

Approved by the Council of the DRYCLEANER ENVIRONMENTAL RESPONSE TRUST FUND on November 4, 2003. **NOTE: The information in this kit is not intended to be all-inclusive. Pertinent statutes, regulations and the insurance policy, if applicable, will provide the basis for formal review and adjudication of your claim.**

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WHEN SHOULD I FILE A CLAIM?

When you –

- ✓ Suspect a leak from your drycleaning unit(s); or
- ✓ Know you had a leak or spill of 100 pounds or more of drycleaning solvent; or
- ✓ Have the soil or groundwater on your property tested, and learn that you have reportable levels of drycleaning solvent contamination; or
- ✓ Receive notice from another person, alleging contamination from your drycleaning facility.

Important Dates:

June 30, 2005 – A budget proposal must be submitted to the Fund for review and approval to identify if the drycleaning facility is contaminated or not with drycleaning solvents.

June 30, 2006 - A completed and signed claim form must be submitted on or before June 30, 2006 with documentation of contamination for a release discovered on or after July 1, 1997 and before July 1, 2006.

Prompt notice is important in order to protect your interests. Please call the Fund Administrator at (800) 266-0663, or write to the Fund at P.O. Box 480, Bensenville, IL 60106 as soon as you are aware of a claim or potential claim, even if you do not believe cleanup costs will exceed the deductible.

WHAT DRYCLEANING FACILITIES ARE ELIGIBLE?

The Illinois Drycleaner Environmental Response Trust Fund (Fund or IDEF) can only pay **certain costs** associated with leaks/spills of drycleaning solvents from **certain types** of drycleaning facilities. These **certain costs** include drycleaning facility site investigation, remediation objectives report, remedial action planning and remedial action activities **after** a release has been discovered.

Persons eligible for reimbursement from Remedial Account:

- Owner or operator of an active drycleaning facility licensed by the Fund at the time of application for remedial action benefits.
- Owner of an inactive drycleaning facility and was the owner or operator of the drycleaning facility when it was an active drycleaning facility.

Eligible Claimant requesting reimbursement from the Remedial Account shall meet all of the following:

- 1) Demonstrate the source of the release is from the claimant's drycleaning facility.
- 2) At the time of the release, the claimant and the drycleaning facility were in compliance with the Illinois Environmental Protection Agency (EPA) reporting and technical operating requirements.
- 3) Report the release in a timely manner to the Illinois Emergency Management Agency (EMA) in accordance with state law, if the quantity of the release is above the regulatory reportable weight or volume.
- 4) Claimant has not filed for bankruptcy on or after the date of his or her discovery of the release.
- 5) If the claimant is the owner or operator of an active drycleaning facility, the claimant must provide to the Council proof of implementation and maintenance of the following prevention measures:
 - a) All drycleaning solvent wastes generated are managed in accordance with applicable state waste management laws and rules.
 - b) Discharge of drycleaning wastewater is prohibited into a sanitary sewer, septic tank, floor surface, or groundwater.
 - c) Install a containment dike or structure around each machine, equipment, drycleaning area, and portable waste container in which any drycleaning solvent is utilized, AND seal or render impervious those portions of the diked surfaces on which the drycleaning solvent may leak, spill or be released. Petroleum underground storage tank systems that are upgraded in accordance with USEPA upgrade standards pursuant to 40 CFR Part 280 for the tanks and related piping systems and use a leak detection system approved by the USEPA or IEPA are exempt from this secondary containment requirement.

- d) All drycleaning solvent shall be delivered by means of a direct-coupled delivery system. For chlorine-based drycleaning solvent, it must be a closed-loop system also.
- 6) Active drycleaning facility has maintained continuous financial assurance for environmental liability coverage of \$500,000 since the date of award of benefits or July 1, 2000, whichever is earlier.
- 7) A release discovered on or after July 1, 1997 and before July 1, 2006.

EXCEPT . . .

The following types of drycleaning facilities are **not** eligible:

- ◆ Facilities located on a US military base;
- ◆ Industrial laundry, commercial laundry, or linen supply facility;
- ◆ Prison or other penal institution that engages in drycleaning only as part of a Correctional Industries program to provide drycleaning to persons who are incarcerated in a prison or penal institution or to resident patients of a state-operated mental health facility;
- ◆ Not-for-profit hospital or other health care facility; or a
- ◆ Facility located or formerly located on federal or state property.

HOW DO I FILE A CLAIM?

