



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. <i>(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)</i>			
C. Is the tank utilized for the sale of petroleum product? <i>(yes or no)</i> <i>(If yes, answer D and E below. If no, go to Question 2.)</i>			
D. If you do <u>not</u> have PSTIF insurance on these ASTs, please indicate if the AST piping is underground or aboveground? <i>(UG or AG)</i> <i>(If underground, provide a copy of the most recent line tightness test.)</i>			
E. If you do <u>not</u> 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? <i>(yes or no)</i>			

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.
4. Are there any system upgrades or tank removals planned for the next 12 months? Yes No
 If yes, please explain: _____

5. Have you had any product spills or releases into the environment? Yes No
 If yes, please explain (including volume of release, if known): _____

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? <i>(month/year)</i>					
B. Indicate the size of each tank in gallons. <i>(If a tank is compartmentalized, list each compartment size for that tank – for example, “4,000/6,000” for a 10,000 gallon tank.)</i>					
C. Indicate the product currently stored in each tank or compartment, if the tank is compartmentalized. <i>(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)</i>					
D. Are any tanks connected to each other with a siphon bar, or via the piping before the dispensers? <i>(If yes, show on diagram.)</i>					
E. Does tank have monthly throughput greater than 800,000 gallons? <i>(yes or no) (Combine throughput of manifolded tank systems.)</i>					
5. TANK AND PIPING CONSTRUCTION	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
A. What material is each tank made of? <i>(fiberglass; steel clad with fiberglass, non-metallic coating or jacket; or steel)</i>					
B. Is the tank double-walled? <i>(yes or no)</i>					
C. Is the tank lined? <i>(yes or no) (If yes, enclose a copy of the lining installation report and certificate.)</i>					
D. Is the tank cathodically protected? <i>(yes or no) (If yes, indicate when cathodic protection was installed and enclose a copy of the last cathodic protection test.)</i>					
E. When was each piping run installed? <i>(month/year)</i>					
F. What is the piping made of? <i>(steel, fiberglass, flexible plastic, copper, etc.) (If segments or piping run are different materials, show on diagram.)</i>					
G. Is the piping double-walled? <i>(yes or no)</i>					
H. Is the piping cathodically protected? <i>(yes or no) (If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic protection test.)</i>					
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? <i>(yes or no)</i> If yes, what is the piping made of? <i>(steel, fiberglass, etc.)</i> If steel, is there corrosion protection on the piping? <i>(yes/no)</i> <i>(Please include remote fills on diagram.)</i>					

SECTION A - continued

7. LEAK DETECTION SYSTEM/TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
<p>A. For each tank, please list your <u>primary</u> leak detection method and <u>enclose</u> the records. <i>(Refer to the informational flyer describing what records to enclose).</i> 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</p>					
8. LEAK DETECTION SYSTEM/PIPING	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
<p>A. Pressurized Piping <i>(Enclose operability check of line leak detectors)</i></p> <p>Has a line tightness test been done in the last year? <i>(yes or no)</i> <i>(If yes, enclose a copy.)</i></p>					
<p>B. Suction Piping</p> <p>Is piping sloped so that contents will drain back into the tank if suction is released? <i>(yes or no)</i></p> <p>Is there only one check valve in each suction line? <i>(yes or no)</i></p> <p>Is the check valve located directly below the pumps? <i>(yes or no)</i></p> <p><i>If the answer to any of these is no, please enclose a line tightness test done in the last 3 years.</i></p>					
9. DISPENSERS AND CONTAINMENT SUMPS					
<p>A. How many dispensers are in use at this site? _____ <i>(Please include them on diagram.)</i></p>					
<p>B. Do you have containment sumps under all dispensers? Yes No</p>					
<p>C. Are any steel components beneath your dispensers in contact with soil or water? Yes No If yes, are they protected by zip boots or cathodic protection? <i>(Check one)</i> <i>If cathodic protection, enclose a copy of the last cathodic protection test.</i></p>					
<p>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? <i>(Check one)</i> <i>If cathodic protection, enclose a copy of the last cathodic protection test.</i></p>					

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

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 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 on diagram.)*

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

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

Are they:

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

Are they constructed of: fiberglass or polyethylene ? (Check one)

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

DECLARATION

Applicant understands and agrees that all written statements and materials furnished by the Applicant to the Board of Trustees of the Missouri Petroleum Storage Tank Insurance Fund ("Board") in conjunction with this application are incorporated into this application and made a part of it.

Applicant represents and warrants that all statements and facts contained in this application including all written statements and facts furnished by the Applicant to the Board in conjunction with this application are true, correct, and complete; however, in the case of written statements and facts made by third parties supplying information on which the Applicant has reasonably relied, such as reports by third parties detailing the results of line tightness tests, Applicant represents and warrants such statements are true, correct, and complete only to the best of Applicant's knowledge.

Applicant states that no other material facts have been misstated, suppressed, or omitted.

Applicant understands and agrees that providing false or misleading information; or misstating, suppressing, or omitting material facts may be grounds for the denial of any claim (in whole or in part), termination (including rescission) of coverage, a claim for breach of contract, or all of these.

Applicant certifies that the tanks meet or exceed and are in compliance with all technical standards established by federal and state regulatory agencies.

Applicant understands and agrees that, if applicant is admitted to participation in the Fund, there is no coverage for petroleum releases occurring prior to the Retroactive Date stated in the Participation Agreement.

If this application is signed by an individual acting on behalf of an entity, then Applicant represents and warrants that he/she is authorized to sign for and bind that entity.

APPLICANT'S SIGNATURE TITLE DATE

APPLICANT'S PRINTED NAME

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**Submit to: MISSOURI PSTIF
P.O. BOX 836
JEFFERSON CITY, MO 65102
PHONE: 855-765-4041**