## PST Trust Fund Eligibility Application

Utah Department of Environmental Quality Division of Environmental Response and Remediation Petroleum Storage Tank Trust Fund

Were tanks in compliance when leak was detected?								
LUST Release Number:		Facility ID Number:						
Applicant Name (please print)			Signature			Date		
Mailing Address								
City			State	Zip	Telephone ( )			
Applicant is a:         Tank System Owner         Facility Owner         Tank System Operator         Land Owner (Must demonstrate authority to file claim)								
If the tank system owner or operator, the facility owner, or owner of the land on which the tank system is located is different than the applicant shown above, complete the appropriate spaces in this portion of the form.	<ul> <li>Tank System Owner</li> <li>Facility Owner</li> <li>Tank System Operator</li> <li>Land Owner</li> </ul>							
	Mailing Address							
	Telephone							
	Dates of Ownership							
	From To							
Name of facility where the release occurred:								
Facility Address:								
Contact person at the facility:			Telephone ( )					
Date Release occurred or was discovered:			Date release was reported to the DERR:					

Number of tank systems that contributed to the release at the site (attach additional sheets if needed).								
Tank Number	Tank Volume	Product	Installation/Closure Date					
Is this release covered under independent insurance?								
□ Yes (if yes, please submit a copy of your insurance policy) □ No								
Number of tank systems that were or will be removed during the course of this site cleanup?								
How was the release confirmed? (Attach a brief summary that includes laboratory analysis, field instrument readings, visual observations, tank tightness test results, etc.)								
Is there evidence of a previous release? If so, describe how the release was determined.								
Was the release caused by a third party? If so, explain the circumstances and provide the name, address, and telephone number of the third party and the third party's insurance company.								
Have you received any reimbursement or offers of reimbursement from a third party or a third party's insurance company? If so, how much and when was it received?								
Have you signed a release? Utah Code Ann. 19-6-426(7) prohibits responsible parties from doing anything that may prejudice the right of the State to recover from third parties.								