

	City	State	Zip
Contact Person:	()		
	Telephone Number		

E. Real Estate Lessee: _____
 Individual, partnership, or corporation

Mailing Address: _____

	City	State	Zip
Contact Person:	()		
	Telephone Number		

Note: If this Application is for Corrective Action by State Contractor, a copy of the current warranty deed with real property description must accompany this form.

II. UST Information

- A. Attach a site sketch which identifies tanks, tank pits, lines, dispensers, buildings, septic tanks, etc.
- B. Complete and have notarized the Environmental Assurance Fee-Participation Certification (Attachment A -both pages if applicable).
- C. Complete and date the Compliance Certification (Attachment B - three pages, fill in all blanks or check N/A for not applicable) and return with this application.
- D. For audit purposes, copies of the following must be maintained at the facility or at an alternative site readily available to EPD:
 - 1. Petroleum inventory records from July 1, 1988 (or installation date, if later) to present.
 - 2. Proof of Environmental Assurance Fee (EAF) payments from July 1, 1988 (or installation date, if later) to present.
 - 3. Copies of the information on the Attachment C, "GUST Trust Fund Application, Records for Compliance Evaluation".

III. **Release Investigation Expenses To Date** - Attach invoices for costs to date, per GUST-91, of:

<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Initial Response/Cleanup
<input type="checkbox"/> Site Investigation Plan Preparation	<input type="checkbox"/> Free Product Removal

IV. **Estimated Costs to Complete Site Investigation** - Complete Section A-30 on GUST-91 Reimbursement Form.

V. Owner/Operator Certification

The undersigned, jointly and severally, regardless of our respective capacities in executing this application, warrant and represent and affirm to the Georgia Environmental Protection Division (EPD) that the information furnished above is true and correct and is made for the purposes of inducing EPD to favorably review the undersigned's GUST Trust Fund Corrective Action Application. We also agree to be liable for up to 100 per cent of the costs of corrective action for the release if any situations set forth in O.C.G.A. §12-13-11(d) or (e) should occur or exist. We further represent and state, as follows, that we:

- a. have not willfully violated any substantive law, rule, or regulation applicable to underground storage tanks (USTs) and intended to prevent or mitigate discharges or releases or to facilitate the early detection of discharges or releases; and
- b. have not caused or contributed to the discharge or release due to willful or negligent misconduct; and
- c. understand that the (GUST) Georgia Underground Storage Tank Trust Fund (Fund) is only for reimbursement of costs expended for cleanup of releases and discharges of petroleum from underground storage tanks; and
- d. understand that the owner or operator is required to comply with all statutes and rules relating to the subject cleanup action regardless of eligibility for any reimbursements from the Fund, and that the owner or operator must comply with all corrective action requirements regardless of the status of Fund eligibility or reimbursement; and
- e. understand that reimbursement from the Fund for cleanup costs does not in any way represent a determination by the Environmental Protection Division (EPD) that the subject cleanup is being performed in compliance with all applicable statutes and rules; and
- f. understand that the applicable deductible(s) per occurrence must be met prior to any monies being reimbursed from the Fund; and
- g. understand that reimbursement from the Fund shall only be for costs directly related to the subject cleanup and determined to be reasonable and necessary by the EPD, that reimbursement requests shall be subject to audit by the EPD, and that the EPD may seek recovery of any reimbursed funds relating to unreasonable or ineligible costs.

TANK OWNER(S)	AND	TANK OPERATOR(S)
(Print or type)		(Print or type)
(Signature)		(Signature)
(Signature)		(Signature)

GEORGIA UNDERGROUND STORAGE TANK (GUST) TRUST FUND
ENVIRONMENTAL ASSURANCE FEE
PARTICIPATION CERTIFICATION*

State of _____
County of _____

Personally came _____, who being first duly sworn, on oath deposes and says as follows:

1) My name is _____ and that I am the _____ of _____, the [(Owner)] [(Operator)]
(Title)
[(Owner and Operator)] of the Underground Storage Tanks (USTs) located at _____ with the Facility ID # _____.
(Facility Name and Address)

2a) That in my capacity with the, [Owner] [Operator] [Owner and Operator] of the USTs at the above referenced facility, I am familiar with the books and records maintained in the regular course of business and have personally examined the Environmental Assurance Fee (EAF) payment records of _____, the [Owner] [Operator] [Owner and Operator], from _____ through _____ for the facility
(Date of 7/1/88 or date of (Date of Release Confirmation or last date of Operation, of USTs identified above). which ever comes first of the USTs)

2b) If a release occurred after the last date of operation of the USTs, then the facility's confirmed release was discovered on _____.

3) That the following petroleum suppliers were the only providers of petroleum product to the facility and they provided petroleum product during the time period set out beside their name and address:

Petroleum Supplier	Dates of Service
a) _____ Name	_____

Address	

b) (attach additional pages as necessary)

4) That the records of, the [Owner] [Operator] [Owner and Operator] show that all EAFs were paid to the petroleum supplier(s) identified above as required for participation in the GUST Trust Fund under the Underground Storage Tank Act, O.C.G.A. 12-13-1 et seq., and the Rules for Underground Storage Tank Management.

5) That I am aware that the Environmental Protection Division will rely on the information provided herein in determining whether, the [Owner] [Operator] [Owner and Operator] is a participant in the GUST Trust Fund for the facility identified as Facility ID # _____ and on behalf of the [Owner] [Operator] [Owner and Operator], I warrant and represent that copies of all invoices showing payment of the EAF on these petroleum sales will be available for inspection and audit by the employees or authorized agents of the Georgia Environmental Protection Division or State of Georgia.

Sworn to and subscribed before
me this _____ day of _____
_____, 20____.

Signature

Notary Public
My Commission Expires _____
[SEAL]

* NOTE: Strike out inappropriate or incorrect [] language.

PRODUCT SUPPLIER CONFIRMATION*

State of

County of

Personally came _____, who being first duly sworn, on oath deposes and says as follows:

1) My name is _____ and that I am the _____ of _____, Product Supplier (Supplier) to the USTs located at _____ (Title) (Facility Name and Address)

2) That in my capacity of _____ of Supplier, I am familiar with the books and _____ (Title) records maintained in the regular course of Supplier's business, especially concerning the sales of petroleum products and the collection of and payment by Supplier of Environmental Assurance Fees (EAFs) for participants in the Georgia Underground Storage Tank (GUST) Trust Fund to the State of Georgia.

3) That the records of Supplier show that EAFs were collected on all petroleum product delivered to _____ and that all EAFs so collected (Facility Name and Address) were properly and timely remitted to its distributor, _____, for payment to the GUST Trust Fund or directly to the GUST Trust Fund as provided by the Underground Storage Tank Act and the Rules for Underground Storage Tank Management.

4) That I am aware that the Environmental Protection Division will rely on the representations made and information provided herein in determining whether _____ is a participant in the GUST Trust Fund for the facility located at _____, and I further warrant and represent that Supplier's records of EAF collection and payment are available for inspection and audit by the employees or authorized agents of the Georgia Environmental Protection Division or State of Georgia.

Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission Expires _____
[SEAL]

* NOTE: Strike out inappropriate or incorrect [] language.

STATE OF GEORGIA
DEPARTMENT OF NATURAL RESOURCES

GEORGIA ENVIRONMENTAL PROTECTION DIVISION
UNDERGROUND STORAGE TANK MANAGEMENT PROGRAM

COMPLIANCE CERTIFICATION

[To be completed for all underground storage tanks which contributed to the release(s).]

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Facility ID # _____ Facility Name: _____

PART 1 - GENERAL COMPLIANCE

1. Was the UST(s) in compliance with the technical requirements of the Underground Storage Tank Act, OCGA 12-13-1 et seq and the Rules for Underground Storage Tank Management prior to discovery of the release(s)? _____
 - a. If yes, complete appropriate sections of Part 2 of this form.
 - b. If no, explain.

2. Prior to discovery of the release(s), did the UST(s) meet the performance standards applicable to tanks installed after December 22, 1988, or comply with the requirements that existing UST(s) (USTs installed on or before 12/22/88) must meet by December 22, 1998? _____
 - a. If yes, complete Part 2 of this form.
 - b.

PART 2 - CERTIFICATION OF COMPLIANCE WITH LEAK DETECTION REQUIREMENTS

Section A(1): TANKS

Instructions: choose the code or combination of codes that corresponds to the method(s) of leak detection employed at the subject facility to meet the requirements for leak detection in accordance with the Underground Storage Tank Act, OCGA 12-13-1 et seq. and the Rules for Underground Storage Tank Management, in particular GUST Rule 391-3-15-.07. This section must be completed for each new and existing UST.

LEAK DETECTION CODES FOR TANKS:

- | | |
|-------------------------------|---|
| A. Tank Tightness Testing * | F. Interstitial Monitoring - Double Walled Tank |
| B. Inventory Control * | G. Interstitial Monitoring - Secondary Barrier |
| C. Automatic Tank Gauging *** | J. Manual Tank Gauging ** |
| D. Vapor Monitoring | K. Statistical Inventory Reconciliation |
| E. Groundwater Monitoring | |

* Options A, B, and C are not stand alone methods of leak detection and must be used in one of the following combinations: AB or CB.

** May be used as a stand alone method for tanks up to 1000 gallons and in combination with tank tightness testing for tanks between 1001 to 2000 gallons.

*** Stand alone method when used as monthly monitor test that can detect 0.2 gallon/hr Leak Rate w/95% Probability of Detection & 5% Probability of False Alarm.

Type of Leak Detection - use letter(s) of Leak Detection Codes above under appropriate Tank #.

IDENTIFIER	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #
Detection Code							
Date Leak Detection Installed							
Repair Dates							

Section A(2): PIPING

PIPING SYSTEM CODES: P. Pressurized S. Suction w/Check Valve at Tank G. Gravity Feed
S/C Suction w/Check Valve at Dispenser

IDENTIFIER	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #
Piping Type							

LEAK DETECTION CODES FOR PIPING:

- H. Automatic Line Leak Detectors *
- I. Line Tightness Testing
- K. Statistical Inventory Reconil'n
- D. Vapor Monitoring
- E. Groundwater Monitoring
- F. Interstitial Monitoring - Double Walled Piping
- G. Interstitial Monitoring - Secondary Barrier
- X. Exempt by 40 CFR 280.41(b)(2)(i)-(v)

* If you have pressurized piping (P) then you must use (H), and line tightness testing (I) or another acceptable method of monthly monitoring (K-G).

