

**LOUISIANA MOTOR FUELS UNDERGROUND STORAGE TANK TRUST FUND
ELIGIBILITY DETERMINATION APPLICATION**

PART 1

SITE/OWNER INFORMATION

Please supply the following information on all underground storage tank systems that have existed at the site.

A. CURRENT SITE/OWNER INFORMATION

Facility Identification No.:	
Agency Interest No.:	
Owner Name:	
Owner Address	
Owner No.:	
Site Name:	
Site Address (Physical, not P.O. Box):	
Site City:	
Site Parish:	

B. PREVIOUS SITE/OWNER INFORMATION

List below the names of previous site owners dating back to May 5, 1986.

Site/Owner Name:	Dates of Ownership (beginning/ending):

Please return form to: Department of Environmental Quality
Financial Services/Trust Fund Management Section
P.O. Box 4303
Baton Rouge, LA 70802

If you have any questions, please call (225) 219-3875.

PART 2

RELEASE INFORMATION

If necessary, this form may be duplicated to accommodate additional releases.

A. CURRENT RELEASE

Date of Release:			
Substance (s) Released:			
Date Release Reported to Louisiana Department of Environmental Quality:			
Incident No.:			
Description of Release Source:			

B. PREVIOUS RELEASE HISTORY

Date of Release:			
Substance (s) Released:			
Date Release Reported to Louisiana Department of Environmental Quality:			
Incident No.:			
Description of Release Source:			
Action Taken to Remediate Release:			
Date No Further Action Letter Issued:			

PART 3

TANK SPECIFICATIONS

Complete for all previous and existing tanks at this location. If not applicable, indicate with N/A. **Do not leave blank.** If any questions are left unanswered, form will be returned. If necessary, this form may be duplicated to accommodate the number of tanks at the site.

A. TANK INFORMATION

		Tank No.	Tank No.	Tank No.	Tank No.
1. Department of Environmental Quality issued tank no.					
2. Substance stored in tank					
3. Total capacity of tank (gallons)					
4. Date installed					
5. Date of initial registration					
6. Date operation began					
7. Is tank currently in use? (yes or no)					
8. If no in #7 above, indicate date tank out-of-service					
9. Date of temporary closure					
10. Type of tank construction					
11. Type of piping system	metal or fiberglass				
	pressurized or suction				
12. Date installed and type of corrosion protection (tank)	Date				
	Type				
13. Date installed and type of spill/over fill protection	Date				
	Type				
14. Date installed and type of leak/release detection for piping. If tightness test used, indicate last date tightness test performed	Date				
	Type				
15. Date installed and type of leak/release detection for tanks. If tightness test used, indicate last date tightness test performed	Date				
	Type				
16. Date of permanent closure	Date				

PART 4

OWNER, OPERATOR, OR RESPONSIBLE PARTY CERTIFICATION AFFIDAVIT

I, the undersigned, certify under penalty of law that this document and all attachments were prepared under my direction or supervision. I do solemnly declare and affirm, under the penalties of law that the information contained herein is true and accurate to the best of my knowledge. I understand that I agree to return to the Louisiana Department of Environmental Quality, upon its demand, the entire amount received or any lesser amount that the Department considers appropriate if I misrepresented or omitted any fact relevant to the eligibility determinations made by the Department.

A. Site Owner, Operator, Responsible Party (Printed Name):	
B. Name of person designated to sign for the owner, operator, or responsible party (Printed Name):	
C. Signature of person designated to sign for the owner, operator, or responsible party:	
D. Title:	E. Date:

Before me, the undersigned notary public, came and appeared _____ (**please print or type the name shown in C above**), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purpose expressed therein.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

My commission expires _____

State of _____

County or Parish of _____

PART 5

ADDITIONAL INFORMATION, FORMS, AND REQUIREMENTS

1. Copy of the Release Notification Form(s) prepared by the Department of Environmental Quality's Regional Staff.
2. Copy of initial and all amended registration form(s), and copies of Certificates of Registration dated from 1996 through the present.
3. Copies of Closure/Assessment form and closure report, if applicable.
4. Copy of any sampling results and site map performed in relation to the current release.
5. Copy of any letter(s) from LDEQ granting "No Further Action" status for past incident(s), if applicable.
6. Copy of a letter from the assigned team leader requesting further investigation which indicates that the release has been confirmed by the Office of Environmental Assessment.
7. For **ALL** releases which occurred after August 1, 2001, the following records will be required to determine compliance:
 - a) Copy of latest cathodic protection system test that is to be performed every three years by a certified tester –OR- documentation indicating cathodic protection is not necessary due to tank and product piping composition. If the system is impressed current, also provide copies of the last three rectifier system inspections that are to be performed every 60-days.
 - b) Documentation of both spill and overflow prevention equipment installment and use by copy of invoice or inspection report.
 - c) Copies of all applicable monthly, annual, and periodical release detection records performed in accordance with UST regulations, for both the tanks and the product piping, dating back to one year prior to the date of the release. If the tanks were emptied and taken out of service, the release detection documentation must be provided for one year prior to the date of closure. See Figure 1.
8. When providing the compliance documentation, please be aware of the following:
 - a) For any monthly release detection that has a result or reading of "fail" or "inconclusive", also provide documentation of the investigation/corrective action taken in response to the "fail" or "inconclusive" result.
 - b) If the Statistical Inventory Reconciliation method is used, copies of daily inventory data are also required for the same time period.
 - c) Stainless steel flex connectors on the product piping must also be provided with corrosion protection.

Figure 1: Release detection methods and requirements met

Method Used		Pressurized Piping with automatic line leak detectors and Suction piping which does not meet requirements**	Tanks
Statistical Inventory Reconciliation monthly reports	0.2 gal./hr.	X	X
	0.1 gal./hr.	X	X Equivalent to tank tightness testing
Soil vapor or groundwater monitoring monthly reports		X	X
Automatic Tank Gauging monthly reports			X
Manual Tank Gauging monthly reports			X Only for use on tanks 2,000-gallons or less
Daily inventory monthly reconciled reports with periodic tank tightness testing			X Only adequate for 10yrs. after tank upgrade
Secondary containment with interstitial monitoring monthly reports		X	X
Annual line and automatic line leak detector tightness testing		X	

****Requirements for Suction Piping, no release detection is required for suction piping designed and constructed to meet the following standards:**

- The below-grade piping operates at less than atmospheric pressure.
- The below-grade piping is sloped so that the contents of the pipe will drain back into storage tank is the suction is released.
- Only one check-valve is included in each suction line.
- The check valve is located directly below and as close as practical to the suction pump; and
- A method is used that allows compliance with Clauses B.2.b.ii-iv of the Section to be readily determined.

PART 6

DOCUMENTATION PROVIDED AFFIDAVIT

I, the undersigned, certify under penalty of law that this document and all attachments were prepared under my direction or supervision. I do solemnly declare and affirm, under the penalties of law that the information contained herein is true and accurate to the best of my knowledge. I understand that failure to provide all documentation required to perform a compliance evaluation for the eligibility determination will result in a \$10,000.00 owner's financial responsibility amount per release pursuant to the Louisiana Revised Statutes 30:2194, *et. seq.*

I do affirm that there is no further documentation available to assist in the rendering of the eligibility determination. I understand that the determination of eligibility and assignment of appropriate owner's financial responsibility amount will be assigned based on the documentation and information provided only in this submittal packet and available LDEQ records.

A. Signature of Responsible Party:	
B. Date:	

Before me, the undersigned notary public, came and appeared _____ (**please print or type the name shown in A above**), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purpose expressed therein.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

My commission expires _____

State of _____ County or Parish of _____