

Dear Tank Owner/Operator:

Enclosed is an Eligibility and Deductible (E & D) Application for the Leaking Underground Storage Tank (LUST) Fund with instructions for completing this application. Please read these instructions first. If you have any questions regarding the application, please call the E & D Section at (217) 785-5878 or (217) 785-1020.

For a determination of both your eligibility to seek reimbursement from the LUST fund and your applicable deductible, submit the completed application to:

Office of the Illinois State Fire Marshal
Division of Petroleum and Chemical Safety
Eligibility and Deductible Determinations Section
1035 Stevenson Drive
Springfield, Illinois 62703-4259

Only one original application, typed or completed in ink, is required; DO NOT submit additional copies of the application.

A detailed site map showing the location and distance between tanks, including surrounding buildings, streets and structures, should be submitted to assist in the review process of your application. Do not submit the application with copies of IEPA technical reports or bills. Technical reports, including bills, must be submitted to the Illinois Environmental Protection Agency (IEPA); contact the Leaking Underground Storage Tank (LUST) Section at (217) 782-6760 for information.

INSTRUCTIONS FOR COMPLETING
The Leaking Underground Storage Tank Fund Eligibility and Deductible Application

DEFINITIONS

IEMA - Illinois Emergency Management Agency.

Lessee - One that has possession of land pursuant to a lease.

Occurrence – Any release from a UST, including an accident, or continuous and repeated exposure to conditions that results in a sudden or non-sudden release from an UST.

Overfill - A release that occurs when a tank is filled beyond its capacity, resulting in a discharge of the regulated substance into the environment.

Release - Any spilling, leaking, emitting, discharging, escaping, leaching or disposing of petroleum from an UST into groundwater, surface water or subsurface soils.

Tank Operator - Any person in control of, or having responsibility for, the daily operation of the UST system.

Tank Owner - In the case of an UST system in use on November 8, 1984 or brought into use after that date, any person who owns an UST system used for storage, use or dispensing of regulated substances; in the case of any UST system in use before November 8, 1984, but no longer in use on that date, or any person who owned such a UST immediately before the discontinuation of its use.

UST - Any tank or combination of tanks (and pipes connected thereto) used to contain an accumulation of regulated substances, the volume of which (including the underground pipes connected thereto) is ten percent or more beneath the surface of the ground. Refer to 35 Illinois Administrative Code, Subtitle G, Part 731 and 732 for exclusions from this definition. For purposes of the LUST Fund, the definition of an UST includes those serving other than farms or residential units used exclusively to store heating oil for consumptive use on the premises where stored.

EXPLANATION OF QUESTIONS ON THE APPLICATION

Item 1
Enter the required information regarding the **applicant** and a person we may contact if there are questions regarding the application.

Item 2
Enter the required information regarding the **current tank owner**. If the exact date the facility property was purchased/leased is unknown, please enter the month and year the facility property was purchased/leased.

Item 3
Enter the required information regarding the previous UST owner/operator and the previous UST owner/operator's current mailing address.

Item 4
Enter the required information regarding the facility.

Item 5

Enter the incident number for which you intend to seek reimbursement.

Item 6

Date reported and name and official title of person who notified IEMA of the release for which you intend to seek reimbursement.

Item 7

If there are multiple occurrences at the site, you must enter all incident numbers and the date reported. **If you wish to seek reimbursement for more than one incident number, a separate application must be filed for each occurrence.**

Item 8

Enter the total number of USTs at the site. This number should include USTs presently at the site and USTs that have been removed or abandoned in place.

Item 9

Enter the total number of USTs at the site that have had a release, including USTs that incurred a release under another IEMA number. *(refer to the definitions of an UST and a release)*

Item 10

Indicate the type of release at the site. Indicate the date and how the release was discovered at the site. Check all that apply. *(refer to the definitions of an UST and a release)*

Item 11

Indicate whether the owner/operator of an UST at the site is the United States Government.

Item 12

Indicate whether the owner or operator of an UST at the site is or is not a rail carrier registered pursuant to Section 18c-7201 of the Illinois Vehicle Code.

Item 13

Indicate whether an UST at the site is or is not located at an airport with over 300,000 operations per year, for years prior to 1991, and over 170,000 operations per year beginning in 1991, located in a city of more than 1,000,000 inhabitants.

Item 14

Indicate the date corrective action work began or is scheduled to begin.

Item 15

Indicate the date corrective action work was completed.

