

9. Date release first discovered? _____

a. How release was discovered? _____

(If you need additional space, please detail here.)

b. Date release reported to Department? _____

c. How release was reported? _____

(If you need additional space, please detail here.)

10. Please provide the following data for all petroleum or non-petroleum UST(s) **and AST(s)** at this site (former and current). If you need additional room, complete the [Extra Tank Data Worksheet](#).

UST or AST	Install Date	Tank #	Volume (gals.)	Contents	Use	Last date used	Removed? Closed-in-place?	Permanent closure date	Did a release occur?

11. Are there any other potential sources of contamination at this site other than the UST(s) and AST(s) listed above? _____

If "yes," please explain.

12. Are there any enforcement actions by the Department that are related to the site and/or facility? _____

If "yes," please explain the nature of the action and the response.

II. Non-Recovery From Other Sources Disclosure Certification

1. Insurance

Is there an insurance policy covering spills, overfills or releases from the UST(s)? _____

If you answered "yes," attach a copy of the policy and provide the following data; if you answered "no," please skip to question 2.

a. Have you already or do you intend to file a claim with the insurance company? _____

If you answered "yes," attach a copy of the claim and itemized settlement, or provide the status of the claim if not settled.

b. If you answered "no," provide your reason in the space below.

2. Litigation

Do you contend that any other person is liable or otherwise responsible for the release? _____

If you answered "yes," provide the following data; if you answered "no," please skip to question 3.

a. Have you sought or do you intend to seek money from any other party potentially responsible for the release? _____

If you answered "yes," attach an explanation of the potentially responsible party and the status of the litigation. If legal action has commenced, provide the case number and the county in which the action has been filed. Attach a copy of the complaint and any complaint amendments.

b. If you answered "no," provide your reasons in the space below.

3. Other Source Funds

Have you, or anyone acting on your behalf, received funds from any other source not described above (including, but not limited to, contributions from other potentially responsible parties, lending institutions or any other source regardless of how the funds were characterized) related in any way to the release for which you request reimbursement from the Leaking Petroleum Underground Storage Tank Cleanup Funds? _____

If you answered "yes," provide the following data; if you answered "no," please skip to Section III.

a. Attach an explanation of the date funds received, source of funds, what the funds paid for and the amount. If any of the money received was for purposes other than contamination cleanup costs, attach documentation (settlement agreement, pleading, judgements, or any other document that identifies the purpose(s) for which the money was received) to support that fact.

b. Are you obligated to repay any part of the funds received? _____

If you answered "yes," attach documentation indicating amount to be repaid.

III. Commercial UST Compliance Certification

Complete this section if the release was detected on or after January 1, 1994.

1. Before you discovered the release, were all USTs that contributed upgraded to 1998 standards (USTs and piping protected from corrosion, spill buckets installed and overfill prevention equipment installed)? _____

If you answered "yes," provide the following data; if you answered "no," please skip down to question 2.

If you need additional room, complete the [Extra Corrosion Protection and Spill/Overfill Worksheet](#).

Tank #	Volume (gals.)	Contents	Type of Tank Corrosion Protection	Type of Piping Corrosion Protection	Date Protection Installed	Type of Spill Protection	Type of Overfill Protection	Date Protection Installed

2. Before January 1, 1994, did the owner or operator notify the Department of their intent to permanently close or upgrade the UST(s) to the 1998 technical standards, commence the closure/upgrade before July 1, 1994, complete the closure/upgrade before January 1, 1995 **and** report the release before January 1, 1995? _____

If you answer "yes", attach a copy of the notification.

