

ORIGINAL

# Sample Budget & Billing Forms

# General Forms

(Included with each Budget or Billing Package  
as applicable)

## BUDGET AND BILLING FORM FOR LEAKING UNDERGROUND STORAGE TANKS 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:

\_\_\_\_\_ Budget Proposal

\_\_\_\_\_ Budget Amendment (Budget Amendments must include only the cost over the previous budget.)

Amendment Number: \_\_\_\_\_

\_\_\_\_\_ Billing Package for costs incurred

Name(s) of report(s) documenting the costs requested: \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_

\_\_\_\_\_ EXPIDITED

\_\_\_\_\_ NON-EXPEDITED

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

\_\_\_\_\_ Early Action

\_\_\_\_\_ Site Classification

Site Investigation

\_\_\_\_\_ Stage 1

\_\_\_\_\_ Low Priority Corrective Action

\_\_\_\_\_ High Priority Corrective Action

\_\_\_\_\_ Stage 2

\_\_\_\_\_ Other (indicate activities) \_\_\_\_\_

\_\_\_\_\_ Stage 3

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

A-1

**This form must be submitted in duplicate.**

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment request hereunder.

Incident # \_\_\_\_\_

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 have a release?		Incident No.	Type of Release
		Yes	No		
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____

Incident# \_\_\_\_\_

**HANDLING CHARGES**

Handling Charges are eligible for payment on subcontractor billings and/or field purchases only if they are equal to or less than the amounts determined by the following table:

Subcontractor or Field Purchase Cost	Eligible Handling Charges as a Percentage of Cost
\$1 - \$5,000	12%
\$5,001 - \$15,000	\$600 + 10% of amt. over \$5,000
\$15,001 - \$50,000	\$1,600 + 8% of amt. over 15,000
\$50,001 - \$100,000	\$4,400 + 5% of amt. Over \$50,000
\$100,001 - \$1,000,000	\$6,900 + 2% of amt. over \$100,000

Subcontractor Name or Field Purchase	Section in these Forms where Cost is Listed	Subcontract Amount
Total Subcontractor and Filed Purchases:		\$ -

**HANDLING CHARGES: \$ -**

Handling

**Owner/Operator and Professional Engineer Budget Certification Form for  
Leaking Underground Storage Tanks Sites**

In accordance with 415 ILCS 5/5.7, if an owner or operator intends to seek payment from the UST Fund, an owner or operator must submit to the Agency, for the Agency's approval or modification, a budget which includes an accounting of all costs associated with the implementation of the investigative, monitoring and/or corrective action plans.

I hereby certify that I intend to seek payment from the UST FUND for performing \_\_\_\_\_ activities at \_\_\_\_\_

\_\_\_\_\_ LUST site. I further certify that the costs set forth in this budget are necessary activities and are reasonable and accurate to the best of my knowledge and belief. I also certify that the costs included in this budget are not for corrective action in excess of the minimum requirements of 415 ILCS 5/57 and no costs are included in this budget which are not described in the corrective action plan. I further certify that costs ineligible for payment from the Fund pursuant to 35 Illinois Administrative Code Section 732.606 are not included in the budget proposal or amendment. Such ineligible costs include but are not limited to:

- Costs associated with ineligible tanks.
- Costs associated with site restoration (e.g., pump islands, canopies).
- Costs associated with utility replacement (e.g. sewers, electrical, telephone, etc.).
- Costs incurred prior to IEMA notification.
- Costs associated with planned tank pulls.
- Legal defense costs.
- Costs incurred prior to July 28, 1989.
- Costs associated with installation of new USTs or the repair of existing USTs.

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 2001.  
*(Budget Proposals and Budget Amendments must be notarized when the certification is signed.)*

\_\_\_\_\_  
(Notary Public) Seal:

P.E.: \_\_\_\_\_ Seal:

P.E. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 2001.  
*(Budget Proposals and Budget Amendments must be notarized when the certification is signed.)*

\_\_\_\_\_  
(Notary Public) Seal:

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center

**Owner/Operator and Professional Engineer Billing Certification Form for  
Leaking Underground Storage Tanks Sites**

I hereby certify that that attached bills are for performing activities at \_\_\_\_\_ LUST site for the billing period of \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

I further certify that the costs included in this billing are not for corrective action in excess of the minimum requirements of 415 ILCS 5/57. I further certify that costs ineligible for payment from the Fund pursuant to 35 Illinois Administrative Code Section 732.606 are not included in this billing package. Such ineligible costs include but are not limited to:

- Costs associated with ineligible tanks.
- Costs associated with site restoration (e.g., pump islands, canopies).
- Costs associated with utility replacement (e.g. sewers, electrical, telephone, etc.).
- Costs incurred prior to IEMA notification.
- Costs associated with planned tank pulls.
- Legal defense costs.
- Costs incurred prior to July 28, 1989.
- Costs associated with installation of new USTs or the repair of existing USTs.

