MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land and Materials Administration • Oil Control Program
1800 Washington Boulevard • Suite 620 • Baltimore Maryland 21230-1719
410-537-3442 • 800-633-6101 x3442 • 410-537-3092 (fax) • www.mde.maryland.gov

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Return completed form to:

Maryland Department of the Environment
Oil Control Program
1800 Washington Boulevard, Suite 620
Baltimore MD 21230-1719

Facility ID Number:_____

Type Of Notification:

☐ **New Facility** ☐ **Amended** ☐ **Closure** **(mark one)**

_____Number of tanks at facility

_____Number of continuation sheets attached

State Use Only

Facility ID Number: _____

Alt ID Number: _____

Date Entered into Computer: _____

Data Clerk's Initials: _____

Owner Contacted to Clarify Response: _____

Comments: _____

_____

I. OWNERSHIP INFORMATION:

Is this an Owner Name Change? ____ yes ____ no

Owner ID:

Owner Name: _____

Street Address: _____

_____
City **State** **Zip Code**

County: _____

Mailing Address (if different from above): _____

_____

Telephone Number: _____

Contact Person: _____
Fax:_____ **Email:**_____

Type of Owner: (mark one)

Government
_____ Federal
_____ State
_____ Local

Commercial
_____ Corporation
_____ Company
_____ Partnership
_____ Individual

Non-Commercial
_____ Residential
_____ Agricultural
_____ Non-Profit Agency

II. LOCATION OF TANKS:

Is this a Facility Name Change? _____ yes _____ no

Facility Name or Company Site Identifier: _____

Street Address: _____

_____
City **State** **Zip Code** **County**

Facility Water Supply (*mark one*): _____**Potable Well** _____**Public Water System**

Mailing Address (if different from above): _____

Facility Operator: _____**Primary Phone Number:**_____

III. TYPE OF FACILITY: (check one)

_____ Aircraft Owner	_____ Federal Military	_____ Petroleum Distributor
_____ Airline	_____ Federal Non-Military	_____ Railroad
_____ Apartment/Condo	_____ Fire/Rescue/Ambulance	_____ Residential
_____ Auto Dealership	_____ Gas Station	_____ State Government
_____ Commercial	_____ Industrial	_____ Store
_____ Contractor	_____ Local Government	_____ Trucking/Transport
_____ Educational	_____ Marina	_____ Utilities
_____ Farm/Nursery	_____ Office	_____ Not Listed

_____ Other:_____

IV. CONTACT PERSON IN CHARGE OF TANKS:

Name: _____ **Job Title:** _____

Employer:_____

Mailing Address: _____

City **State** **Zip**

Phone Number: _____ **Fax Number:**_____

Email Address: _____

V. FINANCIAL RESPONSIBILITY: (if applicable – see instructions)

_____Not Required For This Facility - heating oil for direct consumptive use only.

Policy #:_____ Period of Coverage:_____

Insurer:_____

Agent/Broker:_____Phone No.:_____

Type of Financial Responsibility Used:

_____Financial Test of Self Insurance	_____Guarantee*	_____Local Govt. Insurance Pool
_____Third Party Insurance	_____Surety Bond*	_____Local Govt. Bond Rating Test
_____Risk Retention Group	_____Letter of Credit*	_____Local Govt. Financial Test
_____Trust Fund	_____Standby Trust Fund	_____Local Govt. Guarantee

_____Other (specify)_____

*requires Standby Trust Fund

Facility ID Number: _____

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS: (complete for each tank at this facility)

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
Alternate Tank ID Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
1. Status of Tank (mark only one)										
- Currently in Use										
- Temporarily Out of Use										
- Permanently Out of Use (Complete Item 8)										
2. Date of Installation (month/year)										
3. Total Capacity (gallons)										
3A. Compartmentalized?	___YES ___NO				___YES ___NO					
Enter Compartment Gallons:	Tank "A"		Tank "B"		Tank "A"		Tank "B"			
3B. Manifolded?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
4. Tank Construction (mark all that apply)										
- Asphalt Coated or Bare Steel										
- Cathodically Protected Steel (Coating w/CP – Galvanic)										
- Cathodically Protected Steel (CP Steel – Impressed Current)										
- Composite Clad Steel (Steel w/FRP)										
- Fiberglass Reinforced Plastic (FRP)										
- Polyethylene Tank Jacket										
- Other (must describe)										
- Double-walled										
- Excavation Liner										
- Lined Interior										
- Lined Interior with Impressed Current										
- Has tank been repaired?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Facility ID Number: _____

