

**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](http://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: \_\_\_\_\_

*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.*