

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) 828-1138.

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, 1 National Life Drive - Davis 1
Montpelier, VT 05620-3704

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:

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?	Yes	No	Yes	No	Yes	No	
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)	Yes	No	Yes	No	Yes	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, enter brand name)							
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).

