NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
REIMBURSEMENT FOR LEAKING PETROLEUM STORAGE TANK SYSTEMS

APPLICATION FOR COVERAGE

DATE / /

Owner / Operator: _____

Mailing Address: _____

_____

_____

Phone: ( ) _____

Social Security / Federal Tax ID No.: _____
(required)

Applicant Information: (mark all that apply)

- □ … Facility owner
- □ … Facility operator
- □ … the owner of the land on which the Tank System is located
- □ … the Tank System owner

Certified Environmental Manager: _____

Company Name: _____

Address: _____

Phone: ( ) _____ CEM #: _____

Contact Person (other than CEM) representing Owner/Operator: _____

Contact Person at Facility: _____ Phone: ( ) _____

Name of Facility at Release Site: _____

Tank system(s) physical address: _____

City: _____

County: _____ State Facility ID#: _____

DESCRIPTION OF LEAKING TANK SYSTEM

Please complete for each tank system that has leaked petroleum.
If the information is unknown, state "UNKNOWN". Use extra sheets as necessary.

TANK IDENTIFICATION NUMBER	TANK#	TANK#	TANK#
TANK SYSTEM TYPE			
UNDERGROUND	[ ]	[ ]	[ ]
FARM OR RESIDENTIAL	[ ]	[ ]	[ ]
ABOVE GROUND	[ ]	[ ]	[ ]
PORTABLE	[ ]	[ ]	[ ]
ESTIMATED TANK AGE (YEARS)			
TANK CAPACITY (GALLONS)			
SUBSTANCE RELEASED (Gasoline, diesel, new oil, heating oil, waste oil, ATF, etc.) MTBE contamination present? Yes/No			
DATE LAST USED	/ /	/ /	/ /
LOCATION OF LEAK			
TANK	[ ]	[ ]	[ ]
PIPING	[ ]	[ ]	[ ]
DISPENSER	[ ]	[ ]	[ ]
VOLUME OF RELEASE (GALLONS)			
DATE DISCHARGE WAS DISCOVERED:	/ /	/ /	/ /
FUND USE ONLY TANK ENROLLED IN FUND ON DATE LEAK WAS DETECTED	Y/N INIT:_____	Y/N INIT:_____	Y/N INIT:_____

Describe how and by whom the discharge was discovered. *Describe the events leading up to the discharge discovery.*

Initial lab results: (ppb/ppm): _____

1. If this is a federally regulated UST system has the owner/operator maintained the required records for leak detection performance, upkeep, corrosion protection, and any records showing that the UST system was properly repaired and/or upgraded?

   Yes/No

2. Was the tank system(s) in compliance with the applicable regulations at the time of discharge?

   Yes/No

   (You may be asked to supply supporting documents at a later date.)

   FUND USE ONLY

   Files reviewed for compliance to regulations by _____ (init) _____(date)

ITEMS #3 through #8 REFER TO THE DISCHARGE AND CONTAMINATION AT THE RELEASE SITE:

3. a) Identify what part of the tank system leaked. Where was this part located?

   Describe in detail what caused this part to leak.

   b) If the discharge was the result of the failure or lack of leak prevention equipment (line leak detector, spill bucket, overfill device, etc.), please describe:

   c) If the discharge was the result of a human act (puncture, collision, vandalism, operational error, drive-away, etc.), please describe:

   d) Describe, in general terms, the extent of contamination.

4. Is overfill and/or spill contamination present? Yes/No. Describe the width and depth of the overfill/spill contamination.

5. Is groundwater impacted? Yes/No

6. Is site characterization ongoing? If remediation is occurring, summarize the status and effectiveness as of the date of this application.

7. Has there been or do you intend to seek compensation for the contamination from another party (insurance or bonding company, contractor, supplier, defendant, or other responsible party)? Yes/No

(Questions #8 and #9 do not apply to less than 1,100 gallon home heating oil tank applications.)

8. Do you have an insurance policy (other than self-insurance) providing coverage for the pollution and/or contamination at this site?

   Yes/No

   If "yes", date you contacted them. _____/_____/

   Name of insurance company(s): (**not** the State of Nevada Petroleum Fund)

9. I, the owner/operator, have paid in full the annual $100 per tank Petroleum Fund fee due for each tank at this facility? Yes / No

Answers to the following questions are for Petroleum Fund forecasting purposes and will not affect the reimbursement of claims.

10. Estimated date remediation will be complete. (mo/yr) _____/_____/_____

11. Estimated total cost of the remediation. $

NOTES:

1. As a condition of reimbursement by the State of Nevada Petroleum Fund, you are required to submit to the Nevada Division of Environmental Protection proof of payment of the contractors and subcontractors performing the remediation work on your site in the form of copies of cancelled checks or payment affidavits.
2. Payment from the fund for third party liability claims may be denied if the owner/operator failed to give written notice to NDEP of the pending lawsuit at the time the summons was served.
3. If this is an above ground tank system you must enclose the record(s) of biannual visual inspections with this application. (NAC 590.740 (2)).

I certify that the above named Certified Environmental Manager is the owner's authorized agent for all purposes related to LUST-regulated activities on the subject property. I further certify that, to the best of my knowledge, in making this application, I understand the guidelines contained in the application packet regarding the eligibility requirements for Petroleum Fund reimbursement, and the information contained herein is correct.

Signature: _____ _____

Owner Date