

**Montana Petroleum Tank Release Compensation Board
Application for Petroleum Release Eligibility
Form 1-R**

Complete a form for each separate petroleum release from an underground or aboveground petroleum storage tank and/or associated piping at this facility that has been assigned a unique identification number by the Department of Environmental Quality (Department) pursuant to ARM 17.56.508. Submission of this form indicates that the owner or operator of the petroleum storage tanks will be requesting reimbursement for corrective action and/or third-party bodily injury or property damage costs for this specific release. This form consists of facility, ownership, insurance, petroleum storage tank, piping, and release information, a site diagram, notice of legal authority, and certification. If you require assistance, call 406-444-9710.

A. Facility/Release Information – Please record facility and release information.

<i>Facility Name:</i>	<i>DEQ Facility ID Number:</i>
<i>Street Address:</i>	<i>County:</i>
<i>City:</i>	<i>DEQ Release Number:</i>

B. Contact Information – Please record names of the tank owner, tank operator and property owner.

Tank Owner	Tank Operator
<i>Company Name:</i>	<i>Company Name:</i>
<i>Contact Name:</i>	<i>Contact Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City, State, Zip:</i>	<i>City, State, Zip:</i>
<i>Phone Number:</i>	<i>Phone Number:</i>
<i>Email Address:</i>	<i>Email Address:</i>

Property Owner (if different)

<i>Company Name:</i>	<i>Contact:</i>
<i>Address:</i>	<i>Phone Number:</i>
<i>City, State, Zip:</i>	<i>Email Address:</i>

C. Insurance Information – Upon the discovery of a petroleum release, each party responsible or liable for the release must immediately contact their insurance agent. This applies whether the party is accepting or denying coverage for the release. Note: According to Montana Code Annotated 75-11-307(5), qualifying insurance payments to an owner, operator, or third party, are considered toward satisfaction of the co-payment requirements and reimbursement by the Fund. The costs paid by an insurance provider must be documented in sufficient detail to enable the Board to determine if the costs paid are actual, necessary, and reasonable costs for remediation of the release. The Board must also receive a completed Owner/Operator’s Report of Insurance or other Third-Party Liability Form (PTRCB Form 7) before the first claim can be reimbursed.

Insurance Information:

What date did you have knowledge of this release?		
Do you have insurance that could pay for cleanup of release? Yes/No	Yes	No
What are your policy limits?		
What date did you report the release to your insurance agent?		
Have you attached the acceptance or denial notification from the responsible insurance provider?	Yes	No
Have you settled with your insurance provider?	Yes	No

D. Petroleum Storage Tank(s) Information - Complete for all tanks that are or were at this facility. If there are more than 5 tanks, this section may be printed and completed by hand.

Description by Tank	#1	#2	#3	#4	#5
Underground (U) or Aboveground (A)					
Capacity (Gallons)					
Substance currently or last stored - Gas (G); Diesel (D); Waste Oil (WO); Heating Oil (HO); Aviation (A); Other (Specify in Lower box)					
Tank material (fiberglass (F), bare steel (BS), cathodically protected steel (CPS), Fiberglass (FRP), Concrete (C), Clad (clad), Poly Tank jacket (PTJ)					
Date tank installed (Mo/Yr)					
Date tank last used (Mo/Yr)					
Is tank currently in use? (Yes/No)					
Was tank removed from the ground? (Yes/No)					
If removed from ground, when? (Mo/Yr)					
Was tank closed in place? (Yes/No)					
If closed in place, when? (Mo/Yr)					
Is/was the tank designed and constructed with rigid inner and outer walls, separated by an interstitial space that is/was capable of being monitored for leakage? (Yes/No)					
Where is/was the tank located? Farm (F), ranch (R), residential (RES) or commercial property (C)					
Is/was the tank used to store heating oil which is/was consumed on the premises? (Yes/No)					
Is/was the tank located at a refinery, terminal of a refiner or oil and gas production facility? (Yes/No)					
Is/was the tank owned by or exclusively used by an agency of the federal government? (Yes/No)					
Is/was the tank mobile and used to transport petroleum or petroleum products from one place to another? (Yes/No)					
Is the tank now or was it ever owned by or under the control of a railroad? (Yes/No)					
Is this property where tanks are/were located leased from a railroad? (Yes*/No)					
Was the tank operated by a lessee of the railroad in the course of non-railroad operations? (Yes/No)					
Is/was this release from the tank? (indicate the tank from which you believe this release occurred - include spills and overfills, using Yes/No/Unknown)					

*If yes, copies of present and past property leases or other documentation deemed acceptable by Board staff that would indicate a history of ownership of tanks must be included for the eligibility form to be considered complete.

E. Piping Information – Complete for the piping associated with the tank(s) included in Section D.

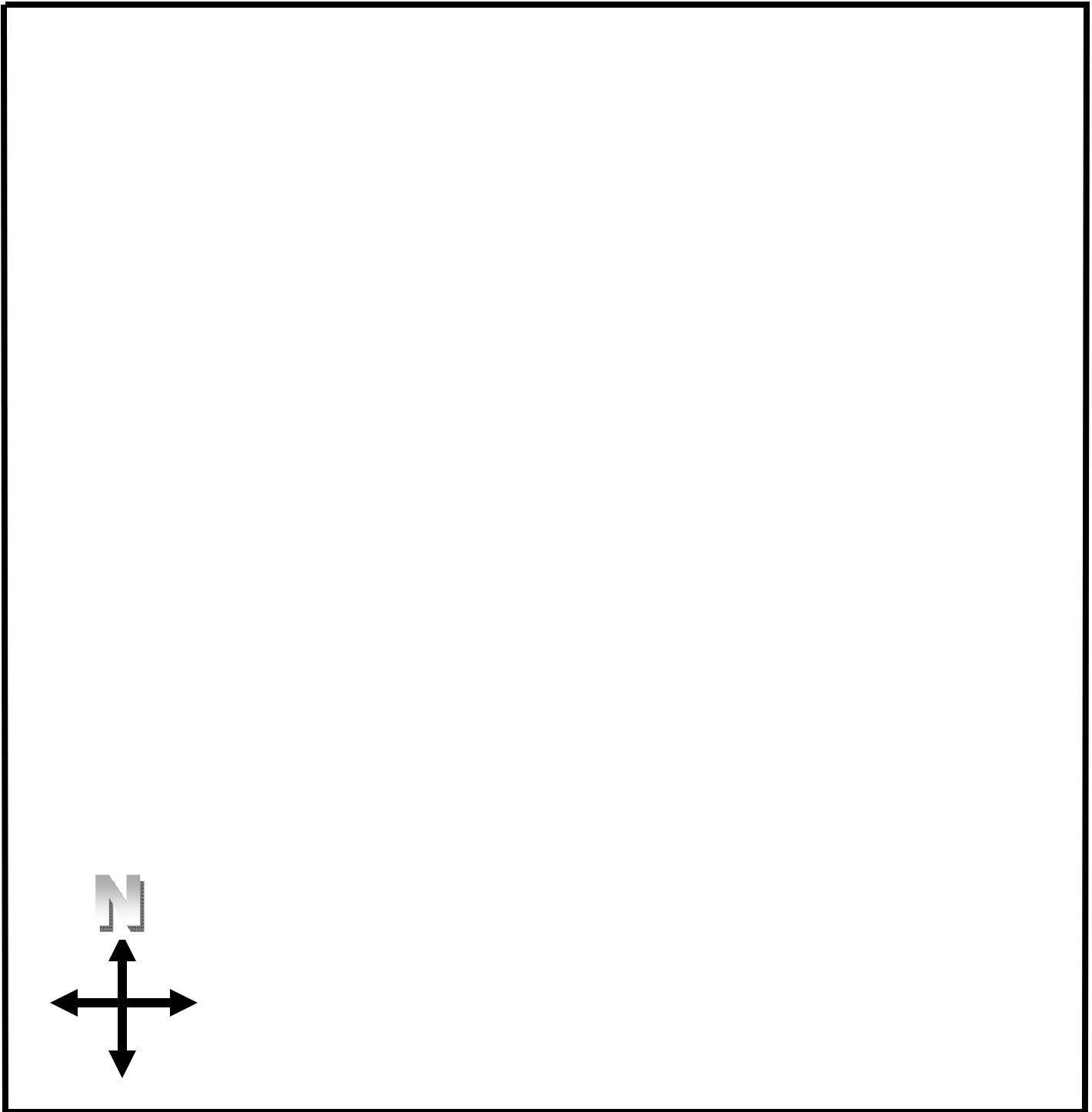
Description by Tank Systems	#1	#2	#3	#4	#5
Piping type - Pressure (P) or Suction (S)					
Underground (U) or Aboveground (A)					
Piping material constructed of: (fiberglass (FRP), bare steel (BS), cathodically protected steel (CPS), Flex (F),					
Is piping currently in use? (Yes/No)					
Date piping was last used (Mo/Yr)					
Is/was the piping removed from ground? (Yes/No). If yes, when (Mo/Yr) in lower box.					
Is/was piping closed in place (Yes/No)? If closed in place, when? (Mo/Yr)					
Is/was the pipe designed and constructed with rigid inner and outer walls separated by an interstitial space that is capable of being monitored for leakage? (Yes/No)					
Is/was this release from the piping? (indicate the piping system from which you believe this release occurred using Yes/No/Unknown)					

F. Release Information – "Release discovery date" means the earliest of: (a) the date of discovery by an owner or an operator of any of the conditions set forth in ARM 17.56.502(1), provided that a release is confirmed in any manner provided in ARM 17.56.504 or 17.56.506 after the condition is discovered; (b) the date that the owner or operator had actual knowledge of a release; or (c) the date that the release is confirmed in any manner provided in ARM 17.56.504.

When was this release discovered (mm/dd/yyyy)?	
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Comments or Additional Information:

G. Petroleum Storage Tank(s) Information - Complete a facility site diagram for all components of all the tank systems located at the facility, regardless of which tank system was the source of this DEQ numbered release. Please include buildings and other features of the facility.



H. Notice of Legal Authority – The considerations of eligibility by the Board are controlled by Title 75 Chapter 11 Part 5, and Title 75 Chapter 11 Part 3, Montana Code Annotated and Administrative Rules of Montana (ARM) Title 17 Chapter 56 and Title 17 Chapter 58. The Board will only determine eligibility for reimbursement of costs associated with a release that has been assigned a unique identification number by the Department pursuant to ARM 17.56.508.

I. Certification - Have you, as the owner/operator of the tank that leaked, been convicted of a substantial violation of state or federal law or rule that relates to the installation operation, or management of petroleum storage tanks?

___ Yes ___ No

I, the owner or operator of this facility, certify the information contained within this form is true and correct. I fully understand that any fraudulent or erroneous information may jeopardize the eligibility for reimbursement from the Petroleum Tank Release Cleanup Fund for this specific release identified by the Department, as described under Section A of this document. With my signature, I acknowledge the legal authority contained in this document, and authorize the Petroleum Tank Release Compensation Board to verify the information contained within this form.

Tank Owner or Operator Signature

Tank Owner or Operator name (Typed or printed)

Date

State of _____	
County of _____	
Signed and Sworn before me on _____ by _____	
(SEAL)	_____ Notary Public
	_____ Printed or typed
	Notary Public for the state of _____
	Residing at _____
	My Commission Expires _____

Submit completed form to:
Petroleum Tank Release Compensation Board
PO Box 200902, Helena, MT 59620-0902