

## INSTRUCTIONS FOR THE UST FACILITY REGISTRATION FORM

**GENERAL INSTRUCTIONS.** ALL SECTIONS SHALL BE COMPLETED TO BE ACCEPTED BY THE CABINET. IF THIS FORM IS NOT COMPLETE, THE ORIGINAL REGISTRATION FORM WILL BE RETURNED TO THE OWNER FOR CORRECTIONS. The form shall be typed or printed legibly in *black or blue ink* and shall be submitted within thirty (30) days of bringing a UST system into operation. If you have any questions about any section of this form, contact the UST Branch at 502-564-5981. **IMPORTANT NOTE: This registration form supersedes all previously submitted registration forms for the UST facility.** Be sure to include all information for every activity at the UST facility, even if this information was previously submitted on previous registration forms. For any future changes in information, an amended registration form shall be submitted within thirty (30) calendar days of changes and within ninety (90) calendar days for temporary closure. The submission of this form does not guarantee eligibility for participation in the Petroleum Storage Tank Assurance Fund (PSTEAF).

### I. GENERAL INFORMATION

Agency Interest Number: Enter Agency Interest number (if this form is being used to register a new UST facility, a new agency interest number will be assigned by the cabinet and a letter will be sent to the owner).

Number of Regulated USTs: List the number of regulated underground storage tank systems at this UST facility. A compartmentalized tank represents a single UST system.

Type of Registration: Check the appropriate box for all that applies for this registration form for this UST facility. If none of the choices apply, please check "Other" and fill in the blank with a description of your UST facility. Check the appropriate box for the applicable registration. *Note: If the UST facility has been previously registered do not check the "New UST Facility" box.*

### II. UST FACILITY INFORMATION

UST Facility Name: Enter name under which the business and/or UST facility is currently operating.

Physical UST Facility Location: Enter the **EXACT** street address including street number and/or the highway number where underground storage tanks are physically located. DO NOT USE A POST OFFICE BOX OR ROUTE NUMBER FOR THE MAILING ADDRESS.

City, County, Zip: Enter the city, county, and zip code where UST system is located. If in a rural location, use the city or town that is used for the UST system location mailing address.

UST Facility Telephone: Enter the area code and land line telephone number used at the UST facility where the UST system is located. Write N/A if there is no land line at the UST facility.

UST Facility Fax Number: Enter the area code and fax number used at the UST facility where UST system is located.

Type of UST Facility: Check the appropriate box for the type of UST facility. If the owner is a government entity, please specify city, county, state, federal, etc.

### III. UST SYSTEM OWNER INFORMATION

Type of UST System Owner: Check the appropriate box that applies for the current UST system owner.

UST Facility Owner Name: Enter UST facility owner name (individual, corporation, public agency, or other entity). If the owner of the UST facility is a corporation or other legal entity, record the full legal name of the corporation as registered with the Kentucky Secretary of State's Office.

UST Facility Owner Mailing Address: Enter current UST facility owner mailing address including city, state and zip code. *If you own more than one UST facility, please list the same ownership information for all UST systems you own.* The address you supply in this section of the registration will be used by the UST Branch for mailing any correspondence which may include: records requests,

Notices of Violation, directive letters and other general correspondence. It is your obligation to address or inform the UST Branch of any changes to your mailing address. (NOTE) Reception by you of correspondence mailed to this address will be presumed and Enforcement action may be initiated by the Cabinet based upon mailings to this address.

UST Facility Owner Telephone: Enter area code and telephone number of current UST facility owner.

UST Facility Owner Fax Number: Enter area code and fax number of current UST facility owner.

UST Facility Owner E-Mail Address: Enter electronic mail address, if applicable, for current UST facility owner.

Date Person Became Owner: Enter date the UST system was acquired by current UST facility owner.

Owner's Authorized Representative: List the name of the person that is authorized to make decisions on behalf of the owner. This is especially important if the owner is a corporation.

Telephone: Enter area code and telephone number of the UST Facility owner's authorized representative.

E-Mail Address: Enter electronic mail address, if applicable, for the UST Facility owner's authorized representative.

Previous UST Facility Owner: Enter the name of the previous owner of the UST system.

Previous Owner Mailing Address: Enter previous UST Facility owner mailing address including city, state and zip code.

Location of UST System Records: Check the appropriate box that specifies where the UST system records are located and maintained.

UST System Records Contact: Enter name of contact person for UST system records.

#### **IV. PROPERTY OWNER INFORMATION**

This block of the registration form does not have to be completed if it is the same as the current UST system owner. If applicable, please check the "Check Here If Same As Owner" block.

If property owner is different from current UST system owner, complete this block as follows:

Property Owner Name: Enter property owner name.

Property Owner Address: Enter mailing address for property owner including city, state, and zip code.

Property Owner Telephone: Enter area code and telephone number of property owner.

#### **V. UST SYSTEM OPERATOR INFORMATION**

UST system operator information shall be entered for the person in control of, or having responsibility for, the daily operation of the UST system. The operator's authorized representative shall be able to answer questions regarding the UST system in the absence of the operator.

This block of the registration form does not have to be completed if it is the same as the current UST system owner. If applicable, please check the "Check Here If Same As Owner" block.

If operator is different from current UST system owner, complete this block as follows:

UST System Operator Name: Enter UST system operator's name. Do not list employees of operator.

UST System Operator Address: Enter mailing address for UST system operator including city, state, & zip code.

UST System Operator Telephone: Enter area code and telephone number of UST system operator. *If you operate more than one UST facility, please list the same UST system operator information for all tank systems you operate.*

List Date Person Became Operator: Enter date person listed became the operator of the UST system at this site.

UST System Operator Fax Number: Enter area code and fax number of operator.

UST System Operator E-mail Address: Enter electronic mail address, if applicable, for operator.

Operators Authorized Representative:

List the name of the person that is authorized to make decisions on behalf of the operator. This is especially important if the operator is a corporation.

Operators Authorized Representative

Telephone Number:

Enter area code and telephone of operator's authorized representative.

## **VI. UST SYSTEM HISTORY / IDENTIFICATION / DESCRIPTION**

Tank Contained Product on or after 1/1/74:

Indicate whether the tank was empty and taken out of operation prior to 1/1/74. If the tank was emptied and taken out of operation prior to 1/1/74, the UST system is exempt from 401 KAR Chapter 42, and further information regarding this tank is not required.

Tank Number:

Enter the individual tank numbers for newly installed or unregistered tanks only. When completing this form for previously registered tanks, refer to the previous registration form or call the UST Branch to find out what numbers have been assigned to individual tanks. If there are more than three (3) tanks located at this UST facility, make copies of Page 6 of this form to list additional tanks.

Current/Last Substance Stored:

Enter current substance stored for each UST system using the list on the form. All substances previously stored in each UST system are also required to be listed. Enter size of each tank in gallons. Ethanol blends, biodiesel blends, or other special fuel blends shall be identified with the respective percentages.

If compartmentalized, list all compartment sizes and substances stored in each compartment. If the UST system contains a Hazardous Substance, include the Chemical Abstract Service (CAS) number for the Hazardous Substance stored. A Hazardous Substance UST system means a UST system that contains a Hazardous Substance identified in Section 101(14) of CERCLA (but not including any substance regulated as a hazardous waste under 401 KAR Chapters 31 through 39), or contains a mixture of this type of hazardous substance and petroleum, and is not a petroleum UST system.

Currently In Operation:

Mark the applicable box indicating the current operational status of the UST system.

Date of Tank Installation:

Enter the month/day/year that each UST system was installed.

Date of Piping Installation:

Enter the month/day/year the piping was installed for each UST system.

Temporarily Closed (if applicable):

Enter the month/day/year each UST system was temporarily closed. Mark appropriate box. The UST system is empty when no more than one inch of product/residue, or 0.3 percent by weight of the total capacity of the UST system, remains in the UST system.

Date Tanks Were Permanently Closed:

Enter the month/day/year each tank was permanently closed.

Date Piping was Permanently Closed:

Enter the month/day/year piping was permanently closed.

## **VII. FINANCIAL RESPONSIBILITY**

The submission of this form does not guarantee eligibility for participation in the Petroleum Storage Tank Assurance Fund (PSTEAF).

UST facility owner/operator acknowledgement: The UST facility owner/operator verifies that the financial assurance requirements of 401 KAR 42:090 have been reviewed.

Answer YES or NO to the questions listed to determine the mechanism of financial responsibility. Attach required documentation if applicable.

## **VIII. UST SYSTEM OWNER SIGNATURE**

Read carefully, sign, date and have notarized. This portion shall be signed by the current owner of the UST system. ALL REGISTRATIONS SHALL INCLUDE THIS NOTARIZED SIGNATURE TO BE COMPLETE. The date of the notary

public's signature and the date of the owner's signature shall be the same. Copied or stamped signatures are not acceptable. Space is provided for the official seal of the notary public, but the seal is optional.

NOTE: If individual signing the form on behalf of a corporation is other than the president or secretary of the 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 a single proprietorship or partnership.)

#### **IX. UST SYSTEM OPERATOR SIGNATURE**


Read carefully, sign, date and have notarized. This portion shall be signed by the current operator of the UST system. ALL REGISTRATIONS SHALL INCLUDE THIS NOTARIZED SIGNATURE TO BE COMPLETE. The date of the notary public's signature and the date of the operator's signature shall be the same. Copied or stamped signatures are not acceptable. Space is provided for the official seal of the notary public, but the seal is optional.

NOTE: If individual signing the form on behalf of a corporation is other than the president or secretary of the 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 a single proprietorship or partnership.)

NOTE: If you need a copy of a previous registration, please contact the UST Branch at 502-564-5981 and ask to do an open records request.

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

**UST FACILITY REGISTRATION FORM**

|  |                      |   |   |   |                                      |
|--|----------------------|---|---|---|--------------------------------------|
|    |                      | <b>KENTUCKY<br/>DEPARTMENT<br/>FOR<br/>ENVIRONMENTAL<br/>PROTECTION</b> | <i>Mail completed form to:</i><br><b>DIVISION OF WASTE MANAGEMENT<br/>UNDERGROUND STORAGE TANK BRANCH<br/>200 FAIR OAKS LANE, SECOND FLOOR<br/>FRANKFORT, KENTUCKY 40601<br/>502-564-5981<br/><a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b> |   | <b>FOR STATE USE ONLY</b>            |
|  |                      |   |   |   |                                      |
| <b>I. GENERAL INFORMATION</b>  |                      |   |   |   |                                      |
| AGENCY INTEREST NUMBER:  |                      |   | NUMBER OF UST SYSTEMS AT THIS UST FACILITY:   |   |                                      |
| <b>TYPE OF REGISTRATION</b>  |                      |   |   |   |                                      |
| <input type="checkbox"/> New UST System Installed  |                      | <input type="checkbox"/> Temporarily Closed UST System                  |   | <input type="checkbox"/> Updated Tank Information |                                      |
| <input type="checkbox"/> Change in Owner/Operator  |                      | <input type="checkbox"/> Newly Discovered UST System                    |   | <input type="checkbox"/> Other _____              |                                      |
| <b>II. UST FACILITY INFORMATION</b>  |                      |   |   |   |                                      |
| UST FACILITY NAME:   |                      |   | TYPE OF UST FACILITY:   |   |                                      |
| PHYSICAL TANK LOCATION:  |                      |   |   |   |                                      |
| CITY:  | COUNTY:              | ZIP CODE:   | <input type="checkbox"/> Retail Trade <input type="checkbox"/> Bulk Plant <input type="checkbox"/> Other (specify): _____   |   |                                      |
| TELEPHONE NUMBER:<br>( ) -   | FAX NUMBER:          |   | Government : <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Federal  |   |                                      |
| <b>III. UST SYSTEM OWNER INFORMATION</b>   |                      |   |   |   |                                      |
| TYPE OF UST SYSTEM OWNER: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation<br><input type="checkbox"/> Government <input type="checkbox"/> Other (specify) _____ |                      |   | PREVIOUS OWNER:   |   |                                      |
| UST FACILITY OWNER NAME:   |                      |   | PREVIOUS OWNER'S MAILING ADDRESS:   |   |                                      |
| OWNER MAILING ADDRESS:   |                      |   | CITY:   | STATE:  | ZIP CODE:                            |
| CITY:  | STATE:               | ZIP CODE:   | <b>UST FACILITY RECORDS</b>   |   |                                      |
| OWNER TELEPHONE:<br>( ) -  |                      | OWNER FAX NUMBER:   | LOCATION OF RECORDS:<br><input type="checkbox"/> At UST Facility <input type="checkbox"/> Offsite   |   | UST FACILITY RECORDS CONTACT PERSON: |
| <b>V. UST SYSTEM OPERATOR INFORMATION</b>  |                      |   |   |   |                                      |
| DATE PERSON BECAME OWNER: ____/____/____   |                      |   | <input type="checkbox"/> CHECK HERE IF SAME AS TANK OWNER   |   | OPERATOR NAME:                       |
| OWNERS AUTHORIZED REPRESENTATIVE:  |                      |   | MAILING ADDRESS:  |   |                                      |
| OWNERS AUTHORIZED REPRESENTATIVE TELEPHONE NUMBER:<br>( ) -  | E-MAIL ADDRESS:      |   | CITY:   | STATE:  | ZIP CODE:                            |
| <b>IV. PROPERTY OWNER INFORMATION</b>  |                      |   | OPERATOR TELEPHONE NUMBER:<br>( ) -   |   | OPERATOR FAX NUMBER:                 |
| <input type="checkbox"/> CHECK HERE IF SAME AS TANK OWNER  | PROPERTY OWNER NAME: |   | OPERATOR E-MAIL ADDRESS:  |   |                                      |
| PROPERTY OWNER ADDRESS:  |                      |   | DATE PERSON BECAME OPERATOR:<br>____/____/____  |   |                                      |
| CITY:  | STATE:               | ZIP CODE:   | OPERATOR'S AUTHORIZED REPRESENTATIVE:   |   |                                      |
| PROPERTY OWNER TELEPHONE NUMBER:<br>( ) -  |                      |   | OPERATOR'S AUTHORIZED REPRESENTATIVE TELEPHONE NUMBER:<br>( ) -   |   |                                      |

**\*\*FOR DETAILS ON HOW TO FILL OUT THIS FORM, PLEASE READ THE ATTACHED INSTRUCTION SHEET\*\***

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

**IMPORTANT: The information in the following sections regarding the UST system(s) at this UST facility shall be properly completed in sufficient detail to support registration.** UST owners and operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.

**VI. UST SYSTEM HISTORY / IDENTIFICATION / DESCRIPTION**

|  |   |            |            |            |   |            |            |            |   |            |            |            |
|--|---|------------|------------|------------|---|------------|------------|------------|---|------------|------------|------------|
| <b>TANK CONTAINED PRODUCT ON OR AFTER 1/1/74</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |            |            | <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |            |            | <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |            |            |
| <b>TANK ID NUMBER</b> (e.g., 1, 2, etc.) Photocopy pgs 2 and 3 if more than 3 active tanks are present at UST facility.  | <b>Tank #:</b>  |            |            |            | <b>Tank #:</b>  |            |            |            | <b>Tank #:</b>  |            |            |            |
| <b>CURRENT / LAST SUBSTANCE STORED</b><br>UNL – Reg. Unlead Gas*    PLS – Plus Unlead Gas*<br>PRM – Premium Gas*        DSL – Diesel**<br>KER – Kerosene                UOL – Used Oil<br>NOL – New Oil                 JET – Jet fuel<br>HAZ SUB – CAS #              OTH - Other (specify) | <b>Compartment #</b>  | <b>C-1</b> | <b>C-2</b> | <b>C-3</b> | <b>Compartment #</b>  | <b>C-1</b> | <b>C-2</b> | <b>C-3</b> | <b>Compartment #</b>  | <b>C-1</b> | <b>C-2</b> | <b>C-3</b> |
|  | <b>Substance</b>  |            |            |            | <b>Substance</b>  |            |            |            | <b>Substance</b>  |            |            |            |
|  | <b>Gallons</b>  |            |            |            | <b>Gallons</b>  |            |            |            | <b>Gallons</b>  |            |            |            |
|  | <b>Ethanol %</b>  |            |            |            | <b>Ethanol %</b>  |            |            |            | <b>Ethanol %</b>  |            |            |            |
|  | <b>Biodiesel %</b>  |            |            |            | <b>Biodiesel %</b>  |            |            |            | <b>Biodiesel %</b>  |            |            |            |
| If tanks are NOT compartmentalized, complete C-1 for each tank. If the tanks are compartmentalized, list compartment sizes and substances stored (C-1, C-2, C-3).  |   |            |            |            |   |            |            |            |   |            |            |            |
| <b>CURRENTLY IN OPERATION</b><br>IF NO, ENTER DATE OF LAST OPERATION   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____/____/____  |            |            |            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____/____/____  |            |            |            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____/____/____  |            |            |            |
| <b>DATE OF TANK INSTALLATION</b> (Month/day/year)  | ____/____/____  |            |            |            | ____/____/____  |            |            |            | ____/____/____  |            |            |            |
| <b>DATE OF PIPING INSTALLATION</b> (Month/day/year)  | ____/____/____  |            |            |            | ____/____/____  |            |            |            | ____/____/____  |            |            |            |
| <b>TEMPORARILY CLOSED</b><br>(Month/day/year)<br>LESS THAN 1" OF PRODUCT/RESIDUE?<br>IF GREATER THAN 1", LEAK DETECTION MAINTAINED?  | ____/____/____ <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |            |            | ____/____/____ <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |            |            | ____/____/____ <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |            |            |
| <b>DATE TANK WAS PERMANENTLY CLOSED</b><br>(Month/day/year)  | ____/____/____ <input type="checkbox"/> N/A   |            |            |            | ____/____/____ <input type="checkbox"/> N/A   |            |            |            | ____/____/____ <input type="checkbox"/> N/A   |            |            |            |
| <b>DATE PIPING WAS PERMANENTLY CLOSED</b><br>(Month/day/year)  | ____/____/____ <input type="checkbox"/> N/A   |            |            |            | ____/____/____ <input type="checkbox"/> N/A   |            |            |            | ____/____/____ <input type="checkbox"/> N/A   |            |            |            |

**VII. FINANCIAL RESPONSIBILITY**

*The submission of this form does not guarantee eligibility for participation in PSTEAF.*

|   |  |   |
|---|--|---|
| I, the registered UST owner/operator, have reviewed 401 KAR 42:090 regarding the requirements for financial responsibility coverage for the purpose of corrective action and third-party coverage in the event of a release from regulated UST systems at this UST facility.  | <b>YES</b><br><input type="checkbox"/>   | <b>NO</b><br><input type="checkbox"/>   |
| Is the owner of the UST facility a state or federal government agency?  | <b>YES</b><br><input type="checkbox"/><br><i>Not eligible for PSTEAF coverage. Attach alternative financial responsibility documentation</i> | <b>NO</b><br><input type="checkbox"/><br><i>Proceed to the next question.</i>   |
| Are the UST systems used to store a substance that meets the definition of a motor fuel?<br><i>"Motor fuel means petroleum or petroleum based substance that is motor gasoline, aviation gasoline, No. 1 or No. 2 diesel fuel, or any grade of gasohol, that is typically used in the operation of a motor engine, jet fuel, and any petroleum or petroleum based substance typically used in the operation of a motor vehicle, including used motor vehicle lubricants and oils." KRS 224.60-115(12)</i> | <b>YES</b><br><input type="checkbox"/><br><i>Proceed to the next question.</i>   | <b>NO</b><br><input type="checkbox"/><br><i>Not eligible for PSTEAF coverage. Attach alternative financial responsibility documentation</i> |
| Do you wish to designate PSTEAF as your mechanism of financial responsibility?  | <b>YES</b><br><input type="checkbox"/>   | <b>NO</b><br><input type="checkbox"/><br><i>Attach alternative financial responsibility documentation</i>                                   |

**VIII. UST SYSTEM OWNER SIGNATURE**

I hereby certify under penalty of law that I am the (mark one):  Owner  Legally-authorized representative 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 UNDERSTAND THAT THIS NOTIFICATION FORM IS SUFFICIENT EVIDENCE TO ESTABLISH OWNERSHIP OF THE UNDERGROUND STORAGE TANK SYSTEM FOR PURPOSES OF KRS 224.60-105 THROUGH KRS 224.60-160 AND 401 KAR CHAPTER 42.**

*\*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): | TITLE:                      |
| SIGNATURE OF OWNER (Or Authorized Representative):    | DATE: _____ / _____ / _____ |

Subscribed and sworn to before me by (UST System Owner): \_\_\_\_\_

This the: \_\_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County: \_\_\_\_\_

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**IX. UST SYSTEM OPERATOR SIGNATURE**

I hereby certify under penalty of law that I am the (mark one):  Operator  Legally-authorized representative of the operator 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 UNDERSTAND THAT THIS NOTIFICATION FORM IS SUFFICIENT EVIDENCE TO ESTABLISH THAT I AM THE OPERATOR OF THE UNDERGROUND STORAGE TANK SYSTEM FOR PURPOSES OF KRS 224.60-105 THROUGH KRS 224.60-160 AND 401 KAR CHAPTER 42.**

*\*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 OPERATOR (or Authorized Representative): | TITLE:                      |
| SIGNATURE OF OPERATOR (Or Authorized Representative):    | DATE: _____ / _____ / _____ |

Subscribed and sworn to before me by (UST System Operator): \_\_\_\_\_

This the: \_\_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County: \_\_\_\_\_

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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