

VERMONT UNDERGROUND STORAGE TANK FORM (PART I)

Registration and Permit Application (if applicable)

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) 241-3888.

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

[ ] Check if same as owner.

[ ] Check if same as operator (if different than owner)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

IV. LOCATION OF TANKS

Facility ID # (if known): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_, VT Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

GIS Coordinates (if known):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

V. SITE CONTAMINATION HISTORY

(a) Year Contamination Discovered: \_\_\_\_\_

DEC Hazardous Site #: \_\_\_\_\_

(b) Source of Contamination (check all that apply)

- [ ] Tank [ ] Piping [ ] Dispenser [ ] Furnace [ ] Delivery/Customer Overfill

VI. TYPE OF FACILITY (check one)

- [ ] Institutional [ ] Residential [ ] Retail/Convenience Store [ ] Municipality [ ] Bulk Plant [ ] Service Station [ ] Commercial/Industrial [ ] Farm [ ] State [ ] Federal [ ] Fish Hatchery

VII. WATER SUPPLY

- Public: [ ] Community [ ] Transient Non-Community [ ] Non-Transient Non-Community Non-Public: [ ] Private Well [ ] Other Specify \_\_\_\_\_

VIII. PERMITTEE (person or entity filing for Category One tank permit)

- [ ] Check if same as owner [ ] Check if same as operator [ ] Not applicable/Registered UST only

IX. NUMBER OF TANKS AT THIS LOCATION

# of Tanks \_\_\_\_\_ owned by individual listed in Section I.

# of Tanks \_\_\_\_\_ owned by other. Specify other \_\_\_\_\_

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 [ ] (If YES, attach Certificate of Insurance)

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 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 Owner's Representative Date

Signature of Permittee or Permittee's Representative Date

LOCAL USE ONLY

Date Recorded: \_\_\_\_\_ Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ Town/City of Land Records: \_\_\_\_\_ Signature of Town/City Clerk: \_\_\_\_\_ Amends VT UST Form of Record in: Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

Filed By:

Agency of Natural Resources Department of Environmental Conservation UST Program, 103 South Main Street, West Building Waterbury, VT 05671-0404

STATE USE ONLY

[ ] First [ ] Amended [ ] Notification [ ] Permit [ ] Change of Ownership [ ] Change of Operator [ ] Change of Tank Information [ ] Change of Piping Information [ ] Tank Removal Number of COTS: \_\_\_\_\_ Permit Fee \$: \_\_\_\_\_ Permit Fee Paid w/Application: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Reviewed and Approved By: \_\_\_\_\_ Facility ID#: \_\_\_\_\_ Site #: \_\_\_\_\_ Financial Responsibility: \_\_\_\_\_ COMMENTS: \_\_\_\_\_