

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 Affidavit of Termination of PSTEAF Contract

1. UST Facility Information

Agency Interest Number (AI)		PSTEAF Application Number	
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -

2. Applicant Information

Applicant Name			
Applicant Contact Information	Phone: () -	Email:	

3. Certification

I, the applicant approved for Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) reimbursement, _____, hereby notify the UST Branch of the termination, as of ___/___/___ (date of contract termination as MM/DD/YY), of the contract dated ___/___/___ (MM/DD/YY) with _____ (eligible company or partnership name) for the performance of corrective action at _____ (UST facility name) at _____ (UST facility address).

Applicant or Authorized Representative/Agent	<i>Printed</i>		Title	
	<i>Signature</i>		Date	/ /

4. Notary Information

Subscribe and sworn to before me by (Applicant or Authorized Representative/Agent): _____

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 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 Affidavit of Termination of PSTEAF Contract

Instructions provided are for the DWM 4280, UST Affidavit of Termination of PSTEAF Contract 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.

All sections shall be completed to be accepted by the cabinet. If this form is not complete (including all required additional documentation) a deficiency letter will be sent to the applicant for corrections.

Submit DWM 4280 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. • PSTEAF Application Number – Enter the applicable Application for Assistance number. • UST Facility Name – Enter the UST facility name. • UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	2.	<p>Applicant Information:</p> <ul style="list-style-type: none"> • Applicant Name – Enter the applicant name. This is not the UST facility name, unless it is the same as the applicant. • Applicant Contact Information – Enter the applicant's contact information including phone number and email address.
Section	3.	<p>Certification:</p> <ul style="list-style-type: none"> • Certify by entering applicant name, date of termination of contract, date of original contract, eligible company or partnership name, UST facility name, and UST facility address. • Applicant or Legally Authorized Representative/Agent – The applicant or legally authorized representative or agent (i.e., owner, officer, director, or principal of the company or partnership) shall certify the termination of contract by printing name, title, and sign and date witnessed by a notary.
Section	4.	<p>Notary Information:</p> <ul style="list-style-type: none"> • A notary shall witness the certification (signing and dating) the UST Affidavit of Termination of PSTEAF Contract, DWM 4280.