

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Facility Registration

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address <i>(PO Box not accepted)</i>	Street Address:		
	City:	County:	Zip Code: -
UST Facility Physical Phone	Phone: () -	Alternate Phone: () -	

2. Registration Type

Number of UST Systems at Facility			
Type of Registration	<input type="checkbox"/> New UST System Installed	<input type="checkbox"/> Temporarily Closed UST System	
	<input type="checkbox"/> Change in UST System Owner or Operator	<input type="checkbox"/> Update Tank Information	
	<input type="checkbox"/> Newly Discovered UST System	<input type="checkbox"/> Other <i>(specify):</i> _____	

3. Property Owner Information

Property Owner Name <i>(Full legal name)</i>			
Property Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Property Owner Contact Information	Phone: () -	Email:	

4. Financial Responsibility

I, the registered UST system owner or operator, have reviewed 401 KAR 42:020 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the owner of the UST facility a federal government agency?	<input type="checkbox"/> Yes <i>Not eligible for PSTEAF coverage. Attach alternative financial responsibility documentation.</i>	<input type="checkbox"/> No <i>Proceed to the next question</i>
Are the UST systems used to store a substance that meets the definition of a motor fuel? <i>“Motor fuel means 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>	<input type="checkbox"/> Yes <i>Proceed to the next question</i>	<input type="checkbox"/> No <i>Not eligible for PSTEAF coverage. Attach alternative financial responsibility documentation.</i>
Do you wish to designate PSTEAF as your mechanism of financial responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Attach alternative financial responsibility documentation.</i>

AI _____

5. UST System Description

(List first 3 UST systems below)

A UST System Compatibility Verification, DWM 4234, is attached as required for all new installations or tank substance changes (required).

Tank Contained Product on or after January 1, 1974	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Use Tank (used for <u>both</u> heating and an emergency generator)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank ID Number (e.g., 1, 2, 3)			
Compartment Number (e.g., 1, 2, etc.)	1	2	3
Capacity (gallons)			
Substance (refer to substance list below)			
Ethanol % (ethanol blended substances)			
Biodiesel % (biodiesel blended substances)			
Date of Installation (MM/DD/YY)	/ /	/ /	/ /
Date Temporarily Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
Date Last Dispensing (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
Less than 1" of product or residue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If greater than 1", has leak detection been maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Permanently Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
If permanently closed, the tank was:	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place
Substance List	UNL - Reg Unleaded Gas	ORD - Off-Road Diesel	BIO - Biodiesel
	PLS - Plus Unleaded Gas	UOL - Used Oil	HAZ - Haz Substance (CAS #)
	PRM - Premium Unleaded Gas	NOL - New Oil	AVG - Aviation Gas
	KER - Kerosene	FOL - Fuel Oil	JET - Jet Fuel
	DSL - Diesel	ETH - Ethanol	OTH - Other (specify)

UST System Description (continuation from Section 5)

(List up to 3 additional UST systems below; attach additional pages if necessary for more than 6 UST systems.)

Tank Contained Product on or after January 1, 1974	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Use Tank (used for <u>both</u> heating and an emergency generator)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank ID Number (e.g., 4, 5, 6)			
Compartment Number (e.g., 1, 2, etc.)	1	2	3
Capacity (gallons)			
Substance (refer to substance list above)			
Ethanol %			
Biodiesel %			
Date of Installation (MM/DD/YY)	/ /	/ /	/ /
Date Temporarily Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
Date Last Dispensing (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
Less than 1" of product or residue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If greater than 1", has leak detection been maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Permanently Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
If permanently closed, the tank was:	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place

AI _____

6. UST System Owner Information (Tank, Piping, & Ancillary Equipment)

Type of UST System Owner and Requirements (mark only one):

- Individual *Must enter an individual person's full legal name as the UST system owner.*
- Corporation or LLC *Must enter a corporation's name or LLC as the UST system owner. Corporations or LLCs must be in good standing with the Kentucky Secretary of State's Office in order to be registered as an owner of USTs in the Commonwealth of Kentucky.*
- Government (specify):
- Other (specify):

UST System Owner Name <i>(Full legal name)</i>			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Email:	
Date Person or Entity Became UST System Owner	/ /		

7. UST System Owner's Authorized Representative

Check here if Owner's Legally Authorized Representative is the same as the UST System Owner in Section 6 (complete this section if different).

Owner's Legally Authorized Representative	Full Legal Name:	Title:	
Owner's Legally Authorized Representative Contact Information	Phone: () -	Email:	

8. Certification of UST System Owner

I hereby certify under penalty of law that I am the (mark one)	<input type="checkbox"/> UST System Owner <input type="checkbox"/> Legally Authorized Representative of the UST System Owner <i>If an individual signing this is other than described below, attach a notarized copy of power of attorney, or resolution of board of directors, which grants the individual the legal authority to represent the company.</i>		
---	---	--	--

A "legally authorized representative" is:

- 1) For a corporation or limited liability company – a president, vice-president of the corporation in charge of a principal business function, or member, or any other person who performs similar policy or decision-making functions for the corporation.
- 2) For a partnership, sole proprietorship or individual – a general partner, proprietor, or individual named as the UST system owner.
- 3) For a federal, state, or local governmental agency or unit, or non-profit organization – a principal executive officer, which includes a chief executive officer of an agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit, or a ranking elected official.
- 4) A person designated by a court to act on behalf of the UST system owner.

I, the undersigned, 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 UST system for purposes of KRS 224.60-105 through KRS 224.60-160 and 401 KAR Chapter 42.

UST System Owner or Legally Authorized Representative <i>(Full Legal Name)</i>	<i>Printed</i>		Date	/ /
	<i>Signature</i>			

AI _____

9. UST System Operator Information (Tank, Piping, & Ancillary Equipment)

Check here if UST System Operator is the same as the UST System Owner in Section 6 (complete this section if different).

UST System Operator (Full legal name)			
UST System Operator Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Operator Contact Information	Phone: () -	Email:	
Date Became UST System Operator	/ /		

10. UST System Operator's Authorized Representative

Check here if Operator's Legally Authorized Representative is the same as the UST System Operator in Section 9 (complete this section if different).

Operator's Legally Authorized Representative	Full Legal Name:	Title:
Operator's Legally Authorized Representative Contact Information	Phone: () -	Email:

11. Certification of UST System Operator

I hereby certify under penalty of law that I am the (mark one)	<input type="checkbox"/> UST System Operator
	<input type="checkbox"/> Legally Authorized Representative of the UST System Operator <i>If an individual signing this is other than described below, attach a notarized copy of power of attorney, or resolution of board of directors, which grants the individual the legal authority to represent the company.</i>

A "legally authorized representative" is:

- 1) For a corporation or limited liability company – a president, vice-president of the corporation in charge of a principal business function, or member, or any other person who performs similar policy or decision-making functions for the corporation.
- 2) For a partnership, sole proprietorship or individual – a general partner, proprietor, or individual named as the UST system operator.
- 3) For a federal, state, or local governmental agency or unit, or non-profit organization – a principal executive officer, which includes a chief executive officer of an agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit, or a ranking elected official.
- 4) A person designated by a court to act on behalf of the UST system operator.

I, the undersigned, 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 UST system for purposes of KRS 224.60-105 through KRS 224.60-160 and 401 KAR Chapter 42.

UST System Operator or Legally Authorized Representative (Full Legal Name)	Printed	Date	/ /
	Signature		

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.

**GENERAL INSTRUCTIONS
UST Facility Registration**

Instructions provided are for the DWM 4225, UST Facility Registration form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

If a previous registration is needed, request a copy by completing an open records request through the Department of Environmental Protection at (502) 564-3999 or EEC.KORA@ky.gov.

All sections of this form must be completed to be accepted by the cabinet. 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) days of bringing a UST system into use, within thirty (30) days of placing a tank into temporary closure, or within thirty (30) days of a change in an owner, operator, or tank information. The submission of this form does not guarantee eligibility for participation in the Petroleum Storage Tank Assurance Fund (PSTEAF).

Submit DWM 4225 form via mail, fax, or electronically:

**Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
Phone: (502) 564-5981
Fax: (502) 564-0094
<http://waste.ky.gov/UST>**

Section	1.	<p>UST Facility Information:</p> <ul style="list-style-type: none"> • Agency Interest Number (AI) – Enter the agency interest number for the UST facility. If the UST facility does not currently have an agency interest number assigned, contact the cabinet prior to submitting the UST Facility Registration, DWM 4225, form. • UST Facility Name – Enter name for which the business and/or UST facility is currently operating. • UST Facility Physical Address – Enter the UST facility physical address (location of the UST systems), including the physical street address, city, county, and zip code. A PO Box, route number, or mailing address cannot be accepted. • UST Facility Physical Phone – Enter the UST facility physical phone number.
Section	2.	<p>Registration Type:</p> <ul style="list-style-type: none"> • Number of UST Systems at Facility – Enter the number of regulated UST systems located at this UST facility. A compartmentalized tank represents a single UST system. • Type of Registration – Check the appropriate box(es) that apply for this registration form.
Section	3.	<p>Property Owner Information:</p> <ul style="list-style-type: none"> • Property Owner Name – Enter the property owner name. • Property Owner Mailing Address – Enter the mailing address for the property owner, including the street address, city, and zip code. • Property Owner Contact Information – Enter the contact information for the property owner, including a phone number and email address.
Section	4.	<p>Financial Responsibility:</p> <ul style="list-style-type: none"> • Check the appropriate boxes based on the answers to the questions to determine the mechanism of financial responsibility. Attach supporting documentation if applicable.
Section	5.	<p>UST System Description:</p> <ul style="list-style-type: none"> • Check box if a UST System Compatibility Verification, DWM 4234, is attached to the UST Facility Registration. A UST System Compatibility Verification, DWM 4234, is required for all new installations or substance changes. • Tank Contained Product on or after January 1, 1974 – Check the appropriate box. If the tank was empty and taken out of service prior to January 1, 1974, the UST system is exempt from 401 KAR Chapter 42, and further information regarding this tank is not required. • Dual Use Tank – Check the appropriate box. If the tank is used for <u>both</u> heating and an emergency generator, check "Yes". If the tank is used for only one use (either heating or an emergency generator), check "No". • Tank ID Number – Enter the appropriate tank identification number (ID). When completing this form for previously registered tanks, refer to the previous registration form or call the UST Branch to obtain the previously assigned numbers for tanks. If there are more than six (6) tanks located at this UST facility, a photocopy of page 2 of this form may be added to list the additional tanks. • Compartment Number – Enter the compartment number for each compartmentalized tank, if applicable. If compartmentalized, list all compartment sizes and substances stored in each compartment. • Capacity – Enter the size of each tank and/or each compartment of a tank.

		<ul style="list-style-type: none"> • Substance – Enter all past and present substance(s) stored for each UST system. A substance list is provided one the middle of page 2 of the form. 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. • Ethanol % – Enter the percentage (%) of ethanol contained in the substance stored, if applicable. • Biodiesel % – Enter the percentage (%) of biodiesel contained in the substance stored, if applicable. • Date of Installation – Enter the date each UST system was installed. • Date Temporarily Closed – Enter the date each UST system was temporarily closed. <ul style="list-style-type: none"> ○ Date Last Dispensing – Enter the date each UST system was last used to dispense product, if applicable. ○ Less than 1" of product or residue? – Check the appropriate box for each UST system, if applicable. ○ If greater than 1", has leak detection been maintained? – Check the appropriate box for each UST system, if applicable. • Date Permanently Closed – Enter the date each UST system was permanently closed, if applicable. <ul style="list-style-type: none"> ○ If permanently closed, the tank was – For permanently closed tanks, check the appropriate box indicating the tank was removed or closed in place.
Section	6.	<p>UST System Owner Information (Tank, Piping, & Ancillary Equipment):</p> <ul style="list-style-type: none"> • Type of UST System Owner and Requirements – Check the appropriate box that applies to the current UST system owner. • UST System Owner Name – Enter the full legal name of the individual, corporation, or Limited Liability Corporation (LLC), government agency, or other entity that owns the UST facility. If the UST system owner is a corporation or other legal entity, record the full legal name of the corporation or LLC as registered with the Kentucky Secretary of State's Office. • UST System Owner Mailing Address – Enter the owner's street address, city, state, and zip code. If more than one UST facility is owned, list the same ownership information for all UST systems. The address supplied will be used by the cabinet for mailing all correspondence regarding this UST facility. It is the owner or operator's obligation notify the cabinet of any mailing address changes. Reception 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 System Owner Contact Information – Enter the contact information for the UST system owner, including a phone number and email address. • Date Person or Entity Became UST System Owner – Enter the date the UST system(s) was acquired by the UST system owner.
Section	7.	<p>UST System Owner's Authorized Representative:</p> <ul style="list-style-type: none"> • Check the box if the owner's representative is the same as the UST system owner in Section 6. If different, then complete the remaining items in this section. • Owner's Legally Authorized Representative – Enter the name and title of the person that is authorized to make decisions on behalf of the UST system owner. This is especially important if the UST system owner is a corporation. • Owner's Legally Authorized Representative Contact Information – Enter the UST system owner's legally authorized representative contact information, including a phone number and email address.
Section	8.	<p>Certification of UST System Owner:</p> <ul style="list-style-type: none"> • Certify that you are either the UST system owner or a legally authorized representative by checking the appropriate box. • UST System Owner or Legally Authorized Representative – The UST system owner or the legally authorized representative should print full legal name, sign, and date form. <p>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. This does not apply to a single proprietorship or partnership.</p>
Section	9.	<p>UST System Operator Information (Tank, Piping, & Ancillary Equipment):</p> <ul style="list-style-type: none"> • Check the box if the UST system operator is the same as the UST system owner in Section 6. If different, then complete the remaining items in this section. • UST System Operator Name – Enter the UST system operator's name (not employees of the operator). • UST System Operator Mailing Address – Enter the UST system operator's mailing address, including city, state, and zip code. • UST System Operator Contact Information – Enter the UST system operator's contact information, including phone number and email address. • Date Became UST System Operator – Enter date this person became the UST system operator.

Section	10.	UST System Operator's Authorized Representative: <ul style="list-style-type: none">• Check the box if the operator's representative is the same as the UST system operator in Section 9. If different, then complete the remaining items in this section.• Operator's Legally Authorized Representative – Enter the name and title of the person that is authorized to make decisions on behalf of the UST system operator. This is especially important if the UST system operator is a corporation.• Operator's Legally Authorized Representative Contact Information – Enter the UST system operator's legally authorized representative contact information, including a phone number and email address.
Section	11.	Certification of UST System Operator: <ul style="list-style-type: none">• Certify that you are either the UST system operator or a legally authorized representative by checking the appropriate box.• UST System Operator or Legally Authorized Representative – The UST system operator or the legally authorized representative should print full legal name, sign, and date form. <p><i>NOTE: If the individual signing the form on behalf of a corporation is other than the president or vice-president of the corporation in charge of a principal business function, attach a notarized copy of power of attorney, or resolution of board of directors, which grants individual the legal authority to represent the company.</i></p>