MISSOURI PST INSURANCE FUND

APPLICATION FOR UNDERGROUND STORAGE TANK(S)

SITE

Site Name: _____ DNR ST# _____

Site Address: _____ City: _____ Zip: _____

OPERATOR

Legal Entity Name: _____

(Check one) Owner of: Land ☐ Tanks ☐ Both ☐

(Check one) Corporation ☐ Partnership ☐ Sole Proprietor ☐ Government ☐

Mailing Address: _____ City: _____ State: ___ Zip: _____

Contact Person: _____ Phone: _____ Ext: _____

Email Address: _____ Cell Phone: _____

OWNER *(If Different than Operator)*

Legal Entity Name: _____

(Check one) Owner of: Land ☐ Tanks ☐ Both ☐

(Check one) Corporation ☐ Partnership ☐ Sole Proprietor ☐ Government ☐

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

Contact Person: _____ Phone: _____ Ext: _____

Email Address: _____ Cell Phone: _____

CORRESPONDENCE

(Please indicate who will be the primary contact for this application and will be responsible for receiving and responding to our correspondence.)

Correspondence regarding this application should be sent to: *(Check one)* Tank Owner ☐ Operator ☐

MORTGAGEE

Legal Entity Name: _____

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

Contact Person: _____ Phone: _____ Ext: _____

Email Address: _____

1. Are there any aboveground tanks (ASTs) at this site? Yes ☐ No ☐

If yes, please answer A-E 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, E85, E15 or BD-Biodiesel)*			
C.	Is the tank utilized for the sale of petroleum product? *(yes or no)* *(If yes, answer D. and E. below. If no, go to Question #2.)*			
D.	If you do not have PSTIF insurance on these ASTs, please indicate if the AST piping is underground or aboveground? *(UG or AG)* *(If underground, provide a copy of the most recent line tightness test)*			
E.	If you do not have PSTIF insurance on these ASTs, please indicate if the aboveground piping has 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 which are:

A. Empty? Yes ☐ No ☐

If yes, please indicate which tank(s) and when it was emptied: _____

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

3. Enclose a diagram for the location showing buildings, underground tanks & piping, dispensers, all containment sumps, and aboveground tanks and piping. Be sure to show any manifolded/syphoned systems on the diagram and where the piping is connected. Please label items on diagram to match this application -- e.g., Dispenser 1/2, Tank 1- UL, etc.

For tank systems installed before July 1, 2017, please complete Sections A, C and D.

For tank systems installed on or after July 1, 2017, please complete Sections B, C and D.

SECTION A

FOR TANK SYSTEMS INSTALLED PRIOR TO JULY 1, 2017

4. UNDERGROUND TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. When was each tank installed? *(month/year)*					
B. Indicate the size of each tank in gallons. *(If a tank is compartmentalized, list each compartment size for that tank – for example, "4,000/6,000" for a 10,000 gallon tank.)*					
C. Indicate the product currently stored in each tank or compartment, if the tank is compartmentalized. *(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, E85, E15 or BD-Biodiesel)*					
D. Are any tanks connected to each other with a siphon bar, or via the piping before the dispensers? *(If yes, show on diagram.)*					
E. Does tank have monthly throughput greater than 800,000 gallons? *(yes or no) (Combine throughput of manifolded tank systems.)*					
5. TANK AND PIPING CONSTRUCTION	**TANK 1**	**TANK 2**	**TANK 3**	**TANK 4**	**TANK 5**
A. What material is each tank made of? *(fiberglass; steel clad with fiberglass, non-metallic coating or jacket; or steel)*					
B. Is the tank double-walled? *(yes or no)*					
C. Is the tank lined? *(yes or no) (If yes, enclose a copy of the lining installation report and certificate.)*					
D. Is the tank cathodically protected? *(yes or no) (If yes, indicate when cathodic protection was installed and enclose a copy of the last cathodic protection test.)*					
E. When was each piping run installed? *(month/year)*					
F. What is the piping made of? *(steel, fiberglass, flexible plastic, copper, etc.) (If segments or piping run are different materials, show on diagram.)*					
G. Is the piping double-walled? *(yes or no)*					
H. 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.)*					
6. SPILL AND OVERFILL PREVENTION EQUIPMENT	**TANK 1**	**TANK 2**	**TANK 3**	**TANK 4**	**TANK 5**
A. Do you have single-walled *(SW)* or double-walled *(DW)* "spill buckets"?					
B. What type of overfill prevention equipment do you have? Automatic Shutoff Device *(ASD)* Overfill Alarm *(OA)* Ball Float Valve *(BFV)*					
C. Do any of your tanks have remote fills? *(yes or no)* If yes, what is the piping made of? *(steel, fiberglass, etc.)* If steel, is there corrosion protection on the piping? *(yes/no)* *(Please include remote fills on diagram.)*					

SECTION A - continued

7. LEAK DETECTION SYSTEM/TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. For each tank, please list your primary leak detection method and enclose the records. *(Refer to the informational flyer describing what records to enclose).* **ATG** - automatic tank gauge, **IM** – manual interstitial monitoring, **DIC** - daily inventory control, **MTG** - manual tank gauging, **SIR** - statistical inventory reconciliation, **CITLDS** - continuous in-tank leak detection system, **VMCM** - vapor monitoring with chemical marker, **CEIM** - continuous, electronic interstitial monitoring					

8. LEAK DETECTION SYSTEM/PIPING	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
A. Pressurized Piping *(Enclose operability check of line leak detectors)*					
Has a line tightness test been done in the last year? *(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, please enclose a line tightness test done in the last 3 years.					

9. DISPENSERS AND CONTAINMENT SUMPS

A. How many dispensers are in use at this site? _____ (*Please include them on diagram.)*

B. Do you have containment sumps under all dispensers? Yes ☐ No ☐

C. Are any steel components beneath your dispensers in contact with soil or water? Yes ☐ No ☐
If yes, are they protected with *zip boots* ☐ *or cathodic protection* ☐ *? (Check one) (If cathodic protection, enclose a copy of the last cathodic protection test.)*

D. Are any steel components in the tank top or transitional sumps in contact with soil or water? Yes ☐ No ☐
If yes, are they protected by *zip boots* ☐ *or cathodic protection* ☐ *? (Check one) (If cathodic protection, enclose a copy of the last cathodic protection test.)*

End of Section A.

SECTION B

FOR TANK SYSTEMS INSTALLED ON OR AFTER JULY 1, 2017

10. UNDERGROUND TANK SYSTEMS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. When was each tank installed? *(month/year)*					
B. Indicate the size of each tank in gallons. *(If a tank is compartmentalized, list each compartment size for that tank – for example, "4,000/6,000" for a 10,000 gallon tank.)*					
C. Indicate the product currently stored in each tank or compartment, if the tank is compartmentalized. *(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, E85, E15 or BD-Biodiesel)*					
D. Are any tanks connected to each other with a siphon bar, or via the piping before the dispensers? *(If yes, show on diagram.)*					
E. Does tank have monthly throughput greater than 800,000 gallons? *(yes or no) (Combine throughput of manifolded tank systems.)*					
11. TANK/PIPING CONSTRUCTION	**TANK 1**	**TANK 2**	**TANK 3**	**TANK 4**	**TANK 5**
A. What type of tank is installed? *(fiberglass; steel clad with fiberglass, non-metallic coating or jacket; or steel)*					
B. Is the tank double-walled? *(yes or no)*					
C. Is the tank tied down? *(yes or no)*					
D. Is the tank cathodically protected? *(yes or no) (If yes, enclose a copy of the last cathodic protection test.)*					
E. When was each piping run installed? *(month/year)*					
F. What type of piping is installed? *(fiberglass, flexible plastic, etc.) (If segments are different materials, show on diagram.)*					
G. Is the piping double-walled? *(yes or no)*					
H. Is the piping cathodically protected? *(yes or no) (If yes, enclose a copy of the last cathodic protection test.)*					
12. SPILL AND OVERFILL PREVENTION EQUIPMENT	**TANK 1**	**TANK 2**	**TANK 3**	**TANK 4**	**TANK 5**
A. Do you have single-walled *(SW)* or double-walled *(DW)* spill buckets? *(Enclose a copy of tightness test or interstitial monitoring record for double-walled spill buckets.)*					
B. What type of overfill prevention equipment do you have? Automatic Shutoff Device *(ASD)* Overfill Alarm *(OA)* *(Enclose a copy of operability test.)*					
C. Do any of your tanks have remote fills? *(yes or no)* If yes, what is the piping made of? *(steel, fiberglass, etc.)* If steel, is there corrosion protection on the piping? *(yes/no)* *(Please include remote fills on diagram.)*					

SECTION B – continued

13. LEAK DETECTION SYSTEM – TANKS/PIPING

A. For each tank and pressurized piping run, you are required to use continuous, electronic interstitial monitoring (CEIM). *(Enclose a copy of interstitial monitoring records for the last 6 months or since your tanks were installed, whichever is less. Also enclose the annual operability tests for your leak detection equipment.)*

B. Is there suction piping connected to the tanks? Yes ☐ No ☐ *(Please identify on diagram.)*

If yes, is the suction piping double-walled? Yes ☐ No ☐

If no, please answer the following:
Is piping sloped so that contents will drain back into the tank if suction is released? Yes ☐ No ☐

Is there only one check valve in each suction line? Yes ☐ No ☐

Is the check valve located directly below the pumps? Yes ☐ No ☐

C. Is there any gravity piping attached to the tank(s)? Yes ☐ No ☐ *(If yes, please identify this piping on diagram.)*

14. DISPENSERS AND CONTAINMENT SUMPS

A. How many dispensers are in use at this site? _____ (*Please include them on diagram.)*

B. Do you have containment sumps under all dispensers? Yes ☐ No ☐ Are they *single-walled* ☐

double-walled ☐ *or a combination* ☐ ? *(Check one) (If combination, please identify on diagram.)*

C. How many tank top containment sumps exist at this site? _____ *(Please include them on diagram.)*

D. How many transition or intermediate containment sumps exist at this site? _____ *(Please include them on diagram.)*

E. Do you have containment sumps at all tank tops, transitions, and intermediate sumps? Yes ☐ No ☐ Are they all

single-walled ☐ *double-walled* ☐ *or a combination* ☐ ? *(Check one) (If combination, please identify on diagram.)*

F. Please identify on diagram which containment sumps are equipped with a sump sensor.

End of Section B.

SECTION C – FOR ALL TANK SYSTEMS

PARTICIPATION FEES

Participation Fees are due and payable with each application.

Category One: (Double-walled tank and piping systems) $100 per tank x _____ = $ _____

Category Two: (All other fully compliant tank systems) $125 per tank x _____ = $ _____

Calculated annual participation fees $ _____

One-time $100 New Tank Fee:
(Must be paid only once for each tank) $100 per tank x _____ = $ _____

Amount enclosed with this application
(Make check payable to: PSTIF) $ _____

DEDUCTIBLE REQUIREMENTS

Note: You must provide a document showing how you plan to meet the $10,000 deductible. ***Please indicate below how you plan to do this and enclose the appropriate document; refer to informational flyer. (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.*

SECTION D – FOR ALL TANK SYSTEMS

OPERATOR TRAINING CERTIFICATION

_____ (print name) has been designated as the Class A/B Operator for this facility and has successfully completed a UST operator training course or test offered or approved by (fill in name of state training/test obtained): _____; a copy of certificate is enclosed.

The designated Class A/B Operator hereby certifies (check one):

- ☐ All Class C Operator(s) for the underground tanks currently in use at this location have been properly trained; or
- ☐ This is an unmanned facility and I have posted emergency contact information in a conspicuous location.

_____ _____
Printed Name Phone Number

_____ _____
Company Name Date

I UNDERSTAND THE FOREGOING INFORMATION IS PROVIDED TO MEET THE STATE OF MISSOURI'S FINANCIAL RESPONSIBILITY REQUIREMENTS FOR UNDERGROUND STORAGE TANKS. ANY FALSE OR MISLEADING INFORMATION AND/OR MISREPRESENTATIONS ARE GROUNDS FOR DENIAL OF CLAIMS AND/OR TERMINATION OF COVERAGE. I UNDERSTAND THAT I WILL ONLY BE INSURED FOR RELEASES FROM THE TANKS/PIPING LISTED ON THIS APPLICATION. THIS APPLICATION SHALL BE INCLUDED IN AND MADE PART OF MY PARTICIPATION AGREEMENT.

I CERTIFY THAT THE TANKS MEET OR EXCEED AND ARE IN COMPLIANCE WITH ALL TECHNICAL STANDARDS ESTABLISHED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES AND THE FIRE AND SAFETY STANDARDS ESTABLISHED BY THE MISSOURI DIVISION OF WEIGHTS AND MEASURES.

_____
APPLICANT'S SIGNATURE TITLE DATE

_____
APPLICANT'S PRINTED NAME

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