

**Part 1: Applicant/Facility Information**

Initial Request

Request for Reconsideration of Previous Compliance Determination

Owner Name:			Owner ID:	
Address:		City:	State:	Zip Code:
Phone Number:		Federal ID#:		
Nature of Interest in the site: <input type="checkbox"/> Tank Owner <input type="checkbox"/> Land Owner <input type="checkbox"/> Lending Institution <input type="checkbox"/> Other. Please Describe: _____				

Dates you owned or operated the tank systems at this site:    Start Date: \_\_\_\_\_    End Date: \_\_\_\_\_

Have any assignments, rights, or powers of attorney been executed regarding this corrective action?     Yes  
 No

Are you, this property, or the UST/AST systems thereon involved in or anticipated to be involved in bankruptcy proceedings?     Yes     No

If Yes, please give case # \_\_\_\_\_ Court \_\_\_\_\_

Parties \_\_\_\_\_

(Attach copies of pleadings and judgements to this form.)

Have you filed a claim with your insurance company to cover the costs of any corrective action at this site, for this release?     Yes     No     Uninsured     Self-Insured

**Facility Information**

Facility Name:				
Address:		City:	State:	Zip Code:
Release ID:	Facility ID:	<input type="checkbox"/> UST	<input type="checkbox"/> AST	

**Part II. Tank Fees & Registration**

The information, except as noted, applies to all UST/AST systems you own or operate in New Mexico.

Number of Tanks Owned/Operated:	Number of Tanks Registered:
Amount of Past Due Tank Fees Owed:	<input type="checkbox"/> See attached spreadsheet for details.

Were any USTs in place at the release site after March 7, 1990?    Yes    No

Were any ASTs in place at the release site after July 1, 2001?     Yes     No

If YES, how many tanks? \_\_\_\_\_

**Part III. Current and Previous Tank Systems at the Facility**

Please list the information, in the area below, on all tank systems that have existed at the release site while you owned or operated the facility and tank systems.

**Current Tank System(s)**

Check this box if part of this system caused a release

Tank #	Date Installed	Capacity	Type of Product	NMED USE ONLY

**Previous Tank System(s)**

Check this box if part of this system caused a release

Tank #	Date Installed	Capacity	Type of Product	Removal Date	NMED USE ONLY

**Part IV. Operating Standards Information**

Please list the information, in the area below, on all tank systems that have existed at the release site while you owned or operated the facility and tank systems.

	Current Tank System(s)	Previous Tank System(s)	NMED USE ONLY
Name of Tank Installer			
Type of Tank Construction			
Type of Piping System			
Type of Corrosion Protection			
Type of Spill Containment			
Type of Overfill Prevention Equipment			
Release Detection for Tanks			
Release Detection for Piping			
Date of Last Tank Tightness Test			
Date of Last Line Tightness Test			
Date of Last Line Leak Detector Test			
Date of Last Sump Sensor Test			
Date of Last Spill Prevention Equipment Test			

	Current Tank System(s)	Previous Tank System(s)	NMED USE ONLY
Date of Last Overfill Inspection or Test			
Date of Last Inspection of RD Equipment			
Date of Last Monthly Walk-through Inspection			
Date of Last 3-year Cathodic System Test			
Compatible w/ regulated substance Stored*			
Type of product stored in tank(s)			
Type of product stored in tank(s) - (continued)			

\*Tank systems that contain gasoline with greater than 10% ethanol and diesel with greater than 20 % biodiesel please attach documentation from manufacturer that states tank systems are compatible.

**Class A Violations/List of Compliance Concerns/Notice of Violations/Field Compliance Orders Issued:**

LCC/NOV Number	Penalty Code	Date Issued	Date Corrected	Comments

*(If there are not enough spaces in the table for violations, staff will attach copy of Facility Summary Report from database once they ensure it contains all the information requested in this table)*

**Part V. Financial Responsibility Information**

How many Tanks do you currently Own/Operate in New Mexico? \_\_\_\_\_

- Check this box if do not carry outside insurance, and are not self-insured. (If you check this box leave Part V blank)
- Check this box if you are a government entity.

Please list the information, in the area below, on all tank systems that have existed at the release site while you owned or operated the facility and tank systems. Include all applicable policies.

**Current System(s)**

Tank(s)*	Type of Financial Responsibility	Policy Number	Name & Address of Company	Start Date	Expiration Date

**Previous System(s)**

Tank(s)*	Type of Financial Responsibility	Policy Number	Name & Address of Company	Start Date	Expiration Date

(\* Please enter the NMED Issued Tank ID Number, contact PSTB if needed.)

**Coverage**

Period of Coverage		Corrective Action Coverage		Third Party - Accidental Releases		Third Party - Sudden Accidental Releases	
Start Date	End Date	Each Occurrence	Annual Aggregate	Each Occurrence	Annual Aggregate	Each Occurrence	Annual Aggregate

Period of Coverage		Third Party - Nonsudden Accidental Releases	
Start Date	End Date	Each Occurrence	Annual Aggregate

**Part V. Corrective Action Information** *(Please provide the following information for the release at your site)*

	Provide Brief Description or Title of Report	Time Extension Granted	NMED USE ONLY
Date of Release			
Date Release Reported to NMED			
Method of preventing further release			
Water supply impacts investigated			
Vapor Impacts Investigated			
Vapor Impacts Mitigated			
Other Hazards Investigated			
Other Hazards Mitigated			
72-hour Report (Dated Received)			
14-day Report (Dated Received)			
MSA Report (Preliminary Investigation)			
Method of Free Product Recovery			
Treatment of Saturated Soils			

**Affirmation and Signature of Applicant**

I, \_\_\_\_\_ certify under penalty of law that this document and all attachments were prepared under my direction or supervision. I do solemnly, sincerely, and truly declare and affirm, under the pains and penalties of perjury, that the information contained herein is true and accurate to the best of my knowledge. I understand that I agree to return to the New Mexico Environment Department, upon its demand, the entire amount received or any lesser amount that the Department considers appropriate if I misrepresented or omitted any fact relevant to the determinations made by the Department oral or written.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Please Print Legibly or Type)*

Signature Date: \_\_\_\_\_

The foregoing affirmation was made before me by

\_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires on \_\_\_\_\_

The questions on this form may pertain to all UST and AST systems which you have ever owned or operated at the site where you are performing corrective action or to all systems you have ever owned in New Mexico. Please submit this information prior to filing any reimbursement claims.

Mail two copies\* of this request to: **New Mexico Environment Department / Petroleum Storage Tank Bureau  
ATTN: Tank Operations and Support Program Manager  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, NM 87505**

\***Note:** Request for Compliance Determination Affirmation and Signature Page **MUST** be submitted with original signatures and notary seal with each copy.