

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

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CLERK'S OFFICE

FEB 26 2007

STATE OF ILLINOIS
Pollution Control Board

TED'S CITGO,)
Petitioner,)
)
v.)
)
ILLINOIS ENVIRONMENTAL PROTECTION)
AGENCY,)
Respondent.)
)

PCB 07-66
(UST Appeal)

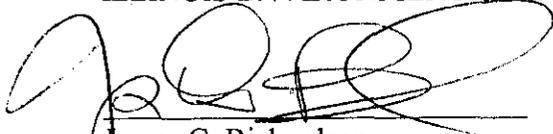
NOTICE

Dorothy Gunn
Clerk
Illinois Pollution Control Board
100 West Randolph Street, Suite 11-500
Chicago, Illinois 60601-3218

Mandy L. Combs
The Sharp Law Firm, P.C.
P.O. Box 906
Mt. Vernon, Illinois 62864

PLEASE TAKE NOTICE that I have today caused to be filed an APPEARANCE and ADMINISTRATIVE RECORD with the Illinois Pollution Control Board, copies of which are served upon you.

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY


James G. Richardson
Special Assistant Attorney General

Dated: February 23, 2007
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276
217/782-5544

THIS FILING IS SUBMITTED ON RECYCLED PAPER



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 - (217) 782-3397
JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601 - (312) 814-6026

ROD R. BLAGOJEVICH, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

(217) 782-6762

CERTIFIED MAIL

7004 2510 0001 8585 8855

DEC 14 2006

Ted's Citgo
Nick Stamayannos
1322 Washington Street
Waukegan, IL 60085

Re: LPC #0971905329 - Lake County
Waukegan/Ted's Citgo
1322 Washington Street
Leaking UST Incident No. 981745
Leaking UST Technical File

Dear Mr. Stamayannos:

The Illinois Environmental Protection Agency (Illinois EPA) has reviewed the High Priority Corrective Action Plan submitted for the above-referenced incident. The Illinois EPA received the plan, dated October 2006, on October 27, 2006. Citations in this letter are from the Environmental Protection Act (Act), in effect prior to June 24, 2002, and 35 Illinois Administrative Code (35 Ill. Adm. Code).

Pursuant to Section 57.7(c) of the Act and 35 Ill. Adm. Code 732.405(c), the plan is approved. The activities proposed in the plan are appropriate to demonstrate compliance with Title XVI of the Act and 35 Ill. Adm. Code 732.

In addition, pursuant to Section 57.7(c) of the Act and 35 Ill. Adm. Code 732.405(c), the High Priority Corrective Action Plan Budget is modified. Based on the modifications listed in Section 2 of Attachment A, the amounts listed in Section 1 of Attachment A are approved. Please note that the costs must be incurred in accordance with the approved plan.

Be aware that the amount of payment from the Fund may be limited by Sections 57.8(e), 57.8(g) and 57.8(d) of the Act, as well as 35 Ill. Adm. Code 732.604, 732.606(s) and 732.611.

An underground storage tank system owner or operator may appeal this decision to the Illinois Pollution Control Board. Appeal rights are attached.

Page 2

If you have any questions or need assistance, please contact Trent Benanti at (217) 524-4649.

Sincerely,



Michael T. Lowder
Unit Manager
Leaking Underground Storage Tank Section
Division of Remediation Management
Bureau of Land

MTL:TLB:H:\Projects2\Ted's Citgo\Letters\HPCAP.doc

Attachments: Attachment A
Appeal Rights

c: United Science Industries, Inc.
BOL File

bcc: Mike Lowder
Doug Oakley
Trent Benanti

Attachment A

Re: LPC #0971905329 – Lake County
Waukegan/Ted's Citgo
1322 Washington Street
Leaking UST Incident No. 981745
Leaking UST Technical File

SECTION 1

Based on the modifications listed in Section 2, the following amounts are approved:

\$ 0.00	Drilling and Monitoring Well Costs
\$ 264.17	Analytical Costs
\$ 0.00	Remediation and Disposal Costs
\$ 0.00	UST Removal and Abandonment Costs
\$1,537.89	Paving, Demolition, and Well Abandonment Costs
\$8,742.33	Consulting Fees

Handling charges will be determined at the time a billing package is reviewed by the Illinois EPA. The amount of allowable handling charges will be determined in accordance with Section 57.8(f) of the Environmental Protection Act (Act) and 35 Illinois Administrative Code (35 Ill. Adm. Code) 732.607.

SECTION 2

1. The Sr. Tech and Sr. Project Manager costs associated with monitoring well abandonment are not approved as part of this budget. These costs are included in the monitoring well abandonment cost, for which a maximum rate of \$10.28 per foot applies.