If it is an emergency, call 1-800-266-0663. A claims adjuster will contact you to provide assistance. You will be asked to fill out a claim form as time allows.

What constitutes an emergency?

- A release of 100-pounds of chlorinated drycleaning solvent; or
- A release of 25-gallons of hydrocarbon based drycleaning solvent.

For non-emergency situations, see the section titled “When Should I File a Claim?” When you encounter one of the situations described in that section, fill out the **claim form** enclosed with this Claim Kit and send it, **along with documentation listed within the claim form**, to:

Illinois Drycleaner Environmental Response Trust Fund
P. O. Box 480
Bensenville, IL 60106

Please refer to the following pages for more information about how to prepare your cost estimates.

WHAT COSTS WILL THE FUND PAY?

The Fund can only pay for **cleanup** of contamination caused by leaks/spills of **drycleaning solvent** from an eligible drycleaning facility. In some cases, the Fund also covers cleanup of drycleaning contamination that has moved offsite.

For Insurance Claims, a \$10,000 deductible applies for coverage up to \$500,000 per drycleaning facility subject to terms and conditions of the policy. Coverage is not provided for a release that occurred before the date of coverage.

For Remedial Claims, an eligible claimant for an **active drycleaning facility** is responsible for the first \$5,000 of eligible investigation costs and for the first \$10,000 of eligible remedial action costs. Reimbursement by the Fund shall not exceed \$300,000 per active drycleaning facility.

An eligible claimant for an **inactive drycleaning facility** is responsible for the first \$10,000 of eligible investigation costs and for the first \$10,000 of eligible remedial action costs. Reimbursement by the Fund shall not exceed \$50,000 per inactive drycleaning facility.

Costs to evaluate the extent of the contamination, or to clean it up, must be approved by the Fund in advance, except in emergency situations. It is **your responsibility** to demonstrate that the cleanup costs you incur are or were **necessary** in order to achieve cleanup of the property as required by the Illinois EPA and the Fund. Costs to clean up the property beyond what is required by the Illinois EPA and the Fund will **not** be recognized. No expense incurred above the budgeted amount will be paid unless the Fund approves the expense prior to its being incurred.

Intrusive investigation activities are necessary to confirm that your site requires corrective action and is eligible for reimbursement from the Fund. These activities include the installation of soil borings and groundwater monitoring wells and the analysis of soil and groundwater samples using method "SW-846 Method 8270 and/or 8260B: full spectrum of semi-Volatile Organic Compound (SVOC) and/or (VOC) analyte screen(s)" to determine if you have had a release of drycleaning chemicals. You will need to contact a Licensed Professional Engineer (LPE) to conduct the investigation. If you need information on how to select a LPE, contact the Fund Administrator for assistance.

WHAT COSTS WILL THE FUND NOT PAY?

Examples of things which generally are *not* covered are:

- ◆ Removal of soil which is not contaminated.
- ◆ Removal and handling/disposal of drycleaning systems.
- ◆ Repairs and maintenance of the drycleaning systems.
- ◆ Cleaning of the drycleaning systems.
- ◆ Preparation of claim submittals.
- ◆ Installation of new drycleaning systems.
- ◆ Markup on subcontractor costs.
- ◆ Legal fees.
- ◆ Third party claims other than remediation of soil and groundwater contamination.

GETTING COSTS PRE-APPROVED HOW DOES THE PROCESS WORK?

Most likely, you are in one of six situations. Either –

- ◆ You are in the midst of performing your site investigation to comply with insurance requirements under the Fund or have completed the site investigation and discover solvent contamination in the environment, or
- ◆ You have previously reported a “release” to the Illinois EMA, and they have directed you to take certain steps to evaluate the extent of contamination or clean up the contamination, or
- ◆ You are remodeling or modifying your facility and discover solvent contamination in the environment.
- ◆ A neighboring property owner notifies you that they have discovered drycleaning solvent on their property that they believe is coming from your property.
- ◆ The property owner is either selling or refinancing their property and contamination is encountered during the required due diligence site investigation.
- ◆ The potential purchaser of the property is requiring that a due diligence site investigation be performed prior to their acquisition and contamination is encountered.

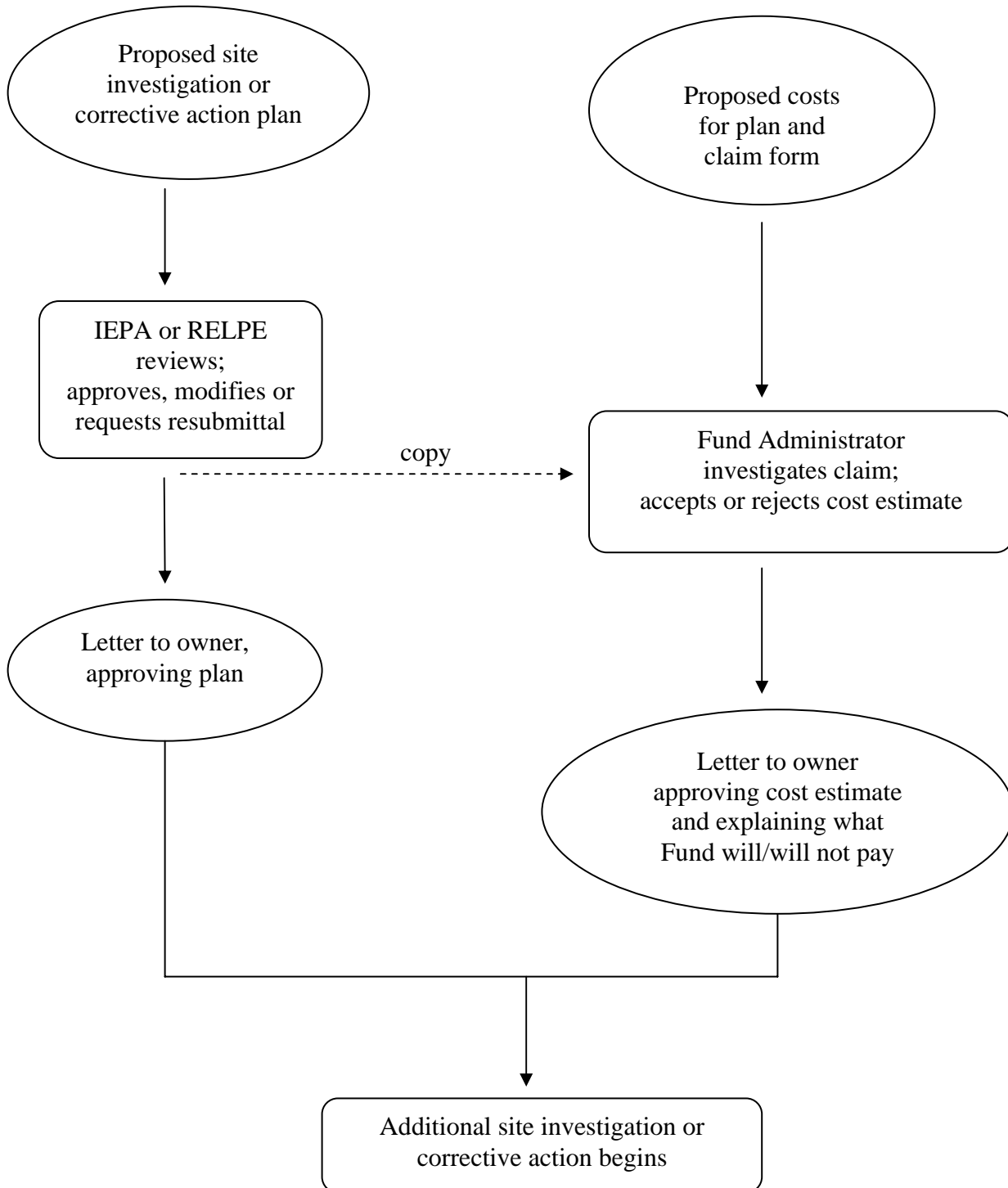
(Remember: Emergencies are different. See page 3.)

The Fund requires eligible claimants to conduct remedial action in accordance with Title XVII of the Illinois Environmental Protection Act (Site Remediation Program). This provision establishes the **Site Remediation Program (SRP)** regulations under 35 Illinois Administrative Code Part 740 and the **Tiered Approach to Corrective Action Objectives (TACO)** regulations under 35 Illinois Administrative Code Part 742.

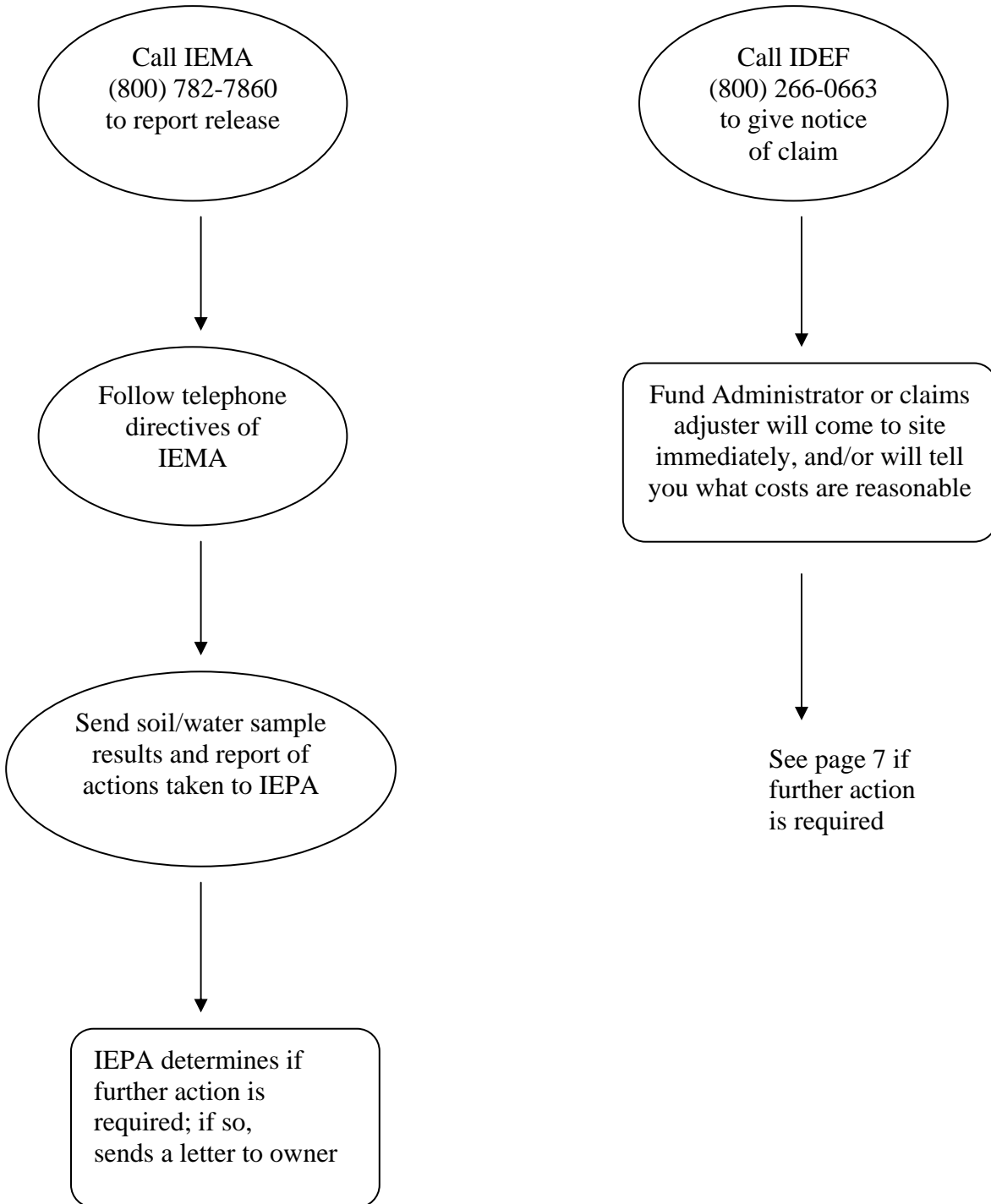
The IDEF decides whether you are **eligible** to receive funds, decides **how much** it is willing to pay for the cleanup work, and disburses funds.

The flow charts on the following pages explain how Illinois EPA and the Fund work together. You are responsible for complying with both Illinois EPA’s requirements, and the Fund’s requirements.

**PREAPPROVAL OF COST ESTIMATES
FOR SITES WHERE A RELEASE HAS BEEN REPORTED
AND CORRECTIVE ACTION IS REQUIRED**



**PREAPPROVAL OF COST ESTIMATES
FOR SITES WHERE A RELEASE IS DISCOVERED**



FACILITIES WITH EXISTING REMEDIAL ACTION AND HOW TO PROCEED TO GET COSTS PAID BY FUND

Before you continue with additional remedial action, do the following:

1. Make sure you have filed a claim form.
2. **Get prior approval from IDEF for cleanup costs you may incur!** To do this, send the following information to the Fund Administrator:

- ◆ Send a copy of the existing contract for services and work to the Fund for review and approval.

