



ace westchester
specialty group

PUBLIC ENTITIES/EDUCATIONAL FACILITIES POLLUTION LIABILITY APPLICATION

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated, and signed by a principal of the Entity.

SUBMISSION CHECKLIST

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Please provide copies of your past two (2) years of audited financial statements and annual reports. |
| <input type="checkbox"/> | Please provide currently valued loss runs for the past three (3) years excluding the current year. |
| <input type="checkbox"/> | Please provide a copy of any Site Assessment Reports/Environmental Assessment Reports/Remediation Reports for any property owned by the Entity (past, current, or planned). |
| <input type="checkbox"/> | Please provide the most recent ground water monitoring report for EACH Open/Closed Landfill along with the current operating permit for EACH Open Landfill. (<input type="checkbox"/> check here if not applicable) |
| <input type="checkbox"/> | Storage Tank Schedule (<input type="checkbox"/> check here if not applicable) |
| <input type="checkbox"/> | Current Property Schedule listing all locations to be covered with the physical location of EACH property |
| <input type="checkbox"/> | MSDS Sheets for EACH of the herbicides/pesticides used in any chemical spraying services (<input type="checkbox"/> check here if not applicable) |

ACE Westchester Specialty Group - Environmental Division

500 Colonial Center Parkway, Suite 200 Roswell, GA 30076

Phone: 1-800-982-9826 ● Fax: 678-795-4569 ● wsgatl.environmental@ace-ina.com



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PUBLIC ENTITIES/EDUCATIONAL FACILITIES POLLUTION LIABILITY APPLICATION CLAIMS MADE COVERAGE

Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A".

APPLICANT INFORMATION			
ENTITY NAME:			
OFFICE ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PRINCIPAL ENVIRONMENTAL CONTACT:		TITLE:	
TELEPHONE:	FAX:	EMAIL:	
Entity is: <input type="checkbox"/> Governmental Subdivision (City, Town, County, etc.) <input type="checkbox"/> Public Entity (Water, Sewer, Electric, Gas) <input type="checkbox"/> Educational Facility (Elementary School, Middle School, High School, College) <input type="checkbox"/> Other, describe: _____			
ENTITY WEBSITE (if applicable):			
SERVICE POPULATION:		NUMBER OF EMPLOYEES:	

REQUESTED COVERAGE		
COVERAGE REQUESTED: <input type="checkbox"/> Public Entities/Governmental Subdivision <input type="checkbox"/> Educational Facilities <input type="checkbox"/> Other, describe: _____		PROPOSED EFFECTIVE DATE:
PROPOSED RETROACTIVE DATE:	PROPOSED LIMITS: \$	PROPOSED RETENTION: \$

CURRENT OR PAST POLLUTION COVERAGE					
Current Carrier	Effective Dates	Limits	Retention	Retroactive Date	Premium
			\$		\$
			\$		\$
			\$		\$
			\$		\$
HAS ANY INSURANCE COMPANY EVER DENIED, CANCELLED, OR NON-RENEWED POLLUTION LIABILITY COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE EXPLAIN:					

EXPOSURE SUMMARY

EXPOSURE(S)	NUMBER OF EXPOSURE(S)
Airports:	
Power Generation Facilities:	
Natural Gas Distribution/Utilities:	
Former Federal Government property, including military installations:	
Vehicle Maintenance Facilities and Garages (Including Bus Depots):	
Nursing Homes/Assisted Living Centers:	
Health Clinic(s)/Medical Clinic(s) (Total number of facilities/number of beds):	
Housing Authorities/Public Housing:	
Parks and Recreational Centers:	
Golf Courses:	
Waste Management & Treatment Facilities	
Closed Landfill(s):	
Open Landfill(s):	
Transfer Stations:	
Recycling Facilities:	
Hazardous Waste Facility(ies):	
Water District/Distribution:	
Wastewater Treatment Facility(ies):	
Water Treatment Facility(ies):	
Spraying Operations (Per Day)	
Does the insured perform any fertilizer, herbicide, or pesticide spraying services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Herbicides:	Average Number of Days per Year? _____
Pesticides:	Average Number of Days per Year? _____
Storage Tanks	
Aboveground Storage Tanks (AST):	
Underground Storage Tanks (UST):	
Educational Facilities	
Daycare Center(s):	
Elementary School(s):	
Middle School(s):	
High School(s):	
College/University(ies):	
Medical School(s):	
Technical/Vocational School(s):	
Swimming Pool(s) (Total number of swimming pools):	

COMPLIANCE HISTORY

ARE YOU AWARE OF ANY PAST OR PRESENT POLLUTION CONDITIONS OR ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU AWARE OF ANY NOTICES OF VIOLATION, FINES, PENALTIES, COMPLAINTS, OR RECEIVED ANY CLAIMS OR SUITS RELATING TO ANY POLLUTION CONDITIONS? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU AWARE IF ANY OF YOUR OWNED PROPERTY LOCATION(S) IS IN NON-COMPLIANCE OF ANY LOCAL, STATE, OR FEDERAL ENVIRONMENTAL REGULATIONS, STANDARDS, OR STATUES?

YES NO

IF YES, PLEASE EXPLAIN:

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ATTACHMENTS ABOUT THE APPLICANT AND ITS OPERATIONS, ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)

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ADDENDUM A – AIRPORT(S) AND FORMER FEDERAL GOVERNMENTAL PROPERTY

PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY

AIRPORTS			
NAME OF AIRPORT:			YEAR STARTED:
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
TOTAL ACREAGE:		AVERAGE NUMBER OF DAILY FLIGHTS:	
AVERAGE NUMBER OF PLANE(S) STORED ON SITE (DAILY)?		LENGTH OF LONGEST RUNWAY (FEET):	
FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES:			
NORTH		SOUTH	
EAST		WEST	
NUMBER OF GROUNDWATER WELLS: _____			
DOES THE LOCATION HAVE ANY STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.			

FORMER FEDERAL GOVERNMENT PROPERTY			
NAME OF PROPERTY OR FORMER NAME OF PROPERTY (PLEASE COMPLETE FOR EACH LOCATION):			YEAR STARTED:
PHYSICAL ADDRESS:			YEAR CLOSED:
CITY:		STATE:	ZIP CODE:
WHEN DID THE APPLICANT TAKE CUSTODY OF THE LOCATION?			
DESCRIBE THE HISTORY OF THE LOCATION (FORMER OPERATIONS):			
WHAT IS THE CURRENT USE OF THE LOCATION? (CURRENT OPERATIONS?):			
ARE THERE ANY POLLUTION CONDITIONS ASSOCIATED WITH THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:			
WHO IS RESPONSIBLE FOR THE REMEDIATION OF ANY POLLUTION CONDITIONS DISCOVERED AT THE LOCATION THAT WERE A RESULT OF HISTORICAL USE?			
HAS THE LOCATION RECEIVED ANY NOTICES OF VIOLATION, FINES, PENALTIES, COMPLAINTS, OR RECEIVED ANY CLAIMS OR SUITS RELATING TO ANY POLLUTION CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.			
NUMBER OF GROUNDWATER WELLS: _____ DISTANCE TO NEAREST BODY OF WATER AND TYPE: _____			
DOES THE LOCATION HAVE ANY STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.			

ADDITIONAL ENVIRONMENTAL INFORMATION
PLEASE INCLUDE ALL ENVIRONMENTAL SURVEYS/REPORTS, COMPLIANCE REPORTS, NOTICE OF VIOLATION DOCUMENTS, AND ANY OTHER ENVIRONMENTAL DOCUMENTS ASSOCIATED WITH THE AIRPORT(S) AND/OR THE FORMER MILITARY BASE(S).

ADDENDUM B – EDUCATIONAL FACILITIES

PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY

EDUCATIONAL FACILITIES

Each Educational Facility must be listed on the current property schedule.

TYPE OF FACILITY	TOTAL NUMBER OF SCHOOLS/FACILITIES	TOTAL AVERAGE DAILY ATTENDANCE (ADA)
DAY CARE/PRE-SCHOOL:		
ELEMENTARY SCHOOL:		
MIDDLE SCHOOL:		
HIGH SCHOOL:		
UNIVERSITY/COLLEGE:		
MEDICAL SCHOOLS:		
TECHNICAL/VOCATIONAL SCHOOLS:		

HAS ANY LOCATION HAD ANY ENVIRONMENTAL POLLUTION CONDITIONS OR ENVIRONMENTAL CLAIMS?: YES NO
If YES, please explain:

SCIENCE AND CHEMISTRY LABORATORIES

DOES ANY LOCATION HAVE A SCIENCE OR CHEMISTRY LABORATORY? YES NO

IF **YES**, ARE THERE WRITTEN CHEMICAL STORAGE AND EMERGENCY SPILL PROCEDURES PROVIDED TO EMPLOYEES AND STUDENTS? YES NO

DO CHEMICAL DISPOSAL METHODS MEET STATE AND FEDERAL REGULATIONS? YES NO

ARE THE TEACHERS/PROFESSORS TRAINED ON THE PROPER DISPOSAL OF CHEMICALS USED IN THE LABORATORIES?
 YES NO

VEHICLE MAINTENANCE GARAGE/FACILITIES

DO YOU HAVE AUTO SHOP CLASSROOMS/GARAGES IN ANY OF YOUR SCHOOLS? YES NO

DO YOU HAVE ANY BUS MAINTENANCE GARAGES IN ANY OF YOUR SCHOOLS (I.E.: A GARAGE WHERE OIL IS CHANGED, FLUIDS REPLACED, AND REPAIRS ARE COMPLETED.) YES NO

IF **YES** TO EITHER QUESTION, PLEASE COMPLETE **ADDENDUM G: VEHICLE MAINTENANCE FACILITIES FOR EACH LOCATION.**

SWIMMING POOLS

DO YOU HAVE ANY SWIMMING POOLS IN ANY OF YOUR DISTRICTS? YES NO IF **YES**, HOW MANY POOLS? _____

ARE ALL CHEMICALS STORED IN A SECURE FACILITY/STORAGE BUILDING WITH RESTRICTED ACCESS? YES NO
IF YES, HOW ARE THE CHEMICALS STORED? IF NO, EXPLAIN WHERE CHEMICALS ARE KEPT.

ADDITIONAL ENVIRONMENTAL INFORMATION

PLEASE INCLUDE ALL ENVIRONMENTAL SURVEYS/REPORTS, COMPLIANCE REPORTS, NOTICE OF VIOLATION DOCUMENTS, AND ANY OTHER ENVIRONMENTAL DOCUMENTS ASSOCIATED WITH ANY EDUCATIONAL FACILITY(IES).

ADDENDUM C – POWER GENERATION FACILITIES AND NATURAL GAS DISTRIBUTION

PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY

POWER GENERATION UTILITIES		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
FACILITY EPA ID # (If Applicable):	STATE ID # (If Applicable):	
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM? _____		
DESCRIBE THE SECURITY SYSTEMS THAT ARE IN PLACE FOR THE UTILITY.		
DESCRIBE THE EMERGENCY PROCEDURES AND EMERGENCY SHUT-OFF SYSTEMS FOR EACH LOCATION.		
HOW IS THE ELECTRICITY GENERATED/PRODUCED? <input type="checkbox"/> GAS <input type="checkbox"/> COAL <input type="checkbox"/> STEAM <input type="checkbox"/> OIL <input type="checkbox"/> OTHER: _____	DESCRIBE FLY ASH DISPOSAL METHODS (IF APPLICABLE):	
DO THE FLY ASH DISPOSAL METHODS MEET STATE AND FEDERAL STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain:		
DO YOUR EMISSIONS MEET FEDERAL AND STATE GUIDELINES? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain:		
DO ANY OF YOUR TRANSFORMERS CONTAIN PCBs? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain and include how often they are inspected?		
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:		
DOES THE LOCATION HAVE ANY STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.		

NATURAL GAS DISTRIBUTION / UTILITIES		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
FACILITY EPA ID # (If Applicable):	STATE ID # (If Applicable):	
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM?		
DESCRIBE THE SECURITY SYSTEMS THAT ARE IN PLACE FOR THE UTILITY.		
DESCRIBE THE EMERGENCY PROCEDURES AND EMERGENCY SHUT-OFF SYSTEMS FOR EACH LOCATION.		
DESCRIBE THE NATURAL GAS DISTRIBUTION SYSTEM?	HOW OFTEN ARE THE NATURAL GAS LINES INSPECTED AND TESTED? PLEASE EXPLAIN:	
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?		
DOES THE LOCATION HAVE ANY STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.		

ADDENDUM D – RECYCLING FACILITIES, TRANSFER STATIONS, AND LANDFILLS

PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY.

COVERED LOCATION INFORMATION			
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
FACILITY EPA ID # (If Applicable):	STATE ID # (If Applicable):		
IS THE FACILITY PERMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM?			
FACILITY BACKGROUND			
TYPE OF TREATMENT FACILITY (CHECK BOX)			
<input type="checkbox"/> MUNICIPAL LANDFILL	<input type="checkbox"/> CONSTRUCTION & DEBRIS LANDFILL	<input type="checkbox"/> HAZARDOUS WASTE LANDFILL	
<input type="checkbox"/> TRANSFER STATION	<input type="checkbox"/> RECYCLING FACILITY	<input type="checkbox"/> OTHER: _____	
WHEN WAS THE FACILITY CONSTRUCTED?		WHEN WAS THE FACILITY PERMITTED?	
MAXIMUM PERMITTED DAILY AMOUNT ACCEPTED:		AVERAGE DAILY AMOUNT ACCEPTED:	
TOTAL ACRES:	DISPOSAL ACRES:	BUFFER ACRES:	BUFFER USE:
PLEASE DESCRIBE MATERIALS ACCEPTED BY THIS FACILITY:			
HOW IS ACCESS TO THE FACILITY RESTRICTED (i.e.: Are the property boundaries fenced? Security cameras on site? etc.)?			
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please explain?			
DOES THE FACILITY CURRENTLY MONITOR THE GROUNDWATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE MOST RECENT GROUNDWATER MONITORING REPORTS WITH THIS APPLICATION.			

DISPOSAL INFORMATION				
	ID No. _____	ID No. _____	ID No. _____	ID No. _____
ACTIVE OR CLOSED				
DATE FIRST USED				
ESTIMATED CLOSURE DATE				
LINER TYPE: (Describe Material)				
LINER THICKNESS				
LEACHATE COLLECTION SYSTEM				
METHANE COLLECTION SYSTEM				
GROUNDWATER MONITORING SYSTEM				

ADDITIONAL ENVIRONMENTAL INFORMATION
PLEASE INCLUDE ALL ENVIRONMENTAL SURVEYS/REPORTS, COMPLIANCE REPORTS, NOTICE OF VIOLATION DOCUMENTS, AND ANY OTHER ENVIRONMENTAL DOCUMENTS ASSOCIATED WITH THE LANDFILL(S), RECYCLING FACILITY(IES) OR TRANSFER STATION(S).

ADDENDUM E – PARKS AND RECREATIONAL FACILITIES / MEDICAL FACILITIES

PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY.

