

Georgia Department of Natural Resources

Environmental Protection Division
Underground Storage Tank Management Program
4244 International Parkway, Suite 104, Atlanta, Georgia 30354
404/362-2687

GUST TRUST FUND APPLICATION

Complete all information requested, follow the appropriate instructions, and attach required documentation. Submit this application with your Corrective Action Plan-Part A within 60 days of a confirmed release. Incomplete forms cannot be processed and will be returned to the applicant.

If portions of this form have been previously submitted, then please indicate so and do not resubmit duplicate information.

PLEASE TYPE OR PRINT

Indicate the mode of corrective action coverage requested below.

Owner/Operator Reimbursement:
Complete all sections.

Corrective Action by State Contractor:
Complete all sections.
Refer to O.C.G.A. 12-13-11 concerning
eligibility for the State Contractor.

I. Site Identification Information

A. Facility Name: _____
Official EPD Facility Designation Facility ID Number

Location: _____
Street Address (P.O. Box not acceptable)

_____ City County Zip

B. Tank Owner: _____
Individual Name

Company Name: _____
Check type of company: sole proprietor partnership corporation LLC

**If Company Name is not provided, the tank owner will be considered to be the sole proprietor and will be held personally responsible for the release.*

Mailing Address: _____
_____ City State Zip

Contact Person: _____
Telephone Number

C. Tank Operator: _____
(individual, partnership, or corporation)

Mailing Address: _____
_____ City State Zip

Contact Person: _____
Telephone Number

D. Real Estate Property Owner: _____
(individual, partnership, or corporation)

Mailing Address: _____

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

- I. Complete and have notarized the Environmental Assurance Fee-Participation Certification (Attachment A -both pages if applicable).
- II. 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.

III. **Release Investigation Expenses to Date** - Attach invoices for costs to date, per GUST-91, of:
Emergency Response Initial Response/Cleanup
Site Investigation Plan Preparation 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) (Name of Company) [(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). whichever 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) (Name of Company) (Facility Name and Address)

2) That in my capacity of _____ of Supplier, I am familiar with the books and 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.
(Title)

3) That the records of Supplier show that EAFs were collected on all petroleum product delivered to _____ and that all EAFs so collected 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.
(Facility Name and Address)

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.