Illinois** effective January 1, 1998. Please complete and return this form with the required document.

You are **not required** to be licensed and are **not eligible** for program benefits if any of the following define your facility.

- Facility located on a US military base
- Industrial laundry, commercial laundry or linen supply facility
- Prison or penal institution
- State-operated mental health facility
- Not-for-profit hospital or other health care facility
- Facility currently or formerly located on federal or state property

If you need assistance in completing this form, please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).

**Part A: Facility Information**

Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 BOL ID #: \_\_\_\_\_

Date you began drycleaning operations at this facility: \_\_\_\_\_

Was this location ever previously a drycleaning facility?  Yes  No

**Previous Drycleaning Activity** (if yes)

Dates drycleaning was conducted: \_\_\_\_\_  
 Previous owner (if known): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Part B: Operator Information**

Operator Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Legal Entity:  Sole Proprietorship  Corporation  Partnership  Other (Explain): \_\_\_\_\_  
 Illinois Business Registration #: DC- \_\_\_\_\_  
 Fed. ID or Soc. Sec. #: \_\_\_\_\_

**Part C: Real Estate Owner Information**

Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Legal Entity:  Sole Proprietorship  Corporation  Partnership  Other (Explain): \_\_\_\_\_

Part D: Facility Owner Information

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Legal Entity:  Sole Proprietorship  Corporation  Partnership  Other (Explain): \_\_\_\_\_

Part E: Annual Fee Information

Please estimate your annual drycleaning solvent purchases for the first twelve (12) month period and enter this amount below.

Please note if you use more than one type of solvent: If you use more than one type of solvent, please put the quantity that you estimate that you will purchase in the first 12-months of operation, in gallons, under each type of solvent.

Please note when estimating your solvent purchases: When you use a "12-month Estimate" for those drycleaning facilities that were not in operation the previous calendar year, this "12-month Estimate" will need to be reviewed after the first 12 months of operations to determine if the proper licensing fee was submitted. Any additional licensing fees are due by December 31 of the year that the 12 months of operations became due. Payments made after the due date may be assessed a per day late payment fee until the proper license fee is paid. Please refer to the licensing application instructions for an example. It is the drycleaner's responsibility to calculate and submit the proper license fees.

Chlorine-based solvent: \_\_\_\_\_ gallons Petroleum-based solvent with reclaimer: \_\_\_\_\_ gallons

Green solvent: \_\_\_\_\_ gallons Petroleum-based solvent without reclaimer: \_\_\_\_\_ gallons

Part F: Drycleaning Solvent Supplier Information

Supplier Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Illinois Supplier Business License #: DC- \_\_\_\_\_

- Items to Return:  Completed Application Form
- Proof of License Fee Payment (DS-3 form or credit card payment receipt)

Note: This application is to obtain a license in the current calendar year. If the facility began drycleaning operations prior to the current year, additional information will need to be provided.

I certify that the information contained in this application is correct to the best of my knowledge and that this drycleaning facility is actively engaged in drycleaning operations for the general public. I have not knowingly or with the intent to defraud, submitted this application with false information or concealments for the purpose of misleading. I acknowledge any such acts would be grounds to deny this application or cancel an existing license.

Printed Name

Title

Signature

Date

Return this form to: Illinois EPA  
Mail Code 24  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, Illinois 62794-9276



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**Illinois Environmental Protection Agency**

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*Drycleaner Environmental Response Trust Fund*  
**License Transfer**

Operator who is transferring license to a new operator: Complete this section.

I, \_\_\_\_\_, operator of \_\_\_\_\_  
(legal name of operator entity) (name of drycleaning facility)  
 at \_\_\_\_\_, hereby transfer  
(physical street address, city, and state of the drycleaning facility)  
 license number \_\_\_\_\_ to the new operator, \_\_\_\_\_,  
(license number) (legal name of new operator)  
 effective \_\_\_\_\_  
(effective date)

New operator who is taking over the drycleaning facility: Complete this section.

I, \_\_\_\_\_ accept the transfer of the above license from the previous operator,  
(legal name of new operator entity)  
 \_\_\_\_\_, effective \_\_\_\_\_  
(legal name of old operator entity) (effective date)  
 New Facility Name: \_\_\_\_\_  
 New Operator Entity Name: \_\_\_\_\_  
 New Operator Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_  
 Legal Entity:  Sole Proprietorship  Corporation  Partnership  Other (Explain): \_\_\_\_\_  
 DC Number: \_\_\_\_\_ Fed. ID or Soc. Sec. #: \_\_\_\_\_ Account #: \_\_\_\_\_



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*Drycleaner Environmental Response Trust Fund*  
**Reimbursement Request**

The data supplied on this form will be used to pay the costs associated with remedial activities performed for eligible drycleaning facilities. **Note:** This form should be completed within Acrobat before being printed, signed, and submitted.

**1. Claimant Information**

BOL ID Number: \_\_\_\_\_  
 Claimant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Tax ID Number: \_\_\_\_\_

**Site where remedial activities were performed**

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**2. Contractor**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext: \_\_\_\_\_

**3. Remediation Activities**

Activity	Dates of Activity
<input type="checkbox"/> Comprehensive Site Investigation	_____
<input type="checkbox"/> Focused Site Investigation	_____
<input type="checkbox"/> Site Investigation Report	_____
<input type="checkbox"/> Remediation Objective and Report	_____
<input type="checkbox"/> Remedial Action Plan	_____
<input type="checkbox"/> Remedial Action	_____
<input type="checkbox"/> Remedial Action Completion Report	_____
<input type="checkbox"/> IEPA SRP Costs	_____

4.  Yes  No Have you applied for reimbursement from any other source for the invoices attached to this report?  
 If **Yes**, please provide information on what was reimbursed by another source.

5. Please attach original invoices for all prior invoices and attach copies of all invoices to the box below if you agree with the statement.

I certify that the copies attached have not been altered.

**6. Payment Information**

To whom would you like payment to be mailed?

- Claimant
- Service provider(s) listed below

**Note:** You will need to submit a W-9 Form for each location to which you are directing payment.

Provider Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

**7. Eligible Costs Summary**

Note: Cleanup costs must have been incurred on or after July 1, 1997.

Cost Category	Cost	Budget #	Amount Applied to Budget
A. Environmental Consulting Services			
B. Soil Boring & Well Monitoring			
C. Laboratory Analysis			
D. Equipment (Rental / Leasing / Purchasing)			
E. Excavation			
F. Trucking / Hauling			
G. Disposal / Treatment			
H. Site Restoration / Backfill			
I. Remediation Systems			
J. Other Costs (Permits, etc.)			

*I certify that the information contained in this reimbursement request packet is accurate and complete. I am requesting payment for these invoices to the location(s) indicated in this form.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to:

Illinois EPA  
 Mail Code 24  
 P.O. Box 19276  
 1021 North Grand Avenue East  
 Springfield, Illinois 62794-9276

**Questions or concerns?** Please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).

Electronic Reimbursement Request Details 02/2021

Claimant Name: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Environmental Consultant Services					
Date of Service	Vendor	Service Rendered	Total Cost	Budget No.	Amount to Budget
Total:					

Soil Boring and Well Monitoring					
Date of Service	Vendor	Service Rendered	Total Cost	Budget No.	Amount to Budget
Total:					

Laboratory Analysis						
Date of Service	Vendor	No. of Samples	Type of Lab Test	Total Cost	Budget No.	Amount to Budget
Total:						

Equipment (Rental / Leasing / Purchasing)							
Date of Service	Vendor	Service Rendered	Units	Cost per Unit	Total Cost	Budget No.	Amount to Budget
Total:							

Excavation							
Date of Service	Vendor	Quantity of Soil	Unit Type	Cost per Unit	Total Cost	Budget No.	Amount to Budget
Total:							