I further certify that this billing and all attachments thereto were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted therein. I affirm that the information is, to the best of my knowledge and belief, true, accurate and complete and the costs for remediating said LUST site are correct and reasonable. Such affirmation is made under penalty of perjury as defined in Section 32.2 of the Criminal Code of 1961, Ill. Rev. Stat. 1991, ch.38, par.32.2. I am aware the there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly committing violations.

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Budget Proposals and Budget Amendments must be notarized when the certification is signed.)

\_\_\_\_\_  
(Notary Public) Seal:

P.E.: \_\_\_\_\_ Seal:

P.E. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Budget Proposals and Budget Amendments must be notarized when the certification is signed.)

\_\_\_\_\_  
(Notary Public) Seal:

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center

# Phase Summary Sheets

(Includes the Standard task list for each phase and is to be used to summarize the costs either proposed or incurred)



Incident # \_\_\_\_\_

**EARLY ACTION** **TOTAL**

734.210(a,b)	732.202(a,b)	Initial Response & Abatement	\$	-
734.210(c,d,e,g)	732.202(c,d,e,g)	20 & 45 Day Reporting	\$	-
734.210(f1)	732.202(f1)	Tank Removal	\$	-
734.210(f2)	732.202(f2)	Tank Abandonment	\$	-
734.210(f3)	732.202(f3)	EA ETD&B	\$	-
734.210(f4)	732.202(f2)	Ex-situ Treatment	\$	-
734.210(h)	732.202(h)	Collect & Analyze Soil Samples	\$	-
734.210(h)(3)	732.202(h)(3)	Prepare & Submit report for EA Closure, if Tier 1 Objectives are met	\$	-
734.215(a)(1)	732.203(a)(1)	Perform 45 day Free Product Removal	\$	-
734.215(a)(4)	732.203(a)(4)	Prepare & Submit 45 day Free Product Removal Report	\$	-

**Non-Phase Specific Task(s) Completed during EARLY ACTION**

734.605	732.601	Prepare & Submit Application for Payment	\$	-
734.350	723.411	Negotiate Off-Site Access	\$	-

<b>Subtotal EARLY ACTION</b>	<b>\$</b>	<b>-</b>
<b>Handling Charges</b>	<b>\$</b>	<b>-</b>
<b>Total EARLY ACTION</b>	<b>\$</b>	<b>-</b>

<b>Post 45day FREE PRODUCT REMOVAL</b>	<b>Requested for Approval</b>	<b>Requested for Approval</b>
734.215(c) 732.203(c) Prepare & Submit Post 45 day Free Product Removal Plan	\$ -	\$ -
734.215(d) 732.203(d) Prepare & Submit Post 45 day Free Product Removal Budget	\$ -	\$ -
734.215(e) 732.203(e) Perform Free Product Removal	\$ -	\$ -
734.215(g)1 732.203(g)1 Prepare & Submit Plan Amendments as Necessary	\$ -	\$ -
734.215(g)2 732.203(g)2 Prepare & Submit Budget Amendments as Necessary	\$ -	\$ -
<b>Subtotal Post 45day FREE PRODUCT REMOVAL</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Handling Charges</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Post 45day FREE PRODUCT REMOVAL</b>	<b>\$ -</b>	<b>\$ -</b>

SITE INVESTIGATION	Previous Approved	Requested for Approval
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**Stage 1**

734.315(b) Prepare & Submit Work Plan (Stage 1)	\$	-	\$	-
734.310(b) Prepare & Submit SI Budget	\$	-	\$	-
734.315(a) Perform Stage 1 Investigation	\$	-	\$	-

**Stage 2**

734.320(b) Prepare & Submit Work Plan (Stage 2)	\$	-	\$	-
734.310(b) Prepare & Submit SI Budget	\$	-	\$	-
734.320(a) Perform Stage 2 Investigation	\$	-	\$	-

