

BEEN MET:

PHYSICAL ADDRESS:
STATE WATER RESOURCES CONTROL BOARD
DIVISON OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
1001 I STREET
SACRAMENTO, CA 95814

PERMIT WAIVER REQUEST FORM FOR CLAIMS FILED ON AND AFTER JANUARY 1, 2008

	CLAIM NO.:	
CLAIMANT NAME:		
SITE ADDRESS:		
Access to the Underground Storage Tank Cleanup (Fund) requires per satisfied if the claimant obtains a UST permit under Health and Safety claimant became subject to UST permitting requirements or when the UST permits, whichever is later. If a Fund claimant acquires real propedespite reasonable diligence, the claimant was unaware of the UST at the claimant can demonstrate permit compliance if the claimant obtain period of time, not to exceed one year, from when the claimant should the local agency began issuing UST permits, whichever occurs later.	Code (H&SC) section 25284 when the applicable local agency began issuin erty where a UST is situated, and the time the real property was acquired a UST permit within a reasonable	he g red,
Claimants who are subject to the permit requirement but failed to comp State Water Resources Control Board (State Water Board) to waive the eligibility. Where the State Water Board grants the waiver, the deductive responsibility) is increased and the amount of the increased deductible complied with UST permitting requirements or UST closure requirements claim. Claimants who complied with UST permitting requirements or of December 22, 1998, must pay twice the amount of deductible that would Claimants who comply after December 22, 1998, must pay a deductible would otherwise apply to the claim.	e requirement as a condition for ble (level of required financial depends upon when the claimant ents for the UST that is the subject of the losure requirements before all otherwise apply to the claim.	
I,		

1. The claimant was unaware of the requirement to obtain a permit under H&SC section25284, and upon becoming aware of the permit requirement, the claimant complied with H&SC section 25284 (UST permitting requirements) or H&SC section 25298 (UST closure requirements) within a reasonable period, not to exceed one year, from when the claimant became aware of the permit requirement.

DOCUMENTATION: **Provide** a brief history of the UST(s) and an explanation as to why the claimant did not obtain UST permits when the claimant became subject to permitting requirements (when the claimant became the owner and/or operator of the USTs or when the local regulatory agency began issuing UST permits, whichever occurred later). Explain when and how the claimant became aware of the requirement to obtain a permit to own or operate the UST(s) and when the claimant obtained a UST permit under H&SC section 25284 or closed the UST under H&SC section 25298.

PERMIT WAIVER REQUEST FORM FOR CLAIMS FILED ON AND AFTER JANUARY 1, 2008

2. Prior to filing a claim, the claimant has complied with the financial responsibility requirements of section 25299.31 of the 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.

OL A 18 4 A 8 1 T 8 1 A 8 4 T

DOCUMENTATION: If you owned or operated the UST(s) at the time of submitting the claim application, **attach** a copy of the permit to own or operate the UST(s) and verification that permit fees are paid or a copy of the application to the 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 UST fees imposed by section 25299.41 of the H&SC, due on and after January 1, 1991 for the USTs that are the subject of this claim.

DOCUMENTATION: If any of the USTs owned or operated had product placed in them on or after January 1, 1991, provide proof of payment of fees. (For additional information regarding this fee, visit the Board of Equalization's website at www.boe.ca.gov or call 1-800-400-7115.)

CLAIMANT NAME:	
CLAIMANT SIGNATURE:	DATE:
JOINT CLAIMANT NAME:	
JOINT CLAIMANT SIGNATURE:	DATE: