

VT DEC Underground Storage Tank Program
NOAV Response Form

Facility ID # _____

You must respond to a Notice of Alleged Violation (NOAV) in writing. This form has been provided for your convenience.

Complete this form and mail or fax it to: UST Program, VT DEC, Waste Management and Prevention Division, 1 National Life Dr, Davis 1, Montpelier, VT 056201-3704, FAX # 802-828-1011

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, call: 802-828-1138 (WMPD Switchboard) and ask to speak to a UST staff person.

Thank you for your cooperation.