Certification

Complete the certification: the certification must be signed by the UST owner, operator or designated agent. **The date signed and date notarized must match. All signatures and seals of the certification and notarization must be originals, signed in ink.**

UST Information Sheet

Enter the required information regarding each UST at the facility. *(present USTs and USTs that have been removed or abandoned)* This page may be copied if more room is needed.

OSFM Facility ID # - Enter the Office of the State Fire Marshal's (OSFM) facility identification number. This is the number the OSFM assigns when notified of USTs. The number is seven digits in the following format: X-XXXXXX *(if more than one number has been assigned include all of them)*

Product Code - Enter the following codes for the last stored product in each UST. At the time of the release, if the product was other than the last stored product, please provide the product code and date the product changed.

G - Gasoline, D - Diesel, A - Aviation fuels, K - Kerosene, M - New Motor Oil, or U - Used oil.

For purposes of this application, "used oil," means any oil that has been refined from crude oil used in a motor vehicle, as defined in Section 1.3 of the Motor Fuel Tax Law, and as a result of that use, is contaminated by physical or chemical impurities.

H - Heating Oil

For purposes of this application, "heating oil," means petroleum that is No. 1, No. 2, No. 4 - light, No. 4 - heavy, No. 5 - light, No. 5 - heavy, or No. 6 technical grades of fuel oil; or other residual fuel oils including Navy Special Fuel Oil and Bunker C.

HAZ - Hazardous Substance (description required)

For purposes of this application, "hazardous substance" means any substance as defined in Section 3.14 of the Illinois Environmental Protection Act.

M - New Motor Oil

For purposes of this application, "new motor oil" means virgin motor oil that has never been used.

N - Any product not included under another code. If N is indicated, you must state the tank and product name in the comment section on the UST Information Sheet. *(description required)*

Size - Enter the size of the UST *(gallon capacity)*

Date Installed – You must enter the complete date each UST was installed. If the exact date is unknown, you must enter the year the UST was installed.

Date Out of Service – You must enter the date each UST was last used. If the exact date is unknown, you must enter the year each UST was last used. You may be asked to provide proof or do additional research to obtain correct data.

Date Removed - Enter the date each UST was removed from the ground. If the exact date is unknown, you must enter the month and year in which each UST was removed from the ground. Please enter "not removed" if an UST is still in the ground. If scheduled for removal, list which tanks are to be removed and the schedule date.

Date Registered - Enter the date each UST was registered with the Office of the State Fire Marshal. Please enter "not registered" if an UST is not registered.

Date IEMA Notified - Enter the date IEMA was notified of the release associated with each UST. In some instances, there may be more than one release reported for an UST.

Registration Fees Paid - Circle "Y" if UST registration fees have been paid. If registration fees have not been paid, circle "N".

Has UST Had a Release? - Circle "Y" if there has been a release from the UST *(including associated underground piping)* or if there has been an overfill of the UST. If there has not been a release from the UST, circle "N". *(refer to the definitions of an UST and a release)*

Is UST Legally Abandoned in Place? - Circle "Y" if the UST has been legally abandoned or closed in place, as permitted by OSFM. If the UST is not legally abandoned or closed in place as permitted by OSFM, circle "N". Circle "N" if the UST has been removed.

**Leaking Underground Storage Tank Fund
Eligibility and Deductible Application**

All underground storage tank owners or operators planning to seek reimbursement of corrective action costs from the Leaking Underground Storage Tank (LUST) Fund must submit this application. Instructions and definitions to aid in completing the application are attached.

The application must be completed in its entirety. Answers of unknown are not accepted and may be grounds for returning your application. All signatures and seals must be originals signed in ink. Incomplete applications will be returned to the **Applicant**. Any revisions to the original application must be dated and initialed by the person entering the new information. This must be the same person who signs the application. If a facility is not in compliance with registration requirements, the application will be returned.

Do not submit IEPA reports or bills with the application. A duplicate copy of the application is not required. Following the review of the application, the **Applicant** will receive a certified letter of eligibility stating the deductible amount.

OSFM Facility ID #: _____

1. Name of Applicant: _____

Current Tank Owner: _____ Current Tank Operator _____ Former Tank Owner: _____ Former Tank Operator: _____

Mailing Address of Applicant: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

2. Current Owner: _____

Tank _____ Property: _____ Lessee: _____ *(check all that currently apply)*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

a) Date Facility Property Purchased: _____ Leased: _____

b) Were tanks in the ground on date of purchase/lease? Yes _____ No _____

c) If answer to 2b is no, were tanks installed after your purchase/lease? Yes _____ No _____

d) Have you ever operated these tanks; pumped product in or out during the ordinary course of operation?
Yes _____ No _____

The OSFM is requesting disclosure of information to process your Eligibility and Deductible Application in order to accomplish the statutory purpose as stated in 415 ILCS, Act 5, Environmental Protection Act. This is REQUIRED because failure to provide the requested information will result in this form not being processed, and there will be no eligibility or deductible determination for purposes of the LUST Fund. This form has been approved by the Forms Management Center.

