

VERMONT ABOVEGROUND STORAGE TANK REGISTRATION FORM (PART I)

Use this form to register with the Agency of Natural Resources tanks holding **petroleum products** at Bulk Storage Tank Facilities. Read instruction sheet carefully before completing this form. For additional information, contact the Vermont Hazardous Materials Program at **(802) 828-1138**.

Check one: **NEW FACILITY REGISTRATION** **SUBSTANTIAL ALTERATION AT EXISTING FACILITY**

AST FACILITY ID (if known): _____

SITE CONTAMINATION HISTORY (if applicable)

Year Contamination Discovered: _____

DEC Hazardous Site #: _____

OWNERSHIP OF TANKS

Name: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

TYPE OF FACILITY (check one) Federal Commercial/Industrial State Bulk Plant Municipal Other _____**OPERATOR OF TANKS (if different than owner)**

Name: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

SOURCE PROTECTION AREA AND PROPERTY WATER SUPPLY

Are the tank(s) at this facility located:

1. Within the Source Protection Area of a public water system

 YES NO

2. Within Zone 1 or Zone 2 of a Source Protection Area of a public community water system.

 YES NO

3. Within 200 feet of a public transient, non-community water system

 YES NO

4. Within 100 feet any private drinking water supply source

 YES NO

5. Within 25 feet of any public water distribution line

 YES NO

6. In any area designated as Class I or Class II groundwater zone

 YES NO**CONTACT PERSON** Same as Owner Same as Operator

Name: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

LOCATION OF TANKS

Facility Name: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

GIS Coordinates (if known)

Latitude: _____ Longitude: _____

Property Water Supply Type: None-No Water Supply Private Well Public-Community Other _____ Transient Non-Community (TNC) Non-Transient, Non-Community (NTNC)**NUMBER OF TANKS AT THIS LOCATION**

Number of Petroleum Tanks at Location _____

(List each tank in Part II of Form)

LANDOWNER (if different from Tank Owner)

Name: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

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**Signature of Owner or Representative** _____**Date** _____Submit completed form via email to Anna Bourakovsky, anna.bourakovsky@vermont.gov**STATE USE ONLY**

Reviewed and Approved By: _____

FACILITY ID: _____

COMMENTS: _____

VERMONT ABOVEGROUND STORAGE TANK FORM REGISTRATION FORM (PARTS II and III)

List and describe storage tanks at facility under your ownership. NOTE: only list tanks which hold petroleum products; do not include propane tanks.

Storage Tanks Description					
Tank ID	Install Date (Mo/Day/Yr.)	Tank Capacity (Gallons)	Product Stored	Tank Construction Material	NOTES

Alterations (Only if altering an existing facility, please describe the alterations below)

Part III- Tank Facility Sketch: In addition to tank description, please include a site plan or tank facility sketch with your registration form. The site plan that is included in your facility's Spill Prevention, Control, and Countermeasure (SPCC) plan is acceptable.