## **VERMONT ABOVEGROUND STORAGE TANK REGISTRATION 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 Aboveground Storage Tank Program at **(802) 828-1138**.

| I. OWNERSHIP OF TANKS  | VI. SITE CONTAMINATION HISTORY   |  |  |
|--|--|--|--|
| Name:  | Year Contamination Discovered:   |  |  |
| Mailing Address:   | DEC Hazardous Site #:  |  |  |
| Town/City: State: Zip:   |  |  |  |
| Phone:   | Institutional Residential  |  |  |
| II. OPERATOR OF TANKS (if different than owner)  | Retail/Convenience Store Municipality  |  |  |
| Name:  | Bulk Plant Service Station<br>Commercial/Industrial Farm   |  |  |
| Mailing Address:   |  |  |  |
| Town/City: State: Zip:   | Fish Hatchery  |  |  |
| Phone:   | VIII. WATER SUPPLY   |  |  |
| III. CONTACT PERSON Same as Owner Same as Operator   | Are the tank(s) at this facility:<br>(a) Within the Source Protection Area of a public water system?<br>YES NO |  |  |
| Name:  |  |  |  |
| Mailing Address:   | water system source?   |  |  |
| Town/City: State: Zip:   | (c) Within 100 feet of any private drinking water supply?  |  |  |
| Phone:   | (d) Within 25 feet of any public water distribution line?<br>YES NO  |  |  |
| AST Facility ID #:   | (e) In any area designated as a Class I or Class II groundwater<br>zone?                                       |  |  |
| Facility Name:   | YES NO   |  |  |
| Street Address:  | Public: Private:   |  |  |
| Town/City: State: Zip:   |  |  |  |
| Phone:   | Transient Non-Community Other  |  |  |
| GIS Coordinates (if known)   | Non-Transient, Non-Community Specify:  |  |  |
| Latitude: Longitude:   | IX. LANDOWNER  |  |  |
| V. NUMBER OF TANKS AT THIS LOCATION  | Name:  |  |  |
| No. of Tanks owned by individual listed in Section I:<br>No. of Tanks owned by Other: Specify: |  |  |  |

**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 ( | Dwner |
|---------|------|------|-------|
|---------|------|------|-------|

If a corporation, add Name and Title of Authorized representative

Signature of Owner or Representative

Date

| LOCAL USE ONLY  | STATE USE ONLY  |  |
|---|---|--|
| Date Recorded: Page No Page No Town/City Land Records: Signature of Town/City Clerk: Amends AST Form of Record in: Book No Page No Filed By:    | <ul> <li>First: Change of Piping Information:</li> <li>New Installation:</li> <li>Change of Tank Information:</li> <li>Amended:</li> <li>Registration:</li> </ul> |  |
| T Agency of Natural Resources<br>lepartment of Environmental Conservation<br>ST Program, 1 National Life Dr-Davis 1<br>Iontpelier VT 05620-3704 | Tank Removal:       Number of ASTs:         Reviewed and Approved BY:   |  |

## VERMONT ABOVEGROUND STORAGE TANK FORM REGISTRATION FORM (PART II)

**Type or print legibly each regulated storage tank at this facility under your ownership.** List all tanks. Copy this page if more lines are needed

| Storage Tanks Description |                              |                    |   |                                  |  |  |
|---------------------------|------------------------------|--------------------|---|----------------------------------|--|--|
|                           |                              |                    | 1                                       |                                  |  |  |
| Tank#                     | Install Date<br>(Mo/Day/Yr.) | Capacity (Gallons) | Substance (Currently<br>or Last Stored) | Tank Material of<br>Construction |  |  |
|                           |                              |                    |   |                                  |  |  |
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