3. Previous owner/operator: _____

Tank: _____ Property: _____ Lessee: _____ (check all that apply)

Current mailing address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

4. Facility Name: _____

Facility Address: _____

City: _____ County: _____

5. Incident # for the occurrence under which you intend to seek reimbursement: _____

6. Name and official title of the person who notified IEMA of the occurrence and the date reported:

Name/Title: _____ Date Reported: _____

7. Other incident numbers reported at the site: (A separate application must be filed for each occurrence which you intend to seek reimbursement. Please indicate if any of the additional incident numbers are erroneously reported incidents, or a second reporting of the same occurrence for which you intend to seek reimbursement.)

Other Incident Numbers

Date Reported

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

8. Total number of USTs at the site: _____ (include USTs presently at the site and USTs that have been removed or abandoned in place)

9. Total number of USTs at the site that have had a release: _____ (An UST release includes a leak from an underground tank, a release from underground piping associated with the tank, plus overfills of the UST during filling.)

10. Type of release: (check all that apply) Answers of unknown will not be accepted.

- | | |
|-------------------------------|---|
| _____ UST leak | _____ Overfill of an UST during filling |
| _____ Underground piping leak | _____ Other (<u>detailed description required</u>) |

a) How was the release discovered? (check all that apply)

- | | |
|-----------------------------------|---|
| _____ Inventory Loss | _____ Subsurface Investigation |
| _____ Product in Observation Well | _____ Significant Event (i.e., overfill, vandalism, etc.) |
| _____ Subsurface Work/Repair | _____ Other (<u>detailed description required</u>) |

b) Date release discovered: _____

11. Is the UST owner or operator the U.S. government? Yes _____ No _____
12. Is the UST owner or operator a rail carrier registered pursuant to Section 18c-7201 of the Illinois Vehicle Code?
Yes _____ No _____
13. Is the UST located at an airport with over 300,000 operations per year, for years prior to 1991, and over 170,000 operations per year beginning in 1991, located in a city of more than 1,000,000 inhabitants?
Yes _____ No _____
14. Date corrective action work began or scheduled to begin: _____
15. Date corrective action work completed: _____

The following certification must be completed by the UST owner/operator:

I, _____ (*circle the following that apply*) the Owner, Operator or designated agent of _____ leaking underground storage tank site, do hereby certify under penalty of law, that this application and the supporting documentation attached hereto were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted therein. I affirm that the information is, to the best of my knowledge and belief, true, accurate and complete. Such affirmation is made under penalty of perjury as defined in Section 32-2 of the Criminal Code, 720 ILCS 5/32-2. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly committing violations. The "Eligibility and Deductible Determination" decided pursuant to this document is subject to the costs defined in Title 35: Environmental Protection Illinois Administrative Code (IAC) 731, 732, 742 and Public Act 92-0554.

Signature (*owner, operator or designated agent*)

Title: _____

Date: _____, 20 _____

Subscribed and sworn to before me this _____ day of _____, 20 _____
(*application must be notarized when the certificate is signed*)

Notary Public

Seal

Note: Original signatures in ink and seals are required for the certification and notarization. Attach the UST information sheet behind this page. This form may be copied on a photocopier but may not be altered in any way. DO NOT reproduce on a computer; this will be grounds for rejection.

UST Information Sheet

The information below must be provided for each UST at the site. (USTs presently at the site and USTs that have been removed or abandoned)

All spaces must be completed for each tank. Answers of unknown will not be accepted.

You may photocopy this page if more space is needed.

OSFM Facility ID #: _____

Circle one under each column.

Tank ID #	Product Code	Size (Gallons)	Date Installed	Date Registered	Date Out of Service	Date Removed	IEMA Number	Date IEMA Notified	Registration Fees Paid		Has UST Had a Release		Is UST Legally Abandoned In-Place?	
									Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N	Y	N	Y	N

Product Codes - (refer to instructions for definitions): **G** - Gas, **D** - Diesel, **A** - Aviation fuels, **K** - Kerosene, **M** - New Motor Oil or **U** - Used oil; **H** - Heating oil; **HAZ** - Hazardous Substance (description required); **N** - Any product not included under another code. (description required)

Comments: _____