An existing contract the claimant has for goods or service that may be payable or reimbursable from the Fund is void and unenforceable unless and until the Fund has reviewed the contract terms and they are within the range of usual and customary rates for similar goods and services within the state and are necessary.

If the costs are not usual and customary, the Fund may require additional bids or reduce the amount of costs reimbursed to the claimant for the work.

- ◆ Estimated cost of excavation, hauling and disposal or treatment of the soil. **Please note: Only the actual costs charged by the landfill or treatment facility will be recognized by the Fund as eligible expense; the invoice from the disposal or treatment facility will be required;**
- ◆ Estimated cost of removal, treatment and/or disposal of water which may be encountered during the excavation, expressed as a unit cost;
- ◆ A cost estimate for collection and laboratory analyses of soil and water samples, presented in a way that describes the type of analyses and what the cost per sample will be. **Please note: Markup of laboratory analytical costs will not be recognized as an eligible expense; the actual cost charged by the laboratory must be documented when the claim is submitted.**
- ◆ A cost estimate for project management, supervision and reporting. **Please note: The format of this cost estimate must be such that these costs are separated from the costs for excavation/hauling of soil; i.e., “bundling” these costs into the unit cost for soil removal is not acceptable;**
- ◆ A contingency cost estimate, expressed as unit costs, for any additional costs which may be incurred if field conditions warrant or necessitate more work than anticipated;

- ◆ One or more cost estimates for any other cleanup costs you expect to incur, such as groundwater monitoring, design of a remedial system and purchase and installation of a remedial system. ***Please note: See page 13 for guidance on these types of activities.***

The Fund will respond in writing, generally within thirty days, and will state whether the cost estimates are reasonable or not. To the extent possible, if the Fund Administrator concludes some or all of your cost estimate is not reasonable, the response will identify which part of the estimate is considered too expensive. If the estimate you submitted is incomplete or above reasonable and customary costs, the Fund Administrator may agree to recognize a lesser cost, or may ask you to solicit additional cost estimates or demonstrate how the cost estimate was prepared.

Upon receipt of approved cost estimate, the approved work may continue.

FACILITIES WHO HAVE NOT STARTED REMEDIAL WORK

Before you start investigation and remedial action:

1. The Fund will **only recognize** site investigation, remediation objectives reports, remedial action plans and activities, remedial action reports and remedial action completion reports costs when/if a drycleaning solvent release from an eligible drycleaning facility has occurred, and the release is significant enough that it requires further investigation and/or cleanup as required under the Illinois Environmental Protection Act and Part 740 and Part 742 of the Illinois Administrative Code.
2. Make sure you have filed a claim form when a release has been documented. No reimbursement or additional budget requests will be approved without the completed and signed Claim Form.
3. **Costs must be approved by the Fund in advance.** To enable the Fund to do this, you must send the following information to the Fund Administrator:

For site investigations and soil removal activities:

- ◆ A cost estimate for field activities. *Please note: Markup of major subcontracted work -- such as drilling, well installation, pushprobe investigation, etc. – will not be recognized as eligible expense.* (Costs for these large subcontracted projects must be documented when the claim is submitted; see p. 13).
- ◆ Estimated cost of excavation, hauling and disposal or treatment of the soil. *Please note: Only the actual costs charged by the landfill or treatment facility will be recognized by the Fund as eligible expense; the invoice from the disposal or treatment facility will be required.*
- ◆ Estimated cost of removal, treatment and/or disposal of water, which may be encountered during excavation, expressed as a unit cost.
- ◆ A cost estimate for collection and laboratory analyses of soil and water samples, presented in a way that describes the type of analyses and what the cost per sample will be. *Please note: Markup of laboratory analytical costs will not be recognized as an eligible expense; the actual cost charged by the laboratory must be documented when the claim is submitted.*
- ◆ A cost estimate for project management, supervision and reporting. *Please note: The format of this cost estimate must be such that these costs are separated from the costs for excavation/hauling of soil; i.e., “bundling” these costs into the unit cost for soil removal is not acceptable.*

- ◆ A contingency cost estimate, expressed as unit costs, for any additional costs which may be incurred if field conditions warrant or necessitate more work than anticipated.

For cleanup activities involving other remedial action plans, see page 13 for guidance.

