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**Heating Oil UST Reporting Exemption Request Form**

**Who May Use This Form:** The owner of a site, where a UST System was last used by a prior owner or operator, may request an exception to use the use of ezFile for UST Notification of heating oil UST closure. Exceptions will be granted if the following terms and conditions are met:

**Eligibility Criteria**

1. The UST System shall:
   1. have been used for the storage of heating oil for on-site consumption only;
   2. not have been used to power an emergency generator;
   3. have been permanently closed by a prior owner or operator;
   4. have been removed from the ground or permanently closed in-place in accordance with R.C.S.A 22a-449(d)-1(k); and
2. Attach any supporting documentation\*\* that demonstrates the UST System was permanently closed; and
3. Complete the following UST information:

|  |  |
| --- | --- |
| UST Site ID Number (if applicable): | Name of UST Facility |
| Site Street address: | |
| City and Zip Code: | |
| Name of the Current Owner of the Property: | |
| Contact Person: | |
| \*E-mail: | |
| Phone: | |

\**By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify the department if your e-mail address changes.*

\*\**Supporting documentation can be researched at the municipality’s permitting offices or local fire marshal*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tank A** | **Tank B** | **Tank C** |
| Date of installation (if known) |  |  |  |
| Total Capacity (gallons) (if known) |  |  |  |
| Estimated date of closure |  |  |  |
| Was the UST (1) removed from the ground or (2) closed in-place? (required) |  |  |  |
| Was the associated piping removed? |  |  |  |
| What is the name, address, and phone number for the consultant or contractor who closed the UST?  (if known) |  |  |  |

4) Please provide any additional notes, if necessary:

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**Certification**

Without the current owner’s signature, this form cannot be processed and will be considered incomplete.

|  |  |  |
| --- | --- | --- |
| “I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.  I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.  I certify that I have fully read and will comply with the Terms and Conditions as provided in the Commissioner’s Approval of Alternate Life Expectancy and that documentation required by such Terms and Conditions is maintained on-site.  I also certify that this Notice is on complete and accurate forms as prescribed by the commissioner without alteration of the text.  By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above.” | | |
| Printed Name of Current Owner |  | Date |

**Please email this completed form with supporting documentation to:**

**deep.USTEnforcement@ct.gov**

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| **Department Use Only** |

The Department has reviewed this request for exception to use ezFile for UST Notification of heating oil UST closure.

The request has been:  Approved  Denied

Explanation for denial, if applicable:

Date closure information entered by DEEP, if approved:

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