DEP 5039 (April 2011) 401 KAR 42:070

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| **CERTIFICATION OF PROPERLY CLEANED USTS** | | | |
|  | **KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION** | *Mail completed form to:*  **DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 300 SOWER BLVD, SECOND FLOOR FRANKFORT, KENTUCKY 40601**  **(502) 564-5981**  [**http://waste.ky.gov/ust**](http://waste.ky.gov/ust) | **FOR STATE USE ONLY** |
| This certification shall be completed and submitted to verify that a removed underground storage tank (UST) has been properly cleaned. | | | |
| **UST FACILITY INFORMATION** | | | |
| Agency Interest Number: | | | |
| UST Facility Name: | | | |
| Physical Address: | | | |
| Number of USTs removed: | | | |
| **SIGNATURE OF OWNER OR OPERATOR** | | | |
| I, the undersigned, under penalty of law, hereby certify that the UST(s) removed from the referenced site on \_ \_\_ (date) had all liquids and accumulated sludge removed using commonly employed practices and that the UST(s) has been properly cleaned. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment. | | | |
| \_ \_ \_/\_ \_/  **Signature of Owner or Operator Date**  \_ \_ \_  **Printed Name of Owner or Operator Title** | | | |
| **SIGNATURE OF CONTRACTOR CERTIFIED BY THE STATE FIRE MARSHAL’S OFFICE** | | | |
| \_ \_ \_ / / \_ \_  **Signature of SFMO Certified Contractor Date**  \_ \_ / / \_ Certification Number Printed Name Date Certification Expires | | | |
| If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at [**http://waste.ky.gov/ust**.](http://waste.ky.gov/ust) | | | |