

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: \_\_\_\_\_

## TANK INFORMATION FORM (PART II)

<b>TANK OWNERSHIP:</b> _____		<b>FACILITY ID#</b> _____				
<b>TANK SYSTEM NUMBER</b> Start with tank closest to building.....→	TANK #	PIPE	TANK #	PIPE	TANK #	PIPE
<b>PRODUCT STORED</b> (e.g. Gas).....→						
If product is a fuel oil, what is it used for?.....→						
<b>STATUS</b> (for each UST system check one)						
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).....→						
<b>SIZE</b> (Capacity in gallons).....→						
<b>COMPARTMENTS</b> (How many?).....→						
Manifolded to another UST? (YES OR NO).....→						
<b>GENERAL INFORMATION</b> (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 line?→						
Distance to public sewer lines?.....→						
AGE (enter year installed, or to be installed).....→						
<b>MATERIAL OF CONSTRUCTION</b>						
<b>TANK</b> (if known, state brand name)						
Steel (Brand Name _____).....→						
Fiberglass (Brand Name _____).....→						
Fiberglass Jacketed Steel (Brand Name _____).....→						
Polyethylene Jacketed Steel (Brand Name _____).....→						
<b>PIPING</b> (both primary & secondary)						
Flexible (Brand Name _____).....→						
Fiberglass (Brand Name _____).....→						
Steel.....→						
Copper.....→						
Other (specify _____).....→						
<b>CORROSION PROTECTION</b> (applicable to metal tanks and pipes only)						
<b>EXTERIOR</b> (check all that apply)						
Sti-P3 Tank.....→						
Impressed Current? (Date Installed __ / __ / __)..→						
Galvanic Anodes.....→						
<b>INTERIOR</b> (check all that apply)						
Interior Lining? (Date Installed __ / __ / __).....→						
Lining Warranted? (YES or NO).....→						

**TANK INFORMATION FORM (PART II) – Continued**

<b>TANK OWNERSHIP:</b> _____		<b>FACILITY ID#</b> _____				
<b>TANK SYSTEM NUMBER</b> Start with tank closest to building.....→	TANK #	PIPE	TANK #	PIPE	TANK #	PIPE
<b>SECONDARY CONTAINMENT</b>						
Double Wall Tank.....→						
Concrete Vault (must be P.E. certified).....→						
Impervious Liner/Tank Piping.....→						
Double Wall Piping.....→						
<b>OVERFILL PREVENTION</b>						
Float Vent Valve (cannot be used for coaxial stage 1 vapor, suction dispenser, or loose fill).....→						
High Liquid Alarm Level.....→						
Automatic Shutoff/Flapper Valve.....→						
Manual Measurement (USED OIL ONLY).....→						
Whistle Alarm.....→						
<b>SPILL PREVENTION</b>						
5 gallon Containment Manhole (spill bucket).....→						
15 gallon Containment Manhole.....→						
Other (specify _____).....→						
Remote Fill (strongly discouraged) (YES or NO).....→						
Remote Fill secondarily contained? (YES or NO).....→						
<b>LEAK DETECTION (check all that apply)</b>						
Electronic Interstitial Monitoring (Make & Model _____).....→						
Weekly Manual Interstitial Monitoring.....→						
In-Tank Monitor (Make & Model _____).....→						
<b>Suction Pump w/Vertical Check Valve</b> .....→						
Line Test (year of last test).....→						
Line Leak Detector (pressurized systems only).....→						
Electronic (Brand Name _____).....→						
Mechanical (Brand Name _____).....→						
Shear valve? (pressurized systems only).....→						
Anti-Siphon Valve? (required for downhill piping runs).....→						
Other (specify _____).....→						
<b>TYPE OF PUMP</b>						
Submersible (pressurized).....→						
Suction.....→						
Gravity.....→						
<b>GASOLINE VAPOR RECOVERY (check that which applies)</b>						
Stage I installed? (YES or NO).....→						
Type? (COAXIAL or 2-POINT).....→						
Stage II installed? (YES or NO).....→						
Type? (BALANCE or VACUUM ASSIST).....→						

### SKETCH OF TANK FACILITY (PART III)

Sketch the location of the Underground Storage Tank(s) and associated piping. Include the building, islands, groundwater monitoring wells, water and sewer lines, roads, surface waters, and any other pertinent landmarks at or adjacent to the facility. Drawings and/or blueprints may be attached separately.

**NOTICE:** All new tanks must be installed in STRICT accordance with all applicable laws, rules, regulations, codes, and the manufacturer's manual. For contractor's liability see 10 V.S.A. Chapter 59 § 1934 (b).

NAME OF INSTALLER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ESTIMATED INSTALLATION DATE (for permit application process only): \_\_\_\_\_