

Louisiana DEQ
Underground Storage Tank Division
Grant Program Application Instructions

FOR DEQ OFFICE USE ONLY

- 1 This section is reserved for DEQ office use only

APPLICANT INFORMATION (Form shall be completed and signed by the Applicant)

- 1 The Applicant must be the legal UST owner (private person or private entity) at the Project Facility.
- 2 The Application form shall be completed and signed by the Applicant.
- 3 List the Applicant name at the Project Facility.
- 4 If the Applicant is Doing business as (Dba) a company name, list the company name, if applicable.
- 5 Check the appropriate box as to the Applicant status.
- 6 Indicate the total of number of USTs owned by the Applicant in Louisiana.
- 7 List the mailing address of the Applicant.
- 8 List the Domicile Address of the Applicant. If the same as mailing address, list "same".
 - a. The Applicant must be domiciled in Louisiana to participate in the Grant Program.
- 9 List the business phone number of the Applicant.
- 10 List the Federal Tax ID (if applicable) of the Applicant or Business.
- 11 List the Contact Person and Title for the Applicant or Business who can best answer any questions regarding the Application or Project Facility.
- 12 List the E-Mail address, Cell phone number, and fax number for the Applicant or Business.

PROJECT FACILITY INFORMATION (Grant shall be applied at only one Project Facility)

- 1 The Grant shall be applied at only one Project Facility (ie. the facility of the upgrade and/or improvement).
- 2 List the Name of the Project Facility and the DEQ assigned Agency Interest Number.
- 3 List the Address, City, State, and Zip Code of the Project Facility (The Project Facility must be located in Louisiana).
- 4 List the actual driving distance from the Project Facility to the nearest retail fuel facility regardless of ownership.

SINGLE WALL UST INFORMATION

- 1 List information about the Single Wall USTs at the Project Facility. This information can be obtained from the UST Registration Form.

SINGLE WALL PRODUCT PIPING INFORMATION

- 1 List information about the Single Wall Product Piping at the Project Facility. This information can be obtained from the UST Registration Form.

SCOPE OF WORK AND ESTIMATE OF COSTS

- 1 Provide a brief description of the planned upgrade and/or improvements to the single wall UST(s) or product piping.
- 2 Obtain one (1) bid from a preferred DEQ Certified Contractor and list the estimated costs, the contractor name and certification number, and the estimated time to complete the project in weeks. The DEQ recommends obtaining at least three (3) bids to ensure cost effectiveness and preservation of available Grant funds.
- 3 List the equipment to be installed and cost of the equipment on the Itemized List and submit along with the Application.

VERIFICATION AND SIGNATURE

- 1 The Application form must be completed and signed by the Applicant.

The Application form may be submitted by email or by postal mail to the following addresses:

Email: USTGrantProgram@la.gov

Postal Mail: LADEQ - UST Grant Program
P.O. Box 4314
Baton Rouge, LA 70821-4314
Attention: Andy Messina

Costs eligible for reimbursement under the Grant Program include:

- 1 Double wall underground storage tank (includes delivery cost to site, dead men anchors, and backfill)
- 2 Double wall product piping (includes delivery cost to site, all connectors, fittings, glue kits, vent piping, and backfill)
- 3 Submersible Turbine Pumps (STP) (includes all connectors, controllers, and leak detectors)*
- 4 STP Sumps (includes all fittings, flanges, hardware, and manhole covers)*
- 5 Under Dispenser Containment (UDC) Sumps (includes all fittings and hardware) *
- 6 UST monitor and sensors (includes all mounting hardware and wiring)*
- 7 Fill ports and other tank risers (includes all caps and hardware)*
- 8 Shear valves (includes all mounting hardware)*
- 9 Flex lines (includes all fittings and mounting hardware)*
- 10 Spill prevention equipment (includes all adaptors, mounting hardware, and manhole covers)*
- 11 Overfill prevention equipment (includes all fitting and hardware)*

* Included for reimbursement only when replacing existing single wall underground storage tanks and/or single wall product piping

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PROJECT FACILITY			
Name:		Agency Interest No.:	
Address:	City:	State:	Zip Code:
EQUIPMENT LIST			
ITEMIZED EQUIPMENT LIST			Amount (\$)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
TOTAL AMOUNT:			