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| FORM 1 | | | | DEQ Use Only | | | | |
| VIRGINIA PETROLEUM STORAGE TANK FUND | | | | Claim No: | | | Closed: | |
| REIMBURSEMENT APPLICATION | | | | Open: | | | Reopen: | |
| Page 1 of 2 | | | |
| Complete and submit with all required supporting documentation to Department of Environmental Quality (DEQ), Office of Spill Response and Remediation, P.O. Box 1105, Richmond, VA 23218. Type or print legibly the required information in the applicable sections below. Refer to the reverse side for instructions on how to complete the form. The application will NOT be accepted unless the Certification in Section VII has been signed by the claimant. | | | | | | | | |
| 1. Claimant Information | | | | | | | | |
| 1. Claimant Name: | | | 1. Pollution Complaint Number: | | | | | |
|  | | |  | | | | | |
| 1. Claimant Mailing Address: | | | 1. City, State | | | | | 1. Zip Code |
|  | | |  | | | | |  |
| 1. Claimant Telephone No. | 1. Claimant Fax No. | | | 1. Claimant E-mail Address | | | | |
| ( ) | ( ) | | |  | | | | |
| 1. Contact Person for Reimbursement | | 1. Contact Person Telephone No. | | 1. Contact Person Fax No. | | | | |
|  | | ( ) | | ( ) | | | | |
| L. Contact Person for Reimbursement E-mail | | M. Contact Person Cell No. | | N. Regional Office Handling Case | | | | |
|  | | ( ) | |  | | | | |
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| 1. Site Information | | | | | | | | |
| 1. Site Name | | | 1. Site Location | | | | | |
|  | | |  | | | | | |
| 1. City, State | | | | 1. Zip Code | | | | |
|  | | | |  | | | | |
|  | | | | | | | | |
| 1. Insurance Information | | | | | | | | |
| 1. Do you have insurance that would cover a petroleum storage tank release?   Yes  No  If you answered "Yes" to the above question, you are required to submit a complete copy of the text, endorsements, and declarations page of the above referenced insurance policy(ies). DEQ will NOT review your claim until you submit a complete copy of the policy(ies). | | | | | | | | |
|  | | | | | | | | |
| 1. UST Annual Gallonage - DO NOT COMPLETE FOR HOME HEATING OIL OR FARM TANKS | | | | | | | | |
| The total number of gallons pumped, during the year prior to the release (1), through all regulated underground storage tanks the claimant owns or operates in the Commonwealth of Virginia. Check only **one** box.  Less than 600,000 gallons  Between 1,800,001 and 2,400,000 gallons  Between 600,000 and 1,200,000 gallons  More than 2,400,000 gallons  Between 1,200,001 and 1,800,000 gallons  (1) The year prior to the release can be any consecutive 12-month period, which starts no more than 24 months prior to the release report date, and ends no later than the release report date. | | | | | | | | |
|  | | | | | | | | |
| 1. AST Storage Capacity - DO NOT COMPLETE FOR HOME HEATING OIL TANKS | | | | | | | | |
| Are the net annual profits for this operation less than or equal to $10 million? (Check One) | | | | | | | | |
| Yes  No | | | | | | | | |
| 1. If you indicated "Yes" to Question A above, please complete the following: | | | | | | | | |
| The number of gallons of storage capacity for all ASTs at THIS facility at the time the discharge was reported to the Department of Environmental Quality was | | | | |  | | | |
| 2. If you indicated "No" to Question A above, please complete the following: | | | | | | | | |
| The number of gallons of storage capacity for this operator's ASTs at ALL Virginia facilities at the time the discharge was reported to the Department of Environmental Quality was | | | | | |  | | |

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| **FORM 1** |
| VIRGINIA PETROLEUM STORAGE TANK FUND |
| **REIMBURSEMENT APPLICATION** |
| Page 2 of 2 |
| 1. Claimant Certification |
| I hereby certify that:   1. This is the one and only reimbursement application that will be submitted for the completed corrective action phase[s] and/or sub-phases identified on the worksheets submitted in this application. 2. Under penalty of perjury, all costs claimed in this application were incurred by me to clean up this release, and all data and documentation submitted as part of this application are true and correct. 3. I understand that items inadvertently or otherwise omitted from the application will NOT be accepted by DEQ after the reimbursement decision package has been issued. 4. I understand that I am required by law to pay a financial responsibility requirement before I am eligible for reimbursement, and I agree to pay DEQ on demand, any remaining financial responsibility requirements. 5. I agree to grant DEQ and its contractor[s] reasonable access to the contaminated site. 6. I am responsible for immediately notifying DEQ in writing should any information change on any pending claim. 7. I am the owner/operator whom DEQ has designated as the responsible person for the clean-up of this site. 8. I authorize my consultant to provide all data and documentation associated with the costs incurred for this site.     Print Claimant's Name  */s/*  Claimant's Signature Date |
|  |
| 1. Consultant Certification – To be completed by the primary consultant |
| I hereby certify that:   1. That all data and documentation submitted in this application is true and correct. 2. That the work claimed as performed and invoiced in this claim was performed for this release. 3. I authorize DEQ to examine and audit all records and supporting documents related to this claim and, if applicable, the reconsideration of this claim.     Print Consultant’s Name Company Name  */s/*  Consultant’s Signature Date |

## INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT APPLICATION – Page 1

Fill in the following information

### Block I. Claimant Identification

1. Claimant's name: The petroleum storage tank owner/operator whom DEQ has designated the responsible person for the clean-up is the claimant[[1]](#footnote-1). This person may be an individual, a business entity (e.g. partnership or corporation) or a government agency. Only one claimant may submit and only one application may be submitted, for costs incurred for any completed corrective action phase or sub-phase. The claimant named in this section will be considered the person or entity that will receive all original correspondence and will be named as the payee on the reimbursement checks unless a Payment Assignment Form has been completed.

Where there are multiple responsible persons (owners/operators), only one responsible person may claim the costs submitted for the clean-up (for example a husband and wife). The remaining owners/operators must assign the right to reimbursement to this single claimant by using the Multiple Owners Payment Assignment Form.

1. Provide the Pollution Complaint Number (PC#) assigned by the DEQ for this site for which costs are being claimed.
2. Provide the claimant's current mailing address; including the city, state, and zip code.
3. List the telephone number, including area code, for the claimant.
4. Provide the fax number, including area code, for the claimant.
5. Provide an e-mail address for the claimant
6. Provide the name of a person who can answer questions about the application.
7. List the telephone number, including area code, where the person listed in Block I can be reached.
8. Provide the fax number, including area code, for the Contact Person listed in Block I.
9. Provide an e-mail address for the Contact Person listed in Block I.
10. Provide a cell phone number, including area code, for the Contact Person listed in Block I.
11. Provide the name of the DEQ regional office handling case. See Appendix 8 of the Reimbursement Guidance Manual for a map of DEQ regional office boundaries.

**Block II. Site Identification**

1. Provide the site name where the release occurred. The site name can be any name by which the release location is generally known.
2. List the site's location (street name), including the city, state, and zip code.

### Block III. Insurance Information

Check the box indicating whether or not you have an insurance policy that will fully or partially pay for clean-up of the site. If "Yes" is checked, submit a complete copy of the insurance policy(ies), with the declarations page and all endorsements.

### Block IV. UST Annual Gallonage

Complete this section for releases from the following types of USTs:

Regulated,

Excluded,

Heating Oil USTs with a storage capacity greater than 5,000 gallons if the release occurred prior to July 1, 1996.

Do not complete this section for releases from the following types of USTs:

Heating Oil USTs with a storage capacity of less than 5,000 gallons where the release occurred prior to July 1, 1996 (this includes home heating oil tanks).

Heating Oil USTs of any size where the release occurred after July 1, 1996.

Residential or farm use motor fuel tanks with a capacity of 1,100 gallons or less.

**Block V. AST Storage Capacity**

Complete this section for releases from the following types of ASTs:

Regulated ASTs,

Unregulated ASTs, and

Small Heating Oil ASTs with a capacity greater than 5,000 gallons.

Do not complete this section for releases from the following types of ASTs:

Small Heating Oil ASTs with a capacity of less than 5,000 gallons (this includes home heating oil tanks).

**INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT APPLICATION – Page 2**

Fill in the following information.

**Block VI. Claimant Certification**

This is a legal document. Read the certification carefully before signing. You may not cross out or change the wording of the certification.

The claimant must sign this form or the application WILL NOT be accepted.

**Block VII. Consultant Certification**

This is a legal document. Read the certification carefully before signing. You may not cross out or change the wording of the certification.

The consultant must sign this form or the application WILL NOT be accepted.

1. Unless DEQ has approved an assumption of liability for the clean-up [↑](#footnote-ref-1)