The Sr. Tech and Sr. Project Manager costs associated with monitoring well abandonment exceed the maximum payment amounts set forth in Subpart H, Appendix D and/or Appendix E of 35 Ill. Adm. Code 732. Such costs are ineligible for payment from the Fund pursuant to 35 Ill. Adm. Code 734.606(ccc). In addition, such costs are not approved pursuant to Section 57.7(c)(4)(C) of the Act because they are not reasonable.

MTL:TLB:H:\Projects2\Ted's Citgo\Letters\HPCAP_A.doc

Appeal Rights

An underground storage tank owner or operator may appeal this final decision to the Illinois Pollution Control Board pursuant to Sections 40 and 57.7(c)(4) of the Act by filing a petition for a hearing within 35 days after the date of issuance of the final decision; however, the 35-day period may be extended for a period of time not to exceed 90 days by written notice from the owner or operator and the Illinois EPA within the initial 35-day appeal period. If the owner or operator wishes to receive a 90-day extension, a written request that includes a statement of the date the final decision was received, along with a copy of this decision, must be sent to the Illinois EPA as soon as possible.

For information regarding the filing of an appeal, please contact:

Dorothy Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center
100 West Randolph, Suite 11-500
Chicago, IL 60601
312/814-3620

For information regarding the filing of an extension, please contact:

Illinois Environmental Protection Agency
Division of Legal Counsel
1021 North Grand Avenue East
Post Office Box 19276
Springfield, IL 62794-9276
217/782-5544

General Information for the Budget & Billing Forms

LPC #: 1971905329 County: Lake

City: Waukegan Site Name: Ted's Citgo

Site Address: 1322 Washington Street

IEMA Incident No.: 981745

IEMA Notification Date: 7/17/1998

Date this form was prepared: 10/2/2006

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

- Budget Proposal
- Budget Amendment (Budget Amendments must include only the cost over the previous budget)
- Billing Package

Please provide the name(s) and date(s) of report(s) documenting the costs requested:

Name(s): _____

Date(s): _____

This package is being submitted for the site activities below (check one):

35 Ill Adm Code 734:

- Early Action
- Free Product Removal after Early Action
- Site Investigation Stage 1 Stage 2 Stage 3
- Corrective Action

35 Ill Adm Code 732:

- Early Action
- Free Product Removal after Early Action
- Site Classification
- Low Priority Corrective Action
- High Priority Corrective Action

35 Ill Adm Code 731:

- Site Investigation
- Corrective Action

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OCT 27 2006
IEPA/BOL

General Information for the Budget & Billing Forms

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. The Illinois EPA is not required to and will not recognize an assignment or other delegation of payment as justification for issuing payment to anyone other than the owner or operator. The following address will be used as the mailing address for reimbursement checks and any final determination letters regarding reimbursement.

Pay to the order of: Ted's Citgo

Send in care of: Nick Stamayannos

Address: 1322 Washington Street

City: Waukegan State: IL Zip: 60085

The payee is the: Owner Operator (check one or both)

Signature of the owner or operator of the UST(s)(required) If you have a change of address, print off a new W-9 Form.

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 owner 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: 5 (Number of USTs including USTs presently at the site and USTs that have been removed.)

Number of incidents reported to IEMA for this site: 2

Incident Numbers assigned to this site due to releases from USTs: 981745 and 991207

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

Product Stored in UST	Size (gallons)	Did UST have a release?	Incident No.	Type of Release Tank Leak/Overfill/ Piping Lead
Gasoline	10000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	981745	Lines/Overfill
Gasoline	10000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	981745	Lines/Overfill
Diesel	1000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	981745	Lines/Overfill
Gasoline	8000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	NA
Used Oil	550	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	991207	UST system
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Drilling and Monitoring Well Costs Form

1. Drilling - The "per-foot" charge for advancement of a boring or the installation of a well includes all costs associated with performing the boring. The "per-foot" rate charge includes but is not limited to all drilling labor, drill rig time, soil boring abandonment, mobilization, drill rig travel time and per diem, and other drilling expenses. An indication must be made as to why each boring is being conducted (i.e., defining the extent of contamination, classification boring, installation of monitoring wells, investigation of migration pathways, injection of a remediation compound) and the drilling type (either hollow-stem auger/conventional [HSA], push-driven technologies [PUSH], or Injection).

