

**ELTF Eligibility Application Instructions for  
50% Reimbursement of Costs Related to  
Decommissioning or Replacement of Qualified USTs**

**June 22, 2023**

This *ELTF Eligibility* application will be evaluated to determine if the tanks specified on the form qualify for the 50% reimbursement program for underground storage tank (UST) decommissioning or replacement. **For the purposes of this program, the applicant must be the owner of the tank.** If the applicant does not match IDEM's records regarding ownership, the application will be denied. Owners should ensure that State Form 45223, Notification for Underground Storage Tank Systems, has been properly updated and completed with appropriate backup to avoid such denials.

**Facility ID**

Enter the FID number in the upper right corner of the form.

**Section 1: Applicant Information**

Enter the applicant (current owner of the UST) name and address. Check the appropriate box to indicate the total number of tanks owned across all facilities. (UST annual fees are invoiced by owner according to IDEM records, with a line item for each facility and the number of regulated tanks per facility identification number (FID), as of January 1 of the year the tank fee is due. However, IDEM will verify this number prior to actual claim reimbursement for purposes of complying with statutory fiscal year reimbursement maximums based on number of tanks owned.) The contact person information should be the person authorized to sign for the UST owner.

**Section 2: Site Information**

Facility address for the site where the tanks are located which are to be evaluated for this program. If the wrong FID or address is listed, this will delay the processing of the application and may result in denial.

**Section 3: Proposed USTs for Decommissioning/Replacement**

Complete a line for each UST proposed for decommissioning at this site. Use IDEM's numbering, if known. The install date, capacity, and substance will allow IDEM to match the tank to our records. If the justification for eligibility is "Other", you must provide additional information as necessary to show that decommissioning or replacement is

necessary to protect human health and the environment considering the age, obsolescence, and level of deterioration of the tank.

If necessary, additional tanks can be added as an attachment to the application.

#### **Section 4: Proposed Reinstallation of USTs**

Complete this section, for facilities where replacement is planned.

If necessary, additional tanks can be added as an attachment to the application.

#### **Section 5: Signature**

The owner signature must be the person who is authorized to sign for the owner entity or the person who owns the tanks in their personal capacity. The signature contact information is required to be included in Section 1.

#### **Attachments to the Eligibility Form**

IDEM requests the following items be included:

- Section 3 "Other" Justification
- Current Facility Site Map
- Future Facility Site Map

#### **Document Submittal Guidelines**

Submit completed form and any additional information (optional) to the [ELTFEligibility@idem.IN.gov](mailto:ELTFEligibility@idem.IN.gov) in a pdf format.

Subject line: FID# **XXXX** 50% Eligibility Application