



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? <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):			