|  |  |
| --- | --- |
|  | Leak site ownership form  Petroleum Remediation Program |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions:** Within 30 days of receipt, please complete this form and return to the MPCA project manager. | **Leak Site ID:** |  | **/ AI ID:** |  |

## Property ownership

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you own the property where the tank is or formerly was located?  Yes  No  If **yes**, complete the following to ensure we have accurate information: | | | | | | | | | | | | | | | |
| Corporation name if applicable: | | | | | |  | | | | | | | | Individual  Corporation | |
|  | Mailing address: | | | |  | | | | | | | | | | |
|  | City: |  | | | | | | | | State: |  | Zip code: | | |  |
|  | Phone: | |  | | | | | | Email: |  | | | | | |
| If **no**, list current property owner: | | | | | | |  | | | | | | Individual  Corporation | | |
| If the tanks have been removed from the site, who was the property owner at the time of tank removal? | | | | | | | | | | | | | | | |
| Property owner at time of removal: | | | | | | | |  | | | | | | Individual  Corporation | |
| Corporation name (if applicable): | | | | | | | |  | | | | | | | |
|  | Mailing address: | | |  | | | | | | | | | | | |
|  | City: |  | | | | | | | | State: |  | Zip code: | | |  |
|  | Phone: | |  | | | | | | Email: |  | | | | | |

## Tank ownership

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If the tank owner is different from the property owner, please list tank owner name: | | | | | | | | | | | |  | | | |
| Explain: | |  | | | | | | | | | | | | | |
| If the tanks have been removed from the site, who was the tank owner at the time of tank removal? | | | | | | | | | | | | | | | | |
| Tank owner at time of removal: | | | | | | |  | | | | | | | | Individual  Corporation | |
| Corporation name (if applicable): | | | | | | | |  | | | | | | | | |
|  | | Mailing address: | | | |  | | | | | | | | | | |
|  | | City: | |  | | | | | | | State: |  | | Zip code: | |  |
|  | Phone: | | |  | | | | Email: |  | | | | | | |

## Tank operator

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If a separate party operates the tank, please complete the following: | | | | | | | | | | | | |
| Tank operator: | | | |  | | | | | | | Individual  Corporation | |
| Corporation name (if applicable): | | | | | |  | | | | | | |
|  | Mailing address: | | | |  | | | | | | | |
|  | City: |  | | | | | | State: |  | Zip code: | |  |
|  | Phone: | |  | | | | Email: |  | | | | |

## Environmental consultant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you are working with an environmental consultant, please provide the following: | | | | |
| Consultant company name: |  | | Contact name: |  |
| Is the property undergoing development or a property transfer? | | Yes  No | | |

## Intent to proceed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you intend to proceed with the necessary investigation and potential corrective action as described in the attached letter? | | | | | | |
| Yes  No If no, please describe why: | | |  | | | |
| Print name: |  | Signature: | |  | Date: |  | |

*– Check if electronically signing and type name in Signature field. I certify that I have electronically signed this document.*