**Stage 3**

325(b) Prepare & Submit Work Plan (Stage 3)	\$	-	\$	-
734.310(b) Prepare & Submit SI Budget	\$	-	\$	-
734.325(a) Perform Stage 2 Investigation	\$	-	\$	-

**Non-Stage Specific Task(s) Completed during SITE INVESTIGATION**

310(d)1 Prepare & Submit SC/SI Plan Amendments as Necessary	\$	-	\$	-
310(d)2 Prepare & Submit SC/SI Budget Amendments as Necessary	\$	-	\$	-
734.330 Prepare and Submit Completion Report	\$	-	\$	-
734.605 Prepare & Submit Application for Payment	\$	-	\$	-
734.350 Negotiate Off-Site Access	\$	-	\$	-

<b>Subtotal SITE INVESTIGATION</b>	\$	-	\$	-
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<b>Handling Charges</b>	\$	-	\$	-
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<b>Total SITE INVESTIGATION</b>	\$	-	\$	-
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<b>TOTAL SITE INVESTIGATION</b>	\$	-	\$	-
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<b>SITE CLASSIFICATION</b>	<b>Previously Approved</b>	<b>Requested for Approval</b>
<b>Method 1 and Method 2</b>		
732.305 (a) Prepare & Submit A Method 1 or Method 2 Site Classification Work Plan	\$ -	\$ -
732.305 (b) Prepare & Submit A Method 1 or Method 2 Site Classification Work Plan Budget	\$ -	\$ -
732.305 (e) Prepare & Submit Method 1 or Method 2 Amended SCWPs as Necessary	\$ -	\$ -
732.305 (e) Prepare & Submit Method 1 or Method 2 Amended SCWP Budgets as Necessary	\$ -	\$ -
732.309 Prepare & Submit A Method 1 or Method 2 Site Classification Completion Report	\$ -	\$ -
<b>Exposure Pathway Exclusion</b>		
732.312(b) Prepare & Submit Site Classification Work Plan (Classifying Under 732.312)	\$ -	\$ -
732.312(e) Prepare & Submit Site Classification Work Plan Budget (Classifying Under 732.312)	\$ -	\$ -
732.312(k)1 Prepare & Submit Amended SCWPs as Necessary (Classifying Under 732.312)	\$ -	\$ -
732.312(k)2 Prepare & Submit Amended SCWP Budgets as Necessary (Classifying Under 732.312)	\$ -	\$ -
732.312(h) Prepare & Submit A Site Classification Completion Report (Classifying Under 732.312)	\$ -	\$ -
<b>Other</b>		
732.306 Deferred Site Classification Activities	\$ -	\$ -
732.307(c) Perform Method One Soil Classification	\$ -	\$ -
732.307(d) Perform Method Two Soil Classification	\$ -	\$ -
732.307(f) Conduct Water Supply Well Survey	\$ -	\$ -
732.307(g) Investigation of Migration Pathways	\$ -	\$ -
732.307(h,i) Surface and Groundwater Investigation	\$ -	\$ -
<b>Non-Phase Specific Task(s) Completed during SITE CLASSIFICATION</b>		
734.605 Prepare & Submit Application for Payment	\$ -	\$ -
734.350 Negotiate Off-Site Access	\$ -	\$ -
<b>Subtotal SITE CLASSIFICATION</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Handling Charges</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL SITE CLASSIFICATION</b>	<b>\$ -</b>	<b>\$ -</b>

Incident # \_\_\_\_\_

**CORRECTIVE ACTION**

**Conventional**

	Previously Approved	Requesting for Approval
734.335(a) Prepare & Submit Work Plan	\$ -	\$ -
734.335(b) Prepare & Submit Budget	\$ -	\$ -
734.335(c) Perform Corrective Action After Approval	\$ -	\$ -

**Alternative**

734.340(a) Prepare & Submit Work Plan	\$ -	\$ -
734.340(b) Prepare & Submit Budget	\$ -	\$ -
734.340(c) Perform Corrective Action After Approval	\$ -	\$ -
734.340(d) Agency Required Remote Monitoring	\$ -	\$ -

**Other**

734.335(e)1 Prepare & Submit Plan Amendments as Necessary	\$ -	\$ -
734.335(e)2 Prepare & Submit Budget Amendments as Necessary	\$ -	\$ -
734.345(a) Prepare & Submit Corrective Action Completion Report	\$ -	\$ -
734.355(a) Prepare and Submit Status Report within 4 years	\$ -	\$ -

**Non-Phase Specific Task(s) Completed during CORRECTIVE ACTION**

734.605 Prepare & Submit Application for Payment	\$ -	\$ -
734.350 Negotiate Off-Site Access	\$ -	\$ -

<b>Subtotal CORRECTIVE ACTION</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Handling Charges</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total CORRECTIVE ACTION</b>	<b>\$ -</b>	<b>\$ -</b>

# Detail Sheets

(To be completed for each Standard Task utilized,  
listing all Products and Services proposed or  
incurred relative to the specified task)

Task: \_\_\_\_\_

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

TOTAL: \_\_\_\_\_

Task: \_\_\_\_\_

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

TOTAL: \_\_\_\_\_

Task: \_\_\_\_\_

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

**TOTAL:** \$ \_\_\_\_\_ -



# Example Corrective Action Budget

## BUDGET AND BILLING FORM FOR LEAKING UNDERGROUND STORAGE TANKS SITES

### A. SITE INFORMATION

Site Name: any site  
Site Address: any where City: any city  
Zip: \_\_\_\_\_  
County: any county IEPA Generator No.: 0  
IEMA Incident No.: 2004#### IEMA Notification Date: January 1, 2004

Date this form was Prepared: August 15, 2005

This form is being submitted as a:

- Budget Proposal  
 Budget Amendment (Budget Amendments must include only the cost over the previous budget.)  
Amendment Number: \_\_\_\_\_  
 Billing Package for costs incurred

Name(s) of report(s) documenting the costs requested: \_\_\_\_\_

Corrective Action Plan \_\_\_\_\_ Date(s): Aug-05

EXPIDITED  NON-EXPEDITED

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

		<u>Site Investigation</u>
<input type="checkbox"/> Early Action	<input type="checkbox"/> Site Classification	<input type="checkbox"/> Stage 1
<input type="checkbox"/> Low Priority Corrective Action	<input checked="" type="checkbox"/> High Priority Corrective Action	<input type="checkbox"/> Stage 2
<input type="checkbox"/> Other (indicate activities) _____		<input type="checkbox"/> Stage 3

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

A-1

**This form must be submitted in duplicate.**

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment request hereunder.

Incident # \_\_\_\_\_

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: Any site

Send in care of: Any site

Address: Any where

City: Any where State: Illinois 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: x 101 or more: \_\_\_\_\_

Number of USTs at the site: 3 (Number of USTs includes USTs presently at the site and USTs that have been removed)

Number of incidents reported to IEMA: 1

Incident Numbers assigned to the site due to releases from USTs: 2004####

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 have a release?		Incident No.	Type of Release
<u>Gasoline</u>	<u>10,000</u>	<input checked="" type="checkbox"/> Yes	No	<u>2004####</u>	<u>Tank</u>
<u>Gasoline</u>	<u>10,000</u>	<input checked="" type="checkbox"/> Yes	No	<u>2004####</u>	<u>Line</u>
<u>Used Oil</u>	<u>500</u>	<input checked="" type="checkbox"/> Yes	No	<u>2004####</u>	<u>Over-fill</u>
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____

Incident # \_\_\_\_\_

**CORRECTIVE ACTION**

**Conventional**

	Previously Approved	Requesting for Approval
734.335(a) Prepare & Submit Work Plan	\$ -	\$ 4,559.91
734.335(b) Prepare & Submit Budget	\$ -	\$ 591.62
734.335(c) Perform Corrective Action After Approval	\$ -	\$ 337,481.24

**Alternative**

734.340(a) Prepare & Submit Work Plan	\$ -	\$ -
734.340(b) Prepare & Submit Budget	\$ -	\$ -
734.340(c) Perform Corrective Action After Approval	\$ -	\$ -
734.340(d) Agency Required Remote Monitoring	\$ -	\$ -

**Other**

734.335(e)1 Prepare & Submit Plan Amendments as Necessary	\$ -	\$ -
734.335(e)2 Prepare & Submit Budget Amendments as Necessary	\$ -	\$ -
734.345(a) Prepare & Submit Corrective Action Completion Report	\$ -	\$ 4,079.35
734.355(a) Prepare and Submit Status Report within 4 years	\$ -	\$ -

