## 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 hand	dling capacity of	gallons.
Please check one: (1) Is this an initial application for approval of a con	utingency plan? (yes) or (no)	)
(2) Is this a certification of change of facility operator (no), with an identification number of: FC		-
This facility is located in	County (or)	City
Name and mailing address of operator	Name and location ac	ldress 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 b		<del>.</del>
<u>State Use Only</u> Date Received:		

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Date Reviewed:

Revised: January, 2019

Reviewed by:

## 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. V	When the operator is an <b>individual</b> acting in h	is 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. V	When the operator is an individual acting on be	ehalf of a <b>corporation</b> :		
	State of	County/City of		
	The foregoing document was signed and ack	nowledged before me on thisday of	, 20, by	
		who is		
	(Name of Individual)	who is(Title)		
	of(Name of Corporation) on behalf of the corporation.	, a(State of Incorporation)	corporation	
	Notary Public	My Commission Expires:		
3. Whe	en 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 ack	nowledged before me on thisday of	, 20, by	
		who is		
	(Name of Individual)	(Title)		
	on behalf of(Mun	nicipality, State, Federal or other agency)		
	Notary Public			
4. V	When the operator is an individual acting on bo			
	State of	-		
		nowledged before me on thisday of		
		, a gen	·	
	(Nam	ne of Individual))		
	(Nam	ne of Partnership)	, a partnership.	
	Notary Public	My Commission Expires:		