ELTF ELIGIBILITY APPLICATION FOR UST DECOMMISSIONING/REPLACEMENT

State Form XXXXX (R0 / DRAFT)

Facility ID

INSTRUCTIONS: *Submit this form when applying for an eligibility determination. SUBMITTAL INSTRUCTIONS: E-mail completed form and any additional information (optional) to the following: ELTFEligibility@idem.IN.gov*

SECTION 1 - APPLICANT INFORMATION (OWNER)

Name of Applicant	Owner # of Tanks (as billed) ☐ 1 to 12 ☐ 13-100 ☐ Over 100
Mailing Address (Number and Street)	
Mailing Address (Line 2)	City, State, Zip Code
Applicant Contact	Contact Title
Contact E-mail Address	Contact Telephone Number *(with Area Code)*

SECTION 2 - SITE INFORMATION

Name of Facility	# of USTs currently on site
Facility Address (Number and Street)	City, State, ZIP Code

SECTION 3 -PROPOSED USTS FOR DECOMMISSIONING

UST#	Install Date	Capacity	Substance	Lined Steel	First Generation Fiberglass	> 30 years	Other
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

SECTION 4 - PROPOSED REINSTALLATION OF USTS

UST #	Compartment 1 Capacity	Compartment 2 Capacity	Compartment 3 Capacity	Compartment 4 Capacity
1				
2				
3				
4				
5				

SECTION 5 - SIGNATURE OF OWNER OF THE TANK(S) OR ATTORNEY-IN-FACT

I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application. *Please check the box below and submit proper documentation if signing under a Power of Attorney for the owner.*

Signature of Owner of the Tanks or ☐ Attorney-in-Fact			Date Signed *(mm/dd/yyyy)*
Mr./Ms.	Print Name	Title	Company