

Appeal Period Expires 7,31,08
Zoning District B1

Town of Essex, Vermont
Application for Zoning Permit
www.essex.org

Application Date 7,15,08
Permit Number 2008-83

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property and it must remain posted throughout the construction period.

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law. Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.

Approval is subject to accuracy of information provided by the applicant.

Parcel Account Numb. (Map-Parcel-Lot) 2-047-009-010
(found in Town Assessor's Office)

Property Address: 504 SUSIE WILSON RD

Owner: CHAMPLAIN OIL CO., INC.

Owner Address: PO BOX 2126, SO. BURL., VT 05407

Owner Phone: (work) 864-5380 (home) _____
(cell) (x 224) (Email) _____

Contractors name: BOB WAGNER Phone: _____
COLO MAINT. MGR. Cell: 316-0585

Estimated Construction Dates: Start: 7,12,08 Completion: 7,12,08

Sq. Feet: _____ Estimated Cost (labor & materials): \$25,000

Sewage Disposal (Please attach Sewer or Septic Application). N/A

Public Private Connection Fee \$ _____ Date Paid: 1 1

Proposed New Bedrooms: _____ Existing Bedrooms _____

Water (Please attach Water Service Application). N/A

Public Private Fee \$ _____ Date Paid: 1 1

Driveway (Please attach copy of approved Curbcut / Utility Application). N/A

Date of approval 1 1

Stormwater
LESS THAN 1 ACRE - NO CHANGE

Project disturbs an area greater than or equal to 1 acre - Erosion Control Permit Required. Attach completed permit application.

Project creates new or expands existing impervious surface greater than or equal to 1/2 acre - Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

Diagram - Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet. (Instruction sheet available upon request.)

PLAN ATTACHED ...
* REMOVAL OF EXISTING ABOVE GROUND DIESEL TANKS AND DISPENSERS. REPLACE WITH NEW UNDERGROUND STORAGE TANK AND NEW DISPENSER - SAME LOCATION.

Signature of Owner C.A. CAHNS C.A. Cahns

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

Residential:

	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inclusions or Additions:

Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-residential:

Commercial / Industrial

Stormwater:

Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ 100.	7,16,08
	School	\$	1 1
	Recreation	\$	1 1
	Recording	\$ 16.00	7,16,08
	CO Other	\$ 75.00	7,16,08

Building Permit
Approved Rejected Date 7,16,08

Issued to: Champlain Oil Co., Inc

Zoning Administrator: Juan L. Kelley

Notes: State permit attached.

C.O. Required Yes No

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE



State of Vermont
 Department of Environmental Conservation

AGENCY OF NATURAL RESOURCES

Waste Management Division, Underground Storage Tank (UST) Program
 103 South Main Street, Waterbury VT 05671-0404
 Telephone (802) 241 3888

CONSTRUCTION PERMIT

PIN NUMBER: EJ99-0277
 UST FACILITY ID# 8797471

START DATE: 7/1/2008
 EXPIRATION DATE: 7/1/2009

Permit fee: Annual

Financial Responsibility: Vermont Petroleum Cleanup Fund Assessment # 666

ISSUED TO: CHAMPLAIN OIL CO., INC.
 PO BOX 2126
 SOUTH BURLINGTON, VT 05407

Permittee/Tank owner

For the construction/installation of one (1) 6,000 gallon underground storage tank (UST) system for the storage of diesel in accordance with the specifications indicated on the UST Form received on June 27, 2008 signed by Bryan Cairns, VP, Champlain Oil Co., Inc.

Facility Location: Essex Colonial Mart
 50 Susie Wilson Road
 Essex, VT 05542

Chittenden County

SPECIAL CONDITIONS:

- 1) A copy of the entire permit application package shall be kept on file at the facility until an Operating Permit is issued by the Agency of Natural Resources and received by the Permittee.
- 2) The permittee or Permittee's representative shall contact this office at least 5 business days prior to beginning tank installation in order to schedule installation inspections.
- 3) This UST Permit is for the installation of an additional UST system. At this facility, the Permittee owns and operates three existing UST systems. During construction and excavation for the new tank system petroleum contamination may be found. In the event that a release is discovered, the Permittee shall comply with the reporting and corrective action requirements of UST Rule 8-103 and will engage a qualified person to perform and submit to the Agency a site assessment in accordance with UST Rule 8-605.
- 4) All components used in the installation of the tank systems shall be compatible with each other such that each UST operates as a properly functioning system. Any component that overrides or renders another component ineffective is prohibited.
- 5) The dispenser shall be installed with a sump in accordance UST Rule 8-405; a 15 gallon containment manhole and an automatic shutoff valve for spill and overfill prevention shall be installed in accordance with UST Rule 8-406.
- 6) The Permittee shall ensure that the underground storage tank system is constructed and installed in accordance with all applicable requirements of the Vermont Underground Storage Tank Rules dated August 1, 2007.





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: CHAMPLAIN OIL CO., INC
Mailing Address: PO Box 2126
Town/City: SO. BURL. State: VT Zip: 05407
Phone: (802) 864-5380

II. OPERATOR OF TANKS (if different than owner)

Name: 4th BURLINGTON CORP
d/b/a ESSEX COLONIAL MART
Mailing Address: 50 SUSIE WILSON RD.
Town/City: ESSEX JCT State: VT Zip: 05452
Phone: (802) 879-7471

III. CONTACT PERSON

[X] 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): 8797471
Facility Name: ESSEX COLONIAL MART
Street Address: 50 SUSIE WILSON RD.
Town/City: ESSEX JCT, VT Zip: 05452
County: CHITTENDEN
Phone: (802) 879-7471
GIS Coordinates (if known):
Latitude: Longitude:

V. SITE CONTAMINATION HISTORY

(a) Year Contamination Discovered: 1995
DEC Hazardous Site #: 951781 (closed)
(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:
[X] Community Non-Public:
[] Transient Non-Community [] Private Well
[] Non-Transient Non-Community [] Other
Specify _____

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

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

IX. NUMBER OF TANKS AT THIS LOCATION

of Tanks 4 owned by individual listed in Section I. (3 EXIST. + 1 NEW)
of Tanks 0 owned by other. Specify other _____

X. LANDOWNER

Name: CHAMPLAIN OIL CO., INC.

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 []
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.

BRYAN CAIRNS, VP
CHAMPLAIN OIL CO., INC.

Printed Name of Owner. If a corporation, add Name and Title of Authorized Representative.

Signature of Owner or Owner's Representative: Bryan Cairns
Date: 6-26-08

Printed Name of Permittee, if different than owner. If a corporation, add Name and Title of Authorized Representative.

Signature of Permittee or Permittee's Representative
Date

LOCAL USE ONLY

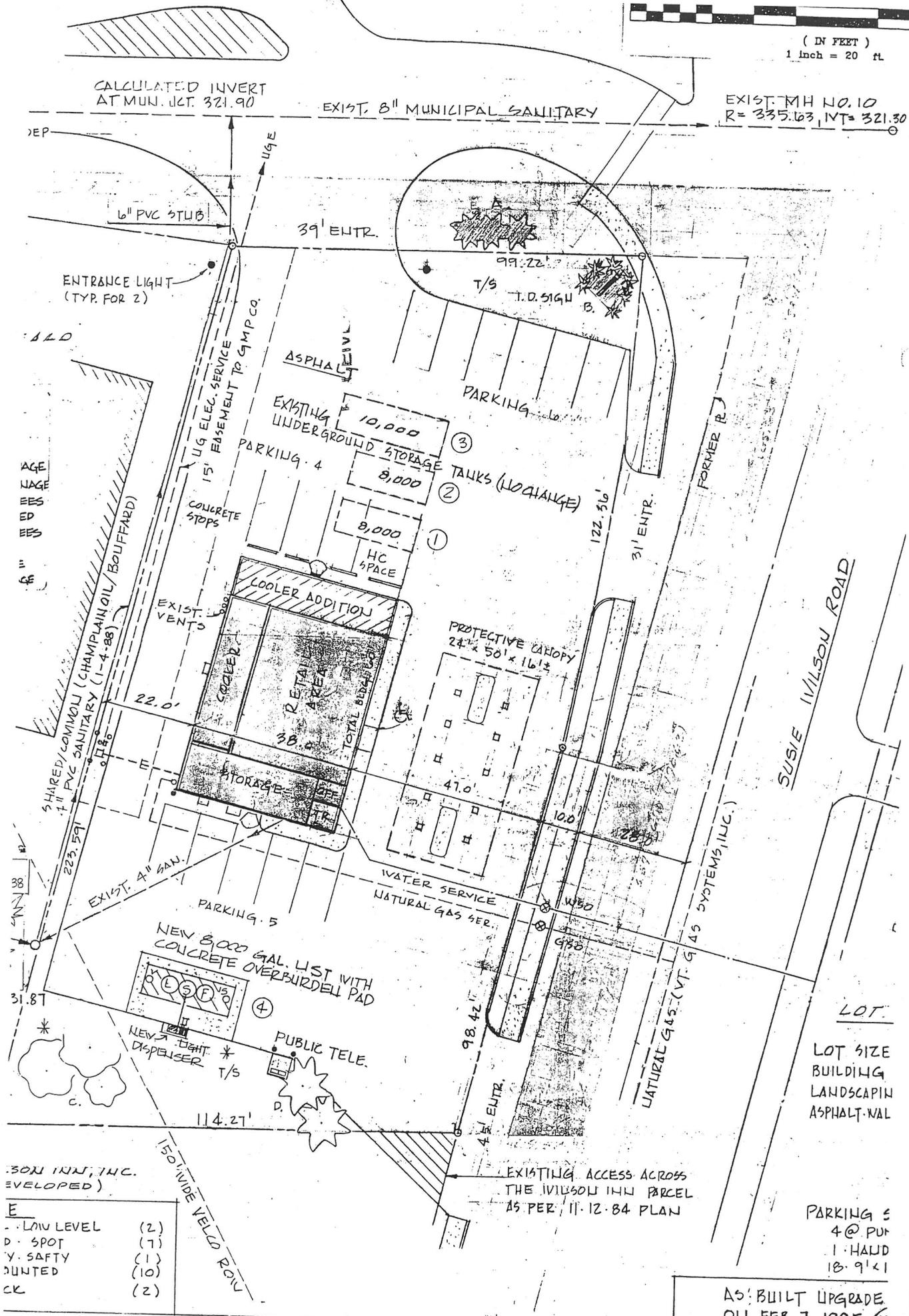
Date Recorded:
Book No. Page No.
Town/City of Land Records:
Signature of Town/City Clerk:
Amends VT UST Form of Record in: Book No. 283 Page No. 794

STATE USE ONLY

[] First [X] Amended [] Notification [X] Permit
[] Change of Ownership [] Change of Operator
[X] Change of Tank Information
[] Change of Piping Information [] Tank Removal
Number of COTS: 4 Permit Fee \$: 400
Permit Fee Paid w/Application: 100
Check #: 153925 Date Received: 6/27/08
Reviewed and Approved By: [Signature]
Facility ID#: 8797471 Site #: 951781
Financial Responsibility: PCF
COMMENTS:

Filed By:
Agency of Natural Resources
Department of Environmental Conservation
UST Program, 103 South Main Street, West Building
Waterbury, VT 05671-0404
CK 153926

(IN FEET)
1 inch = 20 ft



CALCULATED INVERT
AT MUN. JCT. 321.90

EXIST. 8" MUNICIPAL SANITARY

EXIST. MH NO. 10
R= 335.63, MT= 321.30

DEP

6" PVC STUB

ENTRANCE LIGHT
(TYP. FOR 2)

39' ENTR.

99.22'
T/S T.D. SIGN

AGE
LAGE
ES
ED
ES
6" SANITARY

SHARED/COMMON (CHAMPLAIN OIL BOULEVARD)
4" PVC SANITARY (1-4-88)

ASPHALT

EXISTING UNDERGROUND STORAGE
10,000

PARKING 6

PARKING 4

TANKS (NO CHANGE)

CONCRETE STOPS

HC SPACE

122.56'
31' ENTR.

FORMER R

COOLER ADDITION

PROTECTIVE CANOPY
24' x 50' x 16 1/2'

EXIST. VENTS

COOLER
RETAIN AREA
TOTAL BEARING

STORAGE

WATER SERVICE
NATURAL GAS SER.

PARKING 5

NEW 8,000 GAL. UST WITH
CONCRETE OVERBURDELL PAD

NEW LIGHT
DISPENSER

PUBLIC TELE.

LOT

LOT SIZE
BUILDING
LANDSCAPING
ASPHALT-PAV

300 INN, INC.
(DEVELOPED)

E	
LOW LEVEL	(2)
SPOT	(1)
SAFTY	(1)
PAINTED	(10)
CK	(2)

150' WIDE VELO ROAD

EXISTING ACCESS ACROSS
THE WILSON INN PARCEL
AS PER 11-12-84 PLAN

PARKING 5
4 @ PUP
1 HAND
18' 9" x 1

AS BUILT UPGRADE
ON FEB. 7, 1995

TANK INFORMATION FORM (PART II)

