

For state use only

## 2012 VT DEC PCF Application for Tank Removal/Replacement Grant

For Fiscal Year date of 7/1/11-6/30/12

This is for tanks used to heat a VT residence. Please print clearly when filling out the application

### Check one of the following:

- Removing and or replacing an underground storage tank UST (buried in the ground outside of the home)  
 - Removing and or replacing an aboveground storage tank AST (a basement tank is an AST or outside)

### SECTION 1. General Information

Name of Owner(s): \_\_\_\_\_

Social Security # of Owner(s): \_\_\_\_\_  
(required in order to be reimbursed)

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

#### VT Property Address(tanks location)

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Zip: 05\_\_\_\_\_ County: \_\_\_\_\_

#### Mailing Address(if different than Property Address)

Street/PO Box: \_\_\_\_\_

Town/State: \_\_\_\_\_

Zip: \_\_\_\_\_

### SECTION 2. General Tank Information and Tank Replacement Information

- Capacity of tank to be removed? \_\_\_ Gallons, Age? \_\_\_\_\_, Type of Fuel in tank? Kerosene or #2 fuel
- Why is the tank being removed? \_\_\_\_\_
- Will the home continue to be heated by fuel oil or kerosene? Yes \_\_\_ No \_\_\_
  - ❖ If No, how will the residence be heated? \_\_\_\_\_
  - ❖ If Yes, is or will the fuel storage tank be: Aboveground (AST) \_\_\_\_\_ or Underground (UST) \_\_\_\_\_
- Size/Gallons of AST \_\_\_\_\_ or UST \_\_\_\_\_ *If the UST is over 1100 gallons the tank must be registered with the UST Program. Any UST used to store fuel must be new (never used as an UST or AST before) double wall tank with double wall piping and must be protected from corrosion.*
- Location of the AST: Basement \_\_\_\_\_; Garage/shed \_\_\_\_\_; Outside \_\_\_\_\_.

**NOTE:** ASTs that will be used to heat the home whether newly installed or previously installed must be inspected by a certified Plumbing and Heating technician.

### Section 3. Property Description and Surrounding Area

- Property type (check one): \_\_\_ Primary residence; \_\_\_ Secondary residence; \_\_\_ Rental (owner does not reside on property); \_\_\_ Estate(property inherited)
- What is your drinking water source for the residence? \_\_\_ private on-site well, \_\_\_ municipal (town or city water), \_\_\_ shared well, \_\_\_ spring, \_\_\_ other(describe): \_\_\_\_\_
- Approximate number of drinking water wells within 1/4 mile of property:
- Distance to nearest surface water body (Please include name of water body):
- Name of other sensitive receptors near site (e.g. - schools, daycare centers, ecological areas):

Continued on other side

**Section 4. Household Information**

1. List anyone living in your home beside yourself:

**Name**

**Relationship/Age**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you rent a room(s) to anyone in your home? \_\_\_ Yes \_\_\_ No

**Section 5. Referring Agency**

If you have been referred by your fuel company or by another state agency please provide the name(s) and phone number(s) of the individual(s):

**Section 6. YOU MUST PROVIDE THE FOLLOWING(application will be not be consider for a grant without this information):**

- Proof of Ownership:** This verifies the applicant(s) owns the property where tank(s) is located; submit either a copy of property tax bill or the deed to the property.
- Income range:** please check which income range applies to the household:  
\_\_\_ \$0-25, \_\_\_ \$25-50, \_\_\_ \$50-75 (Households with incomes >\$75,000 are not eligible)
- Income verification:** This requires the most recent filing of **Federal** income tax return(s) of all household income contributors or of multiple owners of record of the property. (If you do not file a tax return then submit a Social Security or Disability yearly earnings statement) **Please do not submit State tax returns.**
- UST grant applicants only:** Name of the environmental consultant performing the environmental site assessment at the time of the tank(s) removal(please refer to list the DEC maintains or look in the yellow pages of your local phone directory): \_\_\_\_\_
- Installation of an AST:** Name and Phone number of contractor installing the aboveground tank: \_\_\_\_\_

Mail the completed application and requested information stated in Section 6, items 1 & 3 to:

VT ANR, DEC, Waste Management Division  
103 South Main St, West Office Building, Waterbury VT 05671-0404

Attn: Maria Stadlmayer for AST removal grants OR Attn: Susan Thayer for UST removal grant

**The application must be completed in order to be *considered* to participate in the grant program. Make a copy of the completed application for your records.**

I hereby certify under penalty of law that the information provided on this form and all attached documents, is true, accurate, and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_