



Department of Natural Resources
and Environmental Control
Tank Management Section
391 Lukens Drive
New Castle, DE 19720
302-395-2500 (phone)
302-395-2555 (fax)
www.dnrec.delaware.gov/Tanks/

Application for Heating Fuel UST Closure Assistance Program

Please print or type. Fill out this application completely. Incomplete or illegible applications will be returned.

FC: 77A

Facility Information		Facility ID:
Facility Tax Parcel #		
Facility Street:		
City:	ZIP:	
Is this a residential or commercial facility? <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Applicant Information		
Applicant Name:	Home/Business Phone:	
Street:	Cell Phone:	
City: _____ State: ____ ZIP: _____	Email:	
Underground Storage Tank (UST) Information		
What is the capacity of the UST in gallons? :		
What was/is stored in the UST? (i.e. heating oil, kerosene) :		
Is the UST still in use? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, when was the UST last used, and by whom? :		
Did you ever use or operate the UST to provide heating fuel at the above referenced facility? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What does the UST contain today? (I.e. fuel, sand, concrete, waste, etc.) : If filled with concrete/sand, please provide the date the UST was filled and by whom? :		
Please describe the UST location (front yard, back yard, etc.)? : Is the UST within a fenced yard? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What type of surface is over the UST? (i.e., asphalt, grass, concrete, etc.) :		
Sketch of UST location? Please show UST location in relation to house/building and street(s).	Utilities Adjacent to or Servicing the Facility (check all that apply) <input type="checkbox"/> Overhead Electric <input type="checkbox"/> Underground Electric <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Septic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Private Well Water <input type="checkbox"/> Natural Gas <input type="checkbox"/> Underground Cable, Phone or FIOS	
Are you aware of a release or spill from the UST(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide release date, amount and type product released and attach any analytical data. :		
I, the undersigned, hereby certify that I am the current owner of the above referenced facility and that information provided in this application is true and correct. I warrant and represent that all other record owners (in fee simple, tenancy and/or estates) consent to submission of this application for the Heating Fuel UST Closure Assistance Program.		
Signature of Applicant:	Date:	
Name (please print) :		