

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)

- | | |
|---|--|
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Retail/Convenience Store | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> Bulk Plant | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| <input type="checkbox"/> 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:
<input type="checkbox"/> Community	<input type="checkbox"/> Private Well
<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Other
<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pollution Liability Insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Self Insured	<input type="checkbox"/> YES	<input type="checkbox"/> 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

<input type="checkbox"/> First	<input type="checkbox"/> Amended	<input type="checkbox"/> Notification	<input type="checkbox"/> Permit
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Operator		
<input type="checkbox"/> Change of Land Owner	<input type="checkbox"/> Tank Removal		
<input type="checkbox"/> Change of Tank Information	<input type="checkbox"/> 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: _____

TANK INFORMATION FORM (PART II)

TANK OWNERSHIP: _____		FACILITY ID# _____				
TANK SYSTEM NUMBER <u>Each tank compartment MUST be assigned a TANK #</u> Start with tank closest to building	TANK #	PIPE	TANK #	PIPE	TANK #	PIPE
PRODUCT STORED (e.g. Gasoline, Diesel, Kerosene, etc.) If the stored product is fuel oil, is it used for anything other than on-premises heating and/or domestic hot water?						
STATUS (for each UST system check one)						
AGE (enter year installed, or to be installed)						
Currently in use						
To be installed						
Temporarily out of service (Date last used __ / __ / __)						
Permanently out of service (Date last used __ / __ / __)						
Is this a recertified, used tank? (YES or NO)						
Total Tank CAPACITY (gallons) (Include all compartments)						
Tank COMPARTMENTS (Each tank has one or more compartments – use one column for each compartment)						
Manifolded to another compartment? (Indicate TANK #)						
GENERAL INFORMATION (MUST BE COMPLETED for each UST system - also show details on sketch map)						
Distance to nearest building?						
Distance to nearest property line (> 5')?						
Distance to public water source, main or distribution lines? (Leave blank if not applicable.)						
Distance to nearest private water supply well? (Please note that this may not be the on-site water supply well.)						
Distance to public sewer lines?						
Distance to on-site septic system? (Leave blank if not applicable.)						
MATERIAL OF CONSTRUCTION						
Tank (check one box for each tank, and if known, select brand name from drop-down list)						
Steel Brand Name						
Fiberglass Brand Name						
Fiberglass Jacketed Steel Brand Name						
Polyethylene Jacketed Steel Brand Name						
Piping (include both primary & secondary)						
Flexible Brand Name						
Fiberglass Brand Name						
Steel						
Copper						
Other (Specify: _____)						
CORROSION PROTECTION (applicable to metal tanks and pipes only)						
Exterior (check all that apply)						
Sti-P3 Tank						
Impressed Current? (Date Installed - / /)						
Galvanic Anodes (Date Field Installed - / /)						
Interior (check all that apply)						
Interior Lining? (Date Installed - / /)						
Lining Warranty?						
SECONDARY CONTAINMENT (check for "YES", leave blank for "NO")						
Double Wall Tank						
Concrete Vault (must be P.E. certified)						
Impervious Liner Tank/Piping						
Double Wall Piping						

TANK OWNERSHIP: _____		FACILITY ID# _____				
TANK SYSTEM NUMBER	TANK #	PIPE	TANK #	PIPE	TANK #	PIPE
Each tank compartment MUST be assigned a TANK #						
Start with tank closest to building						
CONTAINMENT SUMPS (check for "YES", leave blank for "NO")						
Tank-Top STP (pump) Sump						
Tank-Top Manifold Piping Slave Sump						
Dispenser Sumps <i>(Required for every dispenser with new piping or dispensers)</i>	Total Number:					
Other (Specify: _____)						
SPILL PREVENTION (check for "YES", leave blank for "NO")						
15 Gallon Containment Manhole						
Remote Fill <i>(Strongly Discouraged)</i>						
Secondary Containment for Remote Fill?						
Other (Specify: _____)						
OVERFILL PREVENTION (check for "YES", leave blank for "NO")						
Float Vent Valve <i>(Cannot be used w/coaxial stage 1 vapor recovery, suction dispensers, generators, and pressurized or loose fill deliveries)</i>						
High Liquid Level Alarm <i>(Must be audible to delivery driver)</i>						
Automatic Shutoff/Flapper Valve <i>(Cannot be used w/pressurized or loose fill deliveries)</i>						
Manual Measurement <i>(Used oil only)</i>						
Whistle Alarm <i>(For use w/ Peddle Truck deliveries)</i>						
LEAK DETECTION (check all that apply)						
Electronic Interstitial Monitoring						
Manufacturer & Model						
Weekly Manual Interstitial Monitoring						
In-Tank Monitor						
Manufacturer & Model						
Suction Pump w/Vertical Check Valve						
Line Test <i>(enter year of last test)</i>						
Line Leak Detector <i>(pressurized systems only)</i>						
Electronic (Brand Name: _____)						
Mechanical (Brand Name: _____)						
Shear Valve <i>(pressurized systems only)</i>						
Anti-Siphon Valve <i>(required for downhill piping runs)</i>						
Other (Specify: _____)						
TYPE OF PUMP						
Submersible (Pressurized)						
Suction						
Gravity						
GASOLINE VAPOR RECOVERY (check for "yes")						
Stage I installed?						
Type <i>(select from drop-down list)</i>						
Stage II installed?						
Type <i>(select from drop-down list)</i>						
Stage II to be disconnected?						
Stage II disconnected? (Year Disconnected _____)						

SKETCH OF TANK FACILITY (PART III)

Sketch the location of the Underground Storage Tanks(s) and associated piping. Include the building, pump islands, any manifold pipes, groundwater and/or vapor monitoring points, water and sewer lines, roads, surface waters, and any other pertinent landmarks at or adjacent to the facility. Distances between the UST system and other site features should be included. Drawings and/or blue prints may be attached (see PART IV).