Number of Borings to be Drilled	Type HSA/PUSH/Injection	Depth (feet) of Each Boring	Total Feet Drilled	Reason for Drilling

Total Feet via HSA: _____ feet x _____ per foot = \$ _____ -

Total Feet via PUSH: _____ feet x _____ per foot = \$ _____ -

Total Feet for Injection via PUSH: _____ feet x _____ per foot = \$ _____ -

Total Drilling Costs: \$ _____ or Minimum Charge: \$ _____ -

1. Monitoring Well/Recovery Wells - The "per-foot" charge includes all costs associated with the installation of the monitoring or recovery well. The charge includes but is not limited to costs associated with labor, well casing, screen, filter pack, annular seal, surface seal and well covers.

Number of Monitoring Wells	Type HSA/PUSH/4-6" Recovery/8" Recovery	Diameter of Well (inches)	Depth of Well (feet)	Total Feet of Wells to be Installed

Total feet of monitoring well installation via HSA: _____ feet x _____ per foot = \$ _____ -

Total feet of monitoring well installation via PUSH: _____ feet x _____ per foot = \$ _____ -

Total feet of 4" or 6" recovery well installation: _____ feet x _____ per foot = \$ _____ -

Total feet of 8" or greater recovery well installation: _____ feet x _____ per foot = \$ _____ -

Total Monitoring Wells Costs: \$ _____ -

Total Drilling and Monitoring Well Costs: \$ _____ -

Remediation and Disposal Costs Forms

A. Conventional Technology

Excavation, Transportation and Disposal of contamination soil and/or the 4-foot backfill material removal during early action activities:

The cubic yard rate includes all costs associated with the excavation, transportation, and disposal of contaminated soil and/or backfill material. The rate includes but is not limited to all personnel, equipment, materials, and other expenses for the excavation, transportation, and disposal of contaminated soil and/or backfill material.¹

_____ cubic yards (x) _____ per cubic yard (=) \$ _____

Backfilling the excavation:

The cubic yard rate includes all costs associated with the purchase, transportation, and placement of clean backfill material. The rate includes but is not limited to all personnel, equipment, materials, and other expenses for the purchase, transportation, and placement of clean backfill material.¹

_____ cubic yards (x) _____ per cubic yard (=) \$ _____

Overburden Removal and Return:

into the excavation necessary to conduct corrective action. The rate includes but is not limited to all personnel, equipment, materials, and other expenses for the excavation and placement back into the excavation of non-contaminated soil.¹

_____ cubic yards (x) _____ per cubic yard (=) \$ _____

B. Alternative Technology

This section must be used for any remediation other than conventional technology. Alternative technology includes but is not limited to soil vapor extraction, land farming, bio-piles, low temperature thermal desorption, air sparging, bio-sparging, in-situ bioremediation, chemical oxidation, or dual phase extraction. The information on the Remediation System Information document and a time and materials breakdown of all costs associated with all personnel, equipment, materials, operation and maintenance, consultant design time, additional personnel oversight time and other expenses for the proposed remediation system must be submitted. Due to the variability of these systems, the Illinois EPA will review these proposals on a site-specific basis. The cost includes but is not limited to all personnel, equipment, materials, installation, operation and maintenance, system shut-down, and other expenses for the proposed remediation.^{2,3}

Alternative technology selected: _____

_____ cubic yards of soil remediated

Total Cost of the System (=) \$ _____

All materials, equipment, field purchases, and subcontractor costs must be listed on the Total Materials Cost Summary Sheet and Total Non-Consulting Personnel Time summary Sheet, and the totals from that form should be placed on the line above. All consultant time must be listed on the Consultant Fees Form.

Remediation and Disposal Costs Forms

C. Groundwater Remediation and/or Free Product Removal System

This section must be used if a groundwater remediation and/or free product removal system is proposed in a corrective action plan. The information on the Remediation System Information document and a time and materials breakdown of all costs associated with all personnel, equipment, materials, operation and maintenance, and other expenses for the proposed system must be submitted. Due to the variability of these systems, the Illinois EPA will review these proposals on a site-specific basis.

Total Cost of the System (=) \$ _____

All materials, equipment, field purchases, and subcontractor costs must be listed on the Total Materials Cost Summary Sheet and Total Non-Consulting Personnel Time summary Sheet, and the totals from that form should be placed on the line above.

D. Groundwater and/or Free Product Removal and Disposal

This section must be used if groundwater or free product is removed using a vacuum truck or other similar method. The charge includes but is not limited to all costs associated with the removal, transportation, and disposal of contaminated groundwater and/or free product

_____ gallons (x) _____ per gallon (=) \$ _____

E. Drum Disposal

This section must be used whenever a solid or liquid waste generated while performing soil borings, installing monitoring wells, hand bailing free product or during UST removal or other corrective action activities is disposed of in a 55-gallon drum. The charge includes all costs associated with drum disposal, including but not limited to transportation charges and disposal fees.