The Fund will respond in writing, generally within thirty days, and will state whether the cost estimates are reasonable or not. To the extent possible, if the Fund Administrator concludes some or all of your cost estimate is not reasonable, the response will identify which part of the estimate is considered too expensive. If the estimate you submitted is incomplete or above reasonable and customary costs, the Fund Administrator may agree to recognize a lesser cost, or may ask you to solicit additional cost estimates or demonstrate how the cost estimate was prepared.

In some cases, the Fund may assign a claims adjuster to observe the fieldwork; if this is the case, the letter you receive will instruct you to contact the adjuster to inform him when the work is scheduled.

If field conditions indicate an expansion of work beyond the original scope of work is warranted -- such as evidence of lateral migration beyond the area being assessed, or unexpected subsurface conditions – contact the Fund Administrator or the claims adjuster assigned to your claim to obtain approval for additional spending. Verbal approval will be provided immediately if warranted.

Upon receipt of approved cost estimate, the approved work may continue.

CLAIMS INVOLVING OTHER REMEDIAL ACTION PLANS

If your approved remedial action plan includes long-term groundwater monitoring:

A cost estimate for a minimum of one year's monitoring activities must be approved ***in advance in writing*** by the Fund. Include all activities in the cost estimate, including disposal of purged water, sampling/analysis of water samples, costs of data analysis and report preparation, etc.

Markup of laboratory analytical costs will not be recognized as an eligible expense; the actual cost charged by the laboratory must be documented when the claim is submitted.

If you are required to evaluate remedial options and design a remedial system:

The Fund will pay reasonable costs for technical evaluation of site data and remedial alternatives, preparation of a remedial action plan, and/or design of a remedial system. ***Costs for these activities must be approved in advance in writing by the Fund.*** It will be necessary to get the Illinois EPA's concurrence to do this work.

Before you purchase and install equipment to remediate your property:

You must demonstrate to the Fund that you have solicited competitive bids for the equipment. Normally, a minimum of three independent bids must be obtained.

Costs must be approved by the Fund in advance. The cost estimate you send to the Fund Administrator must include all aspects of the project, including purchase, obtaining necessary permits, installation, operation/maintenance, sample collection/analysis, reporting, etc.

The Fund will, if appropriate, make interim or periodic payments for projects which involve substantial capital costs or operating expenses.

The Fund may require periodic demonstrations of successful results as a condition for its payments. If this is the case, these conditions will be made clear in the Fund's written approval of the cost estimate.

* * * * *

In all cases, the Fund reserves the right to reject any proposed costs or estimates if, in the Fund's opinion and at its sole discretion, such costs are unreasonable or above reasonable and customary costs for such products or services.

GETTING YOUR BILLS PAID

What You Do

Once you receive bills for work done at your facility, complete the "Reimbursement Request" form in this claim kit. Send the bills and form to the Fund, along with a copy of any reports from your consultant, contractor, or laboratory which document the work. (Remember: An original signed report must also be sent to the Service Provider (Review and Evaluation Licensed Professional Engineer (RELPE) and/or Illinois EPA.)

Original invoices are requested. If you send copies, they must be accompanied by a signed statement certifying that the copies are true and accurate. If you are not the owner of the land where the work is being done, you also must either send proof of payment with your invoices, or lien waivers OR your payment will be jointly payable to you and the main service provider.

Exceptions:

- a. Payments made directly to the Illinois EPA on your behalf;
- b. Payment made directly to the main service provider per your written authorization after January 1, 2004 and after all applicable deductibles have been paid.

All invoices and bills relating to the remediation work shall be submitted with appropriate documents no later than 30 days after the work has been performed.

If the Fund has pre-approved costs for more than one phase of a project – e.g., site investigation work and determination of remedial objectives – it will be necessary to separate your bills in such a way that it is apparent which bills relate to which project, i.e. – identify which costs go to which budget approval letter received from the Fund.

What We Do

You will receive a written response to all bills you submit. Eligible costs will be reduced by the applicable deductible; the payment issued by the Fund will be for the net amount. To the extent possible, the response will explain any reduction or denial of benefits.

Payments will be issued jointly to the person or persons responsible for the cleanup and the main service provider.

<p>The Fund retains final authority to make a determination concerning all eligibility issues, whether costs for products and services were reasonable, and whether the costs incurred were necessary to achieve the cleanup required by the Illinois EPA.</p>

IMPORTANT NAMES AND PHONE NUMBERS

If you think you might have a claim, immediately contact:

Illinois Drycleaner Environmental Response Trust Fund Administrator: (800) 266-0663.

