



**Department
of Commerce**

Division of State Fire Marshal
Bureau of Underground Storage
Tank Regulations (BUSTR)

BUSTR RELEASE – VAP ELIGIBILITY REQUEST FORM

SUBMITTAL DATE: _____ RELEASE #: _____

VAP VOLUNTEER AND FACILITY DATA

BUSTR FACILITY INFORMATION:

NAME OF FACILITY: _____
 ADDRESS: _____
 CITY & ZIP: _____
 COUNTY: _____
 BUSTR RELEASE STATUS (Tier 1, etc): _____

**CURRENT PROPERTY OWNER
INFORMATION:**

NAME: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 CONTACT
 PERSON: _____
 CONTACT
 PHONE: _____

**VAP VOLUNTEER
INFORMATION:**

NAME: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 CONTACT
 PERSON: _____
 CONTACT
 PHONE: _____

BUSTR RELEASE DETAILS

List the details of the particular BUSTR release number(s). The source of the release(s) description should clearly indicate which specific UST system(s) was involved. The description should include the approximate date the release was identified or reported as well as the identity of the owner(s) and operator(s) of the UST system(s) at the time of the release.

SAMPLING INVESTIGATION

Describe the sampling investigation(s) that produced analytical results above action levels (BUSTR action levels). Describe if there are multiple BUSTR releases/suspected release files concerning the site and provide a description of the corresponding USTs that are tied to each release file.

VOLUNTEER INFORMATION

Is the volunteer the current property owner? YES NO

If NO, describe the association between the volunteer and the current property owner(s):

DOES or WILL the volunteer have any legal rights to the site property (including any access rights)? YES NO

If YES, describe:

SITE USAGE

Describe what the site was used for from the first known developed use to present. Describe the current state of the site including parcel number(s), address(es), etc.

SITE OWNERSHIP HISTORY

Property ownership should be listed from the first known developed use to present. The list should be for *all* parcels that encompass any USTs or former UST cavities that are part of this release.

LEASES / LAND CONTRACTS

List all of the Lease and Land Contracts from the first developed use to present. The list should be for *all* parcels that encompass any USTs or former UST cavities that are part of this release.

DETAILS REGARDING USAGE OF UST(s)

Describe EVERY UST that has been present or is still present at the site (capacity, contents, etc.). List the approximate date that each UST was installed and if applicable, removed. Describe the status of each UST during the entire time period that the UST had been present at the site including the status of any still present USTs (out of service, in use, closed in place, etc.). (Be sure to detail the periods for which each UST was in operation) You may provide sanborn maps, aerial photographs, bill of sales, fire department inspection records, UST registrations and permits, telephone memorandum, city directories, affidavits from previous/current operators & owners regarding their usage of the USTs (oral statements are insufficient), etc.

[Empty rectangular box for UST usage details]

RESPONSIBLE PARTY DETAILS

Please provide the following information for any and all responsible parties (RPs). Determining the identity of the RP(s) can be very complicated and the liability scheme is very different from other areas of environmental law. Please review the definitions of a BUSTR operator, owner and responsible party that are described in Ohio Revised Code 3737.87(G), (H), and (N), respectively. Note: BUSTR/SFM will make the final determination as to the identity of the responsible parties.

RESPONSIBLE PARTY (1) INFORMATION:

COMPANY: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
CONTACT PERSON: _____
CONTACT PHONE: _____

RESPONSIBLE PARTY (2) INFORMATION:

COMPANY: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
CONTACT PERSON: _____
CONTACT PHONE: _____

If there are additional responsible parties, please attach their information as an addendum to this form.

Describe why these entities are considered the responsible parties.

[Empty rectangular box for responsible party description]

NON-BUSTR REGULATED RELEASE DETAILS

Briefly describe any non-BUSTR regulated release(s) of hazardous substances or petroleum that is being addressed in conjunction with the BUSTR release under the VAP. Please note that if there are no other releases being addressed under the VAP, the BUSTR release must be classified as a Class C.

Complete the following section ONLY if the release needs to be classified as a CLASS C.

POTENTIAL OWNER(S)\OPERATOR(S) VIABILITY

BUSTR/SFM will make the final determination as to the identity and viability of any responsible parties. However, you may provide documentation that a potential owner\operator is not viable. (e.g. death certificates, Secretary of State documentation of corporation's status (cancelled, dissolved, etc.), corporation mergers, etc.) Please do not include any financial data such as tax returns, etc.

MISCELLANEOUS DATA

THE FOLLOWING ITEMS MUST BE ATTACHED:

- | | |
|------------|--|
| APPENDIX A | FIGURES (Topographic & Site Maps) |
| APPENDIX B | SOIL AND/OR GROUNDWATER INVESTIGATIONS |
| APPENDIX C | PHOTOGRAPHS |
| APPENDIX D | OWNERSHIP DOCUMENTATION (Deeds, Leases, Land Contracts, Bills of Sale) |
| APPENDIX E | UST USAGE DOCUMENTATIONS (UST Registrations, City Directories, Sanborn Maps, Fire Dept. Records, Affidavits) |
| APPENDIX F | POTENTIAL OWNER/OPERATOR VIABILITY DOCUMENTATION (<i>Only for Class C requests</i>) |
| APPENDIX G | MISCELLANEOUS DATA |

FORM PREPARED BY:

NAME: _____
COMPANY: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____
EMAIL: _____

-----Remainder is for BUSTR's Use Only-----

1. Has the release been in enforcement? YES NO

2. Is there an active SFM Order for this release? YES NO

3. Is there an active referral with the Ohio Attorney General's office regarding this release? YES NO