Disposal of cuttings or solid waste: _____ drums (x) _____ per drum (=) \$ _____

Disposal of Water: _____ drums (x) _____ per drum (=) \$ _____

Total Remediation and Disposal Costs: \$ _____

¹ Calculate Volume as follows: SOIL [(Length in feet x Width in feet x Depth in feet of contaminated soil)/27] x 1.05 bulking factor. This formula should be used for soil excavated, transported, and disposed. Overburden SOIL [(Length in feet x Width in feet x Depth in feet of contaminated soil)/27]. This formula should be used for soil excavated and returned back into the excavation. A conversion factor of 1.5 tons/cubic yard will be used to convert invoices submitted in tons versus cubic yards.

² Calculate Volume as follows: SOIL [(Length in feet x Width in feet x Depth in feet of contaminated soil)/27]. This formula should be used for determining the amount of soil to be treated in-situ.

³ Alternative technologies other than those identified in this section may be proposed; however, a time and materials breakdown of all costs associated with all personnel, equipment, materials, operation and maintenance, and other expenses for the proposed remediation must be submitted. The Illinois EPA will review these proposals on a site-specific basis.

UST Removal and Abandonment Costs Form

This section applies to UST removal, abandonment, and disposal activities. The rate includes but is not limited to all personnel, equipment, materials, and other expenses for the excavation, transportation, and disposal, or abandonment in place, of the UST(s).

Please list all tanks that have been removed from or abandoned at the site for which reimbursement is requested. The maximum amount for removal or abandonment is based on the size of the UST outlined in the Rate Sheet.

Product Stored in UST	Size (gallons)	Abandoned or Removed	\$ Rate	Did UST have a release? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Total UST Removal and Abandonment Costs: \$ _____

Paving, Demolition, and Well Abandonment Cost Form

A. Concrete and Asphalt Placement/Replacement

This section must be used for concrete and/or asphalt placement or replacement. The rate includes all costs associated with concrete and/or asphalt placement or replacement, including but not limited to all personnel, equipment, materials, and other expenses. Please note that the cost for the replacement of concrete or asphalt will not be reimbursed until after the issuance of the No Further Remediation Letter. In addition, documentation of the type, either asphalt or concrete, the thickness, and square feet of the asphalt or concrete being replaced must be provided in the accompanying plan/report.

Square Feet	Asphalt or Concrete	Thickness (Inches)	Rate \$	Replacement or Placement for an engineered barrier	Total Amount
					\$0.00

Total Concrete and Asphalt Placement/Replacement Costs:	\$	
--	----	--

B. Building Demolition and Canopy Removal

This section must be used if a building will be demolished or a canopy or other eligible above grade structure is to be removed in order for contaminated soil beneath it to be excavated. The rate includes but is not limited to all personnel, equipment, materials, and other expenses for the demolition and disposal of the building and/or dismantling and reassembly of above grade structures. Subcontractor cost estimates for the removal of a building, a canopy, or other eligible above grade structure must be submitted with all budgets.

Items to Be Removed	Rate \$	Total Amount

Total Building Demolition and Canopy Removal Costs:	\$	
--	----	--

Consulting Fees Form

The consulting fee include all costs associated with professional consulting services. Personnel and materials not directly part of the professional consulting services or part of unit rates listed on the Rate Sheets must be listed in the Non-Consulting Personnel Time Summary Sheet and Materials Cost Summary sheet. The consulting fee includes but is not limited to all personnel time for plan, budget, report, and reimbursement preparation, as well as project oversight, travel time and per diem, mileage or vehicle charges, and equipment charges such as for PIDs, hand augers, cameras, gloves, and sampling equipment.

This form must be completed in its entirety. Please follow the directions on the Consulting Fees Form document for each filed on the Consulting Personnel Time Costs and Consultants Materials Costs. Please note that a separate line for each employee performing tasks in each remediation category is required.

Multiple pages of Consulting Personnel Time Costs and Consultant's Materials Costs forms must be used if additional space is needed. The total for all Consulting Personnel Time Costs and Consultant's Materials Costs must be entered below to calculate the Total Consulting Fees.