Any time you have a reportable spill or release, within 24 hours you must notify the Illinois EMA:

Environmental Emergency Response Line (217) 782-3637

Other names and numbers to assist you:

Fund Administrator:

P.O. Box 480
Bensenville, IL 60106
(800) 266-0663

Illinois EPA Air Pollution

Bureau of Air Permit Section
1021 North Grand Avenue East
P.O. Box 19506
Springfield, IL 62794-9506
Air Permit Section 217-782-2113

Illinois EPA Water Pollution

Bureau of Water Permit Section (#15)
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

Water Permit Section 217-782-1654

Illinois EPA Land Pollution

Bureau of Land Permit Section
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
Land Permit Section 217-524-3300
Hazardous Waste Info 217-782-6760
217-782-6761
217-782-6762

Illinois Emergency Management Agency

110 E. Adams
Springfield, IL 62701

Phone: 800-782-7860

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. Sign the form and mail it to: **IDEF, Fund Administrator, P.O. Box 480, Bensenville, IL 60106.**

BUSINESS AND FACILITY INFORMATION

1. Name and address of property where release occurred: _____ Name, address and phone number of person filing claim: _____

2. Is this claim being filed for remedial benefits (i.e. historical solvent release; this is a release that occurred **before** the effective date of the insurance policy) or insurance benefits (i.e. current solvent release; this is a release that occurred **after** the effective date of the insurance policy)? Please circle one.

3. Insurance Policy Number (if applicable): _____

4. Number of drycleaning units at this location: _____ Are they still in use? Yes _____ No _____

If no, as of what date were the drycleaning unit(s) no longer in use? _____

What drycleaning solvents (are) were stored in the drycleaning units? _____

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

Yes _____ No _____ If yes, please explain: _____

6. Who owns the land that the drycleaning units are located on? _____

Does anyone lease the land? _____ If yes, who? _____

7. Who owns the facility/drycleaning units? _____

8. Who owns and/or operates 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? _____

Information About the Release (e.g. Spill or Leak)

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

10. How was it discovered? (e.g. accidental spill, soil testing, etc.) _____

11. When and how was the problem reported to the Illinois EMA or Illinois EPA? _____

12. Can you identify the source of the contamination? (i.e. was it the unit, spill, etc.) _____

13. Are you aware of any person who has a bodily injury or property damage claim from this release? Yes _____ No _____

If yes, give name(s) and telephone number(s):

14. Do you think contamination has migrated beyond your property? Yes _____ No _____

If yes, give name(s), addresses and telephone numbers of affected persons:

Phone: _____ Phone: _____

15. Has a "site investigation" or report been prepared? If yes, please list date of report and enclose a copy with this form.

16. Have activities commenced to clean up the contamination? Yes _____ No _____

If yes, please briefly describe: _____

17. Please provide your Licensed Professional Engineer Name and Company: _____

18. Has this site received a "No Further Remediation" letter? Yes _____ No _____ If yes, please provide a copy.

Attachments: Please provide copies of any and all site investigation reports, remediation objectives reports, remedial action plans and/or remedial action completion reports for this facility which currently exist at the time of filing this claim form.

Other Insurance

19. Have you ever had any **other** insurance policy specifically providing pollution liability coverage for this property? Yes or No

If yes, please provide the name of the company, policy number and a copy of the policy: Policy Number _____

Company Name: _____

20. Has the incident been reported to this insurance company? Yes or No

If no, why not: _____

21. Have you received or are you requesting payment from anyone else for costs associated with this claim? Yes or No

If yes, whom? _____

The above answers are accurate and complete, to the best of my knowledge.

Signed: _____ Date: _____

Please print name: _____

REIMBURSEMENT REQUEST FORM

The data supplied on this form will be used to pay the costs associated with remedial activities performed for eligible drycleaning facilities. When completing this form, please type or print clearly.

