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
http://www.de.gov/tankassistance

# Underground Storage Tank System Compliance Assistance Rebate Program
# Rebate Pre-Approval Application

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

FC: 79

| **Facility Information** | | | Facility ID# |
|---|---|---|---|
| Facility Name: | | | |
| Facility Street Address: | | | |
| City: | ZIP: | | |

| **Applicant Information** | | | |
|---|---|---|---|
| Applicant Name: | | | Home/Business Phone: |
| Street: | | | Cell Phone: |
| City: | State: | Zip: | Email: |

## Required Document Submittal (applications will not be processed without the required documents)

☐ Signed Proposal/Executed Contract including costs for Upgrade/Retrofit/Installation Work with DE Certified UST Retrofit/Installation Contractor

☐ Completed UST Registration & Notification Form with Proposed UST System Retrofit/Installation and required documentation (i.e. product information, figures, etc.)

## Rebate Information

I am applying for the following rebates (check applicable boxes):

☐ Stage II Decommissioning w/ Stage I EVR ($10,000.00/facility)

☐ Stage II Decommissioning w/ Stage I EVR **AND** Containment Sump Upgrades ($12,500.00/facility)

☐ Containment Sump(s): number of sumps _____ ($2,500.00/sump)

## Applicant Declarations

Please initial next to each statement signifying that you agree:

____ I confirm that this facility meets the eligibility requirements for the UST System Compliance Assistance Rebate Program: a) Any business enterprise engaged in a personal service; and employs fewer than 50 persons; and has yearly gross receipts of less than $10,000,000.00; and is not owned, operated or controlled by another business enterprise; and b) Has no open enforcement actions with any Division within the DNREC; and c) For sump rebate, maintains non-liquid tight containment sumps.

____ I understand that rebate funding is limited and subject to availability and compliance with documentation submittal.

____ I understand and accept that rebate processing will take at least 6-8 weeks from the date the DNREC-DWHS receives a **completed** *UST System Compliance Assistance Program Rebate Request Form*.

____ I understand that incomplete applications will not be processed and submitting an incomplete application may result in loss of rebate due to limited funding availability.

____ I warrant and represent that all other record owners/operators (in fee simple, tenancy and/or estates) consent to submission of this application.

____ I understand that the UST System Compliance Assistance Rebate Program does not cover the costs associated with Corrective Action if a petroleum release is confirmed as a result of this upgrade, retrofit or installation work.

____ I hereby certify that I am the current owner or operator of the UST System at the above referenced facility or that I have been authorized to act on behalf of all other owners or operators of the UST system and that the information provided in this application is true and correct.

| Signature of Applicant: | Date |
|---|---|
| Name (please print): | |