Date of Service	Vendor	Quantity of Soil	Unit Type	Cost per Unit	Total Cost	Budget No.	Amount to Budget
Total:							

Disposal / Treatment							
Date of Service	Vendor	Quantity of Soil	Unit Type	Cost per Unit	Total Cost	Budget No.	Amount to Budget
Total:							

Site Restoration / Backfill							
Date of Service	Vendor	Quantity of Soil	Unit Type	Cost per Unit	Total Cost	Budget No.	Amount to Budget
Total:							

Remediation Systems							
Date of Service	Vendor	Service Rendered	Units	Cost per Unit	Total Cost	Budget No.	Amount to Budget
Total:							

Other Costs (Permits, etc.)						
Date of Service	Services Provided or Equipment Purchased			Total Cost	Budget No.	Amount to Budget
Total:						



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*Drycleaner Environmental Response Trust Fund*  
**Renewal Premium Payment Voucher**

Please complete this voucher and send it in with your payment.

**Reminder:** Write your policy number in the memo field of your check.

Insured: _____	Policy Number: _____
Address: _____	Period of Coverage: _____ (m/d/yyyy)
City: _____ State: _____ ZIP: _____	to: _____

- Annual Premium - \$1,500
  - 1st Optional Installment Premium - \$750
  - 2nd Optional Installment Premium - \$750
- Amount Enclosed: \_\_\_\_\_

Return this voucher with your payment to:  
Illinois EPA  
Attn: Drycleaner Trust Fund Program, Mail Code 24  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, Illinois 62794-9276

**Questions or concerns?** Please email [EPA.DrycleanerFund@illinois.gov](mailto:EPA.DrycleanerFund@illinois.gov).

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

IN THE MATTER OF: )  
)  
DRYCLEANER ENVIRONMENTAL )  
RESPONSE TRUST FUND ACT )  
PROPOSAL TO: )  
ADD 35 ILL. ADM. CODE PARTS ) R21-19  
1501.100 TO 1501.450, ) (Rulemaking – Land)  
REPEAL 35 ILL. ADM. CODE PARTS )  
1500.10 THROUGH 1500.70, AND )  
REPEAL 2 ILL. ADM. CODE PARTS )  
3100.10 THROUGH 3100.60 )

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY’S RESPONSE TO PRE-FILED QUESTIONS SUBMITTED BY SUNG KANG**

The Illinois Environmental Protection Agency (“Agency” or “Illinois EPA”) submits these answers for the above-titled matter to the Illinois Pollution Control Board (“Board”). Mr. Kang submitted comments and questions to the Board in response to Illinois EPA pre-filed testimony. The Illinois EPA’s comments in response are in bold:

1. Page 6, unless stated otherwise in the rules, all submissions to the Agency must be made on Agency-prescribed forms and provided to the Agency via certified mail, email, fax or on the website.

**For consistency with other similar programs, the Agency prefers requiring submissions made under the proposed rules to be made via certified mail.**

2. Page 7, is there a grace period? Are there late fees?

**The proposed rules do not include a grace period or late fees for failing to submit a timely license application. However, tardy submission could result in the applicant’s facility operating without a license, which is a violation of applicable state law and could result in financial penalties.**

3. Page 8, proof of payment: to clarify it doesn’t have to be a DS3 form with a green sticker? It can be a cleared check copy, online invoice, or DS3 form with or without a green sticker?