IV. Attachments

1. Scaled site map with location and i.d.# for all USTs **and ASTs** (former and current). Include location of product lines. Show relation to property lines and structures. Please indicate sample locations.
2. Copy of the "24 Hour Report" and test results showing soil and/or groundwater contamination.
3. Documentation to verify the last date that each UST or AST was used. Examples include: petroleum distributor invoices with last product delivery date, gas company statement with connection date indicated, AST installation invoice or third party affidavits from disinterested individuals (affidavits from the applicant or family members/relatives will not be accepted).
4. Documentation verifying when the applicant acquired the property containing the UST (deed to the property).
5. If AST(s) (former or current) are associated with the site, please provide documentation that the discovered contamination is not from the AST(s). Documentation may consist of, but is not limited to, soil test(s) obtained by shallow soil borings in the vicinity of the tank or fractionation/fingerprint testing of the existing plume.
6. **For applications to the Commercial State Trust Fund only, please provide the following additional information.** If the release was detected on or after January 1, 1994 and the tanks met the 1998 upgrade requirements, attach dated copies of invoices and receipts for all equipment and services needed to comply with upgrade. Inspection reports approved (signed) by Regional Office staff of the UST Section conducted prior to the release discovery will suffice. Copies of UST-7 or UST-8 forms will not suffice.
7. If tasks for which reimbursement will be sought were completed more than one year ago from when this application will be submitted, provide documentation verifying when the most recent task was completed (invoice for the activity with the task number as defined by the Reasonable Rate Document).

V. Affidavit

I/We (Check the box that applies)

- the owner(s) and/or operators(s) of underground storage tank(s),
- the current landowner(s) who is(are) not owner(s) or operator(s) of underground storage tank(s), contributing to an occurrence(s) of petroleum contamination in soil and/or groundwater. The contamination occurred at the following address:

Street _____
 City _____, NC Zip _____ County _____

- A. have not willfully violated any substantive law, rule, or regulation applicable to underground storage tanks (USTs) and intended to prevent or mitigate discharges or releases or to facilitate the early detection of discharges or releases;
- B. have not caused or contributed to the discharge or release due to willful or wanton misconduct;
- C. have paid any annual operating fees due pursuant to G.S. 143-215.94C;
- D. have identified and fully disclosed any fee, commission, percentage, gift, or other consideration which any owner, lessee, or operator and the person responsible for conducting the site rehabilitation has or will receive as a result of his employment of a person, company, corporation, individual, or firm for purposes of conducting site rehabilitation;
- E. understand that the Funds are only for reimbursement of actual costs expended for cleanup of releases and discharges of petroleum from underground storage tanks;
- F. understand that the owner or operator is required to comply with all statutes and rules relating to the subject cleanup action regardless of eligibility for any reimbursement from the Funds;
- G. understand that reimbursement from the Funds for cleanup costs does not in any way represent a determination by the Department that the subject cleanup is being performed in compliance with all applicable statutes and rules;
- H. understand that the applicable deductible(s) per occurrence or site must be met prior to any monies being reimbursed from the Funds;
- I. understand that reimbursement from the Funds shall only be for costs directly related to the subject cleanup and determined to be reasonable and necessary by the Department, that reimbursement requests shall be subject to audit by the Department, and that the Department may seek recovery of any reimbursed funds relating to ineligible costs;
- J. understand that submission of a false statement, representation, or documentation to the Department under Article 21A of Chapter 143 of the General Statutes, or under any rules adopted shall be guilty of a misdemeanor, punished by a fine not to exceed fifteen thousand dollars (\$15,000), or by imprisonment not to exceed sixty days or both, and may result in ineligibility for reimbursement from the Funds;
- K. hereby authorize to the Department of Environment and Natural Resources to contact and obtain any information deemed necessary from any of the above-named parties for the purpose of determining applicant eligibility and the amount eligible for reimbursement from the Leaking Petroleum Underground Storage Tank Cleanup Funds;
- L. hereby declare under penalty of perjury that all facts and statements set forth herein and in all attachments are true and accurate;
- M. also declare that if funds are received after completion of this Certification, I (we) will notify the Department promptly. If reimbursement is received from the Department, and we have also received funds from other sources, I (we) will remit to the Funds the amount determined by the Department to be double payment; and,
- N. understand that any misrepresentation made on this form, or failure to disclose funds received or funds which may be received in the future, may result in ineligibility for reimbursement from the Funds.

 Applicant name/Signatory* Title Company

 Applicant address Applicant Telephone number

 Applicant signature Date Fed ID / SS #

COUNTY OF _____ STATE OF _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____

(Notary Public to write in applicant name) (Describe if signed individually or in representative capacity.)

WITNESS my hand and official seal, this _____ day of _____, 20 _____

Notary Public _____ My commission expires _____

*Attach copy of power of attorney or executor document.