

**STATE OF VERMONT
AGENCY OF NATURAL RESOURCES
DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

**ENVIRONMENTAL PROTECTION RULE, CHAPTER 11
UNDERGROUND INJECTION CONTROL RULE**

STORMWATER REGISTRATION FORM

When submitting this registration, be sure that the form is complete.
Submit form to:

Vermont Underground Injection Control Program
Wastewater Management Division
103 South Main Street, The Sewing Building
Waterbury, Vermont 05671-0405

GENERAL INFORMATION

All information is to be typed or neatly printed and legible. Please attach additional sheets or information if needed.

1. Applicant Name: _____

2. Legal Entity (Business Name): _____

3. Mailing Address (Applicant): _____

4. Telephone Number (Applicant): _____

5. Facility is located in town of: _____

6. Describe the facility:

<input type="checkbox"/> automotive repair	<input type="checkbox"/> automotive dealership	<input type="checkbox"/> carwash
<input type="checkbox"/> auto body shop	<input type="checkbox"/> auto salvage yard	<input type="checkbox"/> residences
<input type="checkbox"/> utility	<input type="checkbox"/> commercial/retail	<input type="checkbox"/> industrial
<input type="checkbox"/> school	<input type="checkbox"/> tannery	<input type="checkbox"/> manufacturing

Other, explain _____

7. Amount of impervious surface in acres: _____

8. If greater than one acre of impervious surface, have you contacted the Stormwater Section of the Water Quality Division (802-241-3770) for determination of their jurisdiction?

Yes

No

9. Indicate where the stormwater discharges:

sedimentation basin/pond

drywell

surface waters

drainage ditch or swale

leachfield

directly onto ground

9. Status of discharge (check one):

proposed

existing

amended

10. Has this discharge ever been permitted by another DEC program? If so, list permit number, DEC program, dates for operation, etc.

Unsure

No

Yes: Permitting Program: _____

Permit Number: _____

Date of expiration: _____

CERTIFICATION

I certify that I have personally examined and am familiar with the information submitted in this document, including all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that information is true, accurate and complete.

Type or print Name, Title

Signature

Date