**The Agency would need to have a copy of the DS3 with a green sticker to confirm proof of payment.**

4. Page 10, inside chart. Is \$1,000 correct in the remediation deductible top boxes?

**The Agency notes the missing zero on page 10 of the pre-filed testimony.**

5. Page 13, It should be more clear on the Paying all insurance premiums (such as: up to date on insurance premiums).

**The Agency welcomes the opportunity to address questions regarding specific elements of the proposed rules governing insurance premium payments at the forthcoming hearings.**

6. Page 13, Are there any penalty or late fees after the 30-day grace period?

**Following Council practice, the proposed rules provide a sixty-day grace period for the payment of insurance premiums. If payment is not made by the end of the grace period, coverage will begin on the date the Agency receives the payment. The proposed rules do not include late fees for failing to remit a timely insurance premium. However, failure to pay insurance premiums results in a gap in coverage until premiums have been paid.**

7. Page 14, There should be a penalty added. Upon completion of its review, the Agency will notify the owner or operator, in writing, of its determination regarding insurance coverage.

**The General Assembly did not provide the Agency the authority to assess penalties in the instances noted in the question.**

8. Compliance Program. I was wondering if the policies from DERTF were going to be used or if something new was going to be created? (No DERTF compliance program policies were ever turned into JCAR or made into rules but were heavily enforced)

**The Agency addresses issues related to the compliance program in response to Board questions 16 and 31. Mr. Kang's filing includes a modified version of the 2012 Compliance Program that was included in the Council's internal policies. The proposal includes recommended content for the compliance program, training and continuing education requirements, and requirements that compliance programs submit information to the Agency and obtain Agency approval to operate. As noted in earlier responses, the Agency supports regulated entities' efforts to enhance their collective understanding of applicable state and federal law and maintain a working**

**proficiency in developing best management practices. However, the Agency is not in a position to oversee such a program.**

Respectfully submitted,

ILLINOIS ENVIRONMENTAL  
PROTECTION AGENCY

By: /s/ John M. McDonough II  
Assistant Counsel  
Division of Legal Counsel

DATED: September 2, 2021

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Springfield, IL 62794-9276  
(217) 782-5544

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

IN THE MATTER OF:	)	
	)	
DRYCLEANER ENVIRONMENTAL	)	
RESPONSE TRUST FUND ACT	)	
PROPOSAL TO:	)	
ADD 35 ILL. ADM. CODE PARTS	)	R21-19
1501.100 TO 1501.450,	)	(Rulemaking – Land)
REPEAL 35 ILL. ADM. CODE PARTS	)	
1500.10 THROUGH 1500.70, AND	)	
REPEAL 2 ILL. ADM. CODE PARTS	)	
3100.10 THROUGH 3100.60	)	

**CERTIFICATE OF SERVICE**

I, the undersigned, an attorney, affirm that I have served the attached **ILLINOIS ENVIRONMENTAL PROTECTION AGENCY’S RESPONSE TO THE ILLINOIS POLLUTION CONTROL BOARD’S QUESTIONS FROM THE AUGUST 19, 2021, ORDER**, and the **ILLINOIS ENVIRONMENTAL PROTECTION AGENCY’S RESPONSE TO PRE-FILED QUESTIONS SUBMITTED BY SUNG KANG**, on behalf of the Illinois EPA, upon the following person(s) by e-mailing it to the e-mail address(es) indicated below or, if no e-mail address is provided, by placing a true copy, in an envelope duly addressed and bearing proper first-class postage, in the United States mail at Springfield, Illinois on September 2, 2021:

TO:

Illinois Pollution Control Board  
Don Brown, Clerk  
State of Illinois Center  
100 West Randolph, Suite 11-500  
Chicago, Illinois 60601  
don.brown@illinois.gov

Illinois Pollution Control Board  
Mark Kaminski, Hearing Officer  
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I affirm that my e-mail address is john.mcdonough@illinois.gov; the number of pages in the e-mail transmission is 40; and the e-mail transmission took place today before 5:00 PM. If you prefer service by mail, please contact me and a copy will be mailed to you.

Respectfully submitted,

**ILLINOIS ENVIRONMENTAL  
PROTECTION AGENCY**

By: /s/ John M. McDonough II  
John M. McDonough II  
Assistant Counsel  
Division of Legal Counsel

DATED: September 2, 2021

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