Total Consulting Personnel Time Costs:	\$	9,513.22
Total Consultant's Materials Costs:	\$	-
Total Consulting Fees:	\$	9,513.22

Consulting Fees Form

Consulting Personnel Time Costs:

Employee Name	Personnel Title*	Hours	Rate*	Total \$
Remediation Category	Task			
	Sr Project Manager	3	\$ 102.79	\$ 308.37
CCAP-Budget	Draft Corrective Action Budget			
	Sr Project Manager	10	\$ 102.79	\$ 1,027.90
TACO 2	TACO Tier 2 Calculations - R26 Modeling			
	Sr Project Manager	8	\$ 102.79	\$ 822.32
HAA	City of Waukegan Highway Authority Agreement - Institutional Control			
	Sr Project Manager	40	\$ 102.79	\$ 4,111.60
CACR	Draft Corrective Action Plan/Corrective Action Completion Report			
	Sr Admin Asst	4	\$ 46.26	\$ 185.04
CACR	Copy/Mail/Bind/File CAP/CACR (2) and Budgets (2)			
	Senior Scientist	4	\$ 87.37	\$ 349.48
HAA	City of Waukegan Highway Authority Agreement			
	Sr Draftperson	6	\$ 61.67	\$ 370.02
CACR	CAP/CACR Figures, R-26 Modeling Map			
	Sr Acct Technician	5	\$ 46.26	\$ 231.30
CACR	Reimbursement Package Prep and Submittal			
	Sr Prof Engineer	10	\$ 133.63	\$ 1,336.30
CACR	Professional Supervision, Certification, Report/Budget Review			

*Titles from Personnel Titles and Requirements document must be used.

Total Consulting Personnel Time Cost: \$ 8,742.33

Consulting Fees Form

Consulting Personnel Time Costs:

Employee Name	Personnel Title*	Hours	Rate*	Total \$
Remediation Category	Task			
	Sr Tech	10	\$ 66.81	\$ 668.10
CCA - Field	Monitoring Well Abandonment Documentation			
	Sr Project Manager	1	\$ 102.79	\$ 102.79
CCA - Field	Monitoring Well Sealing Forms for IL Dept of Public Health			
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

*Titles from Personnel Titles and Requirements document must be used.

Total Consulting Personnel Time Cost: \$ 770.89

Consulting Fees Form

Consultant's Materials Costs:

Material, Equipment, or Field Purchase	Time or Amount Used	Units	Unit Rate	Total Cost/Item
Remediation Category	Description/Justification			
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -

Bid Summary Form

In circumstances where a rate listed in Subpart H: Maximum Payment Amounts, Appendix D Sample Handling and Analysis, or Appendix E Personnel Titles and Rates of 35 Ill. Adm. Code 734 or 35 Ill. Adm. Code 732 may not be conducive to an activity of a remediation project, bidding of that rate may be conducted.

The following items must be provided:

1. A copy of the scope of work provided to the subcontractors requesting bids;
2. Copies of all bids received (a minimum of three bids is required); and
3. A completed and signed copy of this form.

Rate(s) being bid out: _____

Subcontractor	Total Bid Cost

Lowest Bid: _____

I hereby certify that:

- The bids are based on the same scope of work;
- The bids will remain valid for a period of time that will allow the owner or operator to accept them upon the Illinois EPA's approval of the associated budget;
- The bids were obtained only from people qualified and able to perform the work;
- The bids were not obtained from an persons in whom the owner or operator or the primary contractor has a financial interest;
- Copies of all bids received have been submitted to the Illinois EPA; and
- A minimum of three bids has been received.

Consultant Name: _____

Consulting Firm Name: _____

Signature: _____

Non-Consulting Personnel Time Summary Sheet

To complete form, see instructions.

Employee Name	Personnel Title*	Hours	Rate*	Total \$
Task				
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -
[REDACTED]				\$ -

*Titles from Personnel Titles and Requirements document must be used.

Total Non-Consulting Personnel Time Cost: \$ _____

Materials Cost Summary Sheet

To complete form, see instructions

Material, Equipment, or Field Purchase	Time or Amount Used	Unit Rate	Units	Total Cost/Item
Subcontractor (if applicable):				
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -
[Blacked out]				\$ -

Total Materials Cost: \$ _____

CERTIFICATE OF SERVICE

I, the undersigned attorney at law, hereby certify that on February 23, 2007 I served true and correct copies of an APPEARANCE and ADMINISTRATIVE RECORD by first class mail of the United States Postal Service upon the persons as follows:

Dorothy Gunn
Clerk
Illinois Pollution Control Board
100 West Randolph Street, Suite 11-500
Chicago, Illinois 60601-3218

Mandy L. Combs
The Sharp Law Firm, P.C.
P.O. Box 906
Mt. Vernon, Illinois 62864

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY



James G. Richardson
Special Assistant Attorney General
Division of Legal Counsel
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276
217/782-5544
217/782-9143 (TDD)

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