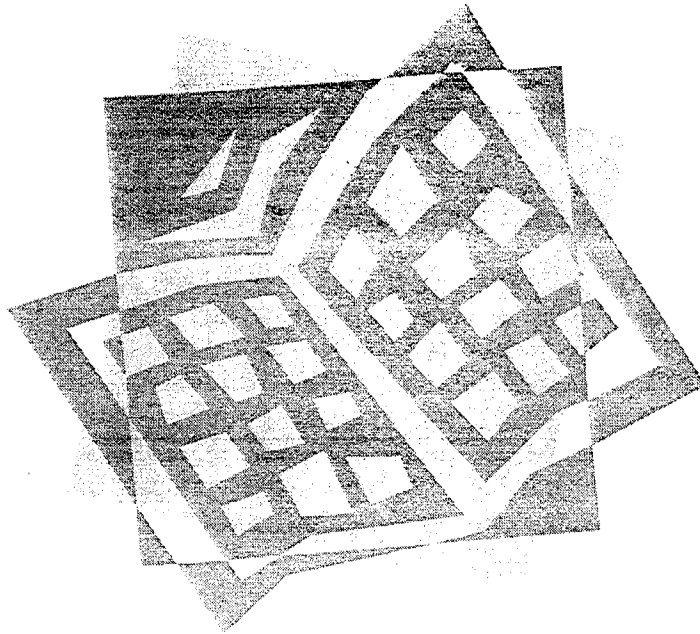


A GUIDE TO CALIFORNIA'S

Petroleum Underground Storage Tank Cleanup Fund

Including Claim Application
Forms and Instructions



STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

OCTOBER 1997

(REPRINTED 8/98)

Addendum to Cleanup Fund Claim Application Request for Assignment of Claim to Priority Class B (Small Business)

Claimant Name: _____

Site Address: _____

Description of business: _____

To qualify as a small business, a business must be independently owned and operated, and not dominant in its field of operation. In addition, the business, together with all affiliates, must employ 100 or fewer employees **and** have average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years. However, if the business is a manufacturer, there is no revenue test, but the business, together with all affiliates, must employ 100 or fewer employees.

Please check the appropriate box below and provide the requested information.

<input type="checkbox"/>	Check this box if you are submitting a small business certificate from the Office of Small Business Certification to document the claimant's small business classification. <i>Attach certification.</i>
<input type="checkbox"/>	Check this box if claimant is a manufacturing business that is independently owned and operated, is not dominant in its field of operation, and, together with all affiliates, employs 100 or fewer employees. Total number of employees: _____ <i>Submit documentation supporting the number of employees (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).</i>
<input type="checkbox"/>	Check this box if claimant is not a manufacturer, is independently owned, is not dominant in its field of operation, together with all affiliates employs 100 or fewer employees, and , together with all affiliates, has had average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years. Total number of employees: _____ <i>Submit documentation supporting the number of employees (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).</i> List the previous three years and their respective annual gross receipts. <div style="text-align: center;"> _____ \$ _____ _____ \$ _____ _____ \$ _____ </div> Average annual gross receipts over the previous three years: \$ _____

I (we) hereby declare under penalty of perjury that all facts and statements set forth above are true and correct to the best of my (our) knowledge and belief. This form is part of my (our) application to the California Underground Storage Tank Cleanup Fund, and I (we) understand that any misrepresentation made on this form may result in disqualification of the claim. Federal tax returns documenting the annual gross receipts, including all affiliates, will be provided upon request and will be retained for the life of the claim and for at least three years after the last reimbursement issued pursuant to this claim.

Executed at _____, on this _____ day of _____, 2000

Claimant Signature: _____ Printed Name: _____

Claimant Signature: _____ Printed Name: _____



Winston H. Hickox
Secretary for
Environmental
Protection

State Water Resources Control Board


Division of Clean Water Programs

2014 T Street • Sacramento, California 95814 • (916) 227-4484
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
FAX (916) 227-4530 • Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf>



Gray Davis
Governor

TO: Claim Applicants and Interested Parties

FROM: 
Dave Deaner, Manager
Underground Storage Tank Cleanup Fund Program

DATE: JAN 18 2000

SUBJECT: CHANGE IN PRIORITY CLASS B CRITERIA

The legislature has revised California's criteria for small business certification, and therefore, the requirements for assignment of a claim to Priority Class B have also changed. Assembly Bill 2505 (Olberg) (Stats. 1998, ch. 821) which became effective January 1, 1999, abolished the industry sector-specific approach to small business certification. AB 2505 replaced the prior system with a simplified structure that segregates between manufacturing and non-manufacturing businesses.

A business only receives preferential treatment as a small business if the business is independently owned and operated, is not dominant in its field of operation, and meets certain size requirements. The size test for most businesses is that the business employs 100 or fewer employees **and** has had average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years. In contrast, a business that is a manufacturer only has to demonstrate that it employs 100 or fewer employees to qualify as a small business. The employees of a business **and all its affiliates** are included in determining the business's number of employees.

Until the Cleanup Fund Program revises its claim application, if you wish to apply for assignment of your claim to Priority Class B, please complete the certification form on the back of this notice and submit it and any required, supporting documents with your completed claim application.

Currently the Cleanup Fund Program funds new Priority Class B and C claims in virtually the same processing time. For the foreseeable future, there is no difference between a Priority Class B and C claim with respect to reimbursements. As a result, some claimants may find it simpler to seek designation of their claims as Priority Class C because Priority Class C only requires proof that a business employs fewer than 500 employees.

Please call Jesus Genera at (916) 227-4514 regarding any questions on priority.

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About This Guide

This guide has been designed to help in the determination of your eligibility for reimbursement from the Underground Storage Tank Cleanup Fund (Fund) and provide assistance in completing the Fund's Claim application. This booklet contains:

- Program Information
- Application Instructions
- Claim Application and related forms
- Gross Revenue Chart for determining priority class
- Listing of Public Regulatory Agencies

If you should have any questions regarding your eligibility or would like to obtain copies of the Fund's other publications or need further assistance in completing the application, please contact the Fund by calling 1-800-813-FUND or writing to:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund
P. O. Box 944212
Sacramento, CA 94244-2120

Information on the UST Cleanup Fund can also be found on the World Wide Web at www.swrcb.ca.gov/~cwphome/fundhome.htm.

Information on the California Trade and Commerce Agency's RUST Loan Program can be obtained by calling (916) 323-9879 or writing to the agency at 801 K Street, Suite 1600, Sacramento, CA 95814.

For information regarding the fee collected for this program by the State Board of Equalization, please call (916) 322-9669 or write to them at the Environmental Fees Unit, P. O. Box 942879, Sacramento, CA 95279-0001.

Other documents published and distributed by the Fund which you may find helpful include:

- ✓ UST Cleanup Fund Questions & Answers Brochure
- ✓ Underground Storage Tank (UST) Cleanup Fund Regulations
- ✓ Commingled Plume Account Program Guide
- ✓ Successful Corrective Action - A Tank Owner's Guide
- ✓ UST Cleanup Fund Cost Guidelines
- ✓ Financial Responsibility Guide

Program Summary

UST Cleanup Fund

Approximately 90% of the underground storage tanks (USTs) in this state contain petroleum and a significant number are known to be leaking. To help with the cleanup of these leaking USTs, the Underground Storage Tank Cleanup Fund (Fund) was created pursuant to chapter 6.75 of the California Health and Safety code (H&SC). The Fund helps eligible owners and operators of petroleum USTs to:

- (1) Meet federal and state requirements in demonstrating financial responsibility by providing coverage to pay for the costs of cleanup and third party liability caused by an unauthorized release of petroleum from a UST; and
- (2) Obtain reimbursement for the costs of cleaning up unauthorized releases of petroleum from USTs; and
- (3) Obtain reimbursement for damages awarded to third parties who are injured by unauthorized releases of petroleum from USTs.

Money for the Fund is generated by a per gallon fee paid by owners who are required to have a permit to own or operate a UST. The fee is based on gallons delivered to the UST and is collected by the Board of Equalization.

The Fund covers reimbursement claims for corrective action costs paid or incurred for cleanup work. Corrective action costs include preliminary site assessment, soil and water investigation, corrective action implementation and verification monitoring after the cleanup is completed. Only corrective action costs for work performed after January 1, 1988 are eligible. Funds are only disbursed after costs are actually incurred or paid. Third party claims are also covered for amounts awarded to a third party by a court-approved settlement, final judgment, or an arbitration award by a court-appointed arbitrator for bodily injury or property damage. The Fund will not reimburse amounts awarded to a third party pursuant to a default judgment.

The Fund does not cover the removal, repair, retrofit or installation of USTs. However, a loan program does exist for this purpose which is administered by the California Trade and Commerce Agency. The loan must be secured before the work is performed.

The maximum reimbursement per occurrence is \$1 million, less the eligible claimant's applicable level of financial responsibility (deductible). The deductible varies from \$0 to \$20,000, depending upon the claimant's priority classification and compliance with the requirement that the claimant have permitted the USTs.

Financial Responsibility

The United States Environmental Protection Agency (EPA) regulations (section 280.90, subpart H, part 280, 40 Code of Federal Regulations) published October 26, 1988, require owners and operators of USTs to demonstrate through insurance coverage or other acceptable mechanisms that they can pay for cleanup and third party damages resulting from leaks that may occur from their USTs.

On June 9, 1993, the EPA approved California's Fund as a mechanism for meeting the federal financial responsibility requirements for USTs containing petroleum. UST owners and operators must demonstrate financial responsibility in the amounts required by the federal regulations cited above. Currently, the federally required minimum amounts are:

- (1) \$1 million per occurrence - Owners and operators of USTs located at a petroleum marketing facility (for example, service stations and truck stops), used in production or refining or which handle an average of more than 10,000 gallons of petroleum per month based on annual throughput for the previous calendar year; or
- (2) \$500,000 per occurrence - Owners and operators not included in the preceding paragraph.

In addition, coverage must be shown for an annual aggregate amount. The annual aggregate amount is the total amount of financial responsibility that an owner or operator must have to cover all leaks that

might occur in one year. The amount of aggregate coverage is based on the number of USTs owned or operated. The annual aggregate limits are:

- (1) 1 to 100 USTs - \$1 million annual aggregate; or
- (2) 101 or more USTs - \$2 million annual aggregate.

As an alternative to, or in conjunction with mechanisms authorized by the federal regulations, an owner or operator may demonstrate financial responsibility of up to \$1 million through use of the Fund. To use the Fund, an owner or operator must at all times:

- (i) Demonstrate financial responsibility of at least the following amount per occurrence and per annual aggregate coverage exclusive of the Fund: \$0 for Priority Class A, \$5,000 for Priority Class B and C, and \$10,000 for Priority Class D; and
- (2) Demonstrate financial responsibility for any required amount above the \$1 million, exclusive of the Fund for those owners and operators required to comply with the provisions of section 2807(d) of the California Code of Regulations; and
- (3) Maintain eligibility to participate in the Fund.

Commingled Plume Account

The Commingled Plume Account was created to encourage responsible parties with commingled plumes to coordinate their cleanup efforts, avoid litigation, more rapidly address required cleanup, and significantly reduce the costs of cleanup. It is anticipated that up to \$10 million will be appropriated each year for the Commingled Plume Account.

A "commingled plume" is the condition that exists when groundwater contaminated with petroleum from two or more discrete unauthorized releases have mixed or encroached upon one another to the extent that the corrective action performed on one plume will necessarily affect the other. A commingled plume does not include either of the following: (1) contaminated groundwater plumes resulting from unauthorized

releases or discharges from a single site; or (2) soil contamination, unless it can be demonstrated that the contaminated soil is an immediate threat to groundwater.

Unauthorized releases from USTs are a major source of petroleum contaminated groundwater commingled plumes. Commingled plume sites represent a special problem to California's groundwater protection efforts because they often represent more serious water quality impacts, involve parties that disagree as to liability, and include cleanups which continue to be stalled or handled in a piecemeal, haphazard, expensive manner. Unless corrective action is performed in a coordinated manner, corrective action of commingled plumes could be ineffective.

Some of the benefits of the Commingled Plume Account are:

- (1) Identified responsible parties that contributed to the plume may file one joint claim;
- (2) Responsible parties eligible for reimbursement from the Fund and responsible parties not eligible for reimbursement from the Fund can be joint claimants on a commingled plume claim if specified requirements are met. Reimbursement will not be impacted because of non-tank owners or non-petroleum substances so long as at least 85% of the plume is composed of petroleum contamination from an unauthorized release from a UST whose owner or operator is eligible for payment of a claim pursuant to section 25299.54 of the H&SC;
- (3) The maximum funding per commingled plume claim is up to \$1 million per occurrence for which a UST owner or operator named in the joint claim is eligible for reimbursement pursuant to section 25299.54 of the H&SC; and
- (4) Commingled Plume Account claims have their own priority that is separate from the priority of individual claims to the Fund.

Eligibility information on the Commingled Plume Account and application procedures are contained in the Commingled Plume Account Program Guide available from the Fund by calling 1-800-813-FUND.

