

**Illinois Environmental Protection Agency
Leaking Underground Storage Tank Program
Heating Oil Tank/Pre-1974 Tank Election**
(This form applies to releases subject to 415 ILCS 5/57 et seq.)

A. Site Identification

IEMA Incident # (6- or 8-digit): _____ IEPA LPC# (10-digit): _____
Site Name: _____
Site Address (Not a P.O. Box): _____
City: _____ County: _____ ZIP Code: _____
Office of the State Fire Marshal facility ID # (7-digit): _____

B. Regulatory Status

1. Was this incident reported to the Illinois Emergency Management Agency (IEMA) as a result of a confirmed release from an Underground Storage Tank (UST) or USTs taken out of operation prior to January 2, 1974? Yes No
2. Was this incident reported to IEMA as a result of a confirmed release from an UST or USTs used exclusively to store heating oil for consumptive use on the premises where stored and which serves other than a farm or residential unit? Yes No

Note: If you marked "yes" to number 1 or 2, then please complete the section below:

This form should be used as an official notification to the Illinois EPA of your intention to NOT proceed in accordance with the Leaking UST regulations, in which case you should mark the box in line "A" below. Please be advised that this election shall be deemed effective upon receipt by the Illinois EPA and may not be withdrawn once made. Alternatively, this form may be used to notify the Illinois EPA of your intention to proceed in accordance with the Leaking UST regulations, in which case you should mark the box in line "B" below:

- A. I am electing NOT to proceed (will not be subject to Leaking UST regulations)
B. I am electing to proceed (will be subject to Leaking UST regulations)

C. Signatures

UST Owner

UST Operator (if different than UST Owner)

| | |
|------------------|------------------|
| Company: _____ | Company: _____ |
| Contact: _____ | Contact: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| State: _____ | State: _____ |
| ZIP Code: _____ | ZIP Code: _____ |
| Phone: _____ | Phone: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |