



APPLICATION FOR LOW VOLUME CLASSIFICATION

PETROLEUM REMEDIATION SECTION PETROLEUM RELEASE REMEDIAL ACTION CASH FUND

Release Facility Information		Facility ID :	Program ID :		PRR
1	Facility Name:				
2	Address:				
3	City:		State:	NE	County:
4	SFM ID				
Responsible Person (RP) Information					
5	RP Name:				
6	Contact Name:				
7	Address:				
8	City:		State:		Zip:
9	Phone Number:				
10	Email Address:				
11	Federal ID:				
12	Calendar year immediately preceding the first report of this release to the DWEE:				
13	When the release was discovered, was the tank system in use or out of service?				
14	If the tank system was out of service, when was it taken out of service?				
15	Number of petroleum tank facilities owned and/or operated by the RP:				
16	List all Nebraska State Fire Marshall (SFM) facility ID numbers for the facilities in line 15:				
17	Was the petroleum in the tanks for sale or stored for use by the RP?				

Mail completed forms and documents to:
DWEE, Title 200 Program, 245 Fallbrook Blvd, Suite 100, Lincoln, NE 68521

18 Petroleum Purchase Information:

Please provide the following information for all dealers, distributors, etc. who supplied petroleum to facilities owned/operated by the RP in Nebraska for the calendar year prior to the first report of the release. Summarize total fuel purchases by vendor in the section below, and attach documentation such as copies of purchase tickets, purchase statements, or monthly summaries from the vendor. If this information is not available, attach a letter with an explanation about why the documents are not available and why the responsible person meets the low volume criteria. **Do not leave this page blank.**

Vendor 1					
Company Name:					
Contact Person:					
Address:					
City:		State:		Zip Code:	
Phone Number:		Email Address:			
Vendor 2					
Company Name:					
Contact Person:					
Address:					
City:		State:		Zip Code:	
Phone Number:		Email Address:			
Vendor 3					
Company Name:					
Contact Person:					
Address:					
City:		State:		Zip Code:	
Phone Number:		Email Address:			
19 Summary of Fuel Purchases by Vendor:					
	Gallons Purchased				
Petroleum Type	Vendor 1	Vendor 2	Vendor 3	Totals	
Gasoline					
Diesel					
Other					
Total Gallons Purchased					

20	Responsible Person Verification
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I verify that the information attached to support the Application for Low Volume Classification, pursuant to Neb. Rev. Stat. §66-1523 (2) is complete and accurate. I further understand that discovery of fraud or other misuse of payments received from the Fund may result in referral to the Attorney General for appropriate action and/or recovery of amounts previously reimbursed, or reduction of additional reimbursements from the fund, pursuant to Title 200, Chapter 1.

Signature of Responsible Person:

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public