Eligibility Requirements

In order to file a claim with the Fund, the following eligibility requirements must be met:

- ✓ *The claimant must be or have been the owner or operator of the UST which is the subject of the claim.*

To be eligible to file a claim with the Fund, the claimant must be a current or past owner or operator of the UST from which an unauthorized release has occurred, and be required by the regulatory agency to undertake corrective action. Owners of real property who are not owners or operators of the USTs that are the subject of the claim are not eligible for reimbursement from the Fund. The only exceptions are:

- (1) A "de facto" UST owner. The classical de facto UST owner is the owner of real property on which a UST was situated, where the legal UST owner and the UST operator abandoned the property and the UST, and cleanup responsibility has devolved on the landowner. A key criterion of a de facto UST owner is having physical possession and control of the UST.
- (2) Property owners may file a claim to the Fund if they acquired property which has been the subject of completed corrective action, where a closure letter has been issued by the regulatory agency, the person who carried out the earlier corrective action filed a claim and was eligible for reimbursement, and further corrective action is required because of additionally discovered contamination from the same release.

Purchasers of a site or persons who otherwise acquire a site on which a UST is situated are not eligible for reimbursement from the Fund if:

- (1) The purchaser or acquirer knew or in the exercise of reasonable diligence would have discovered that a UST was located on the site; and
- (2) Any party from whom the site was acquired would not have been eligible for reimbursement from the Fund.

Federal and state governmental entities are not eligible for reimbursement from the Fund.

- ✓ *The tank must be a petroleum UST as defined in section 25281(x) of the H&SC and one for which a permit is required pursuant to section 25284 of the H&SC.*

The only exception is certain small home heating oil tanks which are covered by the Fund even though they do not fit within the definition of a UST and are not subject to permit requirements. Farm tanks, hydraulic lift tanks and tanks in vaults, are examples of tanks that do not fit within the definition of a UST, are not subject to chapter 6.7 of the H&SC permit requirements or storage fees, and are not eligible for reimbursement from the Fund.

- ✓ *There must have been an unauthorized release of petroleum discovered and reported to the responsible regulatory agency.*

The claimant must submit documentation of the discovery and the reporting to the regulatory agency of the unauthorized release which is the subject of the claim. This documentation should include a copy of the UST Unauthorized Release (Leak/Contamination) Report filed with or by the regulatory agency and any other correspondence with the regulatory agency that verifies the date of discovery and reporting of the release.

- ✓ *The claimant must have undertaken necessary cleanup actions in accordance with applicable federal and state requirements.*

Portions of the federal requirements can be found in 40 CFR, part 280 of the Federal Regulations. State requirements are contained in chapters 6.7 and 6.75 of the H&SC.

If the claimant knew of the unauthorized release and was directed by the regulatory agency prior to January 1, 1988, to take corrective action, and failed to initiate the corrective action on or before June 30, 1988, the claimant is not eligible for reimbursement from the Fund.

- ✓ *If the claim is for costs incurred after December 2, 1991, the claimant must have been in contact with the regulatory agency with jurisdiction over the site involved and must have been under orders or directives to clean up the site. In addition, the claimant must have been in compliance with orders or directives issued by these agencies.*
- ✓ *The claimant must be and have been in compliance with applicable permit requirements to own or operate a UST pursuant to section 25284, chapter 6.7 of the H&SC.*

In order to participate in the Fund, claimants must provide the UST permit documentation. Fund regulations require that all applicable permits have been obtained prior to January 1, 1990.

If the UST remained in place after January 1, 1990, evidence must be provided that a permit to own or operate was applied for or obtained by January 1, 1990.

There are three instances in which the claimant may not be subject to the permit requirements. They are:

- (1) All USTs were removed prior to January 1, 1990, and not replaced. If this is the case, the claimant should submit a copy of the removal permit with their application.
- (2) All USTs were decommissioned pursuant to direction of the regulatory agency prior to January 1, 1984. A decommissioned UST is one that cannot have inputs or withdrawals for one or more of the following reasons: (1) it has been filled with an inert solid; (2) its fill pipes have been sealed; and/or (3) its piping has been removed.
- (3) The claimant sold the property and USTs prior to January 1, 1990.

If the claimant cannot provide evidence of having obtained a permit to own or operate the UST(s) prior to January 1, 1990, or if the claimant was subject to the permit requirements but failed to comply by January 1, 1990, a request to the SWRCB can be made to waive the requirement as a condition for eligibility. Where the SWRCB does grant a waiver to the permit requirement, the deductible is doubled (i.e., from \$5,000 to \$10,000, from \$10,000 to \$20,000).

To request a waiver, ALL of the following criteria must be met and a completed Permit Waiver Request Form with supporting documentation must be submitted with the claim:

#1 CRITERION: The claimant was unaware of the permit requirements prior to January 1, 1990, and there was no intent to intentionally avoid the permit requirements or fees associated with the permit.

Required Documentation: Provide a brief history of the UST(s) and an explanation as to the reasons they were not permitted by January 1, 1990. Identify when and how the claimant became aware of the law requiring a permit to own or operate the UST(s).

#2 CRITERION: Prior to submitting the claim, the claimant has complied with the financial responsibility requirements of section 25299.3 of the H&SC.

Required Documentation: Completion of the financial responsibility section of the application (page 6) and submittal of a copy of the Certification of Financial Responsibility.

#3 CRITERION: Prior to submitting the claim, the claimant has obtained and paid for all currently required permits.

Required Documentation: If the claimant owned or operated the UST(s) at the time of submitting the claim, submit documentation of having obtained or applied for, and continuing to diligently pursue the acquisition of a permit to own or operate from the regulatory agency. If the UST(s) were removed prior to submitting the claim, submit evidence that they were removed, the regulatory agency was notified, and the required removal permits were obtained.

#4 CRITERION: Prior to submitting the claim, the claimant has paid all current UST fees imposed by section 25299.41 of the H&SC and all prior fees due on and after January 1, 1991.

Required Documentation: If the owned or operated UST(s) had product placed in them on or after January 1, 1991, submit the most recent copy of the Underground Storage Tank Fee Return Form filed with the Board of Equalization (BOE) with proof of payment. If the UST(s) had no product placed in them on or after January 1, 1991, include a brief history of the use of the UST(s) and certification that no product has been placed in the UST(s) on or after January 1, 1991.

The following types of permits are unacceptable as permits to own or operate USTs, and will not be accepted: Business permits, air pollution control district permits (APCD), and fire department permits not specifically designated for USTs.

- ✓ *The claimant must be in compliance with the applicable financial responsibility requirements imposed by federal and state law.*

Not all claimants eligible to file a claim are subject to financial responsibility requirements. Financial responsibility requirements are contained in the Fund's Financial Responsibility Guide, and in article 3 of the Fund's regulations, and in part 280 of the Code of Federal Regulations.

- ✓ *If the claimant is seeking reimbursement for damages awarded to a third party, the damages must be set forth in a final judgment, court-approved settlement, or arbitration award. Costs awarded pursuant to a default judgment will not be reimbursed from the Fund.*

Priority List

Because claims with the Fund will exceed available funding for a number of years, the Fund's implementing legislation provided for a priority system to first reimburse those claimants who are least able to pay the costs of cleanup.

The highest priority, Class A, is assigned to residential UST owners; the second priority, Class B, is assigned to small businesses; the third priority, Class C, is assigned to larger businesses with fewer than 500 employees; and the fourth priority, Class D, is assigned to all other claimants.

Placement on the priority list is based on priority class and the date a completed and approved claim is received by the Fund. If more than one claim is received on the same date, they are randomly ranked. Claims on the priority list will generally be processed according to priority class and the claim's rank on the list.

At least once a year, the priority list is published and includes new approved claims received. Prior claims received retain their relative ranking within their priority class with new claims ranked in their appropriate priority below those carried over from the previous list. New claims in a higher priority are processed before older claims in a lower priority.

Priority Classes

Priority Class A - Residential

To qualify for Priority Class A, the UST must have been located at the claimant's residence when the unauthorized release was discovered. The residence must have been owner-occupied and a single family dwelling or duplex.

In addition, the UST cannot have been located on a farm and used primarily for storing motor vehicle fuel for agricultural purposes or for resale. The UST cannot have been used for agricultural purposes or to store petroleum for resale since January 1, 1985. Also, the property cannot have been used for agricultural purposes on or after January 1, 1985. If the UST stores motor vehicle fuel, it must be on property used exclusively for residential purposes.

Documentation showing that the property is owner-occupied, such as a property tax bill, must be submitted with the claim.

**Priority Class B - Small Business
Local Governmental Entities
Nonprofit Organizations**

The second priority is assigned to a "small business" which is independently owned and operated and is not dominant in its field of operations. In addition, the business cannot have gross annual receipts for the three years preceding its application to the Fund that exceeds the maximum receipts specified for that industry group by the State Office of Small and Minority Business (OSMB).

As proof of gross revenues for the purposes of assignment to Priority Class B, the chart on page 14 identifies the federal tax returns (FTR), including statements and schedules, that must be submitted with the claim.

Cities, counties, districts, and nonprofit organizations with a total annual revenue of less than \$7 million are eligible for Priority Class B.

In determining the amount of a nonprofit organization's annual revenue, only those revenues directly attributable to the site at which the UST(s) are/were located are calculated.

**Priority Class C - Small Business
Local Governmental Entities
Nonprofit Organizations**

The third priority class is assigned to claims from UST owners and operators of a business that meets all of the following conditions:

- ✓ Employs fewer than 500 full-time and part-time employees; and
- ✓ Is independently owned and operated; and
- ✓ Is not dominant in its field of operations.

Documentation supporting the number of full-time and part-time employees must be submitted with the claim.

CHART OF REQUIRED FEDERAL TAX RETURNS

INDIVIDUAL	CORPORATION	PARTNERSHIP	TRUST OR ESTATE	LOCAL ENTITY	NONPROFIT
<p>Valid OSMB small business certification</p> <p style="text-align: center;">OR</p> <p>FTR 1040(s) for years of record</p> <p style="text-align: center;">AND</p> <p>FTR 1120(s) audited financial statements for corporation(s) owned or have majority interest;</p> <p>FTR 1065(s) if general partner in any partnership;</p> <p>FTR 1041(s) for the trustee/executor who also is a beneficiary of the trust or estate</p>	<p>Valid OSMB small business certification</p> <p style="text-align: center;">OR</p> <p>FTR 1120 C/S</p> <p style="text-align: center;">OR</p> <p>Audited financial statement for years of record</p> <p style="text-align: center;">AND</p> <p>Any other 1120(s) or audited financial statements;</p> <p>FTR 1065(s) or 1041(s) as may apply for the corporation</p> <p>FTR 1040(s) for owner or majority shareholder of the corporation</p> <p style="text-align: center;">AND</p> <p>FTR 1120(s) or financial audited statements, FTR 1065(s) or 1041(s) as may apply for the owner or majority shareholder of the corporation</p>	<p>Valid OSMB small business certification</p> <p style="text-align: center;">OR</p> <p>FTR 1065(s) for the partnership for years of record</p> <p style="text-align: center;">AND</p> <p>FTR 1120(s) or audited financial statements, FTR 1041(s) or other 1065(s) as may apply for the partnership</p> <p>FTR 10410(s) for the general partners of the partnership</p> <p style="text-align: center;">AND</p> <p>FTR 1120(s), FTR 1065(s), or FTR 1041(s) as may apply for the general partners of the partnership</p>	<p>Valid OSMB small business certification</p> <p style="text-align: center;">OR</p> <p>FTR 10410(s) for the trust or estate for year of record</p> <p style="text-align: center;">AND</p> <p>FTR 1120(s), FTR 1065(s), or other FTR 1041(s) as may apply for the trust or estate</p> <p>FTR 1040(s) for the trustee/executor who is also a beneficiary of the trust or estate</p> <p style="text-align: center;">AND</p> <p>FTR 1120(s), FTR 1065(s), or FTR 1041(s) as may apply for the trustee/executor who is also a beneficiary of the trust or estate</p>	<p>Report of financial transactions submitted to the State Controller for the latest fiscal year ending prior to the date of application</p>	<p>Annual fiscal report filed with the Registry of Charitable Trusts or STR/FTR for the latest fiscal year</p>

Cities, counties, districts, and nonprofit organizations that exceed the \$7 million limit required for Priority Class B, but have less than 500 full-time and part-time employees are eligible for Priority Class C.

In determining the number of employees employed by a nonprofit organization, only those full-time and part-time employees employed at the site which is the subject of the claim are calculated. Documentation supporting the number of full-time and part-time employees must be submitted with the claim.

Priority Class D - All Other UST Owners and Operators

The fourth class in the priority scheme is for claims from owners and operators of USTs that do not meet the requirements for any of the other priority classes.

Deductible

All claimants are subject to a deductible. The deductible amount is determined by the claimant's priority class. Where the claimant failed to obtain required permits and requested a waiver of the permit requirement, the deductible is double the amount otherwise applicable.

<u>Priority Class</u>	<u>Deductible</u>	<u>Deductible with Permit Waiver</u>
Class A	\$-0-	\$-0-
Class B	\$5,000	\$10,000
Class C	\$5,000	\$10,000
Class D	\$10,000	\$20,000

Refer to page 10 of this booklet for a further discussion on obtaining a waiver to the permit requirement.

Claims Processing

Upon receipt, your claim is assigned a number and should be used when inquiring about your claim. This number does not indicate your status or eligibility.

The application requests information that is necessary in order for the Fund to make a determination of eligibility for reimbursement of corrective action costs. Your application is reviewed for completeness and eligibility and in conjunction with your regulatory agency to ensure that your cleanup efforts are in compliance with chapter 6.7 of the H&SC, applicable federal regulations, and any orders and directives issued by the SWRCB, Regional Water Quality Control Board (Regional Board), or your regulatory agency. This usually consists of a review of your site file maintained by your regulatory agency and discussions as to your progress with the staff assigned to oversee your site cleanup activities.

You may be contacted if more information is required to determine your eligibility or appropriate priority class. Should you move or change your telephone number, please remember to notify the Fund so that we do not lose contact with you.

If your claim is determined to be eligible for funding, it will be placed on the priority list in the appropriate priority class by the date the completed claim was received by the Fund. If your claim is determined to be ineligible, you will be notified and given the reasons for this determination. You will also be advised of your appeal rights.

Letter of Commitment

The Letter of Commitment (LOC) is the legal document used to obligate funds toward cleaning up a contaminated site. When your claim becomes reachable on the priority list, and funding is available, an LOC will be issued to you. Once the LOC is issued, your claim will be removed from the priority list.

The initial amount of the LOC will cover cleanup costs incurred to date, and an estimated amount to cover the costs of completing any work in progress. You will be contacted by the Fund to discuss the amount to be issued on the LOC. The LOC can be amended at a later date for subsequent costs incurred for the cleanup.

Along with the LOC, you will receive a Reimbursement Request Instructions Booklet which contains details on how to submit a reimbursement request.

Three Bid Requirement

The law establishing the Fund requires claimants who contract for corrective action work to obtain at least three bids or proposals for future work if they file a claim with the Fund. The effective date of the regulations was December 2, 1991. Any work conducted after that date must be supported by at least three bids or proposals except for:

- Work already under written contract as of December 2, 1991 including continuation of work underway if covered by such a contract;
- The first \$10,000 of eligible corrective action costs excluding tank removal, upgrade or replacement;
- Corrective action work conducted by a local agency force account on their own site(s).

Effective July 1, 1995, the three bids or proposals requirement was modified to include claims for professional and geologic work and claims for remediation construction contracting work.

Although corrective action is defined in four phases (see article II, chapter 16, of the Underground Storage Tank Regulations), the Fund recognizes that for practical purposes there are two distinct efforts; namely, contamination investigation and contamination cleanup. At a minimum, the claimant must receive three bids or proposals on the investigation effort (Phases I and II) and three bids or proposals on the contamination cleanup (Phases III and IV).

Claimants must follow applicable state laws and regulations in procuring qualified consultant and contractor services, and must ensure that such services are obtained from qualified firms at a reasonable price. Claimants have the ultimate responsibility in selecting whom they wish to hire.

Where three bids or proposals have been obtained, the Fund will generally limit reimbursement to the lowest bid or proposal. When multiple bids or proposals are required but not obtained by the claimant, approval may be given provided that Fund staff finds, based on information submitted, the three bid or proposal requirement is unnecessary, unreasonable, or impossible to comply with under the circumstances pertaining to a particular claim

When corrective action work is complete, all work must be acceptable to the appropriate regulatory agency in order to be eligible for reimbursement from the Fund.

Pre-approval

Pre-approval is a method by which the claimant can come to an understanding with the Fund with regards to eligible reimbursable costs prior to starting the cleanup. If the proposed project activities are completed as presented for those cost pre-approved and an LOC has been issued, then reimbursement is virtually assured.

Pre-approval is not prepayment nor is it an exemption from any required documentation or bid requirement.

After a claimant receives directives to begin corrective action from its regulatory agency, the claimant should choose a consultant to prepare a workplan. The workplan is submitted to the regulator for approval. Upon approval, the claimant should obtain three bids or proposals based upon the workplan. The claimant then contacts the Fund engineer for its site and is provided with a pre-approval form which includes a list of documents to be submitted with the pre-approval request.

Once the Fund has reviewed the request and its supporting documentation, the claimant will be informed of the pre-approval amount based on the proposed work that is to be conducted. Pre-approval will be limited to those reasonable costs associated with specific corrective action work for which the Fund has sufficient supporting documentation.

The claimant should monitor the work that is conducted to ensure compliance with the bid or proposal and submit detailed invoices for reimbursement. If the costs requested exceed the pre-approval amount, justification must be provided with the reimbursement request. The Fund will review the request to ensure compliance with the corrective action activities, and will reimburse those costs determined reasonable and justified.

Reimbursable Costs

Claimants are not entitled to double payment on account of any corrective action or third party compensation costs. Claimants are required to identify under penalty of perjury all funds received which were related to or paid in consideration of the UST release that is the subject of the claim from any source including, but not limited to, insurance claims, legal judgments, and contributions from other potentially responsible parties, or any other source regardless how the funds were characterized, which were related to or paid in consideration of the unauthorized release which is the subject of the claim. If a claimant receives reimbursement from the Fund and also receives compensation from another source, the claimant must repay the Fund.

Eligible owners and operators of USTs covered by the Fund may submit claims for:

- (1) Reimbursement of corrective action costs incurred for work performed on or after January 1, 1988;
- (2) A claim for reimbursement of amounts awarded in third party compensation; and

-
- (3) Regulatory technical assistance costs incurred for work performed on or after January 1, 1997

Only reasonable and necessary corrective action costs will be reimbursed, and only one claim may be submitted per cost. A claimant may not claim costs paid by or on behalf of others. Claimants are responsible for a deductible amount which depends upon the claimant's priority class. Refer to the Fund's cost guidelines and regulations for a detailed list of non-reimbursable costs.

Third Party Costs

Third party compensation claims are the result of a court-approved settlement, a final judgment other than a default judgment, or an arbitration award by a court-appointed arbitrator. These are a result of proceedings in accordance with the California Code of Civil Procedure commencing with section 1280, imposing liability upon an owner or operator for bodily injury or property damage to a third party as a result of an unauthorized release of petroleum from a UST.

Third parties do not include owners of the real property from which the release occurred, owners or operators of the USTs that are the subject of the claim, or tenants or landlords of the sites.

In order to file a claim for third party compensation costs, the owner or operator must be eligible to file a claim for corrective action costs for the site involved and the judgment, arbitration award, or settlement involved must have been entered or approved after January 1, 1988.

The damages eligible for third party reimbursement are:

- (1) Medical expenses occasioned by an unauthorized release;
- (2) Actual loss of wages or business income caused by an unauthorized release;

-
- (3) Actual expenses for remedial action necessary to remedy the effects of property damage caused by an unauthorized release; and
 - (4) Damages equal to the fair market value of any property rendered permanently unsuitable for beneficial use by an unauthorized release.

Any other damages which may be included in the award or settlement, such as damages for pain and suffering, loss of consortium, etc., are not reimbursable from the Fund.

If a claimant is seeking reimbursement for damages awarded to a third party, the claimant should submit a copy of the final judgment, court-approved settlement, or arbitration award with the application. If the damages have been paid, proof of payment must also be submitted.

Designated Representative

A designated representative is a person authorized by the claimant to sign Fund documents including the application, reimbursement request forms, and requests for cost preapproval. Claimants must complete the Authorized Representative Designation Form in Section III of the application.

A designated representative should not be confused with the "contact person" listed on page I of the application. A contact person can make inquiries and give information about the claim but may or may not be the person authorized to sign on behalf of the claimant.

Claimants may designate any representative they wish with the exception of consultants performing work on the project site. It is considered a conflict of interest for consultants involved with performing work on the project site to also seek funding from the Fund for that work.

Appeals Process

There are several reasons why a claimant may wish to appeal various decisions by the Fund, the regulatory agency, or the regional board. It is important for claimants to understand the roles and responsibilities of the various agencies and their different appeal processes if the claimant is unsatisfied with the actions or inactions of various agency staff.

The Fund strongly encourages responsible parties to resolve any issues and problems by working with their case worker or program manager of the appropriate regulatory agency. Regulatory agencies may also have an informal appeal process that can be used to resolve disputes.

The Fund's appeal process can be summarized as follows:

Staff Decision: Fund staff review information presented to them in order to determine eligibility and reasonableness of costs. Eligibility determinations are based on information presented in the claim application and information gained from a review of the claimant's file with the regulatory agency. Fund staff render a decision concerning ineligible costs based upon the information for each cost presented for reimbursement.

Final Division Decision: A final division decision is the first formal level of appeal of a staff decision. Any claimant who fails to reach agreement with Fund staff on any matter over which the Division has authority to take discretionary action may request a final division decision from the chief of the Division of Clean Water Programs. In addition, Fund staff may at any time, on their own motion, issue a final division decision on any matter over which the staff has discretionary authority.

Appeal to the State Water Resources Control Board: If the claimant disagrees with the final division decision, the claimant may appeal to the SWRCB for consideration. Refer to article 5 of the Petroleum Underground Storage Tank Cleanup Fund Regulations for complete information on the Fund's appeal process.

Filing Your Application

When you file your application to the Fund, staff's first action is to determine whether it meets specific requirements governed by law. The information you provide establishes the working basis from which the Fund determines your eligibility and your priority relative to others seeking reimbursement for corrective action costs.

You can help the review process by making certain your application contains accurate and complete information. By doing so, you will be taking the first step toward ensuring that the Fund can approve your application and begin the reimbursement process in an expedited manner. Common mistakes which delay application approval and slow the review process include:

- ✓ Failure to include documents needed to make an appropriate decision of eligibility.
- ✓ The submission of inconsistent information.
- ✓ Failure to meet general application requirements.

You should read and understand the instructions in this booklet before you attempt to complete your claim application. If you need additional advice as you fill out the application, Fund staff are available at (800) 813-FUND.

Your application must be typed or clearly printed. Attach additional pages as necessary. You should keep a copy of all forms and supporting documentation you submit for your records. Claim applications may not be submitted by facsimile or through other electronic means. You may hand-deliver your completed application to:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund Program
2014 T Street
Sacramento, CA 95814

or mail it to:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund Program
P. O. Box 944212
Sacramento, CA 94244-2120

The information contained in the following instructions is provided for guidance in filing applications and is not a complete statement of the law. Statutory information is contained in the California Code of Regulations (Petroleum Underground Storage Tank Cleanup Fund), Title 23, Division 3, Chapter 18, Article 3.

Application Instructions

Instructions for completing the UST Cleanup Fund claim application are contained in the following pages. Each application section is illustrated and the instructions for that section follow.

Claimant Identification

This section must be completed to identify the claimant of the application to the Fund.

CLAIMANT IDENTIFICATION		
THIS CLAIM IS BEING FILED BY:	<input type="checkbox"/> UST OWNER	<input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR
CLAIMANT NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NO.	FAX NO.
CLAIMANT STATUS (CHECK ONE):	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER
TAX IDENTIFICATION NO.		

Check the appropriate box to indicate if the claimant is the owner, operator, or both, of the petroleum UST(s) which is the subject of the claim. List the claimant's name, mailing address, telephone number where the claimant can be contacted during normal business hours, and a fax number, if available. If this claim is being filed jointly, the name in this section will be considered the primary claimant and will receive all correspondence.

List the name of a contact person who can answer any questions regarding the claim or the site. Check the appropriate box to indicate the status of the claimant. If the claimant is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the claimant is a corporation, partnership, estate or trust, enter its Federal Employer Identification Number (FEIN) in this section. All payments from the Fund will be reported to the IRS and the Franchise Tax Board.

**Joint
Claimant**

Complete this section only if this claim is being filed jointly by more than one UST owner or operator.

JOINT CLAIMANT			
JOINT CLAIMANT NAME			
MAILING ADDRESS			TELEPHONE No.
CITY		STATE	ZIP CODE
JOINT CLAIMANT IS	<input type="checkbox"/> UST OWNER	<input type="checkbox"/> UST OPERATOR	TAX IDENTIFICATION No.
JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER			
JOINT CLAIMANT NAME			
MAILING ADDRESS			TELEPHONE No.
CITY		STATE	ZIP CODE
JOINT CLAIMANT IS	<input type="checkbox"/> UST OWNER	<input type="checkbox"/> UST OPERATOR	TAX IDENTIFICATION No.
JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER			

Joint claimants are subject to the same eligibility requirements as primary claimants. When joint claims are submitted, the priority class for the claim is based on the lowest priority appropriate for any claimant.

Joint claims must be signed by all claimants and all commitments and checks for reimbursement will be issued in the names of both the primary claimant and the joint claimants.

List the joint claimant(s) name, mailing address, and telephone number where the joint claimant can be contacted during normal business hours. Check the appropriate box to indicate if the joint claimant is the UST owner or operator. If the joint claimant is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the joint claimant is a corporation, partnership, estate or trust, enter its FEIN in this section.

Co-Payee

UST owners and operators can designate a representative who has advanced funds for cleanup as a co-payee. Representatives are usually insurance companies and lending institutions. A copy of the financial agreement between the co-payee and the primary claimant must be submitted with the application. All payments will be issued jointly to the claimant and the co-payee.

CO-PAYEE		
CO-PAYEE NAME		
BUSINESS NAME (IF APPLICABLE)		TAX IDENTIFICATION NO.
MAILING ADDRESS		TELEPHONE NO.
CITY	STATE	ZIP CODE

List the name of the co-payee, their business name and mailing address, and a telephone number where the co-payee can be contacted during normal business hours. If the co-payee is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the co-payee is a corporation, partnership, estate or trust, enter the FEIN in this section.

Estimate of Costs

Only reasonable and necessary corrective action costs will be reimbursed by the Fund. Refer to the Fund's Cost Guidelines and the UST Cleanup Fund Regulations for a list of unreimbursable costs.

ESTIMATE OF COSTS	
A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK:	\$ _____
B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK:	\$ _____
C. ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK:	\$ _____
D. THIRD PARTY COMPENSATION COSTS:	\$ _____
E. TOTAL:	\$ _____

List the eligible corrective action costs incurred for work performed prior to the date of the submittal of the claim application. Supporting documentation such as invoices, contracts, bids and canceled checks, should not be sent with the application. List the estimated eligible costs that will be necessary to complete the corrective action work currently underway. List the estimated future costs to complete the corrective action. These costs should be based on the best available estimates. If applicable, list any Third Party Compensation costs being claims. Then enter the total of all eligible estimated costs.

Contaminated Site Description

This section is used to identify the site where the unauthorized release from a petroleum UST that is the subject of the claim occurred. The claimant must provide information on all USTs that are/were on the contaminated site.

CONTAMINATED SITE DESCRIPTION			
SITE NAME _____			
SITE ADDRESS _____			
CITY _____	STATE _____	ZIP _____	COUNTY _____ COUNTY CODE _____
SITE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM <input type="checkbox"/> OTHER _____			
DESCRIPTION OF UST USE <input type="checkbox"/> RESIDENTIAL MOTOR FUEL <input type="checkbox"/> RESIDENTIAL HEATING OIL <input type="checkbox"/> COMMERCIAL HEATING OIL <input type="checkbox"/> AGRICULTURAL MOTOR FUEL <input type="checkbox"/> RETAIL SALE <input type="checkbox"/> OTHER _____			
DATE RELEASE DISCOVERED _____	DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED CLEANUP DIRECTIVES _____		DATE CORRECTIVE ACTION WAS INITIATED _____
HAS CORRECTIVE ACTION BEEN COMPLETED? <input type="checkbox"/> No <input type="checkbox"/> Yes DATE COMPLETED _____		DID RELEASE REQUIRE AN EMERGENCY RESPONSE? <input type="checkbox"/> No <input type="checkbox"/> Yes (EXPLAIN BELOW)	

List the name of the site, or a description such as "vacant lot" or "residence". List the site address, city, and county. The county code can be found in Section VI of this booklet. Check the appropriate box to identify the site type and the description of the use of the UST that is the subject of the claim. Check more than one if the site is used for more than one purpose, such as farm and residential. If there have been changes in the use of this property since 1985, please describe these changes in the section provided for the narrative or attach an explanation to your application.

List the date on which the unauthorized release was discovered and the date that the regulatory agency confirmed the release by issuing cleanup directives. List the date that corrective action was initiated. This does not include the detection, confirmation or reporting of the unauthorized release, or the repair, upgrade, replacement or removal of the UST or its associated equipment. If corrective action has been completed, list the date of completion. If the release required an emergency response, give an explanation in the narrative section or attach an explanation to your application.

LIST ALL USTs AT SUBJECT SITE				
	CAPACITY	SUBSTANCE STORED	DATE UST REMOVED	UST REPLACED?
UST 1	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 2	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 3	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 4	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

List each UST identifying its capacity, in gallons, and the substance stored. If the UST has been removed, give the date of removal, and check the appropriate box indicating if the UST has been replaced.

PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT.

Provide a brief but thorough description, in chronological order, of all activities that have taken place on the site relating to the unauthorized release, from the discovery of the release to the present. Include a description of any corrective action underway or completed. Use additional pages as necessary and attach to your application.

Site Map

A site map drawn to scale must be attached to the claim application. The map must include a north arrow and distances relative to the nearest public roads.

SITE MAP
ATTACH A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.

Regulatory Agency

A regulatory agency has the authority to regulate underground storage tanks, and is responsible for overseeing the cleanup of contaminated soil and groundwater. Regional water quality control boards and city or county agencies are regulatory agencies. Listing of regional boards and city and county agencies can be found in Section VI of this booklet.

REGULATORY AGENCY		
LOCAL UST PERMITTING AGENCY		
REGIONAL WATER QUALITY CONTROL BOARD (RWQCB)	REGION CODE #:	
LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP	<input type="checkbox"/> (1) RWQCB	<input type="checkbox"/> (2) LOCAL AGENCY <input type="checkbox"/> (3) JOINT
LEAD AGENCY CONTACT PERSON	TELEPHONE NO.	

List the name of the local UST permitting agency and the regional water quality control board with jurisdiction over the site that is the subject of the claim. List the Region Code referring to Section VI for the number. Check the appropriate box to indicate the agency providing the oversight of the cleanup, and list the name of the contact person at the agency and their telephone number.

Site History

The site history section is to be completed to the best of the claimant's knowledge identifying all past and current property owners, UST owners and operators.

SITE HISTORY			
IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS ALSO THE PROPERTY OWNER. LIST THE DATE THE SITE WAS ACQUIRED			
	MONTH _____	DAY _____	YEAR _____
IF SITE WAS ACQUIRED AFTER 1/1/84, IDENTIFY PERSON(S) FROM WHOM THE SITE WAS ACQUIRED.			
NAME _____			
ADDRESS _____			
		TELEPHONE NO. _____	
IF SITE HAS BEEN SOLD, LIST PARTY(IES) TO WHOM IT WAS SOLD AND THE DATE SOLD:			
	MONTH _____	DAY _____	YEAR _____
NAME _____			
ADDRESS _____			
		TELEPHONE NO. _____	
IF CLAIMANT IS FILING AS UST OPERATOR ONLY, LIST DATES OF OPERATION: FROM: _____ TO: _____			

If the claimant, identified on Page 1 of the claim application, is filing as the UST owner or operator AND the owner of the property which is the subject of the claim, list the date the site was acquired. If the site was acquired after January 1, 1984, list the person(s) from whom the property was acquired and, if the site has been sold, list the person(s) to whom it was sold and the date it was sold. If the claimant, as identified on Page 1 of the claim application is filing ONLY AS THE UST OPERATOR, list the date the claimant began operations and the date operations ceased.

PROVIDE THE FOLLOWING HISTORY OF THE PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE. AT A MINIMUM, PROVIDE INFORMATION FROM THE DATE OF UNAUTHORIZED RELEASE DISCOVERY TO THE TIME OF THIS APPLICATION SUBMITTAL.			
TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____

Provide the name and address of all property owners, UST owners and operators of the site that is the subject of the claim. At a minimum, provide information from the date of discovery of the unauthorized release to the time the claim application is submitted.

**Non-Recovery
From Other
Sources
Disclosure**

This section must be completed to enable the Fund to make a determination of any possible double payment. If there is, or has ever been an insurance policy covering this site, check the "Yes" box.

INSURANCE

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? NO YES

IF YES, LIST THE COMPANY NAME, ADDRESS, POLICY NUMBER, NAME AND TELEPHONE NUMBER OF THE CLAIM REPRESENTATIVE FOR EACH POLICY.

COMPANY NAME	ADDRESS		
REPRESENTATIVE NAME	TELEPHONE NO.	POLICY NO.	
COMPANY NAME	ADDRESS		
REPRESENTATIVE NAME	TELEPHONE NO.	POLICY NO.	

B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? NO YES

IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF THE LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

List the company name, address, policy number, and the name and telephone number of the claim representative for each policy. If you have filed, or intend to file, a claim with the insurance company, check the "Yes" box, and attach an explanation of the status of the claim and copies of the latest correspondence between the claimant and the insurance carrier regarding the claim.

LITIGATION

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY FROM ANY OTHER PARTY FOR THE UNAUTHORIZED RELEASE OR THE CONTAMINATED SITE? NO YES

IF YES, IDENTIFY THE PARTY(IES) BELOW LISTING NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE.

NAME	ADDRESS	TELEPHONE	REPRESENTATIVE

B. HAS LEGAL ACTION COMMENCED NO YES IF YES, PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED. ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT. CASE No. _____ COUNTY _____

If you have sought, or intend to seek, money from any other party potentially responsible for the unauthorized release, check the "Yes" box and identify the parties. If any legal action has commenced, check the "Yes" box and provide the case number and county in which the action has been filed. Attach a copy of the complaint and any subsequent amendments.

OTHER SOURCE OF FUNDS

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED, OR DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE, FUNDS FROM ANY SOURCE (INCLUDING BUT NOT LIMITED TO INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS HOW THE FUNDS WERE CHARACTERIZED WHICH WERE RELATED TO OR PAID IN CONSIDERATION OF THE UNAUTHORIZED RELEASE SUBJECT TO THE CLAIM?			
		NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, ATTACH COPIES OF ALL SUCH DOCUMENTS AND LIST EACH SOURCE OF FUNDS AND AMOUNT:			
DATE	SOURCE	IN PAYMENT OF	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE CONTAMINATION BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION WHICH IS THE SUBJECT OF THIS CLAIM?			
		NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, SUBMIT DOCUMENTATION SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER DOCUMENT THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.			
C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED?			
		NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED.			

If the claimant has received, or expects to receive, funds from any source which were related to or paid in consideration of the unauthorized release, check the "Yes" box and list the source of each payment and the amount. If any money received, or to be received, was for purposes other than the costs of the cleanup, submit documentation (settlement agreement, pleading, judgments or any other documentation that identifies the purpose for which the money was received) in support of that fact. If the claimant is obligated to repay any part of the funds, check the "Yes" box and attach documentation indicating what is to be repaid.

NOTE: With your signature(s) on the last page of this Claim Application, authorization is hereby granted to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this claim.

By placing your signature on the last page of the claim application, you are granting authorization to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the insurance carrier identified in the claim application. This information will be used for the purposes of eligibility determination regarding the claim.

Priority Class Worksheet

The claimant is to complete the Priority Class Worksheet section for the appropriate priority that the claimant is requesting. A complete description of each priority class and its requirements is contained in the program information section of this booklet.

PRIORITY CLASS WORKSHEET				
PRIORITY CLASS OF CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
PRIORITY CLASS OF JOINT CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT _____				
PRIORITY CLASS OF JOINT CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT _____				
PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OR RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
PRIORITY CLASS BEING CLAIMED FOR THIS CLAIM APPLICATION	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

Check the box to indicate the priority class for which the claimant is eligible. List the names of any joint claimants, as identified on page one of the claim application, and the priority class for which each joint claimant is eligible.

List the name and indicate the appropriate priority class of the UST owner at the time of the discovery of the unauthorized release. List the name and indicate the appropriate priority class of the UST operator at the time of the discovery of the unauthorized release. List the name and indicate the appropriate priority class of the UST owner at the time of submitting the claim application. List the name and indicate the appropriate priority class of the UST operator at the time of submitting the claim application.

Once all of the information for the Priority Class Worksheet has been completed, a determination can be made as to the claimant's appropriate priority class.

The priority class is based on the lowest priority appropriate for any claimant including any joint claimants and for UST owners and operators at the time of discovery of the unauthorized release, and UST owners and operators at the time of application, unless the claimant can demonstrate that such treatment would be inconsistent with the priority scheme as mandated by H&SC Section 25299.52(b).

If the claimant meets all requirements and is eligible to be placed in Priority Class A, this section is to be completed.

**Priority Class
A
Residential**

PRIORITY CLASS A - RESIDENTIAL

CHECK THIS BOX IF THE UST CONTAINS HOME HEATING OIL
AND MEETS ALL CRITERIA FOR PRIORITY CLASS A.

CHECK THIS BOX IF THE UST CONTAINS PETROLEUM
AND MEETS ALL CRITERIA FOR PRIORITY CLASS A.

Check the first box if the UST that is the subject of the claim contains home heating oil and meets all of the following criteria:

- ✓ The UST was located at the claimant's residence at the time of discovery of the unauthorized release;
- ✓ The residence was an owner-occupied single family dwelling or duplex at the time of the discovery of the unauthorized release;
- ✓ The UST has a capacity of 1,100 gallons or less, and stores home heating oil for consumptive use on the premises where stored;
- ✓ The UST is not located on property that was used for agricultural purposes on or after January 1, 1985;
- ✓ The UST is not a farm tank and has not been used on or after January 1, 1985 for agricultural purposes.

Check the second box if the UST that is the subject of the claim contains petroleum and meets all of the following criteria:

- ✓ The UST is located on property that was used exclusively for residential purposes at the time of discovery of the unauthorized release;
- ✓ The UST was located at the residence of the claimant at the time of the discovery of the unauthorized release;
- ✓ The residence was an owner-occupied single family dwelling or duplex at the time of the discovery of the unauthorized release;
- ✓ The UST is not a farm tank and has not been used on or after January 1, 1985 for agricultural purposes.

**Priority Class
B
Small
Business**

If the claimant meets all requirements and is eligible to be placed in Priority Class B as a small business, check the box and complete this section.

PRIORITY CLASS B - SMALL BUSINESS			
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS. COMPLETE THE FOLLOWING INFORMATION.			
BUSINESS NAME			
BUSINESS ADDRESS			
BUSINESS DESCRIPTION		DATES OF OPERATION FROM _____ TO _____	
TYPE OF BUSINESS		INDUSTRY GROUP/LICENSE TYPE	MAX. RECEIPT AMT.
<input type="checkbox"/> SERVICE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> NON-MANUFACTURER			
TYPE OF OWNERSHIP			
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____			
IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
AFFILIATED COMPANIES			
<u>NAME</u>	<u>LOCATION</u>	<u>RELATIONSHIP</u>	
_____	_____	_____	
_____	_____	_____	

List the claimant's business name and address. Give a description of the business, such as a "gas station" or "real estate". List the date

when business operations began and, if no longer in operation, list the date the business ceased operations. Check the appropriate box to indicate the category for this type of business.

Using Section V, Gross Revenue Chart, specify the industry group license type for the claimant's business and maximum receipt amount for that business. Check the appropriate box to indicate the claimant's type of ownership, and check the appropriate box in response to the two questions concerning the business. List the name, location and relationship of all affiliated companies or other income producing units such as a parent company, subsidiary, franchise, or branch.

NOTE: Only one industry from the Gross Revenue Chart can be used. For example, the owner or operator of a service station would identify the type of business as non-manufacturer, Industry Group xxxv (Petroleum Products), with a maximum receipts amount for 3 years of \$21,000,000. Another example would be where the claimant is the owner of a UST located on property which has been leased or rented or otherwise held for profit, and where the owner or operator has not operated any business at the site on or after the date of the release, the type of business would be identified as Service, Industry Group ix (I) (Real Estate Operators), with a maximum receipts amount for 3 years of \$3,000,000.

This section is to be completed if the claimant meets all requirements to be placed in Priority Class B as a local governmental entity or a nonprofit organization.

**Priority Class
B
Local
Governments
& Nonprofit
Organizations**

PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS						
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION.						
CLAIMANT STATUS	<input type="checkbox"/> CITY	<input type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL DISTRICT	<input type="checkbox"/> NONPROFIT	TOTAL ANNUAL REVENUES \$ _____	FISCAL YEAR ENDING

Check the appropriate box to indicate the claimant's type of entity. List total annual revenues and identify the last fiscal year for which annual revenues were calculated.

**Priority Class
C
Other
Business**

If the claimant meets all requirements and is eligible to be placed in Priority Class C, check the box and complete this section.

PRIORITY CLASS C - OTHER BUSINESS	
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION.	
BUSINESS NAME _____	TOTAL NO. OF EMPLOYEES _____
BUSINESS ADDRESS _____	
BUSINESS DESCRIPTION _____	DATES OF OPERATION FROM _____ TO _____
TYPE OF OWNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____	
IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List the claimant's business name and address, and enter the total number of full time and part time employees. Give a description of the business such as a "gas station" or "real estate". List the date when business operations began and, if no longer in operation, list the date the business ceased operations. Check the appropriate box to indicate the category for this type of business. Check the appropriate box to indicate the claimant's type of ownership, and check the appropriate box in response to the two questions concerning the business.

**Priority Class
C
Local
Governments
& Nonprofit
Organizations**

This section is to be completed if the claimant meets all requirements to be placed in Priority Class C as a local governmental entity or a nonprofit organization.

PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS	
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION.	
CLAIMANT STATUS <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL DISTRICT <input type="checkbox"/> NONPROFIT	TOTAL NO. OF EMPLOYEES _____

Check the appropriate box indicating the claimant's type of entity. List the total number of employees, both full and part time.

**Priority Class
D
All Other UST
Owners &
Operators**

**Financial
Responsibility**

This section is to be completed if the claimant does not meet any of the requirements for the other priority classes. No further priority class information is needed for application to this class.

PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

All claimants must be in compliance with applicable financial responsibility requirements to undertake corrective action and compensate third parties for bodily injury and property damage. Refer to the Fund's Financial Responsibility Guidelines for a complete description of financial responsibility requirements.

FINANCIAL RESPONSIBILITY

CHECK THIS BOX IF EXEMPT FROM FINANCIAL RESPONSIBILITY.

BASIS FOR EXEMPTION:

RESIDENTIAL UST WITH CAPACITY OF 1,100 GALLONS OR LESS. STORING MOTOR FUEL NOT FOR RESALE

UST FOR STORING HEATING OIL USED ON-SITE

ALL USTs OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE (BELOW) AND NOT REPLACED

OTHER _____

CHECK THIS BOX IF REQUIRED TO PROVIDE FINANCIAL RESPONSIBILITY AND ATTACH A COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY"

COMPLIANCE DATE: JANUARY 24, 1989 OCTOBER 26, 1989 APRIL 26, 1991 DECEMBER 31, 1993 FEBRUARY 18, 1994

MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING STATE FUND, INDICATE MECHANISM FOR PROVIDING REQUIRED DEDUCTIBLE.

(1) <input type="checkbox"/> TRUST FUND	(2) <input type="checkbox"/> SURETY BOND	(3) <input type="checkbox"/> GUARANTEE	(4) <input type="checkbox"/> SELF INSURANCE	(5) <input type="checkbox"/> LETTER OF CREDIT
(6) <input type="checkbox"/> INSURANCE COVERAGE	(7) <input type="checkbox"/> RISK RETENTION GROUP	(8) <input type="checkbox"/> STATE FUND	(9) <input type="checkbox"/> CHIEF FINANCIAL OFFICER LETTER	(10) <input type="checkbox"/> BOND RATING TEST (GOV'T AGENCY)
(11) <input type="checkbox"/> FUND BALANCE TEST (GOV'T AGENCY)	(12) <input type="checkbox"/> WORKSHEET TEST (GOV'T AGENCY)	(13) <input type="checkbox"/> GOVERNMENT GUARANTEE (GOV'T AGENCY)	(14) <input type="checkbox"/> OTHER _____	

Check the first box of this section only if the claimant is not subject to financial responsibility requirements and identify the basis for this exemption. Check the second box in this section if the claimant was required to maintain financial responsibility and indicate the date by which the claimant was subject to this requirement (refer to the Financial Responsibility Guide for further details). A copy of your Certificate of Financial Responsibility must be attached to the application. In the next area, indicate which mechanisms are being used to demonstrate financial responsibility. If the claimant is using the Fund, indicate which mechanism is being used to cover the required deductible.

**Claimant
Certification**

It is extremely important that the claimant and all joint claimants carefully read and fully understand all statements and declarations contained in this section. If the claimant, or any joint claimant, knows that any statement or declaration in this section is untrue, the claimant may be disqualified from the Fund.

CLAIMANT CERTIFICATION

CLAIMANT(S) HEREBY CERTIFY THAT:

1. CLAIMANT(S) IS (ARE) THE OWNER OR OPERATOR OF AN UNDERGROUND STORAGE TANK FROM WHICH THERE HAS BEEN A N UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM WITH THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC). CLAIMANT(S) IS (ARE) ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT(S) OBTAINED ANY PERMITS REQUIRED UNDER CHAPTER 6.7 OF THE H&SC OR FILED SUBSTANTIALLY COMPLETE APPLICATIONS FOR ANY REQUIRED PERMITS ON OR BEFORE JANUARY 1, 1990, OR REQUESTED THE SWRCB TO WAIVE THIS REQUIREMENT AS A CONDITION OF ELIGIBILITY.
4. CLAIMANT(S) IS (ARE) IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. FOR COSTS CLAIMED WHICH WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT(S) WAS:
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND TITLE 42, CHAPTER 82, SUBCHAPTER IX OF THE U.S. CODE AND FEDERAL REGULATIONS ADOPTED PURSUANT THERETO; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
6. FOR COSTS CLAIMED WHICH WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT(S):
 - (A) IS (ARE) IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.75, ARTICLE 4 OF THE H&SC AND IMPLEMENTING REGULATIONS;
 - (B) HAS (HAVE) NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT;
 - (C) IS (ARE) PERMITTED OR REQUIRED TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
7. IF CLAIMANT(S) WAS (WERE) AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT(S) INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
8. CLAIMANT(S) DOES (DO) NOT KNOW OF ANY FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
9. CLAIMANT(S) FULLY UNDERSTAND(S) THAT THE SWRCB, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON(S) RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
10. CLAIMANT(S) UNDERSTAND(S) THAT ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION WILL BE RETAINED FRO A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS WILL BE MADE AVAILABLE TO THE SWRCB OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
11. CLAIMANT(S) UNDERSTAND(S) THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE SWRCB OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE STATE FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

**Claimant
Verification &
Signature**

All claimants, including any joint claimants, must sign and date the claim application. Use additional copies of the signature page if necessary.

CLAIMANT VERIFICATION AND SIGNATURE

As the undersigned claimant(s) to the UST Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this claim application are true and correct to the best of my (our) knowledge and belief.

EXECUTED AT _____

ON THIS _____ DAY OF _____ 19 _____

CLAIMANT SIGNATURE _____

CLAIMANT PRINTED NAME _____

JOINT CLAIMANT SIGNATURE _____

JOINT CLAIMANT PRINTED NAME _____

If the claimant has authorized a representative to submit documents and sign on the claimant's behalf, the claimant must submit a completed "Authorized Representative Designation Form" with the claim application. This form is contained in Section III of this package.

All signatures must be original; no reproduced or copied signatures will be accepted on the application.

**UST CLEANUP FUND
CLAIM APPLICATION**

UNDERGROUND STORAGE TANK CLEANUP FUND
CLAIM APPLICATION

Claim No.:
Date Received:
Priority:
Region:
Deductible:

This application provides required information for placement on the UST Cleanup Fund Priority List. Complete and submit this application with all required documentation to the address above. Refer to the claim application instructions contained in this booklet for assistance in completing this form.

CLAIMANT IDENTIFICATION		
THIS CLAIM IS BEING FILED BY: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR		
CLAIMANT NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NO.	FAX NO.
CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
TAX IDENTIFICATION NO.		
JOINT CLAIMANT		
JOINT CLAIMANT NAME		
MAILING ADDRESS		TELEPHONE NO.
CITY	STATE	ZIP CODE
JOINT CLAIMANT IS <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION NO.
JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
JOINT CLAIMANT NAME		
MAILING ADDRESS		TELEPHONE NO.
CITY	STATE	ZIP CODE
JOINT CLAIMANT IS <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION NO.
JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
CO-PAYEE		
CO-PAYEE NAME		
BUSINESS NAME (IF APPLICABLE)		TAX IDENTIFICATION NO.
MAILING ADDRESS		TELEPHONE NO.
CITY	STATE	ZIP CODE
ESTIMATE OF COSTS		
A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK:		\$ _____
B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK:		\$ _____
C. ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK:		\$ _____
D. THIRD PARTY COMPENSATION COSTS:		\$ _____
E. TOTAL:		\$ _____

(Use this side for additional information as needed)

CONTAMINATED SITE DESCRIPTION				
SITE NAME _____				
SITE ADDRESS _____				
CITY _____	STATE _____	ZIP _____	COUNTY _____	COUNTY CODE _____
SITE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM <input type="checkbox"/> OTHER _____				
DESCRIPTION OF UST USE <input type="checkbox"/> RESIDENTIAL MOTOR FUEL <input type="checkbox"/> RESIDENTIAL HEATING OIL <input type="checkbox"/> COMMERCIAL HEATING OIL <input type="checkbox"/> AGRICULTURAL MOTOR FUEL <input type="checkbox"/> RETAIL SALE <input type="checkbox"/> OTHER _____				
DATE RELEASE DISCOVERED _____		DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED CLEANUP DIRECTIVES _____		DATE CORRECTIVE ACTION WAS INITIATED _____
HAS CORRECTIVE ACTION BEEN COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE COMPLETED _____			DID RELEASE REQUIRE AN EMERGENCY RESPONSE? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN BELOW)	
LIST ALL USTs AT SUBJECT SITE				
	CAPACITY	SUBSTANCE STORED	DATE UST REMOVED	UST REPLACED?
UST 1	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 2	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 3	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 4	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT.				

(Use this side for additional information as needed)

SITE MAP
 ATTACH A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.

REGULATORY AGENCY
 LOCAL UST PERMITTING AGENCY _____
 REGIONAL WATER QUALITY CONTROL BOARD (RWQCB) _____ REGION CODE #: _____
 LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP (1) RWQCB (2) LOCAL AGENCY (3) JOINT
 LEAD AGENCY CONTACT PERSON _____ TELEPHONE NO. _____

SITE HISTORY
 IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS ALSO THE PROPERTY OWNER,
 LIST THE DATE THE SITE WAS ACQUIRED MONTH _____ DAY _____ YEAR _____
 IF SITE WAS ACQUIRED AFTER 1/1/84, IDENTIFY PERSON(S) FROM WHOM THE SITE WAS ACQUIRED.
 NAME _____
 ADDRESS _____
 TELEPHONE NO. _____
 IF SITE HAS BEEN SOLD, LIST PARTY(IES) TO WHOM IT WAS SOLD AND THE DATE SOLD: MONTH _____ DAY _____ YEAR _____
 NAME _____
 ADDRESS _____
 TELEPHONE NO. _____

IF CLAIMANT IS FILING AS UST OPERATOR ONLY, LIST DATES OF OPERATION: FROM: _____ TO: _____

PROVIDE THE FOLLOWING HISTORY OF THE PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE. AT A MINIMUM, PROVIDE INFORMATION FROM THE DATE OF UNAUTHORIZED RELEASE DISCOVERY TO THE TIME OF THIS APPLICATION SUBMITTAL.

<u>TIME PERIOD</u>	<u>PROPERTY OWNER</u>	<u>UST OWNER</u>	<u>UST OPERATOR</u>
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____

(Use this side for additional information as needed)

NON-RECOVERY FROM OTHER SOURCES DISCLOSURE

INSURANCE

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE?

NO YES

IF YES, LIST THE COMPANY NAME, ADDRESS, POLICY NUMBER, NAME AND TELEPHONE NUMBER OF THE CLAIM REPRESENTATIVE FOR EACH POLICY.

COMPANY NAME

ADDRESS

REPRESENTATIVE NAME

TELEPHONE NO.

POLICY No.

COMPANY NAME

ADDRESS

REPRESENTATIVE NAME

TELEPHONE NO.

POLICY No.

B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)?

NO YES

IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF THE LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

LITIGATION

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY FROM ANY OTHER PARTY FOR THE UNAUTHORIZED RELEASE OR THE CONTAMINATED SITE?

NO YES

IF YES, IDENTIFY THE PARTY(IES) BELOW LISTING NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE.

NAME

ADDRESS

TELEPHONE

REPRESENTATIVE

B. HAS LEGAL ACTION COMMENCED NO YES IF YES,

PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED.

ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT. CASE No. _____ COUNTY _____

OTHER SOURCE OF FUNDS

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED, OR DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE, FUNDS FROM ANY SOURCE (INCLUDING BUT NOT LIMITED TO INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS HOW THE FUNDS WERE CHARACTERIZED WHICH WERE RELATED TO OR PAID IN CONSIDERATION OF THE UNAUTHORIZED RELEASE SUBJECT TO THE CLAIM?

NO YES

IF YES, ATTACH COPIES OF ALL SUCH DOCUMENTS AND LIST EACH SOURCE OF FUNDS AND AMOUNT:

DATE

SOURCE

IN PAYMENT OF

AMOUNT

B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE CONTAMINATION BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION WHICH IS THE SUBJECT OF THIS CLAIM?

NO YES

IF YES, SUBMIT DOCUMENTATION SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER DOCUMENT THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.

C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED?

NO YES

IF YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED.

NOTE: With your signature(s) on the last page of this Claim Application, authorization is hereby granted to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this claim.

(Use this side for additional information as needed)

PRIORITY CLASS WORKSHEET

PRIORITY CLASS OF CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
PRIORITY CLASS OF JOINT CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT _____				
PRIORITY CLASS OF JOINT CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT _____				
PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OR RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
PRIORITY CLASS BEING CLAIMED FOR THIS CLAIM APPLICATION	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

PRIORITY CLASS A - RESIDENTIAL

CHECK THIS BOX IF THE UST CONTAINS HOME HEATING OIL AND MEETS ALL CRITERIA FOR PRIORITY CLASS A. CHECK THIS BOX IF THE UST CONTAINS PETROLEUM AND MEETS ALL CRITERIA FOR PRIORITY CLASS A.

PRIORITY CLASS B - SMALL BUSINESS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS. COMPLETE THE FOLLOWING INFORMATION.

BUSINESS NAME			
BUSINESS ADDRESS			
BUSINESS DESCRIPTION		DATES OF OPERATION FROM _____ TO _____	
TYPE OF BUSINESS		INDUSTRY GROUP/LICENSE TYPE	MAX. RECEIPT AMT.
<input type="checkbox"/> SERVICE	<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> NON-MANUFACTURER
TYPE OF OWNERSHIP			
<input type="checkbox"/> SOLE OWNER	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____
IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
AFFILIATED COMPANIES			
<u>NAME</u>	<u>LOCATION</u>	<u>RELATIONSHIP</u>	
_____	_____	_____	

(Use this side for additional information as needed)

PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION.

CLAIMANT STATUS	<input type="checkbox"/> CITY	<input type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL DISTRICT	<input type="checkbox"/> NONPROFIT	TOTAL ANNUAL REVENUES \$ _____	FISCAL YEAR ENDING _____
-----------------	-------------------------------	---------------------------------	---	------------------------------------	--------------------------------	--------------------------

PRIORITY CLASS C - OTHER BUSINESS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION.

BUSINESS NAME	TOTAL NO. OF EMPLOYEES _____
BUSINESS ADDRESS	
BUSINESS DESCRIPTION	DATES OF OPERATION FROM _____ TO _____
TYPE OF OWNERSHIP	
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____	
IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION.

CLAIMANT STATUS	<input type="checkbox"/> CITY	<input type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL DISTRICT	<input type="checkbox"/> NONPROFIT	TOTAL NO. OF EMPLOYEES _____
-----------------	-------------------------------	---------------------------------	---	------------------------------------	------------------------------

PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

FINANCIAL RESPONSIBILITY

CHECK THIS BOX IF EXEMPT FROM FINANCIAL RESPONSIBILITY.

BASIS FOR EXEMPTION:

- RESIDENTIAL UST WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE
- UST FOR STORING HEATING OIL USED ON-SITE
- ALL USTs OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE (BELOW) AND NOT REPLACED
- OTHER _____

CHECK THIS BOX IF REQUIRED TO PROVIDE FINANCIAL RESPONSIBILITY AND ATTACH A COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY".

COMPLIANCE DATE: JANUARY 24, 1989 OCTOBER 26, 1989 APRIL 26, 1991 DECEMBER 31, 1993 FEBRUARY 18, 1994

MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING STATE FUND, INDICATE MECHANISM FOR PROVIDING REQUIRED DEDUCTIBLE.

(1) <input type="checkbox"/> TRUST FUND	(2) <input type="checkbox"/> SURETY BOND	(3) <input type="checkbox"/> GUARANTEE	(4) <input type="checkbox"/> SELF INSURANCE	(5) <input type="checkbox"/> LETTER OF CREDIT
(6) <input type="checkbox"/> INSURANCE COVERAGE	(7) <input type="checkbox"/> RISK RETENTION GROUP	(8) <input type="checkbox"/> STATE FUND	(9) <input type="checkbox"/> CHIEF FINANCIAL OFFICER LETTER	(10) <input type="checkbox"/> BOND RATING TEST (GOV'T AGENCY)
(11) <input type="checkbox"/> FUND BALANCE TEST (GOV'T AGENCY)	(12) <input type="checkbox"/> WORKSHEET TEST (GOV'T AGENCY)	(13) <input type="checkbox"/> GOVERNMENT GUARANTEE (GOV'T AGENCY)	(14) <input type="checkbox"/> OTHER _____	

(Use this side for additional information as needed)

CLAIMANT CERTIFICATION

CLAIMANT(S) HEREBY CERTIFY THAT:

1. CLAIMANT(S) IS (ARE) THE OWNER OR OPERATOR OF AN UNDERGROUND STORAGE TANK FROM WHICH THERE HAS BEEN A N UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM WITH THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC). CLAIMANT(S) IS (ARE) ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT(S) OBTAINED ANY PERMITS REQUIRED UNDER CHAPTER 6.7 OF THE H&SC OR FILED SUBSTANTIALLY COMPLETE APPLICATIONS FOR ANY REQUIRED PERMITS ON OR BEFORE JANUARY 1, 1990, OR REQUESTED THE SWRCB TO WAIVE THIS REQUIREMENT AS A CONDITION OF ELIGIBILITY.
4. CLAIMANT(S) IS (ARE) IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. FOR COSTS CLAIMED WHICH WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT(S) WAS:
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND TITLE 42, CHAPTER 82, SUBCHAPTER IX OF THE U.S. CODE AND FEDERAL REGULATIONS ADOPTED PURSUANT THERETO; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
6. FOR COSTS CLAIMED WHICH WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT(S):
 - (A) IS (ARE) IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.75, ARTICLE 4 OF THE H&SC AND IMPLEMENTING REGULATIONS;
 - (B) HAS (HAVE) NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT;
 - (C) IS (ARE) PERMITTED OR REQUIRED TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
7. IF CLAIMANT(S) WAS (WERE) AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT(S) INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
8. CLAIMANT(S) DOES (DO) NOT KNOW OF ANY FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
9. CLAIMANT(S) FULLY UNDERSTAND(S) THAT THE SWRCB, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON(S) RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
10. CLAIMANT(S) UNDERSTAND(S) THAT ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION WILL BE RETAINED FRO A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS WILL BE MADE AVAILABLE TO THE SWRCB OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
11. CLAIMANT(S) UNDERSTAND(S) THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE SWRCB OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE STATE FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

CLAIMANT VERIFICATION AND SIGNATURE

As the undersigned claimant(s) to the UST Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this claim application are true and correct to the best of my (our) knowledge and belief.

EXECUTED AT _____

ON THIS _____ DAY OF _____ 19 _____

CLAIMANT SIGNATURE _____

CLAIMANT PRINTED NAME _____

JOINT CLAIMANT SIGNATURE _____

JOINT CLAIMANT PRINTED NAME _____

(Use this side for additional information as needed)

APPLICATION CHECKLIST

Application Checklist

This checklist is to assist the claimant by ensuring that all required documentation is submitted with the claim application. Claimants should label each document with a reference to the claim application section.

CHECKLIST FOR REQUIRED DOCUMENTATION	
<input type="checkbox"/>	THIRD PARTY COSTS IF THIRD PARTY COMPENSATION COSTS ARE BEING CLAIMED, SUBMIT A COPY OF THE FINAL JUDGMENT, COURT-APPROVED SETTLEMENT, OR ARBITRATION AWARD. IF THE AWARD OR SETTLEMENT HAS BEEN PAID, PROVIDE PROOF OF PAYMENT.
<input type="checkbox"/>	SITE MAP SUBMIT A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.
<input type="checkbox"/>	UNAUTHORIZED RELEASE OF PETROLEUM SUBMIT DOCUMENTATION OF THE DISCOVERY, REPORTING, AND CONFIRMATION BY THE REGULATORY AGENCY OF THE UNAUTHORIZED RELEASE OF PETROLEUM THAT IS THE SUBJECT OF THE CLAIM APPLICATION.
<input type="checkbox"/>	CORRECTIVE ACTION INITIATION IF THE UNAUTHORIZED RELEASE WAS DISCOVERED PRIOR TO JANUARY 1, 1988, AND CORRECTIVE ACTION WAS INITIATED AFTER JUNE 30, 1988, THE CLAIMANT MUST SUBMIT DOCUMENTATION OF THE DATE OF WHEN CORRECTIVE ACTION WAS ORDERED.
<input type="checkbox"/>	REGULATORY AGENCY DIRECTIVE/CORRECTIVE ACTION COMPLIANCE SUBMIT COPIES OF ALL CORRECTIVE ACTION DIRECTIVES AND ORDERS ISSUED BY THE REGULATORY AGENCIES SHOWING THAT THE CLAIMANT IS/WAS BEING DIRECTED TO CLEAN UP CONTAMINATION AT THE SUBJECT SITE.
<input type="checkbox"/>	PERMIT TO OWN OR OPERATE SUBMIT A COPY OF THE PERMIT TO OWN OR OPERATE THE UST(S). IF THE CLAIMANT WAS NOT REQUIRED TO OBTAIN A PERMIT, PROVIDE DOCUMENTATION INDICATING A PERMIT WAS NOT REQUIRED.
<input type="checkbox"/>	PERMIT WAIVER REQUEST IF A PERMIT WAS REQUIRED AND THE CLAIMANT FAILED TO OBTAIN A PERMIT BY JANUARY 1, 1990, COMPLETE AND SUBMIT A PERMIT WAIVER REQUEST FORM.
<input type="checkbox"/>	PRIORITY CLASS A SUBMIT DOCUMENTATION SHOWING THAT THE PROPERTY ON WHICH THE UST WAS LOCATED WAS OWNER-OCCUPIED AT THE TIME OF THE DISCOVERY OF THE UNAUTHORIZED RELEASE (E.G., PROPERTY TAX BILL, UTILITY BILL).
<input type="checkbox"/>	PRIORITY CLASS B SUBMIT FEDERAL TAX RETURNS AND SUPPORTING DOCUMENTATION TO SUPPORT THE REQUEST FOR PLACEMENT IN THIS CLASS. CITIES, COUNTIES AND DISTRICTS MUST SUBMIT A COPY OF THEIR ANNUAL REPORT OF FINANCIAL TRANSACTIONS AS SUBMITTED TO THE STATE CONTROLLER'S OFFICE FOR THE LATEST FISCAL YEAR. NONPROFIT ORGANIZATIONS MUST SUBMIT A COPY OF THEIR ANNUAL FISCAL REPORT FILED WITH THE REGISTRY OF CHARITABLE TRUST OR A COPY OF THEIR FEDERAL TAX RECORDS FOR THE LATEST FISCAL YEAR.
<input type="checkbox"/>	PRIORITY CLASS C SUBMIT DOCUMENTATION IDENTIFYING THE NUMBER OF FULL-TIME AND PART-TIME EMPLOYEES (E.G., DE3).
<input type="checkbox"/>	CO-PAYEE AGREEMENT IF APPLICABLE, SUBMIT A COPY OF THE FINANCIAL AGREEMENT BETWEEN THE CLAIMANT AND ANY DESIGNATED CO-PAYEE.
<input type="checkbox"/>	CERTIFICATION OF FINANCIAL RESPONSIBILITY IF THE CLAIMANT IS SUBJECT TO THE FINANCIAL RESPONSIBILITY REQUIREMENTS, A COPY OF THE CERTIFICATION OF FINANCIAL RESPONSIBILITY THAT IS ON FILE WITH THE LOCAL REGULATORY AGENCY MUST BE SUBMITTED.
<input type="checkbox"/>	NON-RECOVERY/DISCLOSURE CERTIFICATION A COMPLETED AND SIGNED "NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION" FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH THE CLAIMANT'S APPLICATION. THE FUND WILL USE THE FORM TO ENSURE THAT THE CLAIMANT HAS NOT AND WILL NOT RECEIVE DOUBLE PAYMENT.
<input type="checkbox"/>	AUTHORIZED REPRESENTATIVE DESIGNATION IF APPLICABLE, SUBMIT A COMPLETED AND SIGNED "AUTHORIZED REPRESENTATIVE DESIGNATION" FORM NAMING A REPRESENTATIVE TO SIGN AND FILE ANY DOCUMENTS RELATED TO THE APPLICATION ON THE CLAIMANT'S BEHALF.

**AUTHORIZED
REPRESENTATIVE
DESIGNATION FORM**

State Water Resources Control Board
Underground Storage Tank Cleanup Fund

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

CLAIM NO.:

CLAIMANT NAME:			
SITE ADDRESS:	CITY	STATE	ZIP CODE
CLAIMANT NAME:			
SITE ADDRESS:	CITY	STATE	ZIP CODE

The above identified claimant(s) do hereby jointly and severally appoint:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:			
COMPANY NAME:			
COMPANY ADDRESS:	CITY	STATE	ZIP CODE

to sign and file documents necessary to apply to the Underground Storage Tank Cleanup Fund (Fund) for reimbursement of corrective action costs incurred at the site identified above. Any action by the above-named designated authorized representative is for me (us) and in my (our) name and for my (our) use and benefit.

The above-named designated authorized representative is not a consultant working on the project site listed above.

I (we) hereby agree and further authorize the above-named designated authorized representative to certify that all applicable state and federal statutory and regulatory requirements pursuant to Chapter 6.75 of the Health & Safety Code (H&SC) and Chapter 18, Petroleum Underground Storage Tank Cleanup Fund Regulations, California Code of Regulations, have and will be complied with.

The signature of the above-named designated authorized representative is binding upon all claimants party to the above-identified claim.

This Authorized Representation Designation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named claimant(s).

EXECUTED THIS _____ DAY OF _____ 19 _____	
AT _____	
_____ CLAIMANT SIGNATURE	_____ PRINTED NAME
_____ CLAIMANT SIGNATURE	_____ PRINTED NAME
_____ AUTHORIZED REPRESENTATIVE SIGNATURE	_____ PRINTED NAME

**PERMIT WAIVER
REQUEST FORM**

State Water Resources Control Board
Underground Storage Tank Cleanup Fund

PERMIT WAIVER REQUEST FORM

CLAIM NO.:

CLAIMANT NAME:			
SITE ADDRESS:	CITY	STATE	ZIP CODE

Claimants who were subject to the permit requirement but failed to comply by January 1, 1990, can request the State Water Resources Control Board (SWRCB) to waive the requirement as a condition for eligibility if the four requirements listed below have been met. Where the SWRCB grants the waiver, the level of required deductible is twice the amount otherwise required. In this case, the above-named claimant will be responsible for the first \$ _____ of eligible corrective action costs before Fund coverage begins.

I, _____, HEREBY REQUEST THE SWRCB TO GRANT A PERMIT WAIVER. TO QUALIFY FOR THIS WAIVER, I AM SUBMITTING DOCUMENTATION SHOWING THAT THE FOLLOWING FOUR PERMIT WAIVER REQUIREMENTS HAVE BEEN MET:

1. The claimant was unaware of the permit requirement prior to January 1, 1990, and did not intend to avoid the permit requirement or the associated fees.

DOCUMENTATION: Provide a brief history of the UST(s) and an explanation as to why the UST(s) were not permitted by January 1, 1990. Explain when and how you became aware of the law requiring a permit to own or operate the UST(s). (Attach additional sheets as necessary).

2. Prior to filing a claim, the claimant has complied with the financial responsibility requirements of Section 25299.31 of the Health and Safety Code (H&SC).

DOCUMENTATION: Attach a copy of the Certificate of Financial Responsibility that is on file with the local regulatory agency.

3. The claimant has obtained and paid for all currently required permits

DOCUMENTATION: If you owned or operated the UST(s) at the time of submitting your claim application, attach a copy of the permit to own or operate the UST(s) or a copy of an application to a local agency for a permit indicating that you are diligently pursuing the acquisition of a permit. If the UST(s) were removed prior to submitting your claim application, attach evidence that the UST(s) were removed, and the local regulatory agency notified, and a copy of the removal permit.

4. The claimant has paid all current UST fees imposed by Section 25299.41 of the H&SC, and all prior fees due on and after January 1, 1991.

DOCUMENTATION: If any of the USTs owned or operated had product placed in them on or after January 1, 1991, attach the most recent copy of the UST Fee Return Form filed with the State Board of Equalization with proof of payment.

CLAIMANT SIGNATURE: _____

PRINTED SIGNATURE: _____ DATE: _____

GROSS REVENUE CHART

**UST Cleanup Fund
GROSS REVENUE CHART**

[04/92]

The following shall qualify as a Small Business if it is classified in one of the following industry groups/contractor license types, and its annual receipts, including the receipts of all affiliates in the aggregate for the preceding three years, do not exceed the maximum receipts specified below for the applicable industry groups/contractor license types.

TYPE OF BUSINESS: NON-MANUFACTURER

MAXIMUM RECEIPTS FOR PRIOR THREE YEARS

INDUSTRY GROUP		
i)	Motor Vehicle Dealers	\$20,000,000
ii)	Automotive Parts and Supplies	8,400,000
iii)	Furniture	9,500,000
iv)	Lumber and Plywood and Millwork	8,300,000
v)	Construction material (except lumber and hardware)	7,100,000
vi)	Hardware	6,300,000
vii)	Sporting and Recreational Good	7,200,000
viii)	Photographic Equipment and Supplies	6,200,000
ix)	Aircraft Dealers	8,400,000
x)	Aircraft Parts and Supplies	6,800,000
xi)	Metals and Minerals (except petroleum)	12,400,000
xii)	Electrical Apparatus and Equipment	6,900,000
xiii)	Electrical Appliances, Television and Radio Sets	9,800,000
xiv)	Electronic Parts and Equipment	6,900,000
xv)	Commercial Machines and Equipment (including EDP)	9,600,000
xvi)	Plumbing and Hydronic Heating Supplies	7,800,000
xvii)	Warm Air Heating, Refrigeration and Air Conditioning Equipment	7,500,000
xviii)	Construction and Mining Machinery and Equipment	17,000,000
xix)	Farm and Gardening Machinery and Equipment	9,500,000
xx)	Industrial Machinery and Equipment	9,600,000
xxi)	Industrial Supplies	7,500,000
xxii)	Professional Service Establishment Equipment and Supplies	7,000,000
xxiii)	Transportation Equipment and Supplies	7,500,000
xxiv)	Farm Supplies	7,500,000
xxv)	Paper and Paper Products (except Stationery Supplies)	7,500,000
xxvi)	Stationery Supplies (including Office Supplies)	6,500,000
xxvii)	Clothing and Apparel	6,400,000
xxviii)	Frozen Foods	12,900,000
xxix)	Dairy Products	16,200,000
xxx)	Poultry and Poultry Products	16,900,000
xxxi)	Fresh Fruits and Vegetables	17,900,000
xxxii)	Meats and Meat Products	17,500,000
xxxiii)	Fish, Seafood and Groceries (NEC)	12,100,000
xxxiv)	Chemical Products	7,500,000
xxxv)	Petroleum Products	21,000,000
xxxvi)	Durable Goods and Non Durable Goods (NEC)	7,200,000

TYPE OF BUSINESS: MANUFACTURER

MAXIMUM RECEIPTS FOR PRIOR THREE YEARS

INDUSTRY GROUP		
i)	Food and Kindred Products	
	(a) Meat Products	\$38,600,000
	(b) Dairy Products	29,700,000
	(c) Canned and Preserved Fruits and Vegetables	29,700,000
	(d) Grain Mill Products	27,400,000
	(e) Bakery Products	34,700,000
	(f) Sugar and Confectionery	26,000,000
	(g) Fats and Oils	29,000,000
	(h) Beverages	33,500,000
	(i) Misc. Food Preparation	34,700,000
ii)	Textile Mill Products	
	(a) Broad Woven Fabrics and Knitting Mills	20,900,000
	(b) Floor Covering Mills	24,700,000
	(c) Yarn and Thread Mills	22,600,000
	(d) Misc. Textile Goods, NEC	20,600,000

MANUFACTURER (Cont.)		MAXIMUM RECEIPTS FOR PRIOR THREE YEARS
iii)	Apparel and Other Textile Goods	
	(a) Men's, Youth and Boy's Apparel	\$24,700,000
	(b) Women's, Misses, Junior Outerwear	24,200,000
	(c) Women's, Misses, Child and Infant's Underwear	21,400,000
	(d) Hats, Caps and Millinery	12,200,000
	(e) Girl's, Children's, and Infant's Outerwear	16,000,000
	(f) Misc. Apparel and Textiles, NEC	17,400,000
iv)	Lumber and Wood Products (except Furniture)	15,700,000
v)	Furniture and Fixtures	
	(a) Household Furniture	17,300,000
	(b) Office Furniture	18,000,000
vi)	Paper and Allied Products	30,000,000
vii)	Printing, and Publishing and Allied Industries	16,000,000
viii)	Chemicals and Allied Products (except Drugs)	25,500,000
ix)	Drugs	21,000,000
x)	Rubber and Misc. Plastic Products	25,900,000
xi)	Stone, Clay, and Glass Products	16,900,000
xii)	Fabricated Metal Products	17,000,000
xiii)	Machinery (except Electrical)	31,000,000
xiv)	Electric, Electronic Machinery and Equipment	16,200,000
xv)	Transportation Equipment	
	(a) Motor Vehicles and Motor Vehicle Equipment	33,400,000
	(b) Aircraft and Parts	31,000,000
	(c) Railroad Equipment	15,000,000
	(d) Misc. Transportation	19,700,000
xvi)	Measuring Instruments and Related Products	30,500,000
xvii)	Wood Buildings and Mobile Homes	21,000,000
xviii)	Telecommunications Machinery and Equipment	22,400,000
xix)	Petroleum Refining and Related Industries	43,400,000
xx)	EDP Machinery and Equipment	24,000,000
xxi)	Manufacturing, NEC Not Specifically Classified in this Section	11,400,000

TYPE OF BUSINESS: CONSTRUCTION		MAXIMUM RECEIPTS FOR PRIOR THREE YEARS
LICENSE TYPE		
A	General Engineering	\$8,200,000
B	General Building Contractor	8,500,000
C-2	Insulation and Acoustical	3,000,000
C-4	Boiler, Hot Water, Steam Fitting	4,200,000
C-6	Cabinet and Mill Work	2,600,000
C-8	Concrete	3,800,000
C-9	Drywall	3,000,000
C-10	Electrical (General)	6,800,000
C-11	Elevator Installation	3,600,000
C-12	Excavation Work and Paving	2,400,000
C-13	Fencing	2,600,000
C-15	Flooring and Floor Covering	2,400,000
C-16	Fire Protection Engineering	2,600,000
C-17	Glazing	2,600,000
C-20	Warm Air Heat, Ventilating, Air Conditioning	4,200,000
C-21	Building Moving, Wrecking	3,600,000
C-23	Ornamental Metals	2,600,000
C-26	Lathing	3,000,000
C-27	Landscaping	1,900,000
C-29	Masonry	2,600,000
C-32	Parking and Highway Improvement	2,600,000

CONSTRUCTION (Cont)

MAXIMUM RECEIPTS FOR PRIOR THREE YEARS

C-33	Painting and Decorating	\$2,600,000
C-34	Pipeline	4,200,000
C-35	Plastering	3,000,000
C-36	Plumbing	4,200,000
C-38	Refrigeration	4,200,000
C-39	Roofing	2,600,000
C-42	Sanitation Systems	4,200,000
C-43	Sheet Metal	2,600,000
C-45	Electrical Signs	6,800,000
C-46	Solar	2,600,000
C-50	Steel, Reinforcing	2,600,000
C-51	Steel Structural	6,000,000
C-53	Swimming Pool	2,600,000
C-54	Tile (Ceramic and Mosaic)	2,200,000
C-55	Water Conditioning	2,600,000
C-57	Well Drilling (Water)	2,600,000
C-60	Welding	2,600,000
C-61	Limited Specialty	2,600,000

TYPE OF BUSINESS: SERVICE

MAXIMUM RECEIPTS FOR PRIOR THREE YEARS

INDUSTRY GROUP

i)	Agricultural and Research Services	\$3,300,000
ii)	Computer, Data Processing and Software Services	4,400,000
iii)	Communications/Telecommunications Services	5,200,000
iv)	Architects, Engineers and Survey Services	3,000,000
v)	Consulting, Management and Public Relations	3,000,000
vi)	Forestry Services	3,000,000
vii)	Landscape and Horticultural Services	1,900,000
viii)	Utility and Refuse Services	
	(a) Refuse and Sanitary Services	4,500,000
	(b) Sewage Systems	4,500,000
	(c) Electric, Gas and Other Utilities	17,500,000
ix)	Business Services	
	(a) Advertising	3,800,000
	(b) Credit Reporting	2,200,000
	(c) Mailing, Photocopying and Blueprint Services	3,300,000
	(d) Commercial Photography and Graphics	1,800,000
	(e) Stenographer and Reproduction Services	1,700,000
	(f) Personnel Supply Services	3,200,000
	(g) Security Services	4,500,000
	(h) Commercial Testing Labs	3,000,000
	(i) Cleaning/Maintaining of Buildings	2,500,000
	(j) Disinfecting and Exterminating Services	1,900,000
	(k) Window Cleaning	1,800,000
	(l) Real Estate Operators, Accountants, Auditors, Appraisers and Business Services (NEC)	3,000,000
x)	Automotive Rental and Leasing	
	(a) Automobiles	5,600,000
	(b) Truck/Tractor	4,900,000
	(c) Utility Trailer	3,500,000
xi)	Automotive Repair Shops	
	(a) Top and Body Shops	2,300,000
	(b) Paint Shops	2,400,000
	(c) General Auto Repair (NEC)	2,300,000