**Non-Phase Specific Task(s) Completed during CORRECTIVE ACTION**

734.605 Prepare & Submit Application for Payment	\$ -	\$ 868.82
734.350 Negotiate Off-Site Access	\$ -	\$ -

<b>Subtotal CORRECTIVE ACTION</b>	<b>\$ -</b>	<b>\$ 347,580.94</b>
<b>Handling Charges</b>	<b>\$ -</b>	<b>\$ 338.80</b>
<b>Total CORRECTIVE ACTION</b>	<b>\$ -</b>	<b>\$ 347,919.74</b>

isk: 734.335(a) Prepare & Submit Work Plan

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)
3.1	Project Manager	17	Hour	\$103.65	\$1,762.05	
3.1	Scientist	20	Hour	\$83.00	\$1,660.00	
3.1	Administrative Assistant	6	Hour	\$49.79	\$298.74	
3.1	Draftsperson/CAD	4	Hour	\$65.52	\$262.08	
3.1	Professional Engineer	4	Hour	\$126.76	\$507.04	
3.3	B&W Copies	450	Each	\$0.10	\$45.00	
3.3	Color Copies	20	Each	\$1.25	\$25.00	

TOTAL: \$ 4,559.91

isk: 734.335(b) Prepare & Submit Budget

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)
3.1	Project Manager	3.5	Hour	\$103.65	\$362.78	
3.1	Administrative Assistant	2	Hour	\$49.79	\$99.58	
3.1	Professional Engineer	1	Hour	\$126.76	\$126.76	
3.3	B&W Copies	25	Each	\$0.10	\$2.50	

TOTAL: \$ 591.62

Task: 734.335(c) Preform Corrective Action After Approval

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)
1.4	Removal, Transportation, & Disposal of Contaminated Soil	4000	Cubic Yard	\$57.00	\$228,000.00	
1.4	Purchase, Transportation & Placement of Backfill	4000	Cubic Yard	\$20.00	\$80,000.00	
1.4	Removal and Replacement of Overburden	2000	Cubic Yard	\$6.50	\$13,000.00	
1.7	Field Crew Per Diem (8 x 7)	56	Each	\$28.00	\$1,568.00	
1.7	Field Crew Lodging	28	Night	\$100.00	\$2,800.00	
1.7	Tractor with Lowboy Trailer	6	Hour	\$55.00	\$330.00	
1.7	Driver IIA - Overized Loads	6	Hour	\$55.00	\$330.00	
2.1	BETX soil with MTBE	25	Each	\$85.00	\$2,125.00	
2.1	PNA soil	25	Each	\$152.00	\$3,800.00	
2.1	Flash Point	1	Each	\$15.00	\$15.00	
2.1	FOC	1	Each	\$33.00	\$33.00	
2.1	Paint Filter	1	Each	\$14.00	\$14.00	
2.1	pH	1	Each	\$14.00	\$14.00	
2.1	Reactivity	1	Each	\$68.00	\$68.00	
2.3	Sample Shipping	2	Day	\$50.00	\$100.00	
1.6	Asphalt Replacement	1548	Sq Foot	\$2.38	\$3,684.24	
1.3	Well Abandonment	160	Foot	\$10.00	\$1,600.00	

TOTAL: \$ 337,481.24

Task: 734.335(c) Preform Corrective Action After Approval

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)
3.1	Engineer	8	Hour	\$103.00	\$824.00	
3.1	Project Manager	16	Hour	\$103.65	\$1,658.40	
3.1	Technician	65	Hour	\$64.17	\$4,171.05	
3.2	Photoionization Detector	7	Day	\$105.00	\$735.00	
3.2	Site Survey Equipment	2	Day	\$250.00	\$500.00	
3.2	Environmental Utility Vehicle	10	Day	\$60.00	\$600.00	
3.3	Manifests	112	Each	\$3.00	\$336.00	
3.3	Disposable Camera	1	Each	\$10.00	\$10.00	
3.4	Per Diem	8	Each	\$28.00	\$224.00	
3.4	Lodging	8	Night	\$100.00	\$800.00	

TOTAL: \$ 9,858.45

ask: 734.345(a) Prepare & Submit Corrective Action Completion Report

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)
3.1	Project Manager	15	Hour	\$103.65	\$1,554.75	
3.1	Scientist	10	Hour	\$83.00	\$830.00	
3.1	Administrative Assistant	12	Hour	\$49.79	\$597.48	
3.1	Draftsperson/CAD	3	Hour	\$65.52	\$196.56	
3.1	Professional Engineer	6	Hour	\$126.76	\$760.56	
3.3	B&W Copies	1200	Each	\$0.10	\$120.00	
3.3	Color Copies	16	Each	\$1.25	\$20.00	

TOTAL: \$ 4,079.35

ask: 734.605 Prepare & Submit Application for Payment

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)
3.1	Account Technician	6	Hour	\$49.79	\$298.74	
3.1	Project Manager	3	Hour	\$65.52	\$196.56	
3.1	Professional Engineer	2	Hour	\$126.76	\$253.52	
3.3	B&W Copies	1200	Each	\$0.10	\$120.00	

TOTAL: \$ 868.82



ask: 734.335(e)1 Prepare & Submit Plan Amendments as Necessary

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

TOTAL: \$ \_\_\_\_\_

ask: 734.335(e)2 Prepare & Submit Budget Amendments as Necessary

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

TOTAL: \$ \_\_\_\_\_

ask: 734.350 Negotiate Off-Site Access

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

TOTAL: \$ \_\_\_\_\_

ask: 734.355(a) Prepare and Submit Status Report within 4 years

Section	Product or Service	Quantity	Unit of Measure	Unit Rate	Total	Handling (Y or N)

TOTAL: \$ \_\_\_\_\_

Incident# \_\_\_\_\_

**HANDLING CHARGES**

Handling Charges are eligible for payment on subcontractor billings and/or field purchases only if they are equal to or less than the amounts determined by the following table:

Subcontractor or Field Purchase Cost	Eligible Handling Charges as a Percentage of Cost
\$1 - \$5,000	12%
\$5,001 - \$15,000	\$600 + 10% of amt. over \$5,000
\$15,001 - \$50,000	\$1,600 + 8% of amt. over 15,000
\$50,001 - \$100,000	\$4,400 + 5% of amt. Over \$50,000
\$100,001 - \$1,000,000	\$6,900 + 2% of amt. over \$100,000

Subcontractor Name or Field Purchase	Section in these Forms where Cost is Listed	Subcontract Amount
Holiday Inn Express (Lodging)	734.335(c)	\$2,800.00
Total Subcontractor and Filed Purchases:		\$ 2,800.00

**HANDLING CHARGES:** \$ 336.00

Handling

**Owner/Operator and Professional Engineer Budget Certification Form for  
Leaking Underground Storage Tanks Sites**

In accordance with 415 ILCS 5/5.7, if an owner or operator intends to seek payment from the UST Fund, an owner or operator must submit to the Agency, for the Agency's approval or modification, a budget which includes an accounting of all costs associated with the implementation of the investigative, monitoring and/or corrective action plans.

I hereby certify that I intend to seek payment from the UST FUND for performing \_\_\_\_\_  
Corrective Action Activities activities at \_\_\_\_\_ any site  
UST site. I further certify that the costs set forth in this budget are necessary activities and are reasonable and accurate to the best of my knowledge and belief. I also certify that the costs included in this budget are not for corrective action in excess of the minimum requirements of 415 ILCS 5/5.7 and no costs are included in this budget which are not described in the corrective action plan. I further certify that costs ineligible for payment from the Fund pursuant to 35 Illinois Administrative Code Section 732.606 are not included in the budget proposal or amendment. Such ineligible costs include but are not limited to:

- Costs associated with ineligible tanks.
- Costs associated with site restoration (e.g., pump islands, canopies).
- Costs associated with utility replacement (e.g. sewers, electrical, telephone, etc.).
- Costs incurred prior to IEMA notification.
- Costs associated with planned tank pulls.
- Legal defense costs.
- Costs incurred prior to July 28, 1989.
- Costs associated with installation of new USTs or the repair of existing USTs.

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 2001.  
(Budget Proposals and Budget Amendments must be notarized when the certification is signed.)

\_\_\_\_\_  
(Notary Public) Seal:

P.E.: \_\_\_\_\_ Seal:

P.E. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 2001.  
(Budget Proposals and Budget Amendments must be notarized when the certification is signed.)

\_\_\_\_\_  
(Notary Public) Seal:

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center