



IDAHO PETROLEUM STORAGE TANK FUND
1215 WEST STATE STREET
P.O. BOX 83720
BOISE, ID 83720-0044
(208) 332-8100 or 1-877-997-7664

FORM 1: GENERAL OPERATIONAL INFORMATION

Type of Application (Please check one): New Application Amended

SECTION 1: INSURANCE APPLICANT INFORMATION

Insurance Applicant Name _____
(THE NAME ENTERED WILL APPEAR AS THE NAMED INSURED ON THE INSURANCE POLICY)

Mailing Address _____

City _____ State _____ Zip _____

Phone (____)____-____ Fax (____)____-____ Email _____

Tax Identification Number _____

Contact Name _____ Title _____

SECTION 2: OPERATIONAL INFORMATION

1. Entity Type (Check most appropriate one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Co. (LLC) | <input type="checkbox"/> School District |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> State Dept/Agency | <input type="checkbox"/> Irrigation District |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> City or Municipality | <input type="checkbox"/> Independent Tax District |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> County | <input type="checkbox"/> Non-Profit Organization |

Other _____

2. Tank Owner/Operator Category (Check all those that apply.)

- Owner/Operator of 1-100 Underground Tanks
 Owner/Operator of 101 or more Underground Tanks
 Owner/Operator of Above Ground Tanks
 Non-marketer (consumption of 10,000 gallons per month or less)

3. Do you or a member of your business organization have an insurance policy with the Petroleum Clean Water Trust Fund? Yes No If yes, list the company name and policy number: _____



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FORM 2: SITE SPECIFIC DOCUMENTATION

Fill out a separate Form 2 for each site.

Notice: Petroleum Storage Tank Fund (PSTF) will return your application if the information is not complete.

Site/Facility ID#: _____ (Assigned by Idaho Department of Environmental Quality - IDEQ)

If no Site/Facility ID#, please provide date you applied for an ID#: ___/___/___

Existing Policy with PSTF? [] Yes [] No. If yes, Policy # _____

Owner Name: _____

Operator Name (If operator different from owner): _____

A. Site Address

- Trade or Business Name of this Site or Facility _____
Street Address _____
City _____ State _____ Zip _____
Phone (site) (____)____-____ Fax (site) (____)____-____

- If tanks located on Indian Reservation/Trust Lands, please select one of the following options:
[] Not tribe owned or-tribe operated
[] Tribe owned and operated
[] Operator tribe member
- Petroleum stored is for [] resale [] self consumptive use
If self-consumptive use, report gallons consumed (throughput) for the last 12 month period _____

B. Site Operations

1. Describe your site operation as it pertains to the use of your petroleum storage tanks.

- 2. Typical Types of Operations Conducted at This Site (Check all those that apply.)**
- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Garage/Shop/Maintenance | <input type="checkbox"/> Road/Street/Highway/Bridge |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Heating Plant/Facility | <input type="checkbox"/> Truck Transport/Distribution |
| <input type="checkbox"/> Auto Dealer/Rental/Garage | <input type="checkbox"/> Manufacturing/Production | <input type="checkbox"/> Utility-Public/Private |
| <input type="checkbox"/> Bus/Transportation | <input type="checkbox"/> Park/Recreation | <input type="checkbox"/> Waste Treatment/Landfill |
| <input type="checkbox"/> Contractor/Construction | <input type="checkbox"/> Petroleum Distribution | |
| <input type="checkbox"/> Emergency Power Generation | <input type="checkbox"/> Retail Petroleum Facility | |

1. Has operator and appropriate staff participated in Department of Environmental Quality's training program pertaining to the operation and management of regulated underground petroleum storage tanks?

YES NO If yes, date completed ___/___/___ (mm/yyyy)

C. Vicinity Information

1. Are there any water wells on site? Yes No

If Yes, please specify type of well(s): Irrigation Potable Both

2. Are there any known off site private, industrial, community, or municipal potable drinking water wells or distribution systems (piping) within 1000ft of this site?

	Irrigation	Potable	Both
Community			
Industrial			
Private			

3. Indicate land use immediately adjacent to this site. (check all combinations that are relevant to this site)

Commercial Residential Rural

4. Estimated distance in feet to any lakes, creeks, rivers, storm sewers, irrigation ditches, or wetlands?

Water Proximity

	Distance in Feet
Creek	
Irrigation Ditch	
Lake	
River	
Storm Sewers	
Wetland	

D. Site Plan (Note: One copy of the site plan must be submitted with the application.)

1. Instructions for Site Plan:

- a. Submit one copy of site plan: either an existing engineering plan, if available, or a neat and legible hand-drawn site sketch with scale.
- b. The site plan must show property boundaries, buildings, and location of all storage tanks, dispenser, monitoring wells, on site surface drains.
- c. The plan must show location and distances that tanks, buildings and dispensers are from this site's property boundaries and storm drains.
- d. distance from each property line to nearest occupied building/structure

E. Contact Information (Someone within your operation or petroleum service co. who can verify the information contained in this application.)

Name _____ Title _____

Street Address _____

City _____ State _____ Zip _____ Phone (____) ____ - _____

F. Tank Types on Site

Note: An AST is an UST if the volume of stored petroleum is 10% or more underground, including both tank and pipe contents. If you are unsure, please contact your service company.

- 1. Aboveground Storage Tanks (AST) []
- 2. Regulated Underground Storage Tanks (UST) []

G. Application for Insurance for the Following Tank Types (Mark tank type)

- 1. Applying for Insurance on ASTs []. (Complete Schedule A)
- 2. Applying for Insurance on USTs []. (Complete Schedule U)

H. If applying for an AST tank, please complete the following questions pertaining to your Spill Prevention, Control and Countermeasure (SPCC) plan:

- 1. SPCC plan is in place for this site? [] YES [] NO
- 2. Site is exempt from SPCC requirements? [] YES [] NO
- 3. SPCC inspections or maintenance procedures are performed as required? [] YES [] NO
- 4. Date of Most Recent SPCC Plan _____/_____/_____

IMPORTANT: READ THIS SECTION CAREFULLY BEFORE SIGNING

I certify under penalty of law that I have examined the information submitted in this application and all attached documents and that I believe the information to be true, accurate, and complete. I understand that submitting this application and any accompanying or supplemental materials does not bind me to accept an offer of insurance from the Idaho Petroleum Storage Tank Fund (PSTF) and does not bind PSTF to offer a contract of insurance. I understand that if I am accepted and approved for insurance by PSTF, this application, any attached documents and any supplemental application forms and reports will be incorporated by reference into the contract of insurance issued by PSTF.

I authorize PSTF or its representatives to enter onto the sites described in this application for the purpose of conducting any investigations or tests (including drilling for purposes of soil, soil vapor, or groundwater sampling) that PSTF deems necessary to evaluate this application. I understand that denying PSTF personnel or PSTF representatives reasonable access to the sites described in this application for investigative or testing purposes may result in the denial of this application for insurance.

I authorize PSTF to obtain loss information from any of my previous or present insurers.

NOTICE OF APPLICANTS: Any person who makes a false statement or representation of a material fact, knowing it to be false, or who knowingly fails to disclose a material fact in any application, examination, or statement required under the Idaho Petroleum Clean Water Trust Fund Act is subject to a fine of up to \$1,000 and imprisonment for up to one year. Idaho Code, Section 41-4941.

Signature of Owner or Operator or Authorized Legal Representative

Date

SCHEDULE U: UNDERGROUND PETROLEUM STORAGE TANK SYSTEM APPLICATION (UST)

Note: If there are more than 6 storage tanks at this site location, make additional copies of SCHEDULE U before filling in any data. The number of each tank should correspond to the number assigned when registered with the Idaho Department of Environmental Quality (IDEQ). If not registered assign your own number.

Notice: PSTF will return your application if you fail to properly respond to questions 1 through 10.

Enter an "X" in each tank column which best describes your tank system. Some responses require a specific answer, a date or a yes/no response.

UST Designated Tank Number	No. ___	No. ___	No. ___
1. Tank Status			
Currently in Service			
Temporarily out of service - indicate date taken out of service. (month/year)	__/__/__	__/__/__	__/__/__
Permanently out of service – closed in place. Indicate date permanently closed. (month/year) (Please only answer questions 2, 3, 4, & 5. On question 3 indicate previously stored substance.)	__/__/__	__/__/__	__/__/__
Site assessment completed when tank removed/closed. (Please provide copy of tank remover's report, lab tests, and any correspondence with IDEQ)			
2. Tank Capacity and Configuration			
Tank Capacity (gallons)			
Compartmentalized Tank			
Liquid Tight Spill Bucket Installed			
Tank Turbine is in Liquid Tight Sump			
If tanks are manifolded together, identify manifolded tanks by number (example: 1 & 2; 4 & 6)			
3. Substance Currently Stored			
Aviation Fuel			
Biodiesel 20% or less Bio			
Biodiesel Greater than 21% to 99% Bio			
Biodiesel 100% Bio			
Diesel			
Gasohol – 15% to 85%			
Gasohol – 90% & Above			
Gasohol - E10 or Less			
Gasoline			
Hydraulic Oil			
Heating Oil			
Jet Fuel			
Kerosene			
Motor Oil			
Used Oil			
Waste Oil			
Other – explain at end of Schedule U			
4. Tank Material			
Bare Steel			
Bare Steel w/Cathodic Protection (CP)			
Bare Steel w/CP and Interior Lining			
Date of Most Recent Tank CP Test (Attach test report)	__/__/__	__/__/__	__/__/__
Bare Steel w/Interior Lining			
Bare Steel w/Secondary Basin Containment			
Composite Steel w/Fiberglass			
Epoxy Coated Steel			
Epoxy Coated Steel w/Secondary Containment			
Fiberglass – Single Walled			

UST Designated Tank Number	No.____	No.____	No.____
Fiberglass - Double Walled			
Coated Steel/Cathodic Protection (STiP3)			
Coated Double Wall Steel w/Cathodic Protection (STiP4)			
Other - explain at end of Schedule U			
Tank Turbine Contained in Liquid Tight Sump			
5. Tank Eligibility			
Install Date	__/__/__	__/__/__	__/__/__
Date of most recent tank tightness test. Attach copy of test results.	__/__/__	__/__/__	__/__/__
Tank system complies with federal, state, and local PST regulations. (Including leak detection and record keeping requirements for USTs.)			
6. Release Detection - Tank			
Automatic Tank Gauging (ATG)			
Groundwater Monitoring			
Interstitial Monitoring (Secondary barrier in tank pit)			
Interstitial Monitoring (Double walled tank)			
Manual Tank Gauging Only			
Manual Tank Gauging and Annual Tank Tightness Test			
Monthly Inventory Control and Annual Tank Tightness Test			
Monthly Inventory Control Only			
Statistical Inventory Reconciliation			
Vapor Monitoring			
Other – explain at end of Schedule U			
7. Overfill System and Warning Method			
Automatic Tank Gauge – Audible Alarm			
Ball Float Valve in Vent Line – Flow Restriction			
Drop Tube – Shuts Off			
8. Pipe Material (Multiple answers possible per tank system.)			
Bare Steel (Aboveground)			
Bare Steel w/Double Wall			
Bare Steel w/Cathodic Protection			
Bare Steel w/Secondary Barrier			
Copper			
Fiberglass – Single Walled			
Fiberglass – Double Walled			
Flexible Double Wall			
Flexible Single Wall			
Flexible Triple Wall – (OPW Conduit System)			
Galvanized Steel			
Galvanized Steel w/ CP			
Date of Most Recent Pipe CP Test (Attach copy of test report)	__/__/__	__/__/__	__/__/__
Galvanized w/Double Wall			
Other – explain at end of Schedule U			
9. Pipe – Suction System			
Check valve at dispenser and piping is sloped so contents will drain back to tank if suction released.			
Foot Valve at Tank			

UST Designated Tank Number	No.____	No.____	No.____
Other – explain at end of Schedule U			
Date of most recent line tightness test. Attach copy of test results. (Suction system w/ underground lines w/foot valve at tank.)	__/__/__	__/__/__	__/__/__
10. Pipe - Pressure System - Line Leak Detection System -Two Methods Required for Pressurized Lines			
Date of Line Tightness Test	__/__/__	__/__/__	__/__/__
1st Method – Hourly/Catastrophic Leak Detection			
Electronic Line Leak Detector (ELLD) w/Flow Restriction or Shut-off			
Manual Line Leak Detector (MLLD) w/Flow Restriction			
Visual Inspection			
Other Method Approved by Regulatory Agency – explain at end of Schedule U			
Date of Most Recent ELLD/MLLD Test (Attach copy test report)	__/__/__	__/__/__	__/__/__
2nd Method - Monthly Leak Detection (Mark primary method used.)			
ATG - Automatically Conducts Full System Test (Test both tanks and pipes)			
Groundwater Monitoring			
Interstitial Monitoring – Monitoring within Double Walled Pipe			
Line Tightness Testing - Yearly			
Liquid Sump Sensor within the Dispenser Sump			
Liquid Sump Sensor in Turbine Sump			
Monthly Visual - Pipe in Accessible Containment (Concrete Trench)			
Vapor Monitoring			
Other Method Approved by Regulatory Agency – explain at end of Schedule U			
11. Pipe - Additional Information			
Petroleum pipe is installed within a secondary service conduit.			
Stainless steel flex connector(s) is installed on line.			
Stainless steel flex connector is protected from corrosion.			
Liquid Tight Sump Beneath Dispenser			

