

VT DEC Underground Storage Tank Program
NOAV Response Form

You must respond to a Notice of Alleged Violation (NOAV) in writing. This form has been provided for your convenience. If you cannot complete the requested actions by the due date listed in the NOAV, please call the UST Program at 802-241-3888.

Complete this form and mail or fax it to: UST Program, VT DEC, Waste Management Division, 103 South Main St., West Office Bldg., Waterbury, VT 05671-0404, FAX # 802-241-3296

Facility ID # _____ Facility Name _____

Please check all that apply:

I have completed all of the requested actions in the NOAV.

You must provide an explanation of how the actions were completed. (For example: *On June 15, 2007, XYZ Contracting replaced the electronic sump sensor in the Super gasoline sump. The enclosed printout shows that it is now working.*) Photographs and/or work invoices may be used to show the actions taken. Continue on the back of this form if necessary.

I have enclosed the required documentation (e.g., weekly leak detection records).

I have enclosed photographs of and/or work invoices for the completed actions (optional).

Print Name of Tank Owner/Permittee

Signature of Tank Owner/Permittee

Date

Print Name of Contractor (optional)

Signature of Contractor (optional)

Date

If you have any questions or are unable to meet the due date, contact the UST Program at 802-241-3888.

Thank you for your cooperation.