

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 SOTRA

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: -

2. Applicant Information

Applicant's Ownership or Organizational Structure <i>(mark one)</i>	<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			
Applicant Name <i>(Owner)</i>			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: () -	Alternate Phone: () -	Fax: () -
	Email:		
Legally Authorized Representative / Agent	Name:	Title:	
	Phone: () -	Email:	

3. Information for Tanks to be Permanently Closed
(Attach additional pages if necessary)

Pit Number	Tank Number	Capacity (gal)	All Substances Ever Stored	Installation Date	Current Status
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

In accordance with 401 KAR 42:330 Section 2(5), permanent closure must be performed within one (1) year from the approval date of this application.

AI _____

4. Attachments (required)

- 1. Written contract signed by both the applicant and the primary contractor.
- 2. Provide copies of financial documents verifying the applicant's last five (5) years average total income, or annual budget, is \$100,000 or less:
 - a) For Individual, Partnership, Incorporated, Sole Proprietorship, For-Profit Public Service Corporation and an Estate/Trust, attach federal income tax returns for the last five (5) years.
 - b) For the following Non-Profit Entities: Public Service Corporation, Government and all other Non-Profit entities attach annual budgets for the last five (5) years, and tax exemption documentation.
 - c) For an applicant not required to file federal income tax returns attach other financial statements sufficient to document income.
- 3. Detailed site map of the UST facility indicating each tank pit and the areas to be impacted by the permanent closure.
- 4. Color photographs of the UST facility that include each tank pit area and UST facility features identified on the UST facility map and the areas to be impacted by permanent closure.

5. 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 acquaintance, 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 document 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.

6. Applicant Certification

Signature Requirements: *If incorporated or a public service corporation, the individual signing can 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.*

<p>I hereby certify under penalty of law that I am the (mark one)</p>	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Legally-authorized representative or agent of the applicant (<i>refer to Signature Requirements above</i>)

AI _____

Applicant Certification (Continued from Section 6)

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. I certify that retail sale or wholesale distribution of motor fuels at the UST facility will permanently cease upon permanent closure of the tanks and all known tanks at the UST facility are being permanently closed. In further certify that I owned the tanks for more than one (1) year prior to the date of the application for reimbursement from this account.

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

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 Application for Assistance for SOTRA

Instructions provided are for the DWM 4293, UST Application for Assistance for SOTRA 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 4293 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. • UST Facility Name – Enter the UST facility name. • UST Facility Physical Address – Enter the UST facility physical address, including the 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's Ownership or Organizational Structure – Mark the appropriate box that corresponds with the owner or operator applying for coverage. • Applicant Name – 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. • Applicant Mailing Address – Enter the current applicant mailing address including a street address, city, state, and zip code. • Applicant Contact Information – Enter the applicant's contact information including phone number and email address. • Legally Authorized Representative/Agent – Enter the legally authorized representative or agent, and include a title, phone number, and email address. 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.
	3.	<p>Information for Tanks to be Permanently Closed:</p> <ul style="list-style-type: none"> • List pit number, tank number, capacity, all substances ever stored in each tank, installation date, and current status (active or inactive) for all tanks to be permanently closed under this application.
Section	4.	<p>Attachments:</p> <ul style="list-style-type: none"> • Mark the box indicating a written contract signed by both the applicant and the primary contractor is submitted with this application. • Mark the appropriate box based on the applicant's last five (5) years average total income or annual budget for non-profit entities, or other financial statements sufficient to document income is submitted with this application. • Mark the box indicating a detailed site map of the UST facility indicating each tank pit and the areas to be impacted by the permanent closure is submitted with this application.
Section	5.	<p>Subrogation Agreement:</p> <ul style="list-style-type: none"> • Applicant – 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. • UST Facility – Enter the UST facility name. This name should match the UST facility name listed in Section 1 of this form. • Month, Day, Year – 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.
Section	6.	<p>Applicant Certification:</p>

- | | | |
|--|--|---|
| | | <ul style="list-style-type: none">• Certify that you are either the applicant (owner or operator) or a legally-authorized representative by checking the appropriate box.• 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 information included on the claim by printing name, title, and sign and date. |
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