

**FORM 1****VIRGINIA PETROLEUM STORAGE TANK FUND  
REIMBURSEMENT APPLICATION**

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**DEQ USE ONLY**

Claim No:

☐

Closed:

☐

Open:

☐

Reopen:

☐

Complete and submit with all required supporting documentation to Department of Environmental Quality (DEQ), Office of Spill Response and Remediation, P.O. Box 1105, Richmond, VA 23218. Type or print legibly the required information in the applicable sections below. Refer to the reverse side for instructions on how to complete the form. The application will NOT be accepted unless the Certification in Section VII has been signed by the claimant.

<b>I. Claimant Information</b>		
A. Claimant Name:		B. Pollution Complaint Number:
C. Claimant Mailing Address:		D. City, State
		E. Zip Code
F. Claimant Telephone No. ( )	G. Claimant Fax No. ( )	H. Claimant E-mail Address
I. Contact Person for Reimbursement	J. Contact Person Telephone No. ( )	K. Contact Person Fax No. ( )
L. Contact Person for Reimbursement E-mail	M. Contact Person Cell No. ( )	N. Regional Office Handling Case

<b>II. Site Information</b>	
A. Site Name	B. Site Location
C. City, State	D. Zip Code

<b>III. Insurance Information</b>
A. Do you have insurance that would cover a petroleum storage tank release? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the above question, you are required to submit a complete copy of the text, endorsements, and declarations page of the above referenced insurance policy(ies). DEQ will NOT review your claim until you submit a complete copy of the policy(ies).

<b>IV. UST Annual Gallonage - DO NOT COMPLETE FOR HOME HEATING OIL OR FARM TANKS</b>	
The total number of gallons pumped, during the year prior to the release <sup>(1)</sup> , through all regulated underground storage tanks the claimant owns or operates in the Commonwealth of Virginia. Check only one box.	
<input type="checkbox"/> Less than 600,000 gallons	<input type="checkbox"/> Between 1,800,001 and 2,400,000 gallons
<input type="checkbox"/> Between 600,000 and 1,200,000 gallons	<input type="checkbox"/> More than 2,400,000 gallons
<input type="checkbox"/> Between 1,200,001 and 1,800,000 gallons	
<sup>(1)</sup> The year prior to the release can be any consecutive 12-month period, which starts no more than 24 months prior to the release report date, and ends no later than the release report date.	

<b>V. AST Storage Capacity - DO NOT COMPLETE FOR HOME HEATING OIL TANKS</b>
Are the net annual profits for this operation less than or equal to \$10 million? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No
1. If you indicated "Yes" to Question A above, please complete the following: The number of gallons of storage capacity for all ASTs at THIS facility at the time the discharge was reported to the Department of Environmental Quality was _____
2. If you indicated "No" to Question A above, please complete the following: The number of gallons of storage capacity for this operator's ASTs at ALL Virginia facilities at the time the discharge was reported to the Department of Environmental Quality was _____

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**VI. Claimant Certification**

I hereby certify that:

1. This is the one and only reimbursement application that will be submitted for the completed corrective action phase[s] and/or sub-phases identified on the worksheets submitted in this application.
2. Under penalty of perjury, all costs claimed in this application were incurred by me to clean up this release, and all data and documentation submitted as part of this application are true and correct.
3. I understand that items inadvertently or otherwise omitted from the application will NOT be accepted by DEQ after the reimbursement decision package has been issued.
4. I understand that I am required by law to pay a financial responsibility requirement before I am eligible for reimbursement, and I agree to pay DEQ on demand, any remaining financial responsibility requirements.
5. I agree to grant DEQ and its contractor[s] reasonable access to the contaminated site.
6. I am responsible for immediately notifying DEQ in writing should any information change on any pending claim.
7. I am the owner/operator whom DEQ has designated as the responsible person for the clean-up of this site.
8. I authorize my consultant to provide all data and documentation associated with the costs incurred for this site.

\_\_\_\_\_  
Print Claimant's Name

/s/\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

**VII. Consultant Certification – To be completed by the primary consultant**

I hereby certify that:

1. That all data and documentation submitted in this application is true and correct.
2. That the work claimed as performed and invoiced in this claim was performed for this release.
3. I authorize DEQ to examine and audit all records and supporting documents related to this claim and, if applicable, the reconsideration of this claim.

\_\_\_\_\_  
Print Consultant's Name

\_\_\_\_\_  
Company Name

/s/\_\_\_\_\_  
Consultant's Signature

\_\_\_\_\_  
Date