

VERMONT UNDERGROUND STORAGE TANK REGISTRATION AND/OR PERMIT APPLICATION FORM (PART I)

Read instruction sheet carefully before completing this form. Please type or print in ink all items except for the signature. For additional information call the Vermont Underground Storage Tank program at (802) 241-3888.

I. OWNERSHIP OF TANKS

Name:
Mailing Address:
Town/City: State: Zip:
Phone:

II. OPERATOR OF TANKS (if different than owner)

Name:
Mailing Address:
Town/City: State: Zip:
Phone:

III. CONTACT PERSON

[] Same as Owner [] Same as Operator

Name:
Mailing Address:
Town/City: State: Zip:
Phone:

IV. PERMITTEE (Person or Entity filing for Category One UST permit)

[] Same as Owner [] Same as Operator
[] Not Applicable/Registered UST only

V. LOCATION OF TANKS

Facility ID #:
Facility Name:
Street Address:
Town/City: State: Zip:
Phone:
GIS Coordinates (if known)
Latitude: Longitude:

VI. NUMBER OF TANKS AT THIS LOCATION

No. of Tanks owned by individual listed in Section I:
No. of Tanks owned by Other: Specify:

VII. SITE CONTAMINATION HISTORY

Year Contamination Discovered:
DEC Hazardous Site #:

VIII. TYPE OF FACILITY (check one)

- [] Institutional [] Residential
[] Retail/Convenience Store [] Municipality
[] Bulk Plant [] Service Station
[] Commercial/Industrial [] Farm
[] State [] Federal
[] Fish Hatchery

- (a) Is this type of facility consistent with any municipal plan?
[] YES [] NO
(b) Is this type of facility consistent with any regional plan for the county?
[] YES [] NO

IX. WATER SUPPLY

Public: Private:
[] Community [] Private Well
[] Transient Non-Community [] Other
[] Non-Transient, Non-Community Specify:

- (a) Is this type of facility consistent with the Source Protection Plan for either Zone One or Zone Two of a public water supply source?
[] YES [] NO
(b) Is this type of facility consistent with any municipal groundwater protection overlay district?
[] YES [] NO

X. LANDOWNER

Name:

XI. FINANCIAL RESPONSIBILITY (Applicable to Permitted tanks only - see instruction sheet for more details.)

VT Petroleum Cleanup Fund [] YES [] NO
Pollution Liability Insurance [] YES [] NO
Self Insured [] YES [] NO

(If YES, documentation from Permittee's financial office must be filed with the ANR)

CERTIFICATION: I 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. Further, I recognize that by signing this application, I am giving consent to employees of the State of Vermont to enter the subject property (facility) for the purpose of processing this application.

Printed Name of Owner (If a corporation, add Name and Title of Authorized Representative)

Printed Name of Permittee, if different than owner. (If a corporation, add Name and Title of Authorized Representative).

Signature of Owner or Representative Date

Signature of Permittee or Representative Date

LOCAL USE ONLY

Date Recorded:
Book No. Page No.
Town/City Land Records:
Signature of Town/City Clerk:
Amends VT UST Form of Record in: Book No. Page No.

Filed By:

VT Agency of Natural Resources
Department of Environmental Conservation
UST Program, 103 South Main Street, West Building
Waterbury, VT 05671-0404

STATE USE ONLY

[] First [] Amended [] Notification [] Permit
[] Change of Ownership [] Change of Operator
[] Change of Land Owner [] Tank Removal
[] Change of Tank Information [] Change of Piping Information
Number of COTS: Permit Fee \$:
Permit Fee Paid w/Application:
Check #: Date Received:
Reviewed and Approved By:
Facility ID #: Site #:
Financial Responsibility:
COMMENTS: