

**APPROVAL APPLICATION
FOR
FACILITY OIL DISCHARGE CONTINGENCY PLAN**

Please type or print in ink all items and sign the certification section. This form must be completed and notarized for all aboveground oil storage facilities subject to the provisions of 9 VAC 25-91-20.B.3. This application will not be accepted unless the Department of Environmental Quality (DEQ) has received the plan and required fee.

Fees are as follows for facilities with aggregate aboveground maximum oil storage or handling capacity of:

- (a) 25,000 gallons up to and including 100,000 gallons = \$718;
- (b) 100,001 gallons up to 1,000,000 gallons = \$2,155; and
- (c) 1,000,000 gallons or greater = \$3,353.

The check, draft or postal money order shall be made payable to the Treasurer of Virginia and, with the plan and this completed application, shall be sent to:

**Department of Environmental Quality
Office of Financial Management
P.O. Box 1104, Richmond, VA 23218
(location address: 1111 E. Main St., Suite 1400, Richmond, VA 23219.)**

There is no additional fee assessed to change the operator of a facility oil discharge contingency plan. If a facility operator changes subsequent to the filing or approval of the contingency plan, this application must be completed by the new facility operator and sent to the respective DEQ regional office. A list of DEQ regional offices and their addresses may be obtained from Department of Environmental Quality, Office of Spill Response and Remediation, P.O. Box 1105, Richmond, VA 23218 or on the web at: www.deq.virginia.gov.

This facility has a maximum aboveground storage or handling capacity of _____ gallons.

Please check one:

- (1) Is this an initial application for approval of a contingency plan? ___ (yes) or ___ (no)
- (2) Is this a certification of change of facility operator of a previously submitted or approved plan? ___ (yes) or ___ (no), with an identification number of: FC-_____ - _____. ***Please refer to instructions above.***

This facility is located in _____ County (or) _____ City

Name and mailing address of operator	Name and location address of facility
_____	_____
_____	_____
_____	_____

Telephone number of operator _____ Telephone number of facility _____

Fax number of operator _____ Fax number of facility _____

**** **(The completed application is to be signed by the facility operator and notarized on page 2.)** ****

State Use Only	
Date Received: _____	ID Number: _____
Reviewed by: _____	Date Reviewed: _____

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

(Name of Operator)

(Signature)

(Date Signed)

1. When the operator is an **individual** acting in his own right:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this ___ day of _____, 20 ____, by

(Name of Individual)

Notary Public _____ My Commission Expires: _____

2. When the operator is an individual acting on behalf of a **corporation**:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this ___ day of _____, 20 ____, by

_____ who is _____
(Name of Individual) (Title)

of _____, a _____ corporation
(Name of Corporation) (State of Incorporation)
on behalf of the corporation.

Notary Public _____ My Commission Expires: _____

3. When the operator is an individual acting on behalf of a **municipality, state, federal or other public agency**:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this ___ day of _____, 20 ____, by

_____ who is _____
(Name of Individual) (Title)

on behalf of _____
(Municipality, State, Federal or other agency)

Notary Public _____ My Commission Expires: _____

4. When the operator is an individual acting on behalf of a **partnership**:

State of _____ County/City of _____

The foregoing document was signed and acknowledged before me on this ___ day of _____, 20 ____, by

_____, a general partner on behalf of
(Name of Individual)

_____, a partnership.
(Name of Partnership)

Notary Public _____ My Commission Expires: _____