PARKS AND RECREATIONAL FACILITIES	
HOW MANY PARKS ARE OWNED BY THE APPLICANT?	TOTAL ACREAGE OF ALL PARKS?
HOW MANY PLAYGROUNDS USE TREATED LUMBER?	
HOW MANY PLAYGROUNDS USE RECYCLED RUBBER CHIPS AS A BASE FOR EQUIPMENT?	
HOW MANY SWIMMING POOLS DOES THE APPLICANT/ENTITY MAINTAIN?	
WHAT TYPE OF CHEMICAL TREATMENT SYSTEM IS USED?	
HOW MANY PONDS OR LAKES DOES THE APPLICANT/ENTITY MAINTAIN?	
HOW MANY PONDS OR LAKES ARE USED FOR SWIMMING?	
HOW MANY GOLF COURSES DOES THE APPLICANT/ENTITY MAINTAIN?	
ARE SPRAYING OPERATIONS/SERVICES CONDUCTED AT ANY OF THE GOLF COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE COMPLETE ADDENDUM F: SPRAYING OPERATIONS/SERVICE WORK	
DESCRIBE CHEMICAL USE AND STORAGE AT THE GOLF COURSES?	
DOES THE APPLICANT/ENTITY OWN ANY ARENAS OR STADIUMS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE CAPACITY?	
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?	
DOES ANY LOCATION HAVE STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.	

MEDICAL FACILITIES/HOUSING AUTHORITIES				
	HOSPITALS	MEDICAL CLINICS	NURSING HOMES/ ASSISTED LIVING	HOUSING AUTHORITIES/ PUBLIC HOUSING
TOTAL NUMBER OF FACILITIES				
NUMBER OF BEDS				
NUMBER OF ON-SITE LABORATORIES				
NUMBER OF ON-SITE INCINERATORS				
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?				
DOES ANY LOCATION HAVE STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.				

ADDITIONAL ENVIRONMENTAL INFORMATION
*PLEASE INCLUDE ALL ENVIRONMENTAL SURVEYS/REPORTS, COMPLIANCE REPORTS, NOTICE OF VIOLATION DOCUMENTS AND ANY OTHER ENVIRONMENTAL DOCUMENTS ASSOCIATED WITH ANY MEDICAL FACILITY(IES) OR HOUSING AUTHORITY(IES).

ADDENDUM F – SPRAYING OPERATIONS / SERVICE WORK
PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY.

CHEMICAL SPRAYING OPERATIONS/SERVICES		
DOES THE APPLICANT/ENTITY PERFORM ANY SPRAYING OPERATIONS/SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE APPLICANT/ENTITY PERFORM ANY AERIAL SPRAYING OPERATIONS/SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE NOTE: AERIAL SPRAYING OPERATIONS/SERVICES ARE EXCLUDED FROM THE COVERAGE		
TYPES OF OPERATIONS		
HERBICIDE	DAYS PER YEAR:	DESCRIBE METHOD(S) OF APPLICATION:
PESTICIDE	DAYS PER YEAR:	DESCRIBE METHOD(S) OF APPLICATION:
OTHER (DESCRIBE):	DAYS PER YEAR:	DESCRIBE METHOD(S) OF APPLICATION:
DO YOU REQUIRE THE PERSON CONDUCTING THE SPRAYING OPERATIONS/SERVICES TO BE CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERCENTAGE OF SPRAYING OPERATIONS/SERVICES PERFORMED BY: EMPLOYEES: ____ % CONTRACTORS: ____%		
DO YOU REQUIRE CERTIFICATES OF INSURANCE FROM THE CONTRACTORS PERFORMING THE SPRAYING OPERATIONS/SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT POLICY LIMITS ARE REQUIRED?		
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?		
PLEASE ATTACH MATERIAL DATA SAFETY SHEETS (MSDS) FOR ALL CHEMICALS USED AND LIST THE QUANTITIES USED.		

