# PETROLEUM UNDERGROUND STORAGE TANK (UST) ORPHAN SITE CLEANUP FUND APPLICATION

# **Applicant Identification**

Applicant Name			
Mailing Address	City	State	Zip Code
Authorized Representative (If applicant is a business entity)		Contact Person (If other than the Applicant/R	epresentative)
Applicant Email Address		Contact Email Address	
Applicant Telephone Number		Contact Telephone Number	
Applicant Status		Other	
Applicant is a		Other	
Tax Identification Number (TIN)			
Co-Applicant Identification			
Co-Applicant Name			
Mailing Address	City	State	Zip Code
Authorized Representative (If Co-Applicant is a business entity)		Contact Person (If other than the Co-Applicar	nt/Representative
Co-Applicant Email Address		Contact Email Address	
Co-Applicant Telephone Number		Contact Telephone Number	
Co-Applicant Status		Other	
Applicant is a		Other	
Tax Identification Number (TIN)			

## **Estimate of Response Costs**

Resi	oonse	costs	incurred	to	date	hν	the	applicant	for	comp	leted	work	,
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Estimated eligible response costs to complete Assessment work

Estimated eligible response costs to complete Cleanup work

Estimated total response costs

# **Contaminated Site Description**

Site Name		
Site Address		
City	Zip Code	County
APN Number	GeoTrack	er Global ID Number

List of all known petroleum underground storage tanks

	Historic Use	Capacity (Gallons)	Substance Stored	Date UST Removed
UST 1				
UST 2				
UST 3				
UST 4				
UST 5				

List all known and other possible sources of contamination including, but not limited to aboveground storage tanks, sumps, pits, chemicals, surface spills, off-site contamination, and underground storage tanks storing substances other than petroleum.

Substance 8

Source 1

Source 2

Substance 2

Source 3

Substance 3

Source 4

Source 5

Source 5

Source 6

Source 7

Substance 6

### **Lead Regulatory Agency**

Certified Unified Permit Agency (CUPA)

Local Oversight Program (LOP)

Regional Water Quality Control Board

Lead Regulatory Agency Case Number

Staff Contact Phone Number

**Email Address** 

Source 8

Date unauthorized release from Petroleum UST was confirmed by the regulatory agency

Date t	he re	gulatory	agency	first	directed	а	responsible	nartv	to	initiate	response	actions
Date		galatoly	agono	11100	anoutou	u	1 COPOLICIOIO	paity	··	minuaco	100001100	actions

Has the lead regulatory agency approved a corrective action plan for the subject site?

Has the unauthorized release impacted groundwater? If unknown, answer question number 8.

Is the unauthorized release likely to impact groundwater?

#### **Site Development**

Has the site received a regulatory agency Site Closure Letter (No Further Action)? If yes, submit a copy of the Site Closure Letter and the Case Closure Summary with the application.

Has the site engaged in a local Voluntary Assistance Program (VAP)?

Are response actions required as part of the site development process? If yes, response action costs must be incurred after site closure.

List any other regulatory agencies not already mentioned above that the applicant will work with to conduct response actions during the site development process. Include the regulatory agency name, contact name, phone number and email.

Date of construction for site development or scheduled date to begin construction

# **History of Response Actions**

Provide a summary of the response actions to date from the discovery of the unauthorized release to the present.

#### **Site History**

Note: Co-applicant(s) must also complete the following section. Make additional copies if necessary. If multiple applicants are filing, indicate which applicant is completing the following section.

**Applicant** 

**Co-Applicant** 

If the applicant is a property owner, provide the date the site was acquired

Identify person(s) from whom the property was acquired

Name

Address

To the best of applicant's knowledge, list the history of all property owner(s), UST owner(s) and UST operator(s). Identify if any applicant has any affiliation with any entity identified below. Include the time period, property owner, UST owner, UST operator and the affiliation with the applicant.

#### **Eligible Site**

The principal source of contamination is from a petroleum UST(s)

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Note: Co-applicant(s) must also complete the following section. Make additional copies if necessary. If multiple applicants are filing, indicate which applicant is completing the following section.

Applicant

Co-Applicant:

Did the applicant cause, contribute to, or exacerbate the unauthorized release from the UST(s)?

Is the applicant an affiliate of any person who caused or contributed to the unauthorized release from the UST(s)?

If applicant is/was the owner of the leaking UST(s) that caused the unauthorized release, and applicant did not properly remove, close, or permit the UST(s) within a reasonable period of time of UST ownership, provide reason why:

Summarize the reason(s) the applicant(s) and/or the site would not qualify for the UST Cleanup Fund Program (Fund). Please attach a copy of any claims or denials for the fund.

Identify the Fund Claim Number(s), if applicable

Is/are the applicant(s) current owners of the site? If the applicant is the property owner of the subject site, identify and submit property ownership documentation.

If the applicant is not the property owner of the subject site, explain the applicant's authority to access and perform response actions at the site that are the subject of this application. Please note: applicant(s) that are not current owners of the site may be eligible for grants for assessment work at the site, provided they have demonstrable legal access to the site, however such applicant(s) are not eligible for grants for cleanup work, unless the applicant is a public agency. See OSCF regulations, section 2814.25(b)(2), and application instructions for more information.

### **Responsible Party(ies)**

(In accordance with OSCF regulations, section 2814.24, applicant must demonstrate that there is no "financially responsible party.") This includes both named and potentially responsible parties. Attach additional page(s) if necessary.

Known Responsible Party(ies)

Identified by Regulatory Agencies. Include the responsible party name, mailing address, applicant's action taken and responsible party's response.

#### Potentially Responsible Party(ies).

Include the responsible party name, mailing address, applicant's action taken and responsible party's response.

Check all boxes that apply (see application instructions):

None of the known or potentially Responsible Party(ies) can be located.

Known or potentially Responsible Party(ies) located and the Responsible Party Worksheet(s) completed.

Known or potentially Responsible Party(ies) located and the applicant made reasonable efforts to obtain information to evaluate the financial viability of those party(ies).

The applicant is the only Responsible Party named by the regulatory agency and there are no other Potentially Responsible Parties.

Site Closed – Response work required as part of the site development process

#### **Priority Score**

The priority of applications will be based on the date the application is received. Pursuant to OSCF regulations, section 2814.27, subdivision (c), if sufficient funding is not available, the OSCF program will calculate a priority score to rank the application based on the items listed below:

Is the unauthorized release of petroleum located within 1000 feet of a drinking water well or a surface water body used as a source of drinking water?

Is the site located in a census tract with median household income of less than 80 percent of the statewide median household income based on the most recent census data collected by the United States Census Bureau?

Applicable census tract number:

Does the proposed project have the potential to result in development of affordable housing or infill development?

Applicant must submit supporting documentation for "yes" responses to the above questions. (See Application Instructions.)

#### **Application Certification**

Each Applicant/Co-Applicant Hereby Certify That:

Applicant is entitled to submit an application to the Orphan Site Cleanup Fund Program.

Petroleum contamination from an underground storage tank is the principal source of contamination at the site.

A financially viable known or potentially Responsible Party has not been identified to pay for response actions to remediate the subject site.

Applicant understands that all work at the site must be in compliance with applicable corrective action requirements established pursuant to Health and Safety Code chapter 6.7 and implementing regulations and that work cannot be conducted without the approval of the appropriate regulatory agency.

Applicant understands that the State Water Resources Control Board (State Water Board), at its option, may require the transfer and assignment to the State of California of any and all rights which the applicant may have to recover response costs from any person responsible for the unauthorized release.

Applicant understands that all records pertaining to the application must be retained for a period of at least three years from the date of the final payment from the Orphan Site Cleanup Fund. All such records will be made available to the State Water Board or any designated representative thereof upon request.

Applicant understands that all reimbursements made pursuant to the application are subject to audit by the State Water Board or any representative thereof. Applicant will reimburse the State Water Board for any costs disallowed pursuant to such an audit.

### **Applicant Verification and Signature**

Note: All individuals signing this Certification on behalf of the Applicant/Co-Applicant, represent and warrant that they are authorized to do so on behalf of the respective party pursuant to a valid Power of Attorney or as the entity's authorized signatory.

As the undersigned applicant(s) to the Orphan Site Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this application are true and correct to the best of my (our) knowledge and belief. (See Cal. Code of Regs., tit. 23, § 2814.34.)

Executed at						
On this	Day of	20				
Applicant Si	gnature					
Applicant Printed Name						
Co-Applicar	nt Signature					
Co-Applicant Printed Name						