



DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION

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Frederiksted
St. Croix, VI 00840
(340) 773-1082

Cyril E. King Airport
Terminal Building, 2nd Floor
St. Thomas, VI 00802
(340) 774-3320

APPLICATION FOR PERMIT TO USE/OPERATE UST SYSTEM

TYPE OF ACTION [] 1. NEW PERMIT [] 2. RENEWAL PERMIT [] \$500 APPLICATION FEE PAID (Account NO: RV 4421)
(400)

I. FACILITY / SITE INFORMATION

BUSINESS NAME FACILITY ID# (For Office Use)

LOCATION OF TANK (Address) (401) FACILITY OWNER TYPE (402)

BUSINESS TYPE [] 1. GAS STATION [] 2. COMMERCIAL [] 3. PARTNERSHIP [] 4. LOCAL/PUBLIC AGENCY* [] 5. OTHER

TOTAL NUMBER OF TANKS (404) Is facility on Government Property? [] YES [] NO (405) * If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records) (406)

FACILITY INFORMATION [] 1. EPA-FORM 7530-1 (9-98) ATTACHED [] 3. PARCEL ID No: [] 4. FILED UST @ RECORDER OF DEEDS [] 2. SITE PLAN ATTACHED

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME (407) PHONE (408)

MAILING ADDRESS (409)

CITY (410) STATE (411) ZIP CODE (412)

PROPERTY OWNER TYPE [] 1. CORPORATION [] 3. PARTNERSHIP [] 5. OTHER [] 2. INDIVIDUAL [] 4. LOCAL AGENCY (413)

III. TANK OWNER INFORMATION

TANK OWNER NAME (414) PHONE (415)

MAILING ADDRESS (416)

CITY (417) STATE (418) ZIP CODE (419)

TANK OWNER TYPE [] 1. CORPORATION [] 4. LOCAL AGENCY [] 2. INDIVIDUAL [] 5. OTHER [] 3. PARTNERSHIP (420)

IV. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) [] 1. SELF-INSURED [] 3. INSURANCE [] 5. EXEMPTION [] 2. GUARANTEE [] 4. LETTER OF CREDIT [] 6. OTHER (422)

V. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notification and mailing. (423) Legal notification and mailings will be sent to the tank owner unless box 1 or 2 is checked. [] 1. FACILITY [] 2. PROPERTY OWNER [] 3. TANK OWNER

VI. APPLICANT SIGNATURE

Certification - I certify that the information provided is true and accurate to the best of my knowledge. (424)

SIGNATURE OF APPLICANT DATE (424) PHONE (425)

NAME OF APPLICANT (Print) (426) TITLE OF APPLICANT (428)

1998 UPGRADE NUMBER (For Local Use Only) (429) () APPROVED () DISSAPPROVED Certificate MAILED DELIVERED