CHEMICAL STORAGE
ARE ALL CHEMICALS STORED IN A SECURE FACILITY/STORAGE BUILDING WITH RESTRICTED ACCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW ARE THE CHEMICALS STORED? IF NO, EXPLAIN WHERE THE CHEMICALS ARE KEPT.
ARE WRITTEN PROCEDURES IN PLACE FOR EMERGENCY SPILL AND/OR RELEASE OF CHEMICALS? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF OTHER SERVICES/WORK
PLEASE LIST OTHER SERVICE WORK ROUTINELY PROVIDED BY THE APPLICANT/ENTITY:

ADDENDUM G – VEHICLE MAINTENANCE FACILITIES
PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY

COVERED LOCATION INFORMATION		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
FACILITY EPA ID # (If Applicable):	FACILITY EPA ID # (If Applicable):	
NUMBER OF ABOVEGROUND STORAGE TANKS:	NUMBER OF UNDERGROUND STORAGE TANKS:	
ARE OTHER OPERATIONS PERFORMED AT THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT OPERATIONS ARE PERFORMED?		
ARE THERE ANY HYDRAULIC LIFTS AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY HYDRAULIC LIFTS ARE THERE?		
HAVE ANY OF THE HYDRAULIC LIFT OIL/FLUID TANKS EVER BEEN INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? PLEASE PROVIDE DETAILS OF INSPECTION:		
FOR THIS LOCATION, PLEASE DESCRIBE ADJACENT PROPERTIES:		
NORTH _____	SOUTH _____	
EAST _____	WEST _____	
NUMBER OF GROUNDWATER WELLS:	TYPE OF WELL (drinking or monitoring):	
DISTANCE TO THE CLOSEST RESIDENTIAL AREA:	IS THE LOCATION WITHIN A FLOOD PLAIN?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS SITE HAVE PUBLIC SEWER AND WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?		
PROVIDE ANY INFORMATION REGARDING ANY MANDATORY OR VOLUNTARY MONITORING PERFORMED AT THE SITE.		
IDENTIFY AND DESCRIBE ANY PAST STORAGE OR DISPOSAL PRACTICES AT THE SITE INCLUDING ANY ON-SITE DISPOSAL:		
PLEASE PROVIDE INFORMATION ON KNOWN PRIOR USES OF THE MAINTENANCE SITE:		
DOES ANY LOCATION HAVE STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.		

ADDITIONAL ENVIRONMENTAL INFORMATION
*PLEASE INCLUDE ALL ENVIRONMENTAL SURVEYS/REPORTS, COMPLIANCE REPORTS, NOTICE OF VIOLATION DOCUMENTS AND ANY OTHER ENVIRONMENTAL DOCUMENTS ASSOCIATED WITH ANY VEHICLE MAINTENANCE FACILITY(IES).

ADDENDUM H – STORAGE TANKS

PLEASE COMPLETE FOR EACH COVERED LOCATION. COPY AS NECESSARY.

COVERED LOCATION INFORMATION	
NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID #:	STATE ID #:
NUMBER OF ABOVEGROUND STORAGE TANKS:	NUMBER OF UNDERGROUND STORAGE TANKS:

STORAGE TANK SCHEDULE					
	ID No. _____	ID No. _____	ID No. _____	ID No. _____	ID No. _____
AST OR UST					
AGE					
CAPACITY (gallons)					
PRODUCT CODE					
CONSTRUCTION CODE					
PROTECTION CODE					
LEAK DETECTION CODE					
SECONDARY CONTAINMENT CODE					
MOST RECENT TANK TESTING DATE					
DID IT PASS OR FAIL?					
HAS THIS TANK BEEN UPGRADED TO THE 1998 STANDARDS?					
ASSOCIATED PIPING					
LENGTH OF PIPING (feet)					
AGE					
% OF PIPING UNDERGROUND					
CONSTRUCTION CODE					
PROTECTION CODE					
DISPENSER CODE					
OIL/WATER SEPARATOR IN USE?					

CODES		
PRODUCT CODE	CONSTRUCTION CODE	PROTECTION CODE
D – Diesel	DWS – Double Wall Steel	CP – Cathodic Protection
G – Gasoline	DWF – Double Wall Fiberglass	EC – Epoxy Coated
A – Aviation	STIP – STIP-3 Construction	V – Tank Vault
U – Used Oil	SWS – Single Wall Steel	PL – Pit Liner
O – Organic Chemicals	SWF – Single Wall Fiberglass	N – None
I – Inorganic Chemicals	LS – Lined Steel	P – Painted Tank
	UNK - Unknown	UNK - Unknown

LEAK DETECTION CODE	SECONDARY CONTAINMENT CODE	DISPENSING CODE
E – Electronic Monitoring	PC- Poured Concrete	S – Suction
DS – Dip Stick	CB – Concrete Block	P – Pressure
MW – Monitoring Well	E – Earth	
PT – Pressure Test	L – Lined	
SI – Statistical Inventory	N – None	
N - None	UNK - Unknown	
UNK - Unknown		

**ADDENDUM I – WATER TREATMENT / WASTEWATER TREATMENT FACILITIES
PLEASE COMPLETE FOR EACH COVERED LOCATION AND COPY AS NECESSARY**

WATER TREATMENT FACILITY

NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID # (If Applicable):	STATE ID # (If Applicable):
WHEN WAS THE FACILITY DESIGNED AND BUILT?	TOTAL POPULATION SERVED BY THIS FACILITY?
NUMBER OF LIFT/PUMP STATIONS?	
IS THIS FACILITY COMPLETELY FENCED AND ACCESS RESTRICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE SECURITY: (I.E.: SECURITY GUARDS, SECURITY CAMERAS, ETC):	
HOW MANY MILES OF PIPELINE IS THE ENTITY RESPONSIBLE FOR?	
AVERAGE AMOUNT OF WATER TREATED PER DAY (IN GALLONS)?	
MAXIMUM CAPACITY OF TREATED WATER PER DAY (IN GALLONS)?	
NUMBER OF (WITH AVERAGE CAPACITY):	
WATER TANKS:	WATER TOWERS:
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?	
DOES ANY LOCATION HAVE STORAGE TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Please complete Addendum H: Storage Tank Data Sheet.	

WASTE WATER TREATMENT FACILITY

NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
FACILITY EPA ID # (If Applicable):	STATE ID # (If Applicable):
WHEN WAS THE FACILITY DESIGNED AND BUILT?	TOTAL POPULATION SERVED BY THIS FACILITY?
IS THIS FACILITY COMPLETELY FENCED AND ACCESS RESTRICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE SECURITY: (I.E.: SECURITY GUARDS, SECURITY CAMERAS, ETC):	
HOW MANY MILES OF PIPELINE IS THE ENTITY RESPONSIBLE FOR?	
AVERAGE AMOUNT OF WATER TREATED PER DAY (IN GALLONS)?	
MAXIMUM CAPACITY OF TREATED WATER PER DAY (IN GALLONS)?	
NUMBER OF (WITH AVERAGE CAPACITY):	
WATER TANKS:	WATER TOWERS:
HAVE YOU RECEIVED ANY NOTICES OF VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN?	

COMPLETE THE TABLE BELOW FOR EACH PERMITTED EFFLUENT DISCHARGE:

POLLUTANT	PERMITTED MAXIMUM AMOUNT	DAILY AVERAGE AMOUNT

DOES ANY LOCATION HAVE STORAGE TANKS? YES NO **IF YES, Please complete Addendum H: Storage Tank Data Sheet.**

RECLAIMED WATER

DOES THE FACILITY SELL OR DISTRIBUTE ANY RECLAIMED WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES COMPLETE SECTION BELOW:		
AVERAGE GALLONS OF WATER RECLAIMED PER DAY:	AVERAGE GALLONS OF RECLAIMED WATER SOLD PER DAY:	AVERAGE GALLONS OF RECLAIMED WATER REUSED BY ENTITY PER DAY: