



Vermont Department of Environmental Conservation
Air Pollution Control Division

GASOLINE DISPENSING FACILITY

EXCAVATION and DISPENSER REPLACEMENT CHECKLIST

A. Owner Information

Facility Owner: _____

Phone: _____

Facility Name: _____

Underground Storage Tank Program Identification #: _____

Address (Street and City): _____

Zip: _____

B. Contractor Information

Name of contractor performing the work: _____

Contractor phone number: Office : _____ Cell: _____

C. Description of Excavation

The excavation planned at this facility will involve the following components (check all that apply):

Tank vent line: repair replace existing new installation

Explanation:

In-tank monitor riser pipe: repair replace existing new installation

Explanation:

Vapor adaptor (dry break) riser pipe: repair replace existing new installation

Explanation:

Spill bucket (fill vapor): repair replace existing new installation

Explanation:

Product fill riser: repair replace existing new installation

Explanation:

Continued on Back

Stage II vapor return line: repair replace existing new installation

Explanation:

Underground storage tank: repair replace existing new installation

Explanation:

Submersible pump: repair replace existing new installation

Explanation:

Product piping: repair replace existing new installation

Explanation:

Other: repair replace existing new installation

Explanation:

D. Dispenser Replacement

Existing dispenser(s) replaced: Yes No

Explanation:

E. Certification of Information Accuracy

The information presented herein is true and accurate to the best of my knowledge and I am authorized to make this statement on behalf of this facility.

Signature of Owner , Operator or Authorized Agent

Date

Name : _____

Title : _____

Company: _____

Business Address : _____

Phone : _____

City, State : _____

ZIP : _____