

Colorado Department of Labor and Employment Division of Oil and Public Safety – Petroleum Storage Tank Fund 633 17th Street, Suite 500

Denver, CO 80202-3610

Phone: 303-318-8525 Fax: 303-318-8488 Email: cdle_pstreimbursementapps@state.co.us Web: www.colorado.gov/ops

Request for UST Removal Reimbursement

(Revised 12/9/2019)

This form should be used when an applicant is applying for reimbursement for UST removal in accordance with PSTC Policy 29. Cost should not exceed \$1 per gallon of UST volume removed, up to a maximum of \$30,000 per facility.

Conditions of UST Removal Reimbursement are as follows.

- The Division of Oil & Public Safety (OPS) will determine the total UST volume removed based on the tank registration or other records.
- UST(s) must have been installed prior to August 2008
- Reimbursement is only available to owners or operators of active UST systems, and property owners with abandoned or orphaned tanks, who are eligible to participate in the Fund.
- Applications for UST Removal reimbursement must be submitted within 90 days of tank closure, or within 90 days of the effective date of Policy 29.

Document Information

The applicant must be in compliance with permanent tank closure requirements, including notification and assessment.
Annlicant Information

				, .pp						
Applicant Name:				Owner ID						
Applicant Email	:									
Applicant Mailing Address:			Street:							
			City:	State:					ZIP:	
Applicant Repre	esentative	Name:								
Applicant Representative Email:										
Facility Name:			Facility ID							
Facility Address:			Street:							
			City:	State					ZIP:	
Removed Tanks										
	nk Capacity			Product Type	Closure Acknowledgement (ACK#)		Tank Removal Date		Closure Assessment Date	
	(Gallons)		2400	· · · · · · · · · · · · · · · · · · ·						
			Re	equired Docum						
Current W-9				Proof of Payment			Invoices			
				Document Ir						
				oices that document	1					
Invoice #	lr	Invoice Date		Amount Paid	Invoice #		Invoice Date		Amount Paid	
Applicant Certification										
I hereby certify that the foregoing information is correct to the best of my knowledge, information and belief. I understand that										
there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false or failing to disclose a material fact with the intent to defraud.										
Taise of Tailing to		i aterial l	act with th							
Printed Name:							Title:			
Signature:							Date:			



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Guidance and Instructions: Completing the Request for UST Removal Reimbursement Application

The "Request for UST Removal Reimbursement Application" must be used when an applicant is applying for reimbursement for UST removal in accordance with PSTC Policy 29. Please always download the application from our website to ensure you are using the most current application form.

Applicant Demographic Information					
Applicant Name:	This is name of owners or operators of active UST systems, or property owners with abandoned or orphaned tanks. The Applicant can be a sole proprietor or individual, a corporation, partnership or Limited Liability Company.				
Owner ID:	This is the number established by OPS at either registration or when OPS became aware that an owner has Fund eligible tanks.				
Applicant Email:	This is the method of communication for Acknowledgement and Deficiency Letters and the Incentive Payment Report. This is usually the owner/applicant contact who is knowledgeable with or accountable for the application.				
Applicant Mailing Address:	This is location where applicant's business mail is received.				
Applicant Representative Name:	If applicable, this is the individual, a corporation, partnership or Limited Liability Company who represents the interests of the applicant. In many instances, they actually assemble and complete the application.				
Applicant Representative Email:	This is the contact, employed with the Applicant Representative, who is knowledgeable or responsible for the application.				
Facility Name: Facility ID:	This is the facility's name of record at OPS. This is the facility number established by OPS at either registration or when OPS became aware that there is a facility with Fund eligible tanks.				
Facility Address:	This is the physical location where the Fund eligible tanks are located.				
	Removed Tanks Data				
Tank #:	This information can be found at the Colorado Storage Tank Information System (COSTIS) website. The website can be functionally accessed by using the Internet Explorer browser. The website link is https://opus.cdle.state.co.us/OIS2000/ . At the website, click "Facility". Under the "Facility Search" tab, enter				
Tank Capacity:	the known information in the box next to the description of the requested information, i.e. Facility Name, Facility ID, etc. Clicking the Facility ID link is the best path, as it will take you directly to the facility page. At the facility page, click the "Tanks" tab. All the information needed, for the items noted on the left, are located				
Install Date:	under the "Tanks" tab. The applicant must be in compliance with permanent tank closure requirements, including notification and				
Product Type:	assessment, before they can apply for UST removal reimbursement. After receipt and review of the "Notice of Intent to Permanently Close Storage Tank Systems …" OPS emails the applicant a Closure Acknowledgement.				
Closure Acknowledgement (ACK#):	This is the number located in the upper right corner of the "Closure Acknowledgement" correspondence.				
Tank Removal Date	This is the date the tanks were physically removed.				
Closure Assessment Date:	The site assessment begins with the collection of laboratory analytical data. The date that these samples are collected is the Closure Assessment Date. Samples are normally collected the same day the tanks are removed.				

Copies of the Closure Acknowledgement Letter and Assessment Data Sending copies of these items are not necessary. The Applicant's compliance regarding the closure notice and assessment will be of record.

Timelines							
To be eligible applications for UST Removal reimbursement must be submitted within 90 days of tank closure. Reimbursement of tank removal costs is not contingent on the presence or absence of contamination. If the tank closure assessment does not identify a release, the assessment must be submitted within 30 calendar days of the tank closure. If this assessment is submitted at the 30 calendar days, 60 days remain for the submittal of the UST Removal reimbursement application. If the tank closure assessment does identify a release, by sample analyses, a confirmed release must be reported. A tank closure assessment that results in a confirmed release in this way is considered sufficient for the submittal of the UST Removal reimbursement application only. The required Site Characterization Report may utilize submittal to OPS within 180 days of the release discovery.							
Required Documents							
Current W-9:	The Applicant must submit a Colorado form W-9; email the Fund Section to request the form, cdle fund@state.co.us.						
Proof of Payment:	Acceptable forms of Proof of Payments are a copy of a cancelled check (both sides); Proof of Electronic Funds Transfer from the financial institution; or fully executed Affidavit: Proof of Payment (found on the OPS website). OPS needs to be able to tie the payment to the tank removal costs, i.e. if tank removal costs are \$26,000 which is part of a larger invoice of \$58,000, the proof of payment could be for \$58,000, with an audit trail depicting that the \$26,000 being paid.						
Invoices:	If tank removal costs were invoiced separately, only that invoice needs to be submitted. If tank removal costs were invoiced with other items (i.e. installation), then the entire invoice needs to be submitted, with tank removal costs isolated and highlighted. The tank removal invoice, invoices, or part of a greater invoice, must be reconcilable to the respective Proof of Payment(s).						
Document Information							
Invoice #:	This is the number on the tank removal invoice. This is important when there are several invoices or partial tank removal costs on several invoices. It helps identify and clarify invoices, creating an audit trail.						
Invoice Date:	This is the date on the tank removal invoice. It helps as same as noted in Invoice #.						
Amount Paid:	This is the total dollar amount of the actual tank removal costs. If tank removal costs were \$50,000. This is the amount to be entered in "Amount Paid", regardless if only \$30,000 is eligible because three 10,000-gallon tanks were removed. Conversely, if allowable tank removal costs were \$25,000 and three 10,000-gallon tanks were removed. \$25,000 is the amount to be entered in "Amount Paid".						
	Allowable Costs						
Line Item and Scope of Work:	UST tank removal cost invoices need to be task specific and not lump sum. An example of task specific is Task Description, Quantity, Unit, Rate, Dates of Service and Dollar Amount. It is necessary to have a breakdown of costs by removal tasks so the Fund can gauge if these costs are reasonable. A lump sum amount can mask a multitude of disallowed costs. The scope for an individual tank removal contract is unique, based on the UST system and location. While there is commonality of certain tasks within the scope of work, each tank removal contractor has their own particular task apportionment. It is required that OPS have this task itemization for review, i.e. concrete						
	removal, excavation, tank removal, tank disposal, etc.						
What are Allowable Tank Removal Costs?	Fund eligible tanks, lines & dispensers; concrete removal (over the tank pit); minimal residual tank sludge; tank disposal and tank pit backfill, using the removed overburden (non-petroleum impacted soil).						
Applicant Certification							
Signature:	The Applicant's signer must be a proper signatory, legally binding themselves and/or the organization to the "Applicant Certification". These signatory requirements are the same as completing an Original or Supplemental Reimbursement Application. For more details, the requirements can be viewed in the "Signature Requirements" tab in the Original or Supplemental workbook, located at the OPS website under forms.						