IDENTIFIER	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #
Type of Piping Leak Detection							
Date Initiated							
Repair Dates							

Section B: CERTIFICATION OF COMPLIANCE WITH CORROSION PROTECTION AND SPILL/OVERFILL PREVENTION REQUIREMENTS

Instructions: Existing USTs (i.e., tank and connected underground piping installed on or before December 22, 1988) are required to have corrosion protection and overfill prevention equipment installed in accordance with the Underground Storage Tank Act and the Rules for Underground Storage Tank Management by December 22, 1998. However, if you have upgraded your UST system(s) with corrosion protection and spill/overfill prevention equipment, complete this section for each tank. This section must be completed for each new UST (tanks installed after 12/22/88). Some of the methods listed below are not stand-alone methods and must be used in combination with other methods.

CORROSION PROTECTION CODES:

- A. Sacrificial Anode
 - B. Impressed Current
 - C. FRP tank/piping
 - D. Dielectrically Coated *
 - E. Steel/FRP Composite
 - F. Internal Lining
 - G. Other - Specify:
- * Must be used in conjunction with Cathodic Protection

IDENTIFIER	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #
Type of Corrosion Protection							
Date Installed							

SPILL/OVERFILL PREVENTION EQUIPMENT CODES:

- A. Catchment Basin *
- B. Automatic Shutoff Devices
- C. Overfill Alarm
- D. Ball Float Valve

* A catchment basin is a spill prevention device. Options B, C, and D are types of overfill prevention equipment.

IDENTIFIER	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #	TANK #
Type							
Date Installed							

Section C: CERTIFICATION

I/we certify under penalty of law that I/we have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my/our inquiry of those individuals immediately responsible for obtaining the information, I/we believe that the submitted information is true, accurate, and complete.

Name and official title of Applicant (please print)

Signature

Date signed

**GUST TRUST FUND APPLICATION
RECORDS FOR COMPLIANCE EVALUATION**

The following records should be maintained by the O/O to document compliance.

ADDITIONAL INFORMATION, IF APPLICABLE	EXAMPLES OF TYPE INFORMATION REQUIRED To support compliance upon audit by EPD
1. Current EPA Form 7530-1, "Notification for Underground Storage Tanks", (GUST-42), or Annual Notification Records	Copy of the most recently completed UST Notification Form, EPA 7530-1, GUST - 42.
2. Documentation of the initial precision tightness test conducted at UST system start-up	Tank and line tightness test reports, documenting compliance with the applicable leak detection phase-in deadline. Third-party certification of tank and line tightness test used for the initial precision test of USTs installed after 12/22/88.
3. Documentation of operation of corrosion protection equipment	Reports of all cathodic protection test conducted within the last three (3) years.
4. Documentation of UST system repairs	Reports and/or invoices of repair work conducted on the UST system. Tank and/or line tightness test conducted in conjunction with the repairs.
5. Inventory control and/or manual tank gauging records	Inventory control reconciliation records for the 3 months before this inspection. If this is a GUST Trust Fund claim - inventory records for the 3 months immediately before the leak discovery.
6. Tank tightness test records	Reports of annual tank tightness test, or if applicable, reports of tank tightness tests conducted every 5 years. Test method third-party certification.
7. Automatic tank gauging records	Reports of monthly tests, conducted over the last 3 years. Test method third-party certification.
8. Vapor monitoring records	Report of pre-installation site assessment for wells installed after 12/22/88. Well development logs. Results of monthly tests for the last 3 years. Vapor monitoring device third-party certification.
9. Groundwater monitoring records	Report of pre-installation site assessment for wells installed after 12/22/88. Well development logs. Results of monthly tests for the last 3 years. Groundwater monitoring device third-party certification.
10. Interstitial monitoring records	Results of monthly tests for the last 3 years. Test method third-party certification.
11. Records of other approved methods, (i.e., SIR)	Reports of monthly or annual tests conducted for the last 3 years. Test method third-party certification.
12. Records documenting compliance with the piping release detection requirements	Documentation that the automatic line leak detection (ALLD) devices were installed on all pressurized piping on or before 12/22/90. Reports of annual line test (every 3 years for suction piping) or results of monthly monitoring for the last 3 years, or documentation that suction system has one check valve located beneath the dispenser.
13. Records documenting compliance with the temporary closure and/or permanent closure requirements	Documentation that temporarily closed USTs have not exceeded the 12-month closure period without EPD-approved extension, and that the temporarily closed tanks are empty and pertinent release detection requirements are maintained. Documentation that intent to close notification was provided for permanently closed USTs, an acceptable closure report was developed, final notification of permanent closure submitted, and an acceptable site assessment was performed.

