RENEWAL APPLICATION FOR FACILITY OIL DISCHARGE CONTINGENCY PLAN

This form serves as an application for renewal of the approval of an oil discharge contingency plan for aboveground oil storage facilities subject to the provisions of 9 VAC 25-91-20 B 3. The facility operator must complete and submit this application 90 days prior to the five year expiration of the approval of the current contingency plan.

This form, with any changes or updates to the plan, must be submitted to the Department of Environmental Quality (DEQ) regional office in the area where the facility is located. A list of DEQ regional offices and their addresses may be obtained from the DEQ, Office of Spill Response and Remediation, P.O. Box 1105, Richmond, VA 23218 or on the web at: www.deq.virginia.gov There is no fee for renewal of the approval of a facility contingency plan.

Facility Name:			Facility ID Number: FC		
Pleas	e chec	ck one of the following:			
	There	re are no changes to the currently approved	contingency plan.		
	There	re have been significant changes to the plan	and descriptions of the changes are attached.		
	For 1. 2. 3. 4. 5.	An increase in the maximum storage or hat measures to limit the outflow of oil, respondischarge; A decrease in the availability of private per extent practicable the worst case discharge discharge; A change in the type of product dealt in, so which a Material Safety Data Sheet (MSD)	significant change is: a DEQ was previously notified of the change; andling capacity of the facility that would change the conse strategy or operational plan in the event of the worst case ersonnel or equipment necessary to remove to the maximum the and to mitigate or prevent a substantial threat of such a stored or handled by any facility covered by the plan for tools) or its equivalent has not been submitted; or used for the early detection of a discharge to groundwater.		
There have been other than significant changes (such as, but not limited to administrative, procedural, operational) to the plan and descriptions of these changes are attached.					
*** (The completed renewal application is to be signed by the facility operator and notarized on page 2.) *** —————————————————————————————————					
State	Use O	Only			
Date Received:			ID Number:		
Reviewed by:			Date Reviewed:		

1

Revised: August, 2007

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. Wh	en the operator is an individual acting in h	nis own right:	
	State of	County/City of	
	The foregoing document was signed and ack	nowledged before me on thisday of	, 20, by
	(Name of Individual)		
	Notary Public	My Commission Expires:	
2. Wh	en the operator is an individual acting on b	pehalf of a corporation :	
	State of	County/City of	
	The foregoing document was signed and ack	nowledged before me on thisday of	, 20, by
	(Name of Individual)	who is(Title)	
	of(Name of Corporation) on behalf of the corporation.	, a(State of Incorporatio	corporation n)
	Notary Public	My Commission Expires:	
3. Wh	en the operator is an individual acting on b	pehalf of a municipality, state, federal or	other public agency:
	State of	County/City of	
	The foregoing document was signed and ack	nowledged before me on thisday of	, 20, by
	(Name of Individual)	who is(Title)	
	(Name of Individual)	(Title)	
	on behalf of(Mu	nicipality, State, Federal or other agency)	
	Notary Public	My Commission Expires:	
4. Wh	en the operator is an individual acting on b	pehalf of a partnership :	
	State of	County/City of	
	The foregoing document was signed and ack	nowledged before me on thisday of	, 20, by
	(Nar	ne of Individual))	general partner on behalf of
			a navtnavahin
	(Nar	ne of Partnership)	, a partnership.
	Notary Public	My Commission Expires:	

2

Revised: August, 2007