



Town of Union Aquifer District Groundwater Protection Form

Project Name: _____

Project Location: _____

Name of Applicant: _____

Address: _____

Telephone Number: _____ **E-Mail:** _____

Name of Project Engineer/Architect: _____

Address: _____

Telephone Number: _____ **E-Mail:** _____

Reason(s) for Requesting an Aquifer Permit from the Town (check the appropriate box):

On-site Petroleum Product, Hazardous or Toxic Chemical Use, and/or Storage Exceeds 25 gallons or 220 pounds a month.

New York State Department of Environmental Conservation (NYSDEC) or United States Environmental Protection Agency (USEPA) Permit Required for Project.

Applicant's Signature: _____ **Date:** _____

Applicant Signature Name (Please Print): _____

***** **Official Use Only** *****

Date Permit Fee Received: _____

Date of Public Hearing: _____

Broome County Health Dept. File Number: _____

cc: Town Clerk
Town Attorney
Broome County Health Dept.

General Information

Purpose and scope of project: _____

Tax map number(s) for project property: _____

Is the project located in the 100-year flood plain? Yes No

What was the project land used for previously? _____

Will excavation or filling be necessary? Yes No

If yes, number of acres excavated: _____ number of acres filled: _____

Did underground storage tanks exist at the property in the past? Yes No

If yes, what type of product was stored in the tanks? _____

Existing Infrastructure

Do underground storage tanks currently exist on the property? Yes No

If yes, provide NYSDEC registration number(s) where applicable, the date of last inspection, tank ages and type of product stored: _____

What measures are in place to prevent leaks and/or spills at these storage tanks? _____

Do monitoring wells exist at the property? If so, provide information on the location, depth and status (active or inactive) of each.

Do floor drains exist at the property? Yes No

If yes, where do the drains discharge (*check the appropriate box*):

- Public Sewer
- On-site Waste Water Disposal System
- Other (Please Describe: _____)
-

Project Services

Water used at the property is/will be obtained from (*check the appropriate box*):

- Public Supply
- A Private Well
- Both

Anticipated Pumping Rate of Private Well _____ (GPD)

(Note: if the above answer is "both", a back flow prevention device must be installed between the private and public water supplies)

Wastewater generated at the property is/will be disposed of in:

- The Binghamton/Johnson City Public Sewer System
- The Village of Endicott Public Sewer System
- A Private Waste Water Disposal System
- Other (Describe Below): _____
-

Anticipated Wastewater Discharge Quantity _____ (GPD)

Chemicals Stored or Used on Property

Will this project require the use and/or storage of petroleum products, hazardous or toxic chemicals in excess of 25 gallons or 220 pounds in any given month? Yes No

If yes, provide the following information for each chemical (liquid, solid or gas) that matches the above criteria:

(1) Chemical Name: _____

(2) CAS Number: _____

(3) A Material Safety Data Sheet for the Chemical

(4) Average Amount Stored/Used Per Month: _____

(5) Storage Location(s): _____

(6) Method(s) of Storage: _____

What measures will be taken to contain an accidental chemical spill?

What measures will be taken to dispose of surplus or used chemicals?

Does this project require a permit from the New York State Department of Environmental Conservation or the U.S. Environmental Protection Agency? Yes No

If yes, what type of permit is required?

Have local fire authorities been informed of the presence of petroleum products, hazardous, or toxic chemicals at the property? Yes No