

SOTRA CLAIM REQUEST

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY
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GENERAL INFORMATION

AGENCY INTEREST #: _____	SOTRA Application #: _____
DATE OF PETROLEUM STORAGE TANK REMOVAL: ____/____/____	DATE A NO FURTHER ACTION LETTER OR DIRECTIVE LETTER WAS ISSUED FOR THIS PERMANENT CLOSURE: ____/____/____

APPLICANT INFORMATION			FACILITY INFORMATION		
PETROLEUM STORAGE TANK OWNER (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER' MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:	FACILITY TELEPHONE NUMBER:	
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:	FACILITY E-MAIL ADDRESS:	

ADDITIONAL INFORMATION REQUIRED

Name of Certified Remover: _____ and SFM Remover Certification #: LUG _____.

Color photographs of the facility that include each petroleum storage tank pit area and facility features identified on the facility map and any impacted areas both during the removal and after restoration of the facility that include each petroleum storage tank pit area and facility features identified on the facility map, unless submitted in the Closure Assessment Report.

Original invoices documenting cost other than those included in the Cost Matrix Table and other information as required in the instruction sheet associated with the SOTRA Reimbursement Worksheet.

AMOUNT REQUESTED \$ _____ (Total from SOTRA Reimbursement Worksheet)

PETROLEUM STORAGE TANK CLOSURE COST MATRIX

(Reimbursement from SOTRA shall be determined from either of the lesser: \$2.60 per gallon of tank capacity removed per PST pit OR the matrix table value below)

Size of Largest PST in PST Pit based on Gallons	Number of PSTs in PST Pit					
	1	2	3	4	5	Each Additional PST
Less than 3,100	\$3,900	\$6,370	\$8,320	\$10,270	\$12,220	\$1,950
3,100 – 5,100	\$4,420	\$7,150	\$9,750	\$11,700	\$13,650	\$1,950
5,101 – 10,000	\$6,370	\$9,620	\$12,610	\$15,340	\$17,940	\$2,340
Greater than 10,000	\$7,020	\$11,180	\$15,340	\$18,200	\$21,970	\$2,860

I hereby certify under penalty of law that I am the (mark one): PE/PG Certified Remover AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT THE PSTS LISTED UNDER TANK SYSTEM INFORMATION IN THE CLOSURE ASSESSMENT REPORT HAVE BEEN REMOVED OR CLOSED IN PLACE. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME OF PE/PG or CERTIFIED REMOVER:	TITLE:	
SIGNATURE OF PE/PG or CERTIFIED REMOVER:	PE/PG # OR SFM CERTIFICATION #:	DATE:

Subscribed and sworn to before me by: _____
 This the: ____ day of: _____, _____
 Notary Public _____
 Commission State at Large: _____ OR County: _____
 My commission expires: ____ / ____ / _____



PST OWNER CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): Owner Legally-authorized representative or agent of the owner AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I CERTIFY THAT ALL COSTS WERE NECESSARY AND WERE ACTUALLY INCURRED IN THE PERFORMANCE OF PERMANENT CLOSURE OF THE PSTS. I FURTHER CERTIFY THAT ALL RETAIL SALE OR WHOLESALE DISTRIBUTION OF MOTOR FUELS AT THIS FACILITY HAVE PERMANENTLY CEASED AND ALL KNOWN PSTS AT THIS FACILITY HAVE BEEN REMOVED OR CLOSED IN PLACE.

**NOTE* If individual signing this other than the president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors, which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)*

PRINTED NAME OF OWNER (Or Authorized Representative or Agent):	TITLE:
SIGNATURE OF OWNER (Or Authorized Representative or Agent):	DATE:

Subscribed and sworn to before me by: _____
 This the: ____ day of: _____, _____
 Notary Public _____
 Commission State at Large: _____ OR County: _____
 My commission expires: ____ / ____ / _____



FOR STAFF USE ONLY:

FILE #: _____ VENDOR ID #: _____ CLAIM REQUEST #: _____

AMOUNTS

SIGNATURES

DATES

TOTAL OBLIGATION:	\$ _____	_____	____ / ____ / ____
		STAFF	
CLAIMED:	\$ _____		
ADJUSTED	\$ _____	_____	____ / ____ / ____
		BRANCH MANAGER	
ADDITIONAL OBLIGATION:	\$ _____		
RECOMMENDED:	\$ _____		

If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.

****RETAIN A COPY OF THIS FORM FOR YOUR RECORDS****