STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
EMERGENCY RESPONSE AND STRATEGIC SERVICES
391 LUKENS DRIVE
NEW CASTLE, DE 19720
TELEPHONE: (302) 395-2500
FAX: (302) 395-2555

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 Address:			
City:	ZIP:		
Is this a residential or commercial facility? ☐ Residential ☐ 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? ☐YES ☐ 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? ☐YES ☐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? ☐YES ☐ 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) ☐ Overhead Electric ☐ Underground Electric ☐ Public Sewer ☐ Private Septic ☐ Public Water Supply ☐ Private Well Water ☐ Natural Gas ☐ Underground Cable, Phone or FIOS
Are you aware of a release or spill from the UST(s)? ☐ YES ☐ 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):	