

Iowa Comprehensive Petroleum Underground
Storage Tank Fund Program
UST CLOSURE CLAIM FORM

PLEASE COMPLETE THIS FORM, SIGN IT, HAVE IT NOTARIZED, AND ATTACH ALL NECESSARY DOCUMENTATION

1. Name of Business or Individual applying: _____

Indicate if Corporation, partnership, or individual: _____

2. Mailing Address (street, city, zip) _____

Location of UST(s) (if different from above) _____

Iowa DNR Site Registration No. _____

Contact Name _____ Phone # _____

Contact email: _____

3. Are you the present owner of the UST(s) to be closed? Yes _____ No _____

If No, please explain your relationship to the site: _____

4. Do you own the land where tank is located? Yes _____ No _____

5. If you do not own the UST, has the owner's permission been secured? Yes _____ No _____
(provide copy of authorization)

6. Were the tank(s) used for heating purposes for on premises consumption? _____

7. Were the tank(s) used to fuel a standby power generator? _____

8. Was the site used for commercial, residential, or farm purposes? _____

9. List the number and size of the UST(s) proposed to be closed and product stored in each
tank (if you do not know, please indicate): _____

10. Attach an itemized estimate for the closure of the tank(s) if not previously provided.

[**NOTE: PRIOR BUDGET APPROVAL IS MANDATORY**]

Iowa Comprehensive Petroleum Underground
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UST CLOSURE CLAIM FORM (cont.)

PLEASE NOTE: In order to process your claim, provide the complete name and Federal Tax identification number or social security number used to file taxes for the claimant (identified on line 1):

NAME _____ **FIN/SS #** _____
Print Business or Individual Name matching Federal Tax or SS Number.

- Provide an IRS W-9 Form for the business or entity named

Claimant certification

The above answers are true and correct to the best of my knowledge:

Date _____ X _____
Printed Name

X _____
Signature

Notary Public Signature

My Commission expires the _____ day of _____, year _____.

A form not notarized will be returned.

Iowa UST Fund – Tank Closure Application Checklist:

To be considered for approval, the following must be turned into the Fund Board office:

1. Completed Application, signed and notarized.
2. IRS W-9 Form
3. Proposed scope of work and project estimate. Project estimates must be itemized sufficiently to identify costs for the UST closure (removal or fill in place), UST cleaning, and required environmental sampling and reporting. **PRIOR BUDGET APPROVAL IS MANDATORY.**

Once complete, send materials to:

Mail: Iowa UST Fund Board
Attn: James Gastineau
502 E. 9th Street
Des Moines, IA 50319-0034

Questions: Contact James Gastineau, Administrator
Iowa UST Fund Program
Phone (515) 829-2770
Email: james.gastineau@dnr.iowa.gov
Alternate: USTFUND@dnr.iowa.gov