

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 Application for Assistance for PSTEAF**

**1. UST Facility Information**

<b>Agency Interest Number (AI)</b>			
<b>UST Facility Name</b>			
<b>UST Facility Physical Address</b>	Street Address:		
	City:	County:	Zip Code: -

**2. Applicant Information**

*Additional information may be requested, if necessary, to determine the applicant's ownership or organizational structure.*

<b>Type of Application (mark one)</b>	<input type="checkbox"/> New	<input type="checkbox"/> Amended – provide PSTEAF Application #:	<input type="checkbox"/> 3 <sup>rd</sup> Party
<b>Applicant Type (mark all that apply)</b>	<input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator		
<b>Total number of Petroleum Storage Tanks Owned or Operated (at the time of the release)</b>	All Facilities Owned:	All Tanks Operated:	
<b>Applicant's Ownership or Organizational Structure (mark one)</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporated
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Estate / Trust	<input type="checkbox"/> Government / Non-Profit
	<input type="checkbox"/> Public Service Corporation		
<b>Applicant Name (Owner/Operator)</b>			
<b>Applicant Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Applicant Contact Information</b>	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		
<b>Legally Authorized Representative / Agent #1</b>	Name:	Title:	
	Phone: ( ) -	Email:	
<b>Legally Authorized Representative / Agent #2</b>	Name:	Title:	
	Phone: ( ) -	Email:	

**3. Financial Information**

**Mark only one.** The UST Branch may request financial documentation.

- 1. The applicant's last five (5) years average total income, or annual budget for non-profit entities, is **less** than or equal to \$100,000.
- 2. The applicant's last five (5) years average total income, or annual budget for non-profit entities, is **greater** than \$100,000.

**4. Petroleum Release Details**

<b>Incident Number</b>					
<b>Date Release Occurred/Discovered</b>	/ /	Date Reported to the Cabinet:			/ /
<b>Method of Discovery</b>	<input type="checkbox"/> Incident	<input type="checkbox"/> Removal	<input type="checkbox"/> Site Check	<input type="checkbox"/> Other (specify):	
<b>Product Released (mark all that apply)</b>	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Diesel	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Waste Oil	<input type="checkbox"/> New Oil

AI \_\_\_\_\_

**Petroleum Release Details** (continued from Section 4)

List Tanks Associated with the Release	Tank	Capacity (gal)	Product	Tank	Capacity (gal)	Product
	1.				4.	
2.				5.		
3.				6.		

**5. Contracted Eligible Company or Partnership**

<b>Eligible Company or Partnership</b>		AI Number (company or partnership):
<b>Professional Engineer (P.E.) or Professional Geologist (P.G.)</b>		License Number:

A written contract signed by both the applicant and the eligible company or partnership is attached to this application. (required)

**6. Third-Party Information**

<b>Are there any known third-party complaints connected with this release?</b>	<input type="checkbox"/> Yes If yes, provide the third-party information below and attach a copy of the complaint and/or any legal documents, letters, etc. received.		<input type="checkbox"/> No
<b>Third-Party Name</b>			
<b>Third-Party Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Third-Party Contact Information</b>	Phone: ( ) -	Email:	

**7. Subrogation Agreement**

In consideration of, and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned \_\_\_\_\_ (Applicant) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at \_\_\_\_\_ (UST Facility) during the period on or about \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY) to the present. The Applicant authorizes the cabinet to sue, compromise, or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquittance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant with the same force and effect as if the Applicant executed or endorsed them. It is the intent of the parties that the cabinet be fully substituted for the Applicant and subrogated to all the Applicant's rights to recover the amount paid from the PSTEAF.

The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and documents in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

AI \_\_\_\_\_

**8. Applicant Certification**

**Signature Requirements:** *If incorporated or a public service corporation, the individual signing may be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the UST facility; or a person designated by the board of directors by means of a corporate resolution. For the individual for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form shall be signed by a principal, executive officer or ranking elected official. The power of the agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representative of the owner/operator.*

**I hereby certify under penalty of law that I am the** *(mark one)*

- Applicant *(Owner/Operator)*  
 Legally-authorized representative or agent of the applicant *(refer to Signature Requirements above)*

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. In addition, I certify the eligibility requirements of 401 KAR 42:250 have been met and a release requiring corrective action from this UST facility has occurred and has been reported to the cabinet as required by 401 KAR 42:250, Section 2.

<b>Applicant or Authorized Representative / Agent</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /
<b>Eligible Company or Partnerships Representative</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /

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](mailto:EEC.KORA@ky.gov).

**GENERAL INSTRUCTIONS**  
**UST Application for Assistance for PSTEAF**

Instructions provided are for the DWM 4282, UST Application for Assistance for PSTEAF 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 owner for corrections. For any future changes in information, an amended application shall be submitted within thirty (30) days of any changes.

**Submit DWM 4282 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>

<b>Section</b>	<b>1.</b>	<p><b>UST Facility Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – Enter the agency interest number for the UST facility.</li> <li>• <b>UST Facility Name</b> – Enter the UST facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the UST facility physical address, including the street address, city, county, and zip code. A PO Box will not be accepted.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>Applicant Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Type of Application</b> – Mark appropriate box indicating the type of application for which you are applying. For an amended application, provide Agency Interest (AI) number.</li> <li>• <b>Applicant Type</b> – Mark the appropriate box indicating whether you are the UST owner, UST operator, or both.</li> <li>• <b>Total Number of Petroleum Storage Tanks Owned or Operated</b> – <ul style="list-style-type: none"> <li>○ <b>All Facilities Owned</b> – Enter the total number of petroleum storage tank facilities owned at the time of the release.</li> <li>○ <b>All Tanks Operated</b> – Enter the total number of petroleum storage tanks operated by the owner or operator at the time of the release. Include those petroleum storage tanks owned that are located at other facilities.</li> </ul> </li> <li>• <b>Applicant's Ownership or Organizational Structure</b> – Mark the appropriate box that corresponds with the applicant applying for coverage.</li> <li>• <b>Applicant Name</b> – Enter the applicant's name. This is the owner's or operator's name (corporation, individual, partnership, incorporated, sole proprietorship, Public Service Corporation, government/non-profit agency, or estate/trust). The applicant applying, whether an owner or operator, must be the current owner or operator as indicated on the UST facility registration form at the time of the release.</li> <li>• <b>Applicant Mailing Address</b> – Enter the applicant's mailing address including a street address, city, state, and zip code.</li> <li>• <b>Applicant Contact Information</b> – Enter the applicant's contact information including phone number and email address.</li> <li>• <b>Legally Authorized Representatives/Agents</b> – Enter up to two (2) legally authorized representatives or agents, and include a title, phone number, and email address for each. This is the person that is authorized to make decisions on behalf of the applicant. This is especially important if the applicant is a corporation, partnership, or municipality. Documentary evidence to substantiate the legality of an authorized representative's power of agency or power of attorney shall be submitted. Refer to 401 KAR 42:250, Section 15 for additional information.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Financial Information:</b></p> <ul style="list-style-type: none"> <li>• Mark the appropriate box based on the applicant's last five (5) years average total income or annual budget for non-profit entities. The UST Branch may request supporting financial documentation.</li> </ul>

Section	4.	<p><b>Petroleum Release Details:</b></p> <ul style="list-style-type: none"> <li>• <b>Incident Number</b> – Enter the incident number acquired from the cabinet upon reporting the release.</li> <li>• <b>Date Release Occurred/Discovered</b> – Enter the date the release from the petroleum storage tank(s) requiring corrective action from an eligible UST facility occurred and/or was discovered.</li> <li>• <b>Date Release Reported to the Cabinet</b> – Enter the date the release from the petroleum storage tank(s) requiring corrective action from an eligible UST facility was reported to the cabinet.</li> <li>• <b>Method of Discovery</b> – Mark the applicable method of discovery for the release.</li> <li>• <b>Product Released</b> – Mark the applicable product(s) that were released into the environment.</li> <li>• <b>List Tanks Associated with the Release</b> – List the petroleum storage tank(s) associated with the release being applied for on this application. Include the tank number, capacity, and type of product stored.</li> </ul>
Section	5.	<p><b>Contracted Eligible Company or Partnership:</b></p> <ul style="list-style-type: none"> <li>• <b>Eligible Company or Partnership</b> – Enter the name of the eligible company or partnership who is contracted to perform corrective action at the UST facility. The eligible company or partnership shall be eligible in accordance with 401 KAR 42:250, Section 19. Enter the eligible company or partnership's AI number obtained from the UST Branch.</li> <li>• <b>Professional Engineer (P.E.) or Professional Geologist (P.G.)</b> – Enter P.E. or P.G. name and their license number.</li> <li>• Check the box indicating a written contract signed by both the applicant and the eligible company or partnership is attached to this application. Refer to 401 KAR 42:250, Section 3 for additional information.</li> </ul>
Section	6.	<p><b>Third-Party Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Are there any known third-party complaints connected with this release?</b> – Mark the appropriate response indicating whether the applicant has knowledge of any third-party complaints connected to the release. If yes, provide the third-party name, mailing address, and contact information, and attach a copy of the complaint and/or any legal documents, letters, etc. received in relation to the complaint. If no, proceed to Section 7 of this form.</li> <li>• <b>Third-Party Name</b> – Enter the name of the third-party.</li> <li>• <b>Third-Party Mailing Address</b> – Enter the third-party's mailing address including street address, city, state, and zip code.</li> <li>• <b>Third-Party Contact Information</b> – Enter the third-party's phone number and e-mail address.</li> </ul>
Section	7.	<p><b>Subrogation Agreement:</b></p> <ul style="list-style-type: none"> <li>• <b>Applicant</b> – Enter the applicant's name. This is the owner's or operator's name (corporation, individual, partnership, incorporated, sole proprietorship, Public Service Corporation, government/non-profit agency, or estate/trust). This name should match the applicant's name listed in Section 2 of this form.</li> <li>• <b>UST Facility</b> – Enter the UST facility name. This name should match the UST facility name listed in Section 1 of this form.</li> <li>• <b>Month, Day, Year</b> – Enter the date, including month, day, and year that the application is being signed by the applicant. This date should match the date of signature of the applicant or authorized representative/agent in Section 8 of this form.</li> </ul>
Section	8.	<p><b>Applicant Certification:</b></p> <ul style="list-style-type: none"> <li>• <b>Certify</b> that you are either the applicant (owner or operator) or a legally-authorized representative by checking the appropriate box.</li> <li>• <b>Applicant or Legally Authorized Representative/Agent</b> – The applicant or legally authorized representative or agent (i.e., owner, officer, director, or principal of the company or partnership) shall certify the information included on the claim by printing name, title, and sign and date.</li> <li>• <b>Eligible Company or Partnerships Representative</b> – The applicant's eligible company or partnership's representative shall certify the information included on the claim by printing name, title, and sign and date.</li> </ul>