



LAND USE RESTRICTIONS – ANNUAL INSTITUTIONAL CONTROL INSPECTION FORM

Our records indicate that this property maintains institutional or engineering controls associated with a land use restriction. Please indicate the state of the following controls, as applicable, on the property.

SMS Site #: _____
Owner Name: _____
Site/Property Name: _____
Site/Property Address: _____

Table with 3 columns: YES, NO, COMMENTS. Rows include sections for Paved Caps, Buildings/Structures, Sub-slab Depressurization System (SSD), and Soil/Grass Caps, each with numbered questions and corresponding response lines.

I certify that I have responded to each of the questions above to the best of my knowledge.

Signature: _____ Date: _____

Submit by email or submit original form to the SMS Project Manager at the address listed below:

Vermont Department of Environmental Conservation
Waste Management & Prevention Division/Sites Management Section
1 National Life Drive – Davis 1
Montpelier, VT 05620-3704

SMS Project Manager: _____