DEP 5040 (April 2011) 401 KAR 42:060

|  |
| --- |
| **CORRECTIVE ACTION REPORT CERTIFICATION** |
|  | **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** |
| **I. GENERAL INFORMATION** |
| Agency Interest No.: | UST Facility Address: | PSTEAF Application Number (if applicable): |
| Latitude and Longitude of UST Facility: Latitude:Longitude: | County: | UST Facility Name: |
| **REPORT TYPE:** |
| Conceptual Site Model (CSM) Report Feasibility Study ReportPilot Study Report | Corrective Action Plan (CAP) Report Risk Assessment ReportOther  |
| **CONTACT INFORMATION:** |
| Tank Owner Name: | Contractor/Consultant Name: |
| Address: | Address: |
| City: | County: | Zip code: | City: | County: | Zip code: |
| Telephone: | Fax: | E-mail: | Telephone: | Fax: | E-mail: |
| **II. CERTIFICATION** |
| Under the requirements of KRS Chapter 322 and 322A, this report shall be completed and signed by a Professional Geologist (P.G.) registered with the Kentucky Board of Registration for Professional Geologists, or a Professional Engineer (P.E.) licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors.**I, THE UNDERSIGNED, 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.**Name and Title (Type or Print): Signature/Date: Registration Number, Date and Seal:  |
| If you have questions on how to fill out this form or to request a review of your site records, contact the UST Branch at 502-564-5981 or visit our Web site at [http://waste.ky.gov/ust.](http://waste.ky.gov/ust) |

Page 1 of 1

SEAL

