CORRECTIVE ACTION REPORT CERTIFICATION											
USTB KENTUCK DEPARTMEN FOR ENVIRONMEN PROTECTIO		ENT NTAL	NT UNDERGR 300 SO ITAL FRAI			ompleted form to: WASTE MANAG STORAGE TAN LVD, SECOND T, KENTUCKY 2-564-5981 waste.ky.gov/ust	GEMENT NKBRANCH FLOOR 40601	FOR S	TATE USE ONLY		
I. GENERAL INFORMATION											
Agency Interest No.:				UST Facility Addres				PSTEAF Application Number (if applicable):			
Latitude and Longitude of UST Facility: Latitude: Longitude:				County:				UST Facility Name:			
Conceptual Site Model (CSM) Report Feasibility Study Report Pilot Study Report							PORT TYPE: Corrective Action Plan (CAP) Report Risk Assessment Report Other				
CONTACT INFORMATION:											
Tank Owner Name:					Contractor/Consultant Name:						
Address:					Address:						
City:	County:		Zip cod	Zip code:		City:		County:	Zip co	ode:	
Telephone:	Fax:		E-mail:		Tele	Telephone:		Fax:	E-mai	il:	
II. CERTIFICATION											
II. CERTIFICATION 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: Signature/Date: SEAL											
If you have questions		to fill out this form o	or to requ	est a review of	your si	ite re	cords, contact the L	JST Branch at 502	2-564-5981 or	visit our Web site at	
http://waste.ky.gov/us	51.										