



# Iowa Department of Natural Resources UST CLOSURE CLAIM FORM

To apply for a UST Closure Claim, the UST Owner must complete this application and return it with the required documentation (see instructions the reverse).

### UST Owner

Owner: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Title / Position: \_\_\_\_\_

Address (line2): \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Company (see IRS W9): \_\_\_\_\_  Individual  Sole proprietor

State of organization: \_\_\_\_\_ Iowa Secretary of State Business Entity #: \_\_\_\_\_

Are you the owner of the USTs to be closed?  Yes  No

Do you own the land where the UST is located?  Yes  No

### UST Facility

Facility Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

# USTs to be closed	Capacity	Construction	Contents	Fill in place or Removal

### UST Owner submission of a Cost Estimate

The cost outline must, at a minimum, include the following tasks: costs of the excavation work, tank cleaning costs (includes fluids disposal), environmental assessment, reporting and the total cost.

Budget Item	Amount
<b>Total Cost Estimate:</b>	

**Do not include** costs for a canopy removal, concrete replacement, claim handling, or the installation of new equipment, or other services.

### UST Owner Certification

- I am the applicant for the above-mentioned claim, and I have personally examined and am familiar with the information submitted in this document;
- I confirm that I am the owner of the UST system described above;

- I understand as the applicant to the DNR Storage Tank Management Account Financing Program, I am fully responsible for the verification and submission of all documents associated with this claim; and
- I understand that any misrepresentation herein may lead to disqualification of this claim.

I, the undersigned, certify under penalty of perjury that these statements are true and correct.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DNR Storage Tank Management Account Financing Program**

Comment: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## Iowa Storage Tank Management Account Financing Program, Tank Closure Instructions

**Regulation:** Iowa Administrative Code 591-Chapter 11.3(11): Budget(s) shall be provided that outline the total cost and scope of work proposed. Maximum benefit payable shall be \$15,000.00 for any site identified by an Iowa DNR UST registration number and prior budget approval is required.

**To obtain DNR reimbursement, the UST Owner must comply with all of the following:**

1. UST Owner must be registered with the Iowa Secretary of State. (If filing as Individual / Sole Proprietor, UST Owner is not required to register with the Iowa Secretary of State.) If not already registered, contact the Iowa Secretary of State's office at 515-281-5204 or <https://sos.iowa.gov/>. Include the "Business Entity #" on the reverse side of this application.
2. UST Owner will be required to enter into a Contract with the Iowa DNR to receive reimbursement of completed work.
3. UST Owner must upload an IRS W-9 form to be eligible to receive reimbursement from the DNR Storage Tank Management Financing Program for completed work. The following link (<https://stateofiowa.seamlessdocs.com/f/W9forDNR>) will direct you to a fillable W-9 form which will allow you to securely submit your tax information. **On the W-9, please provide the best payment address.** Once completed and your signature is applied, you must click the "Finalize & Submit" button. You will receive a signature confirmation email from SeamlessDocs confirming your submission. If you have any questions or concerns regarding the W-9 process, please contact the DNR Budget & Finance Section at [budgetandfinance@dnr.iowa.gov](mailto:budgetandfinance@dnr.iowa.gov) for assistance.

**Submit any questions and/or the completed UST Closure Claim Application and cost estimate to:**

James Gastineau, Environmental Specialist Senior  
Iowa Department of Natural Resources  
6200 Park Ave Ste 200  
Des Moines IA 50321  
Phone: 515-829-2770  
**Email:** [USTClaims@dnr.iowa.gov](mailto:USTClaims@dnr.iowa.gov)