1. Claimant Information

Name: _____

Mailing Address: _____

City, State, Zip: _____

Social Security or Federal Tax ID No.: _____

Site Information where remedial activities were performed:

Site Name: _____

Physical Address: _____ City: _____

2. Contractor Information

Contractor Name: _____ Phone Number: _____

Mailing Address: _____

City, State, Zip: _____

3. Remediation Activities

Please indicate what activities were completed and are being billed with this packet of invoices:

<u>Activities</u>	<u>Date of Activities</u>
_____ Comprehensive Site Investigation	_____
_____ Focused Site Investigation	_____
_____ Site Investigation Report	_____
_____ Remediation Objective and Report	_____
_____ Remedial Action Plan	_____
_____ Remedial Action	_____
_____ Remedial Action Completion Report	_____
_____ IEPA SRP Costs	_____

4. Reimbursements from Other Programs

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

5. Original Invoices

Please attach original invoices to this form. If original invoices are not attached, please mark the box below if you agree with the statement:

_____ I certify that the copies attached have not been altered.

6. Who to Mail Payment to – If you would like your payment to be mailed directly to your main service provider, please provide a signed statement to indicate your intentions.

7. Direct Payment to Consultant

If you would like to have the main service provider (consultant) paid directly by the Fund for the costs incurred with this payment recommendation, please sign on the line below. Please note that direct payment to your consultant cannot be made until the deductible has been met.

I authorize the reimbursement to be paid directly to the main service provider for this reimbursement request.

_____ (Signature of claimant)

8. Eligible Costs Summary

COST CATEGORY	COST (Cleanup costs must have incurred ON or after July 1, 1997)	Budget #	Amount Applied to Budget
A. Environmental Consultant Services			
B. Soil Boring and 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.

Signed by Claimant: _____ Date: _____

Please print name: _____

REIMBURSEMENT REQUEST FORM DETAIL

Claimant Name: _____
 Claim Number: _____

Amount of Request: \$ _____
 Date of Request: _____

Environmental Consultant Services					
Date of Service	Vendor	Service Rendered	Total Cost	Budget #	Amount to Budget
Total Costs					

Soil Boring and Well Monitoring					
Date of Service	Vendor	Service Rendered	Total Cost	Budget #	Amount to Budget
Total Costs					

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

Equipment, Rental/Leasing/Purchasing							
Date of Service	Vendor	Service Rendered	Cost Per Unit	Units	Total Cost	Budget #	Amount to Budget
Total Costs							

Excavation							
Date of Service	Vendor	Quantity of Soil	Ton/CuYd	Cost per Unit (Ton/Cu Yd)	Total Cost	Budget #	Amount to Budget
Total Costs							

Trucking/Hauling

Date of Service	Vendor	Quantity of Soil/Gw-Ton/CuYd/Drum	Cost per Unit (Ton/Cu Yd/Drum)	Total Cost	Budget #	Amount to Budget
Total Costs						

Disposal/Treatment

Date of Service	Vendor	Quantity of Soil/Gw-Ton/CuYd/Drum	Cost per Unit (Ton/Cu Yd/Drum)	Total Cost	Budget #	Amount to Budget
Total Costs						

Site Restoration/Backfill

Date of Service	Vendor	Quantity of Soil Ton/Cu Yd	Cost per Unit (Ton/Cu Yd)	Total Cost	Budget #	Amount to Budget
Total Costs						

Remediation Systems

Date of Service	Vendor	Service Rendered	Cost per Unit	Units	Total Cost	Budget #	Amount to Budget
Total Costs							

Other Costs (Permits, etc.)

Date of Service	Please list the services provided or equipment purchased	Total Cost	Budget #	Amount to Budget

NOTE: Use additional sheets if necessary

**ILLINOIS DRYCLEANER ENVIRONMENTAL
RESPONSE TRUST FUND
CLAIM APPEAL PROCEDURE**

1. If a Fund participant disagrees with a payment or eligibility decision, he must present his objection(s) or reason(s) for the disagreement in writing to the Fund Administrator, within 180 days of the date the check or the claim denial is issued, to:

IDEF Administrator
PO Box 480
Bensenville, IL 60106

2. The Fund Administrator will then review the appeal and respond in writing to the Fund participant within 30 days of receipt of the appeal.
3. If the Fund participant still disagrees with the Administrator's decision, he may request further review by sending a written request within 60 days to:

IDEF Council
PO Box 480
Bensenville, IL 60106

If this occurs, the Council will consider the appeal at its next regularly scheduled meeting. Council deliberations will be in a "non-contested hearing" format, and the Council's decision will be made in closed session. The Council's decision will be communicated in writing to the Fund participant within 30 days after the Council meeting.

4. If the Fund participant is still dissatisfied, he may request review by the Council's Administrative Hearing Officer by sending a written request within 60 days to:

IDEF Council
Administrative Hearing Officer
PO Box 480
Bensenville, IL 60106