



Underground Storage Tank Capital Pilot Program Grant Application

July 2015



**State of Washington • P.O. Box 40930 • Olympia, WA 98504-0930
(360) 407-0520 • 1-800-822-3905 • Fax (360) 407-0509**

Introduction

Why is PLIA providing grants?

In 2015 the state legislature agreed to allow PLIA to spend up to \$1.8 million to establish a pilot program to support the design of a financial assistance program that provides a benefit to the public through the:

- Removal, replacement, or upgrade of aging underground storage tank fuel systems.
- Retrofitting of existing systems to disperse renewable or alternative fuels.
- Cleanup of contamination caused by legacy petroleum releases.

Aging tanks and legacy petroleum releases represent potential sources of harm to human health and the environment. Replacing aging infrastructure and cleaning up legacy contamination protect the people and environment of the state of Washington.

PLIA will award three grants to owners of underground petroleum storage tanks located in Washington State.

Who is eligible to receive a grant?

You may be eligible to receive a grant if you meet all three of the following criteria:

- Your site has tanks 20 years or older.
- Contamination has impacted soil, groundwater, or both.
- You face a serious, financial hardship as defined in chapter 374-60 WAC.

How will PLIA award the grants?

PLIA is limited to \$1.8 million dollars to spend on this pilot program, therefore we will award grants to three owners with sites best suited to meet the purpose of the pilot program.

If your site is selected as a pilot project you will be required to hire an independent contractor and sign an agreement with PLIA including, but not limited to, the following conditions:

- Follow all environmental, technical and financial responsibility regulations.
- Move forward with tank replacement and cleanup on your site based on our agency's timeline.
- Allow PLIA and the contractor access necessary to complete the project.
- Immediately repay the state for the total grant amount if you do not follow all conditions of the Grant Agreement.
- Allow PLIA-approved project signage on your property.

Grant funds will be limited to the amount necessary to supplement your financial resources. The amount of grant funds are negotiable and can be changed based on the review of the financial capability of your business and access to other funding sources. Grant funds cannot be used for any work done without prior written approval from PLIA.

Application Instructions

Please read this page carefully before filling out the application.

Your application will only be accepted for review by the Pollution Liability Insurance Agency (PLIA) if:

- All sections are complete.
- Copies of all required documents are attached.
- The application package is received in PLIA's office by 5:00 pm on Thursday, August 13, 2015.

Incomplete applications will not be evaluated or scored. Applicants who have not been selected to receive a grant will be notified by mail. We hope to be able to provide additional opportunities in the future.

Please:

- **Do not** leave spaces blank. Use "N/A" (not applicable) if a question does not relate to you.
- Attach a separate sheet of paper if you need more space to answer a question.
- Send **copies** of supporting documents (e.g. lease agreement, cleanup report, etc.). Please do not send originals, as they will not be returned to you.
- Keep a copy of the application and all documentation for your records.

Submit your application to the Pollution Liability Insurance Agency, UST CPPG by:

Mail: PO Box 40930, Olympia, WA 98504-0930

Personal delivery: 300 Desmond Drive SE, Lacey, WA 98503

Email: pliamail@plia.wa.gov

Fax: (360) 407-0509

For additional applications or questions please call 1-800-822-3905 or visit our website at www.plia.wa.gov.

Applications and any supporting documents submitted shall become the property of PLIA and deemed a public record as defined in chapter 42.56 RCW.

SECTION A: OWNER INFORMATION

A-1. _____
Owner Name

Owner Mailing Address City, State Zip Code

Daytime Phone Number Evening Phone Number

What is your interest in the business?

- Owner of the entire business
- Owner of the USTs only
- Owner of the real property: Specify building, land, or both _____
- Other, please specify _____

Do you lease all or part of the business to someone else? Yes No

If yes, how many number of years? _____
(Please attach a copy of agreement or contract)

A-2. Please list the following information for each person that currently owns a 20% or more interest in this business. (Please include your spouse unless you have provided documentation that the property is separate.)

Name Address Phone Number

Interest in the Business: _____ Month and Year Ownership Began: _____

Name Address Phone Number

Name Address Phone Number

A-3. Is any part of the business being held in trust? Yes No

Type of Trust Amount of ownership in trust

Name of Trustee Name of Beneficiary

SECTION B: BUSINESS INFORMATION

B-1. _____
Business Name

Contact Name (if different than Owner Name)

Site Address City, State Zip Code

Business Phone Number County

Tax Parcel Number

Washington State UBI Number

Days and Hours of Operation

B-2. How long has the business been in operation? _____Yrs _____Mos

B-3. Number of employees: _____Full-time _____Part-time

B-4. Is petroleum currently being sold? Yes No

If not, when was the last date of petroleum sold? _____Yr

B-5. Does your business provide, or has it provided, fuel for motor vehicles? Yes No

B-6. Does your business provide, or has it provided, any alternative fuel source?

Yes No If yes, please indicate type of alternative fuel: _____

B-7. Please provide the following information for each UST at the site.

Ecology Tag #	Type of Fuel	Capacity (in gallons)	Age	Active (Y/N)
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B-8. Has there ever been a cleanup of contamination from a leak, spill, release or discharge of petroleum at this site? Yes No Unknown

(Please provide a copy of documentation, i.e. cleanup reports, sampling, etc.)

If yes, who cleaned up the contamination _____ and in what year ___?

Did contamination impact ground or surface water? Yes No (unknown box?)

Has a site hazard assessment been completed? Yes No

B-9. Did the cleanup meet the requirements of the Washington State Model Toxics Control Act (chapter 173.360).

Yes

No

Unknown

Please explain if you answered no or unknown to the above question.

B-10. Do you know of an individual or business that may be liable for any cleanup or environmental contamination at the business site? Yes No

Name	Address	Obligation to Site
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SECTION C: ECONOMIC & GEOGRAPHICAL INFORMATION

C-1. Please specify the nearest proximity to ground and surface water.

Description	Distance
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C-2. Is the business located in a remote, rural area? Yes No
****Remote Rural Area** means the site cannot be located within a city, town, or urban area with a population of 10,000 or more.

If yes, what is the name and distance of the nearest town or city?

Name	Distance (in Miles)
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C-3. Please provide the following information for the nearest petroleum retailer to your business:

Name	Address
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Distance (in Miles): _____

C-4. Please list fuel suppliers within a 25 mile radius of your business location:

Name	Address	Distance (in Miles)
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Name	Address	Distance (in Miles)
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Name	Address	Distance (in Miles)
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C-5. Description of the community you serve and the services that depend on you. Please give the specific names of public agencies below that purchase fuel from your site. The agencies must provide a vital need to your area. (***Vital Local Government, Public Health, Safety, or Recreational Need*** means an essential or indispensable service provided for the citizens.)

Law Enforcement Agencies:

Local: _____ State: _____ Federal: _____

County: _____ Other: _____

Fire Protection: _____ Hospital/Ambulance Service: _____

Schools: _____ Other: _____

C-6. Which recreational areas benefit from your business?

Name Address Name Address

Name Address Name Address

SECTION D: FINANCIAL INFORMATION

This section requests information regarding your financial status. We will use the information to determine if you meet the serious, financial hardship requirement. We may request more information or documentation regarding your responses after initial review.

Please attach a separate sheet if you need more space for your answers. You may also give more detailed information regarding your situation on a separate sheet, if you feel it is not adequately described by the information here.

In addition to filling out this section, you must submit copies of:

- Most recent three years of federal Business Tax Returns.
- All leases and contracts associated with the operation, site or access to tanks.
- All partnership agreements or articles of incorporation (as applicable).
- The most recent tax assessment statement and any appraisals completed on the business premises or equipment.
- Any funding or credit denial letters.
- Most recent three years of financial statements.

D-1. How do you meet the state's financial assurance requirements for USTs?

- Insurance or Risk Pool Guarantee
- Financial Test of Self Insurance Surety Bond
- Letter of Credit Trust Fund

Please provide a copy of your documentation, including (where applicable) policy number, effective dates, deductible and coverage limits, as required by chapter 173-360-470 through 490.

If contamination is discovered, are you willing to file a claim with your insurer, or draw funds from your financial assurance mechanism? Yes No

Have you ever made a claim under insurance? Yes No

If yes, please provide details and attach any relevant documentation:

Did you exceed your policy limit? Yes No

Was your claim denied? Yes (please attach denial letter) No

D-2. Please describe the serious financial hardship that the business would face without financial assistance from our agency. (***Serious Financial Hardship*** means the owner(s) does not have cash, cash equivalent or borrowing capacity to bring an underground storage system into compliance with all federal and state underground storage tank and cleanup regulations and requirements.)