TANK OWNERSHIP: <u>CHAMPLAIN OIL Co., INC.</u>		FACILITY ID# <u>8797471</u>					
TANK SYSTEM NUMBER Start with tank closest to building.....→		TANK # <u>1,2,3</u>	PIPE	TANK # <u>4</u>	PIPE <u>4</u>	TANK #	PIPE
PRODUCT STORED (e.g. Gas).....→		<u>(EXISTING)</u>		<u>DIESEL</u>			
If product is a fuel oil, what is it used for?.....→							
STATUS (for each UST system check one)							
Currently in use.....→		<u>YES</u>		<u>NEW</u>			
To be installed.....→				<u>✓</u>			
Temporarily out of service (Date last used ___/___/___).....→							
Permanently out of service (Date last used ___/___/___).....→							
Is this a recertified, used tank? (YES or NO).....→				<u>NO</u>			
SIZE (Capacity in gallons).....→				<u>8,000</u>			
COMPARTMENTS (How many?).....→				<u>1</u>			
Manifolded to another UST? (YES OR NO).....→				<u>NO</u>			
GENERAL INFORMATION (for each UST system - also show details on sketch map)							
Distance to nearest building?.....→				<u>43'</u>			
Distance to nearest property line (> 5')?.....→				<u>27'</u>			
Distance to public water source, main or distribution line?.....→				<u>128' +/-</u>			
Distance to public sewer lines?.....→				<u>208' +/-</u>			
AGE (enter year installed, or to be installed).....→				<u>2008</u>		<u>2008</u>	
MATERIAL OF CONSTRUCTION							
TANK (if known, state brand name)							
Steel							
(Brand Name _____).....→							
Fiberglass							
(Brand Name _____).....→							
Fiberglass Jacketed Steel							
(Brand Name _____).....→							
Polyethylene Jacketed Steel				<u>✓</u>			
(Brand Name <u>HYDROLAN - TITAN</u>).....→							
PIPING (both primary & secondary)							
Flexible					<u>✓</u>		
(Brand Name <u>OPW</u>).....→							
Fiberglass							
(Brand Name _____).....→							
Steel.....→							
Copper.....→							
Other (specify _____).....→							
CORROSION PROTECTION (applicable to metal tanks and pipes only)							
EXTERIOR (check all that apply)							
Sti-P3 Tank.....→							
Impressed Current? (Date Installed ___/___/___).....→							
Galvanic Anodes.....→							
INTERIOR (check all that apply)							
Interior Lining? (Date Installed ___/___/___).....→							
Lining Warranted? (YES or NO).....→							

TANK INFORMATION FORM (PART II) – Continued

TANK OWNERSHIP: CHAMPLAIN OIL CO., INC FACILITY ID# 8797471

TANK SYSTEM NUMBER
Start with tank closest to building.....→ TANK # 1,2,3 PIPE TANK # 4 PIPE 4 TANK # PIPE

SECONDARY CONTAINMENT

Double Wall Tank.....→			<input checked="" type="checkbox"/>		
Concrete Vault (must be P.E. certified).....→					
Impervious Liner/Tank Piping.....→					
Double Wall Piping.....→		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

OVERFILL PREVENTION

Float Vent Valve (cannot be used for coaxial stage 1 vapor, suction dispenser, or loose fill).....→					
High Liquid Alarm Level.....→					
Automatic Shutoff/Flapper Valve.....→			<input checked="" type="checkbox"/>		
Manual Measurement (USED OIL ONLY).....→					
Whistle Alarm.....→					

SPILL PREVENTION

5 gallon Containment Manhole (spill bucket).....→					
15 gallon Containment Manhole.....→					
Other (specify _____).....→			<input checked="" type="checkbox"/>		
Remote Fill (strongly discouraged) (YES or NO).....→			NO		
Remote Fill secondarily contained? (YES or NO).....→			NO		

LEAK DETECTION (check all that apply)

Electronic Interstitial Monitoring (Make & Model <u>VEEDER-ROOT 350</u>).....→			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Weekly Manual Interstitial Monitoring.....→					
In-Tank Monitor (Make & Model <u>VEEDER-ROOT 350</u>).....→			<input checked="" type="checkbox"/>		
Suction Pump w/Vertical Check Valve.....→				<input checked="" type="checkbox"/>	
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 <u>dispenser sump</u>).....→					

TYPE OF PUMP

Submersible (pressurized).....→					
Suction.....→					
Gravity.....→			<input checked="" type="checkbox"/>		

GASOLINE VAPOR RECOVERY (check that which applies)

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.

** SEE ATTACHED PLAN*

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: ROBERT WAGNER TELEPHONE NUMBER: 803-316-0585

ESTIMATED INSTALLATION DATE (for permit application process only): o/a July 7 or 8th

Revised: 08/17/06

✓