SERVICE (Cont.)	MAXIMUM RECEIPTS FOR PRIOR THREE YEARS
xii) Ground Transport	
(a) Ground Transport (except Taxicabs)	\$4,500,000
(b) Taxicabs	4,800,000
xiii) Transport and Travel Agents	4,900,000
xiv) Air Transport Services	9,500,000
xv) Air Transport Support Services	3,200,000
xvi) Warehousing	3,000,000
xvii) Freight Transport	4,200,000
xviii) Personal Services	
(a) Linen and Diaper Supply	4,800,000
(b) Misc. Personal Services (NEC)	1,800,000
xix) Health and Social Services	
(a) Physicians and Dentists	2,400,000
(b) Nursing and Personal Care Facilities	6,500,000
(c) Medical and Dental Labs	3,300,000
(d) Out-Patient Care Localities	3,000,000
(e) Health Care Practitioners (NEC)	2,700,000
(f) Job Training and Vocational Rehabilitation Centers	2,200,000
(g) Child Day Care	1,700,000
(h) Residential Care Facilities	1,900,000
(i) Social Services	1,900,000
xx) Legal Services	2,000,000
xxi) Video Recording and Motion Picture Services	4,200,000
xxii) Amusement and Recreation Services	3,000,000
xxiii) Misc. Repair Services	1,800,000
xxiv) Equipment Rented/Leasing (NEC)	2,600,000
xxv) Misc. Services (NEC)	1,100,000

**LOCAL AGENCY AND
REGIONAL BOARD
LISTINGS**

**STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PROGRAM
ADMINISTERING CITY PUBLIC AGENCIES**

CODE	CITY	PUBLIC AGENCY	PHONE
30011	ANAHEIM	FIRE PREVENTION DIVISION	(714) 254-4050
15021	BAKERSFIELD	FIRE DEPARTMENT	(805) 326-3979
01020	BERKELEY	TOXICS PROGRAM	(510) 644-7719
19007	BURBANK	FIRE DEPARTMENT	(818) 238-3473
43008	CAMPBELL	FIRE DEPARTMENT	(408) 378-4010
43012	CUPERTINO	CENTRAL FIRE DISTRICT	(408) 378-4010
01009	FREMONT	FIRE PREVENTION BUREAU	(510) 494-4279
30013	FULLERTON	FIRE DEPARTMENT, UST SECTION	(714) 738-3160
43002	GILROY	CITY HALL	(408) 848-0430
19070	GLENDALE	FIRE DEPARTMENT	(818) 548-4030
01003	HAYWARD	FIRE DEPARTMENT	(510) 293-8695
49002	HEALDSBURG	FIRE DEPARTMENT	(707) 431-3360
36082	HESPERIA	FIRE PREVENTION DEPARTMENT	(619) 947-1603
35031	HOLLISTER	ENVIRONMENTAL SERVICES	(408) 636-4325
19060	LONG BEACH	FIRE DEPARTMENT	(310) 570-2571
19050	LOS ANGELES	BUR. FIRE PREV. & PUBLIC SAFETY	(213) 237-0605
43003	LOS GATOS	CENTRAL FIRE DISTRICT	(408) 378-4010
43011	MILPITAS	FIRE DEPARTMENT	(408) 942-2389
43004	MORGAN HILL	FIRE DEPARTMENT	(408) 378-4010
43005	MOUNTAIN VIEW	FIRE DEPARTMENT	(415) 903-6378
01008	NEWARK	FIRE DEPARTMENT	(510) 790-7254
30030	ORANGE	FIRE DEPARTMENT	(714) 288-2541
04004	OROVILLE	FIRE DEPARTMENT	(916) 538-2487
43006	PALO ALTO	FIRE DEPARTMENT	(415) 329-2184
19080	PASADENA	FIRE DEPARTMENT	(818) 405-4115
01006	PLEASANTON	FIRE DEPARTMENT	(510) 484-8114

CODE	CITY	PUBLIC AGENCY	PHONE
31015	ROSEVILLE	FIRE DEPARTMENT	(916) 744-5805
34060	SACRAMENTO	FIRE DEPARTMENT	(916) 264-5266
43060	SAN JOSE	FIRE DEPARTMENT	(408) 277-4659
01007	SAN LEANDRO	FIRE DEPARTMENT	(510) 577-3331
40023	SAN LUIS OBISPO	FIRE DEPARTMENT	(805) 781-7380
21028	SAN RAFAEL	FIRE DEPARTMENT	(415) 485-3308
30020	SANTA ANA	FIRE DEPARTMENT	(714) 647-5700
43010	SANTA CLARA	FIRE DEPARTMENT	(408) 984-3084
19033	SANTA MONICA	ENVIRONMENTAL PROGRAMS	(310) 458-8227
49060	SANTA ROSA	FIRE DEPARTMENT	(707) 524-5311
44054	SCOTTS VALLEY	DEPARTMENT OF PUBLIC WORKS	(408) 438-0732
49005	SEBASTOPOL	FIRE DEPARTMENT	(707) 823-8061
43007	SUNNYVALE	DEPARTMENT OF PUBLIC SAFETY	(408) 730-7212
19038	TORRANCE	FIRE PREVENTION DIVISION	(310) 618-2973
01011	UNION CITY	FIRE DEPARTMENT	(510) 471-1424
48087	VALLEJO	FIRE DEPARTMENT	(707) 648-4565
56020	VENTURA	FIRE DEPARTMENT	(805) 658-4711
19039	VERNON	ENVIRONMENTAL HEALTH	(213) 583-8811
36072	VICTORVILLE	FIRE DEPARTMENT	(619) 955-5229
44052	WATSONVILLE	FIRE DEPARTMENT	(408) 728-6062

(REVISED 1/97)

**STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PROGRAM
ADMINISTERING COUNTY PUBLIC AGENCIES**

CODE	COUNTY	PUBLIC AGENCY	PHONE
01	ALAMEDA	ENVIRONMENTAL HEALTH	(510) 271-4320
02	ALPINE	HEALTH DEPARTMENT	(916) 694-2146
03	AMADOR	ENVIRONMENTAL HEALTH	(209) 223-6439
04	BUTTE	ENVIRONMENTAL HEALTH	(916) 891-2727
05	CALAVERAS	ENVIRONMENTAL HEALTH	(209) 754-6400
06	COLUSA	ENVIRONMENTAL HEALTH	(916) 458-7717
07	CONTRA COSTA	OCCUPATIONAL HEALTH	(510) 646-2286
08	DEL NORTE	PUBLIC HEALTH DEPARTMENT	(707) 464-7227
09	EL DORADO	DIVISION OF WASTE MANAGEMENT	(916) 621-5307
10	FRESNO	ENVIRONMENTAL HEALTH SYSTEMS	(209) 445-3271
11	GLENN	AIR POLLUTION CONTROL DISTRICT	(916) 934-6500
12	HUMBOLDT	ENVIRONMENTAL HEALTH	(707) 445-6215
13	IMPERIAL	PLANNING & BUILDING INSP. DEPT.	(619) 339-4236
14	INYO	ENVIRONMENTAL HEALTH	(619) 878-2411
15	KERN	ENVIRONMENTAL HEALTH	(805) 861-3636
16	KINGS	DIV. OF ENVIRONMENTAL SVCS.	(209) 584-1411
17	LAKE	ENVIRONMENTAL HEALTH DIVISION	(707) 263-2222
18	LASSEN	DEPARTMENT OF AGRICULTURE	(916) 257-8311
19	LOS ANGELES	WASTE MANAGEMENT DIVISION	(818) 458-3539
20	MADERA	ENVIRONMENTAL HEALTH	(209) 675-7823
21	MARIN	WASTE MANAGEMENT	(415) 499-6647
22	MARIPOSA	HEALTH DEPARTMENT	(209) 966-3689
23	MENDOCINO	ENVIRONMENTAL HEALTH	(707) 463-4466
24	MERCED	ENVIRONMENTAL HEALTH	(209) 385-7391
25	MODOC	AGRICULTURE COMMISSION	(916) 233-6401
26	MONO	HEALTH DEPARTMENT	(619) 932-7484
27	MONTEREY	ENVIRONMENTAL HEALTH	(408) 755-4541
28	NAPA	ENVIRONMENTAL MANAGEMENT	(707) 253-4269
29	NEVADA	HEALTH DEPARTMENT	(916) 265-1452

CODE	COUNTY	PUBLIC AGENCY	PHONE
30	ORANGE	ENVIRONMENTAL HEALTH	(714) 667-3773
31	PLACER	ENVIRONMENTAL HEALTH	(916) 889-7336
32	PLUMAS	ENVIRONMENTAL HEALTH	(916) 283-6355
33	RIVERSIDE	ENVIRONMENTAL HEALTH	(714) 358-5055
34	SACRAMENTO	ENVIRONMENTAL MANAGEMENT	(916) 386-6160
35	SAN BENITO	HEALTH DEPARTMENT	(408) 637-5367
36	SAN BERNARDINO	ENVIRONMENTAL HEALTH SERVICES	(909) 387-3080
37	SAN DIEGO	DIV. OF ENV. HEALTH, HMMMD DIV.	(619) 338-2222
38	SAN FRANCISCO	DEPARTMENT OF PUBLIC HEALTH	(415) 554-2775
39	SAN JOAQUIN	ENVIRONMENTAL/HEALTH DIVISION	(209) 468-3420
40	SAN LUIS OBISPO	ENVIRONMENTAL HEALTH	(805) 781-5544
41	SAN MATEO	ENVIRONMENTAL HEALTH	(415) 363-4305
42	SANTA BARBARA	ENVIRONMENTAL HEALTH SERVICES	(805) 681-4749
43	SANTA CLARA	PUBLIC HEALTH - TOXICS	(408) 299-6930
44	SANTA CRUZ	ENVIRONMENTAL HEALTH	(408) 425-2002
45	SHASTA	ENVIRONMENTAL HEALTH	(916) 225-5787
46	SIERRA	RURAL HEALTH SERVICES	(916) 993-6700
47	SISKIYOU	ENVIRONMENTAL HEALTH	(916) 842-8230
48	SOLANO	ENVIRONMENTAL HEALTH SERVICES	(707) 421-6770
49	SONOMA	PUBLIC HEALTH	(707) 525-6560
50	STANISLAUS	ENVIRONMENTAL RESOURCES	(209) 525-4150
51	SUTTER	DEPARTMENT OF AGRICULTURE	(916) 741-7500
52	TEHAMA	ENVIRONMENTAL HEALTH	(916) 527-8020
53	TRINITY	DEPARTMENT OF HEALTH	(916) 623-1358
54	TULARE	ENVIRONMENTAL HEALTH	(209) 733-6441
55	TUOLUMNE	ENVIRONMENTAL HEALTH	(209) 533-5990
56	VENTURA	ENVIRONMENTAL HEALTH	(805) 654-3518
57	YOLO	ENVIRONMENTAL HEALTH	(916) 666-8646
58	YUBA	OFFICE OF EMERGENCY SERVICES	(916) 741-6254

Notes

STATE WATER RESOURCES CONTROL BOARD

P.O. BOX 100, Sacramento, CA 95812-0100

Administrative Services: (916) 657-1155

Legislative and Public Affairs: (916) 657-1247

Water Quality Information: (916) 657-0687

Clean Water Programs Information: (916) 227-4400

Water Rights Information: (916) 657-2170

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

NORTH COAST REGION (1)

5550 Skylane Blvd., Ste. A
Santa Rosa, CA 95403
(707) 576-2220

CENTRAL COAST REGION (3)

81 Higuera Street, Ste. 200
San Luis Obispo, CA 93401-5427
(805) 549-3147

LAHONTAN REGION (6)

2501 South Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
(530) 542-5400

** SAN FRANCISCO BAY REGION (2)

2101 Webster Street, Ste. 500
Oakland, CA 94612
(510) 286-1255

LOS ANGELES REGION (4)

101 Centre Plaza Drive
Monterey Park, CA 91754-2156
(213) 266-7500

VICTORVILLE BRANCH OFFICE

15428 Civic Drive, Ste. 100
Victorville, CA 92392
(760) 241-6583

CENTRAL VALLEY REGION (5)

3443 Routier Road, Suite A
Sacramento, CA 95827-3098
(916) 255-3000

COLORADO RIVER BASIN REGION (7)

73-720 Fred Waring Dr., Ste. 100
Palm Desert, CA 92260
(760) 346-7491

* FRESNO BRANCH OFFICE

3614 East Ashlan Avenue
Fresno, CA 93726
(209) 445-5116

SANTA ANA REGION (8)

California Tower
3737 Main Street, Ste. 500
Riverside, CA 92501-3339
(909) 782-4130

REDDING BRANCH OFFICE

415 Knollcrest Drive
Redding, CA 96002
(530) 224-4845

SAN DIEGO REGION (9)

9771 Clairemont Mesa Blvd., Ste. A
San Diego, CA 92124
(619) 467-2952



STATE OF CALIFORNIA
Pete Wilson, Governor

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY
Peter M. Rooney, Secretary

STATE WATER RESOURCES
CONTROL BOARD
John P. Caffrey, Chair

* Will change area code 6/13/98 to 323
** Will be moving around August 98