D-3. Please answer all of the following questions. For questions that you answered "yes", provide additional information on a separate sheet of paper.

1. Is there reason to believe your financial situation will change during the next year?
 Yes No
2. Are you currently selling or purchasing any real estate? Yes No
3. Is there property held by another person/entity on your behalf? Yes No
4. Are you party to a pending lawsuit? Yes No
5. Have you had any belongings repossessed in the last three years? Yes No
6. Are you a Trustee, Executor, or Administrator? Yes No
7. Are you a participant or beneficiary of an estate or profit sharing plan? Yes No
8. Have you declared bankruptcy in the last seven years? Yes No

9. Do you receive any type of federal aid or public assistance? Yes No

10. Are you unable to renew your insurance policy, or have you experienced a substantial increase in your premium? Yes No

If yes, please provide details and attach any relevant documentation.

11. Have you attempted bank or other types of financing and been denied?

Yes No

12. Do you have an Electric Vehicle charging station? Yes No

13. Are you willing to install a new or additional Electric Vehicle charging station?

Yes No

SECTION E: REQUESTED USE OF GRANT FUNDS

Please provide us with your intended use of grant funds, if awarded. Give a brief description of the project equipment. Total project costs cannot exceed \$600,000. Please note "N/A" for questions that do not apply.

E-1.

Project Item	Type/Description	Priority (1 = highest)
Clean Up <i>(If contamination is known to exist)</i>		
Tanks <i>(Include number of tanks under description)</i>		
Piping		
Leak Detection		
Electric Vehicle Charging Station		
Other <i>(e.g. canopy replacement, dispenser island, temporary fueling station, etc.)</i>		
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Current UST System Information

E-2. Please give the following information for each UST to be removed:

	<u>Capacity (in gallons)</u>	<u>Age</u>
Tank #1	_____	_____
Tank #2	_____	_____
Tank #3	_____	_____

E-3. Type of surface above old UST:
 Asphalt Concrete Other _____

E-4. Type of existing pump(s): Turbine Suction Quantity?: _____

E-5. Other: _____

New UST System Information

E-6. Please give the following information for each UST to be installed:

<u>Type</u>	<u>Total #</u>	<u>Capacity (in gallons)</u>	<u>Compartments</u>
<input type="checkbox"/> Double Wall FRP	_____	_____	_____
<input type="checkbox"/> Double Wall Steel sti-P ₃	_____	_____	_____
<input type="checkbox"/> Double Wall Composite	_____	_____	_____
<input type="checkbox"/> Single Wall FRP	_____	_____	_____
<input type="checkbox"/> Single Wall Steel sti-P ₃	_____	_____	_____
<input type="checkbox"/> Single Wall Composite	_____	_____	_____

E-7. Type of Leak Detection Monitor to be installed:

<input type="checkbox"/> ATG (Automatic Tank Gauge with single wall tank)	How Many?: _____
<input type="checkbox"/> ILS (Interstitial Liquid Sensor with double wall tank)	How Many?: _____

E-8. Type of pumping system desired:

Suction-mechanical type cabinet pump and dispenser.
 Turbine-only submersible pump.

E-9. Type of product line:

- single wall piping with suction type pumping
- double wall piping (secondary containment and line pressure transducers with turbine type pumping).

E-10. Please list the type and quantity of EV charging stations you would like:

E-11. Please list any other alternative fueling sources you would like to install:

E-12. Do you expect any difficulties or site specific issues that would delay your project?

Please explain:

E-13. Other remarks?

Authorization to Verify Business Financial Information

_____, authorizes the following named creditor to release to the state of Washington Pollution Liability Insurance Agency any and all information concerning the nature of my credit transactions with them including, but not limited to, the amount of credit extended, the terms and conditions of the transactions, the current balance, if any is outstanding, and the repayment record.

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Account #: _____ Savings Account #: _____

Loan #: _____ Loan #: _____

I understand that this information will be used for the sole purpose of evaluating my application for the Underground Storage Tank Capital Pilot Program Grant.

Owner Signature Date

Owner Signature Date

State of Washington

County of _____

On this day personally appeared before me _____ to me known to be the individual ___ described in and who executed the foregoing instrument and acknowledged to me that ___ signed the same as a free and voluntary act and deed for the purpose therein mentioned.

Given under my hand and official seal this _____ day of _____ 20__.

Notary Public in and for the state of Washington

Residing at _____