

SOTRA APPLICATION FOR ASSISTANCE

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 300 SOWER BLVD, SECOND FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY Application No.: _____
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GENERAL INFORMATION

AGENCY INTEREST #:	Indicate if New ___ Amended ___ SOTRA Application for Assistance
APPLICANT INFORMATION	FACILITY INFORMATION
PETROLEUM STORAGE TANK OWNER (APPLICANT'S) NAME:	FACILITY NAME:
OWNER MAILING ADDRESS:	PHYSICAL LOCATION:
CITY: STATE: ZIP CODE:	CITY: COUNTY: ZIP CODE:
TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	FACILITY CONTACT PERSON: FACILITY TELEPHONE NUMBER:
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT: TELEPHONE NUMBER:	FACILITY FAX NUMBER: FACILITY E-MAIL ADDRESS:

TAX INFORMATION

(Social Security Number (SS #) or Federal Identification Number (ID #) shall be provided)

APPLICANT APPLYING FOR COVERAGE AS:

- INDIVIDUAL** shall have an average total income for the last five (5) years of \$100,000 or less. Provide the applicant's SS #: _____
- PARTNERSHIP** shall have an average total income for the last five (5) years of \$100,000 or less. If applicable, provide Federal ID #: _____
- INCORPORATED** shall have an average total income for the last five (5) years of \$100,000 or less. Provide the Federal ID #: _____
- SOLE PROPRIETORSHIP** shall have an average total income for the last five (5) years of \$100,000 or less. Provide the applicant's SS #: _____
- PUBLIC SERVICE CORPORATION** shall have an average total income for the last five (5) years of \$100,000 or less. Provide the Federal ID # _____ and tax exemption documentation, if applicable.
- GOVERNMENT/NON-PROFIT** shall have an average total income for the last five (5) years of less than \$100,000. Provide tax exemption documentation.
- ESTATE/TRUST** shall have an average total income for the last five (5) years of \$100,000 or less. Provide the applicant's SS #: _____ or Federal ID # _____.

ADDITIONAL INFORMATION REQUIRED

- Copy of the written contract between the owner and the primary contractor.
- Name of the Certified Remover: _____ and the SFM Certification Number: LUG _____.
- Facility Map
- Color photographs of the facility that include each tank pit area and facility features identified on the facility map and the areas to be impacted by permanent closure
- A copy of the deed, affidavit or other documentation indicating ownership of the tanks, if the tanks have not been registered with the Division of Waste Management, in the name of the applicant, for 12 months prior to this application being submitted.

TANKS TO BE REMOVED AT THIS FACILITY

Tank #	Gallons	Substance(s)	Date Installed	Current Tank 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

TANK CLOSURE COST MATRIX

(Reimbursement from SOTRA shall determined from either: 1) the lesser \$2.60 per gallon of tank capacity removed per tank pit or 2) the matrix table value below)

Size of Largest Tank in the Tank Pit based on Gallons	Number of Tanks in the Tank Pit					
	1	2	3	4	5	Each Additional Tank
Less than 3,100	\$3,900	\$6,370	\$8,320	\$10,270	\$12,220	\$1,950
3,100 – 5,100	\$4,420	\$7,150	\$9,750	\$11,700	\$13,650	\$1,950
5,101 – 10,000	\$6,370	\$9,620	\$12,610	\$15,340	\$17,940	\$2,340
Greater than 10,000	\$7,020	\$11,180	\$15,340	\$18,200	\$21,970	\$2,860

REMOVAL COST ESTIMATE WORKSHEET

(To determine the allowable cost per tank pit, use the number of petroleum storage tanks within each tank pit and the Tank Closure Cost Matrix above.)

Tank Pit #	Number of Petroleum Storage Tanks in Tank Pit	Size of Largest Tank Based on Gallons	Surface Dimensions and Area of Pit	Allowable Matrix Table Cost
				\$
				\$
				\$
				\$
Totals				\$

*Unit costs used in the development of the allowable removal cost shall comply with 401 KAR 42:250.

		Quantity & Units	Unit Cost *	Cost	Staff Use Only
1.	Total Allowable Matrix Table Cost	1 each	N/A	\$	
2.	One-Time Mobilization Charge	1 each	\$500	\$500	
3.	Closure Assessment Report includes the Classification Guide	1 each	\$2,095	\$2,095	
4.	Piping Removal (length in feet outside tank pit)		\$18.20	\$	
5.	Disposal/Recycling of Tank Contents		\$	\$	
6.	Disposal of Tank Wastes (drums)		\$	\$	
7.	\$300 fee for EPA Generator ID No., if necessary	1 each	\$300	\$	
8.	Transportation and Disposal of Asphaltic Surface Materials (tons)		\$	\$	
10.	Laboratory Analyses:	BTEX	\$80	\$	
		PAH	\$212	\$	
		Lead	\$50	\$	
		Waste Characterization		\$	\$
11.	Indicate the existing type of surface material (concrete, asphalt, grass)				
		Type: _____			
		Type: _____			
			Total Costs:	\$	

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 _____ (Facility Name) during the period on or about _____, _____ (Month/Day/Year) 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 acquittance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant's with the same force and effect as 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 of 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 documents 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.

OWNER CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): Owner Legally-authorized representative or agent of the owner AND

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 FACILITY WILL PERMANENTLY CEASE UPON PERMANENT CLOSURE OF THE TANKS AND ALL KNOWN TANKS AT THE FACILITY ARE BEING REMOVED OR CLOSED IN PLACE. I 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.

SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form 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 facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.

PRINTED NAME OF OWNER (Or Authorized Representative or Agent):	TITLE:
SIGNATURE OF OWNER (Or Authorized Representative or Agent):	DATE:

Subscribed and sworn to before me by: _____

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 or to request a review of the facility records, please contact the cabinet at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.

****RETAIN A COPY OF THIS FORM FOR YOUR RECORDS****