

STATE OF VERMONT
AGENCY OF NATURAL RESOURCES
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

ENVIRONMENTAL PROTECTION RULE, CHAPTER 11
UNDERGROUND INJECTION CONTROL RULE

STORMWATER REGISTRATION FORM

When submitting this registration, be sure that the form is complete.
Submit form to:

Vermont Underground Injection Control Program
Wastewater Management Division
103 South Main Street, The Sewing Building
Waterbury, Vermont 05671-0405

GENERAL INFORMATION

All information is to be typed or neatly printed and legible. Please attach additional sheets or information if needed.

1. Applicant Name: Joe Gardener
2. Legal Entity (Business Name): n/a
3. Mailing Address (Applicant): 123 Gardener Lane
Burlington, VT 05401
4. Telephone Number (Applicant): 862-123-4567
5. Facility is located in town of: Burlington
6. Describe the facility:

<input type="checkbox"/> automotive repair	<input type="checkbox"/> automotive dealership	<input type="checkbox"/> carwash
<input type="checkbox"/> auto body shop	<input type="checkbox"/> auto salvage yard	<input checked="" type="checkbox"/> residences
<input type="checkbox"/> utility	<input type="checkbox"/> commercial/retail	<input type="checkbox"/> industrial
<input type="checkbox"/> school	<input type="checkbox"/> tannery	<input type="checkbox"/> manufacturing

Other, explain _____

7. Amount of impervious surface in acres: 2.1 acre (220 sq. ft.)
(1 acre = 43,560 sq. ft.)

8. If greater than one acre of impervious surface, have you contacted the Stormwater Section of the Water Quality Division (802-241-3770) for determination of their jurisdiction?

- Yes No

9. Indicate where the stormwater discharges:

- sedimentation basin/pond drywell surface waters
rain garden
 drainage ditch or swale leachfield directly onto ground

9. Status of discharge (check one):

- proposed existing amended

10. Has this discharge ever been permitted by another DEC program? If so, list permit number, DEC program, dates for operation, etc.

- Unsure No Yes: Permitting Program: _____
Permit Number: _____
Date of expiration: _____

CERTIFICATION

I certify that I have personally examined and am familiar with the information submitted in this document, including all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that information is true, accurate and complete.

Joe Gardener

Type or print Name, Title

Signature *J.G.* _____
Date *5/15/08*