SOTRA CLAIM REQUEST

USTB	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	*Mail completed form to:* DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, 2nd FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY:

GENERAL INFORMATION

AGENCY INTEREST #:

DATE OF PETROLEUM STORAGE TANK REMOVAL: _____	DATE A NO FURTHER ACTION LETTER OR DIRECTIVE LETTER WAS ISSUED FOR THIS PERMANENT CLOSURE: _____

APPLICANT INFORMATION			FACILITY INFORMATION		
PETROLEUM STORAGE TANK OWNER (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER' MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:	FACILITY TELEPHONE NUMBER:	
LEGALLY AUTHORIZED REPRESENTIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:	FACILITY E-MAIL ADDRESS:	

ADDITIONAL INFORMATION REQUIRED

- ☐ Name of Certified Remover: and SFM Remover Certification #: LUG .
- ☐ Color photographs of the facility that include each petroleum storage tank pit area and facility features identified on the facility map and any impacted areas both during the removal and after restoration of the facility that include each petroleum storage tank pit area and facility features identified on the facility map, unless submitted in the Closure Assessment Report.
- ☐ Original invoices documenting cost other than those included in the Cost Matrix Table (Lines 4 - 18 of the Final Petroleum Storage Tank Removal Cost Worksheet).

AMOUNT REQUESTED $ (Total from PST Removal Final Cost Worksheet)

PETROLEUM STORAGE TANK CLOSURE COST MATRIX

(Reimbursement from SOTRA shall be determined from either of the lesser: $2.00 per gallon of tank capacity removed per PST pit OR the matrix table value below)

Size of Largest PST in PST Pit based on Gallons	Number of PSTs in PST Pit					
	1	2	3	4	5	Each Additional PST up to 10
Less than 3,100	$3,000	$4,900	$6,400	$7,900	$9,400	$1,500
3,100 – 5,100	$3,400	$5,500	$7,500	$9,000	$10,500	$1,500
5,101 – 10,000	$4,900	$7,400	$9,700	$11,800	$13,800	$1,800
Greater than 10,000	$5,400	$8,600	$11,800	$14,000	$16,900	$2,200

FINAL PETROLEUM STORAGE TANK (PST) REMOVAL COST WORKSHEET

(To determine the allowable cost per PST pit, use the number of PSTs within each PST pit and the Petroleum Storage Tank Closure Cost Matrix above.)

PST Pit #	Number of PSTs in PST Pit	Size of Largest PST Based on Gallons	Surface Dimensions and Area of PST Pit	Allowable Matrix Table Cost
				$
				$
				$
				$
Totals				$

*Unit costs used in the development of the allowable removal cost shall comply with 401 KAR 42:310.

		Quantity & Units	Unit Cost*	Cost	Staff Use Only
1.	Total Allowable Matrix Table Cost	1 each	N/A	$	
2.	One-Time Mobilization Charge	1 each	$350.00	$350.00	
3.	Closure Assessment Report includes the Classification Guide	1 each	$2,000.00	$2,000.00	
4.	Piping Removal (length in feet outside PST pit)		$14.00	$	
5.	Disposal/Recycling of PST Contents		$	$	
6.	Disposal of PST Wastes (drums)		$	$	
7.	$300 fee for EPA Generator ID No., if necessary	1 each	$300.00	$	
8.	Disposal of Asphaltic Surface Materials (tons)		$	$	
9.	Transportation of Asphaltic Materials (tons)		$	$	
10.	Laboratory Analyses for the following: BTEX		$	$	
	PAH		$	$	
	Lead		$	$	
	Waste Characterization		$	$	
11.	Surface Replacement (sq feet or sq yards)				
	Type:		$	$	
	Type:		$	$	
12.	Collection of a downgradient water sample, if required by the cabinet. Shall include mobilization, mileage, labor, equipment, logging of borehole, footage drilled and any other costs associated with the completion of this task. An additional expense of $500 is allowed for planning and reporting the installation and sampling of the well(s).			$	
13.	Transportation of contaminated pit water		$	$	
14.	Disposal of contaminated pit water		$	$	
15.	Transportation of contaminated backfill		$	$	
16.	Disposal of contaminated backfill		$	$	
17.	Backfill to replace contaminated soil		$	$	
18.	Transportation of additional backfill		$	$	
19.	Optional Soil Removal (Attach Over-Excavation Worksheet DEP6066E (January 2006))		$	$	
			Total Costs:	$	

CERTIFIED CONTRACTOR OR CERTIFIED REMOVER CERTIFICATION

PST #	PST Size in Gallons	Substance(s)	Measured Dimensions by Length and Diameter

I hereby certify under penalty of law that I am the (mark one): ☐ Certified Contractor ☐ Certified Remover AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT THE PSTS LISTED ABOVE HAVE BEEN REMOVED OR CLOSED IN PLACE. I CERTIFY THAT THE INFORMATION PROVIDED IN THE CERTIFIED CONTRACTOR OR CERTIFIED REMOVER CERTIFICATION TABLE ON PAGE 2 ABOVE IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME OF CERTIFIED CONTRACTOR OR CERTIFIED REMOVER:	**TITLE:**	
SIGNATURE OF CERTIFIED CONTRACTOR OR CERTIFIED REMOVER:	**PSTEAF OR SFM CERTIFICATION #:**	**DATE:** _____

Subscribed and sworn to before me by:

This the: day of:

Notary Public

Commission State at Large: OR County:

My commission expires:

SEAL OPTIONAL

PST OWNER CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Owner ☐ Legally-authorized representative or agent of the owner AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I CERTIFY THAT ALL COSTS WERE NECESSARY AND WERE ACTUALLY INCURRED IN THE PERFORMANCE OF PERMANENT CLOSURE OF THE PSTS. I FURTHER CERTIFY THAT ALL RETAIL SALE OR WHOLESALE DISTRIBUTION OF MOTOR FUELS AT THIS FACILITY HAVE PERMANENTLY CEASED AND ALL KNOWN PSTS AT THIS FACIITY HAVE BEEN REMOVED OR CLOSED IN PLACE.

**NOTE* If individual signing this other than the president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors, which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)*

PRINTED NAME OF OWNER (Or Authorized Representative or Agent):	**TITLE:**
SIGNATURE OF OWNER (Or Authorized Representative or Agent):	**DATE:** _____

Subscribed and sworn to before me by:

This the: day of:

Notary Public

Commission State at Large: OR County:

My commission expires:

SEAL OPTIONAL

FOR STAFF USE ONLY:

FILE #: _____ VENDOR ID #: _____ CLAIM REQUEST #: _____

	AMOUNTS	**SIGNATURES**	**DATES**
INITIAL OBLIGATION:	$ _____	_____ STAFF	____/____/____
CLAIMED:	$ _____		
ADJUSTED	$ _____	_____ BRANCH MANAGER	____/____/____
ADDITIONAL OBLIGATION:	$ _____		
RECOMMENDED:	$ _____	_____ CABINET APPROVAL	____/____/____

If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at 502-564-5981 or visit our Web site at http://waste.ky.gov/ust.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS