



APPLICATION FOR UNDERGROUND STORAGE TANK(S)

SITE:

Site Name: _____ DNR ST# _____
Site Address: _____ City: _____ State: _____ Zip: _____
Site Contact Person: _____ Phone#: _____

OPERATOR:

Name: _____ Owner of: Land _____ Tanks _____ Both _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone#: _____
Legal Entity of Operator: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

OWNER: (If Different than Operator):

Name: _____ Owner of: Land _____ Tanks _____ Both _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone#: _____
Legal Entity of Owner: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

CORRESPONDENCE:

Information regarding this application should be sent to: Owner _____ Operator _____

MORTGAGEE:

Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

PREMIUM PAYMENT:

Premiums are due and payable with each application. Please use the worksheet with this application to determine the amount of payment to enclose.

Calculated annual premium (from worksheet) \$ _____

An applicant who owns 50 or more petroleum storage tanks has the option of paying the premium in equal semi-annual installments.

If you own 50 or more petroleum storage tanks, do you wish to pay installments? Yes _____ No _____
Amount of premium enclosed with this application \$ _____

SITE INFORMATION

1. Are there any aboveground tanks at this site? Yes _____ No _____

If yes, please answer A-H below. If not, go to question #2.

ABOVEGROUND STORAGE TANK INFORMATION		AST #1	AST #2	AST #3
A.	Indicate the size of each tank in gallons.			
B.	Indicate the product currently stored in each AST. (UL-unleaded, PU-premium unleaded, MG-midgrade, DL-diesel, K -kerosene, J-jet fuel, WO-waste oil, LO-lube oil, FO-fuel oil, HFO-heavy fuel oil)			
C.	Is there a secondary containment structure? (yes or no)			
D.	What material is it made of?			
E.	What are the dimensions of the secondary containment structure?			
F.	Does the secondary containment structure meet the requirements of the MO Division of Weights and Measures? (yes or no)			
G.	Is the AST piping underground or aboveground? (UG or AG) (If underground, provide a copy of the most recent line tightness test)			
H.	If aboveground, has it been visually inspected for leaks within the last month with no leaks observed? (yes or no)			

2. Are there any underground storage tanks at this site that are:

A. Temporarily out of service? Yes _____ No _____

If yes, please indicate the date each tank was taken out of service and if each tank is empty.

B. Used for heating the premises? Yes _____ No _____

3. Site Conditions.

A. Distance in feet to building off premises from UST site?

Less than 500 ft. _____

500 to 1000 ft. _____

over 1000 ft. _____

C. Topography

Flat (flood plain) _____

Flat (upland) _____

Sloping _____

B. Distance in feet to nearest water well from your UST site?

Less than 500 ft. _____

500 to 1000 ft. _____

over 1000 ft. _____

4. Are you aware of any existing contamination on this site? Yes _____ No _____

If yes, please list the LU number assigned to the site by DNR: LU# _____

5. Enclose a scaled diagram for the location (on a sheet of 8 1/2" x 11' paper) show buildings, tanks, piping, dispensers, monitoring well locations and aboveground storage tanks and lines. (Be sure to show any manifolded/syphoned systems on the diagram.)

TANK AND PIPING CONFIGURATION

6. UNDERGROUND TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. When was each tank installed?					
B. Indicate the size of each tank in gallons.					
C. Indicate the product currently stored in each tank. (UL-unleaded, PU-premium unleaded, MG-midgrade, DL-diesel, K- kerosene, J-jet fuel, WO-waste oil, LO- lube oil, FO-fuel oil, HFO- heavy fuel oil)					
D. What is the approximate annual volume of product per tank?					
7. TANK AND PIPING CONSTRUCTION	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. What material is each tank made of? (steel, fiberglass, STIP-3, ACT 100, etc.)					
B. Is the tank double-walled? (yes or no)					
C. Is the tank lined? (yes or no) If yes, provide a copy of the lining certificate.					
D. Is the tank cathodically protected? (yes or no) If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic protection test results.					
E. What is the piping made of? (steel, fiberglass, enviroflex, etc.)					
F. Is the piping double-walled? (yes or no)					
G. Is the piping cathodically protected? (yes or no) If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic protection test results.					
H. Has the piping been replaced? (yes or no) If yes, please indicate approximate date.					
8. SPILL AND OVERFILL PREVENTION EQUIPMENT	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. Do you have spill prevention equipment, i.e., a catchment basin? (yes or no) If yes, indicate size in gallons and brand.					
B. Do you have overfill prevention equipment? (yes or no) If yes, please check type below.					
Automatic Shutoff Devices - Brand and Model #					
Overfill Alarms - Brand and Model #					
Ball Float Valves - Brand and Model #					
C. Approximate date spill and overflow were added:					

LEAK DETECTION

Note: You must enclose leak detection records with this application. *Refer to the informational flyer for the records to enclose.*

9. LEAK DETECTION SYSTEM/TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. For each tank, please list your <u>primary</u> leak detection method. (Choices: VP-vapor monitoring, GW-groundwater monitoring, IM-interstitial monitoring, ATG-automatic tank gauging, DIC-daily inventory control with tank tightness test, SIR-monthly statistical inventory reconciliation, MTG-manual tank gauging)					
B. Please describe how frequently you use this method to check for leaks.					

10. LEAK DETECTION SYSTEMS/PIPING	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
A. Pressurized Piping (yes or no)					
Is it equipped with automatic line leak detectors? (yes or no)					
Has a line tightness test been done? (yes or no) If yes, enclose a copy.					
B. Suction Piping					
Is piping sloped so that contents will drain back into the tank if suction is released? (yes or no)					
Is there only one check valve in each suction line? (yes or no)					
Is the check valve located directly below the pumps? (yes or no)					
If the answer to any of these is no, when was the last line tightness test done? (Enclose a copy)					

DEDUCTIBLE REQUIREMENTS

Note: You must provide documents showing how you plan to meet the \$10,000 deductible before a policy can be issued. *Please indicate below how you plan to do this, and enclose the appropriate documents as described in the informational flyer.*

OPTIONS (check one)

- | | |
|------------------------------------|---|
| Self Insurance* _____ | A Guarantee _____ |
| Letter of Credit from a bank _____ | Ability to Pay Letter from a bank _____ |
| Certificate of Deposit _____ | Other _____ |

* Enclose a balance sheet showing your assets and liabilities. Net worth must be at least \$100,000 or working capital must be at least \$50,000

I UNDERSTAND THAT THE FOREGOING INFORMATION IS PROVIDED TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS AS DEFINED BY THE STATE OF MISSOURI FOR UNDERGROUND STORAGE TANKS. ANY FALSE OR MISLEADING INFORMATION AND/OR MISREPRESENTATIONS ARE GROUNDS FOR DENIAL OF CLAIMS AND/OR TERMINATION OF COVERAGE. THIS APPLICATION SHALL BE INCLUDED IN AND MADE PART OF THE INSURANCE POLICY.

I CERTIFY THAT THE TANKS MEET OR EXCEED AND ARE IN COMPLIANCE WITH ALL TECHNICAL STANDARDS ESTABLISHED BY THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY AND THE MISSOURI DEPARTMENT OF NATURAL RESOURCES.

 APPLICANT'S SIGNATURE TITLE DATE

 APPLICANT'S PRINTED NAME

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Submit to: MISSOURI PST INSURANCE FUND
P.O. BOX 104116
JEFFERSON CITY, MO 65110-4116
PHONE: 1-800-765-2765
or 573-761-4060