



**ELTF ELIGIBILITY APPLICATION FOR  
UST DECOMMISSIONING/REPLACEMENT**

State Form 57299 (R / 6-24)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Facility ID

**INSTRUCTIONS:** Submit this form when applying for an eligibility determination.

**SUBMITTAL INSTRUCTIONS:** The completed form, current site map, future site map (if applicable), and supporting documentation if "Other" is selected in Section 3 should be saved as a PDF and emailed to the following:  
ELTFEligibility@idem.IN.gov

**SECTION 1 - APPLICANT INFORMATION (OWNER)**

Name of Applicant	Owner # of Tanks (as billed)
Mailing Address (Number and Street)	1 to 12
Mailing Address (Line 2)	13-100
Applicant Contact	Over 100
Contact E-mail Address	City, State, Zip Code
	Contact Title
	Contact Telephone Number (with Area Code)

**SECTION 2 - SITE INFORMATION**

Name of Facility	# of USTs currently on site
Facility Address (Number and Street)	City, State, ZIP Code

**SECTION 3 - PROPOSED USTs FOR DECOMMISSIONING**

UST#	Install Date	Capacity	Substance	Lined Steel	First Generation Fiberglass	> 30 years	Other
					<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/>

**SECTION 4 - PROPOSED REINSTALLATION OF REGULATED TANKS**

TANK #	Compartment 1 Capacity	Compartment 2 Capacity	Compartment 3 Capacity	Compartment 4 Capacity
1				
2				
3				
4				
5				

**SECTION 5 - SIGNATURE OF OWNER OF THE TANK(S) OR ATTORNEY-IN-FACT**

I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application. Please check the box below and submit proper documentation if signing under a Power of Attorney for the owner.

Signature of Owner of the Tanks or Attorney-in-Fact	Date Signed (mm/dd/yyyy)
Mr./Ms.      Print Name      Title      Company	