

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

Complete this form if there has been a petroleum release from an underground or aboveground petroleum storage tank and/or associated piping at this facility. 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. *This form consists of owner/operator and facility information, petroleum storage tank information, piping information, site diagram and certification.* If you require assistance, call 406-444-9710.

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

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

B. Facility 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>

C. INSURANCE INFORMATION – Owners or operators of petroleum storage tanks should contact their insurance agent upon the discovery of a petroleum release. The Board requests written documentation from the insurance carrier accepting or denying coverage for the release. Note: According to Montana Code Annotated 75-11-307(5), qualifying insurance payments to an owner or operator paid **before** applying for reimbursement from the Fund are considered toward satisfaction of the co-payment requirements. 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 the release?		
Do you have insurance that could pay for cleanup of release?	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.

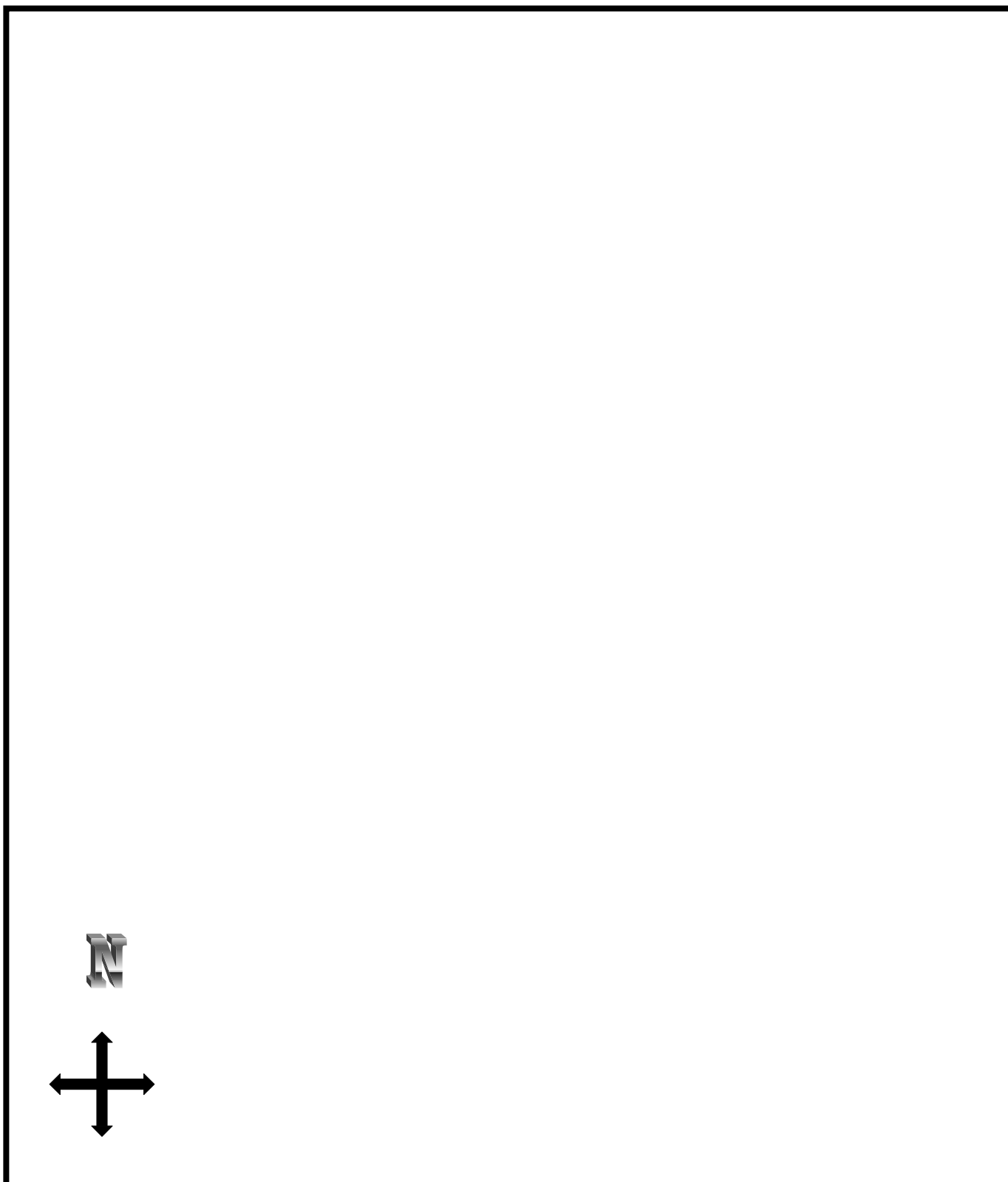
Description by Tank	#1	#2	#3	#4	#5
Underground (U) or Aboveground (A)					
Capacity (Gallons)					
Substance currently or last stored — Gas (G); Diesel (D); Waste Oil (WO); Heating Oil (HO); Aviation (A); Other(O) (Specify in lower box)					
Tank material -Fiberglass (F), Bare Steel (BS), Cathodically Protected Steel (CPS), FRP (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 the release from the tank? (Include spills and overfills) (Yes(Y) / No(N) / Unknown(U))					

*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 of Piping	#1	#2	#3	#4	#5
Piping type – Pressure (P) or Suction (S)					
Underground (U) or Aboveground (A)					
Piping material made of:(Fiberglass(FRP),Flex(F) BareSteel(BS),Cathodically Protected Steel(CPS))					
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) in lower box.					
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 release from the piping? (Yes(Y) /No(N)/Unknown(U))					
When did you have knowledge of the release? (Mo/Day/Yr) (mm/dd/yy)					

F. 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 the release. Please include buildings and other features of the facility.



G. 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 release. With my signature, I authorize the Petroleum Tank Release Compensation Board to visit the site, to verify the information contained within this form, at a time mutually agreed upon by both parties.

Tank Owner, Tank Operator or Property Owner Signature

Tank Owner, Tank Operator or Property Owner 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**