

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 Payment Waiver

1. UST Information

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

2. Applicant Information

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

3. Contractor (person with whom the Declarant is under contract with)

Eligible Company or Partnership		AI Number (company or partnership):
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4. Declarant (vendor or subcontractor)

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

5. Waiver Affidavit

This Waiver of right to payment (*the "Waiver"*) is made effective ___ / ___ / ___ (*MM/DD/YY*) by the Declarant referenced above (*the "Declarant"*). Declarant, being first duly sworn, state, under penalty of law, as follows:

- Declarant is a vendor or subcontractor who has performed work or supplied materials related to corrective action at the UST facility referenced above.
- Declarant has submitted to the Contractor referenced above (*person with whom the Declarant is under contract with; the "Contractor"*) invoices for work performed, or materials supplied, for or the Contractor, related to corrective action at the UST Facility. All, or any one or more, of the invoices listed below or on additional sheets attached here to are hereinafter referred to as "the Invoices". The Invoice numbers and amounts are as follows:

Number of Invoices	Invoice Number	Invoice Amount
1		\$
2		\$
3		\$
4		\$
5		\$

- Notwithstanding any legal rights or remedies that Declarant may otherwise have, Declarant hereby waives, for itself and for its heirs, successors; and assigns its right to full payment of the Invoices before a person files a claim for reimbursement with the cabinet, where the Invoices form a basis for at least part of that claim for reimbursement.

AI _____

Waiver Affidavit (continued from Section 5)

4. Notwithstanding any legal rights or remedies that Declarant may otherwise have, Declarant hereby declares, for itself and for its heirs, successors; and assigns its sole legal recourse for non-payment of the Invoices shall be to proceed against the Contractor. Declarant hereby waives forever any rights it may have to take legal action of any kind against the cabinet, or against any person other than the Contractor, for non-payment of the Invoices.
5. Declarant hereby releases and discharges any and all liens it has filed, or will file, under KRS Chapter 376 for work performed or materials provided that are the subject of the Invoices. In the event any further documents are necessary to effectuate the complete release and discharge of such liens, or to clear the title of the real property upon which such liens have been filed, Declarant agrees to execute and return all such further documents within thirty (30) days after written request made to the Declarant by the cabinet to do so.

6. Certification

In witness whereof, Declarant has made and executed this waiver as of the date first written above.

Declarant, Legally Authorized Representative, or Agent	<i>Printed</i>		Title	
	<i>Signature</i>		Date	/ /

7. Notary Information

Subscribe and sworn to before me by (Declarant): _____

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 Payment Waiver

Instructions provided are for the DWM 4289, UST Payment Waiver 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 4289 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>General Information:</p> <ul style="list-style-type: none"> • Agency Interest Number (AI) – This is the agency interest number for the UST facility. • 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>Contractor:</p> <ul style="list-style-type: none"> • Enter the contracted eligible company or partnership and associated AI number for the eligible company or partnership.
Section	4.	<p>Declarant:</p> <ul style="list-style-type: none"> • Declarant Name – Enter the name of the vendor or subcontractor waiving payment until the directed work is reimbursed by PSTEAF. • Declarant Address – Enter the declarant mailing address including city, county, and zip code. • Declarant Contact Information – Enter the declarant's contact information including phone number and email address. • Legally Authorized Representative/Agent – Enter the legally authorized representative or agent, and include his or her phone number and email address.
Section	5.	<p>Waiver Affidavit:</p> <ul style="list-style-type: none"> • Enter the effective date the declarant waived the right to payment. • Invoice Number – List applicable invoice numbers associated with the work completed for the directive. • Invoice Amount – Enter the invoice dollar amount owed to the vendor/subcontractor for the associated Invoice Number listed.
Section	6.	<p>Certification:</p> <ul style="list-style-type: none"> • Declarant, Legally Authorized Representative, or Agent – The declarant or legally authorized representative or agent shall certify the affidavit by printing name, title, and sign and date witnessed by a notary.
Section	7.	<p>Notary Information:</p> <ul style="list-style-type: none"> • A notary shall witness the certification (signing and dating) the UST Payment Waiver, DWM 4289.