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-_____-_____

Please check one of the following:

❑ *There are no changes to the currently approved contingency plan.*

❑ *There have been significant changes to the plan and descriptions of the changes are attached.*

For the purposes of this renewal application a significant change is:

1. A change of operator of the facility unless DEQ was previously notified of the change;
2. An increase in the maximum storage or handling capacity of the facility that would change the measures to limit the outflow of oil, response strategy or operational plan in the event of the worst case discharge;
3. A decrease in the availability of private personnel or equipment necessary to remove to the maximum extent practicable the worst case discharge and to mitigate or prevent a substantial threat of such a discharge;
4. A change in the type of product dealt in, stored or handled by any facility covered by the plan for which a Material Safety Data Sheet (MSDS) or its equivalent has not been submitted; or
5. A change in the method or operation utilized 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 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:_____