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VT Department of Environmental Conservation (DEC)

Application for Financial Assistance for Heating Fuel Storage Tank Removal/Replacement

Application Form Valid from 07/01/2016 - 06/30/2017

This is for tanks used to store heating fuel at a non-commercial Vermont property.

Application must be approved by DEC Heating Fuel Storage Tank Removal/Replacement Assistance Program before commencement of work.

SECTION 1. General Information

Name of Owner(s): _____

Telephone #: _____ Email Address: _____

VT Property Address (tank location)	Mailing Address (if different than Property Address)
Street: _____	Street/PO Box: _____
Town: _____	Town/State: _____
Zip: _____ County: _____	Zip: _____

SECTION 2. Tank Information

1. What are you removing? (check one of the following):

- An Aboveground Storage Tank "AST" (a basement tank or aboveground outside)
- An Underground Storage Tank "UST" (buried in the ground, outside of the home)

2. Size of tank to be removed: _____ gallons AND Age of tank: _____ years

3. Reason for tank removal: _____

Check here if your aboveground storage tank has been "Red Tagged" AND By whom: _____

4. Will the property continue to use fuel oil or kerosene for heating purposes? Yes No

If YES, is or will the fuel storage tank be aboveground or underground?

- Aboveground (AST)
Size: _____ gallons AND Location: Basement Garage/shed
 Outside (non-gable end must have roof)

- Underground (UST buried outside)
Size: _____ gallons

If NO, how will the residence be heated (i.e. Gas, Wood, Pellets, Electric, Heat Pump, Solar, etc.)? _____

All ASTs in use or newly installed for fuel storage must be on a stable foundation such as a concrete slab, with all 4 legs on the same surface and must be inspected by a certified Plumbing and Heating technician.

ASTs/USTs installed through the financial assistance program of the DEC WMPD must be new and never used in any other capacity.

USTs that cannot be removed from the ground and need to be closed-in-place will need DEC permission prior to the commencement of the project.

SECTION 3. Property Description and Surrounding Area

1. Property type: Primary Residence (owner occupied) Rental (owner does not reside on property)
 Secondary Residence Unoccupied Property (i.e. an Estate of a relative, abandoned home)

2. Drinking water source for the property:
 Private On-site Well Municipal (town or city water) Shared Well Spring
 Other (describe): _____

3. Other sensitive receptors near site (e.g. schools, daycare centers, ecological areas, #of drinking water wells in area, name of surface waterbody within a ¼ mile of the property): _____

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 Person/Agency

How did you hear about this program, please provide the name(s) and phone number(s) of the company or individual(s): _____

SECTION 6. Required Documents/Information

(application will be not be considered for financial assistance without this information)

- 1. **PROOF OF PROPERTY OWNERSHIP by Applicant:** This verifies the applicant(s) owns the property where the tank(s) is located; submit either a copy of a property tax bill or the deed to the property.
- 2. **INCOME VERIFICATION:** This requires the most recent filing of **Federal 1040 forms** 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 or pay stubs.**
- 3. **Fuel Assistance:** Are you currently receiving any type of fuel assistance benefit? Yes No

UST Removal Applicants Only:

4. **Name of the environmental consultant** performing the environmental site assessment at the time of the underground storage tank(s) removal: _____

DEC WMPD maintains a list of environmental consultant's. For a copy of the list please visit our website:

http://dec.vermont.gov/sites/dec/files/wmp/UST/Consult.lst_.pdf or call 802-828-1138.

SECTION 7. Where to Send Application and Other Requested Documents

Option 1

Mail the completed application and requested information stated in Section 6, items 1 & 2 to:

VT ANR, DEC, WMPD, 1 National Life Dr., Davis 1, Montpelier VT 05620-3704

Attn: Kristin Davis for AST removals OR Attn: Susan Thayer for UST removals

Option 2

Email the completed application and requested information stated in Section 6, items 1 & 2 to:

Kristin.Davis@vermont.gov for AST removals OR Susan.Thayer@vermont.gov for UST removals

The application must be complete in order to be *considered* to participate in this 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:** _____