

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

Claim Number:

Obligation Number:

**UST Claim Request for Actions Not Directed**

**1. General Information**

<b>Agency Interest Number (AI)</b>		<b>Application Number</b>	
<b>Claim Request Type</b> <i>(mark one)</i>	<input type="checkbox"/> Optional Soil Removal at Permanent Closure <input type="checkbox"/> Encroachment Permit Renewal <input type="checkbox"/> Initial Abatement Actions	<input type="checkbox"/> Disposal of Soil or Water (non-drummed) <input type="checkbox"/> Transportation and Disposal of Drums <input type="checkbox"/> Unscheduled Maintenance of Remediation System	
<b>Reimbursement Amount Requested</b>	\$ _____ <i>Submit supporting documentation as applicable with claim.</i>		

**2. UST Facility Information**

<b>UST Facility Name</b>			
<b>UST Facility Physical Address</b> <i>(PO Box not accepted)</i>	Street Address:		
	City:	County:	Zip Code: -

**3. Applicant Information**

<b>Applicant Name</b>			
<b>Applicant Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Applicant Contact Information</b>	Phone: ( ) -	Email:	
<b>Legally Authorized Representative / Agent</b>		Phone: ( ) -	Email:

**4. Payment Verification Affidavit Certification**

- This affidavit is given with reference that this Claim Request is signed and dated by me and thereafter to be submitted to the UST Branch. This Claim Request reimbursement is for costs incurred for corrective action at the UST facility above.
- This affidavit certifies that all vendors and subcontractors who have performed work, or supplied materials, related to corrective action at the UST facility, and whose invoices for such work or materials make up all or any portion of the costs that are the subject of this Claim Request, have been paid in full for all such work and materials as the date of submittal of this Claim Request to the UST Branch, except for those invoices specifically listed in Item 3 below.
- The following invoices make up all or a portion of the costs that are the subject of this Claim Request, and have not been paid in full as of the date of submittal of this Claim Request to the UST Branch. A UST Payment Waiver (DWM 4289) for each vendor or subcontractor listed below shall be submitted with this Claim Request prior to reimbursement. *(required)*

Number of Invoices	Name of Vendor / Subcontractor	Invoice Number	Invoice Amount	Payment Waiver Included
1			\$	<input type="checkbox"/>
2			\$	<input type="checkbox"/>
3			\$	<input type="checkbox"/>
4			\$	<input type="checkbox"/>
5			\$	<input type="checkbox"/>
6			\$	<input type="checkbox"/>
7			\$	<input type="checkbox"/>

AI \_\_\_\_\_

**5. Applicant Certification**

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 that, if not the approved applicant, I am legally authorized by the approved applicant as an agent to make this certification, or I am the person eligible under 401 KAR Chapter 42 and my eligibility is in good standing.

*Note to Applicant:* *Incomplete claim forms cannot be processed. After signing below, send incomplete claim forms back to your contracted eligible company or partnership prior to submittal to the UST Branch.*

<b>Applicant or Legally 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).

*Note: The UST Branch shall review claim requests immediately following a technical completion determination.*

**GENERAL INSTRUCTIONS**  
**UST Claim Request for Actions Not Directed**

Instructions provided are for the DWM 4285, UST Claim Request for Actions Not Directed. 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 4285 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>General Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – This is the agency interest number for the UST facility.</li> <li>• <b>Application Number</b> – This is the applicable Application for Assistance number.</li> <li>• <b>Claim Request Type</b> – Mark the appropriate box associated with the type of claim being submitted.</li> <li>• <b>Reimbursement Amount Requested</b> – Enter the dollar amount requested for the claim being submitted. Submit supporting documentation as applicable with the claim.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>UST Facility Information:</b></p> <ul style="list-style-type: none"> <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. A PO Box will not be accepted.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Applicant Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Applicant Name</b> – Enter the applicant name. This is not the UST facility name, unless it is the same as the applicant.</li> <li>• <b>Applicant Mailing Address</b> – Enter the current applicant 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 Representative/Agent</b> – Enter the legally authorized representative or agent, and include his or her phone number and email address.</li> </ul>
<b>Section</b>	<b>4.</b>	<p><b>Payment Verification Affidavit Certification:</b></p> <ul style="list-style-type: none"> <li>• <b>Name of Vendor/Subcontractor</b> – List all the vendors and subcontractors who have not been paid in full as of the date of the submittal of the associated claim.</li> <li>• <b>Invoice Number</b> – List applicable invoice numbers associated with the work completed for the directive.</li> <li>• <b>Invoice Amount</b> – Enter the invoice dollar amount owed to the vendor/subcontractor for the associated Invoice Number listed.</li> <li>• <b>Payment Waiver Included</b> – Check the box if the associated UST Payment Waiver, DWM 4289, form is included with the claim. The UST Payment Waiver, DWM 4289, is required for all vendors/subcontractors whom are not paid in full at the time the claim is submitted.</li> </ul>
<b>Section</b>	<b>5.</b>	<p><b>Applicant Certification:</b></p> <ul style="list-style-type: none"> <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>