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS: (complete for each tank at this facility)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Alternate Tank ID Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
5. Piping Construction (mark all that apply)					
- Aboveground Piping					
- Bare or Galvanized Steel					
- Bare or Galvaized Steel - sleeved in PVC, FRP, or Plastic					
- Copper					
- Copper (CP Protected)					
- Copper-sleeved in PVC, FRP, or Plastic					
- CP Steel (Galvanic)					
- CP Steel (Impressed Current)					
- Fiberglass Reinforced Plastic (FRP)					
- Flexible Plastic					
- Other (must describe)					
- No Piping					
- Double-walled					
- Double-walled with Containment Sumps					
- Secondary Containment (specify)					
6. Type of Piping (mark all that apply)					
Pressurized? (if yes, select type of Automatic Line Leak Detector (ALLD)					
• Electronic ALLD					
• Mechanical ALLD					
- Gravity Feed					
- Suction, no valve at tank (Safe Suction)					
- Suction, valve at tank (U.S. Suction)					
- Has piping been repaired?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS: (complete for each tank at this facility)

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
Alternate Tank ID Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
7. Substance Currently or Last Stored										
- Aviation Fuel										
- Bio-Diesel										
- Car Wash-Oil/Water Separator UST										
- Diesel										
- Ethanol (E-85)										
- Gasohol (E-10)										
- Gasoline										
- Hazardous Substance (specify):										
- Heating Oil #2										
- Heating Oil #4										
- Heating Oil #5										
- Heating Oil #6										
- Kerosene										
- Lube Oil										
- Methanol										
- Mixture (specify):										
- Used Oil										
- Other (must describe)										
7A. On-site consumptive use?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
7B. Emergency Generator?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
8. Closing of Tank										
- Estimated date last used (month/day/year)										
- Date Tank Closed (month/day/year)										
- Tank Removed From Ground?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
- Tank Filled with Inert Material?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
- If yes, inert material used.										
- Change in service to non-regulated substance?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
8A. Site Assessment Completed?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
8B. Assessment Report submitted to MDE?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Facility ID Number: _____

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS: (complete for each tank at this facility)

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
Alternate Tank ID Number	Tank No.		Tank No.		Tank No.		Tank No.		Tank No.	
9. Release Detection (see instructions)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
9A. Tank – Mark One Primary (P) and All Secondary (S) Methods										
- Manual Tank Gauging										
- Tank Tightness Testing (See Instructions)										
- ATG 0.2 gph Test										
- Inventory/Statistical Inventory Reconciliation (SIR)										
- Groundwater Monitoring										
- Interstitial Monitoring Double-Walled Tank										
- Other Method Approved by MDE (must specify)										
9B. Piping – Mark One Primary (P) and All Secondary (S) Methods										
- Interstitial Monitoring Double-Walled Piping										
- Electronic ALLD Testing (0.1 or 0.2 gph)										
- Annual Line Tightness Testing (Pressurized)										
- 2-year Line Tightness Testing (U.S. Suction)										
- Inventory/Statistical Inventory Reconciliation (SIR)										
- Groundwater Monitoring										
- Other Method Approved by MDE (must specify)										
10. Spill and Overfill Protection										
10A. Overfill Device Installed? (if yes, select one below)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
> Flapper Valve (FV)										
> Ball Float Valve (BFV)										
> High Level Alarm (HLA)										
> Other (must describe)										
10B. Spill Catch Basin Fill Pipe? (5 gallon minimum)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
11. Stage I Vapor Recovery?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
12. Stage II Vapor Recovery?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

VII. UNDERGROUND STORAGE TANK (UST) TECHNICIAN CERTIFICATION OF COMPLIANCE:

(Complete for all new installed, replaced, and upgraded underground storage systems at this location)

I certify, under penalty of law, that I am certified by the State of Maryland as an UST Technician, that I am in good standing as a certified Technician with the State, and that I am familiar with the UST regulatory requirements in COMAR 26.10.02—26.10.11. I further certify, under penalty of law that, based upon my personal inspection and/or work upon the UST system(s) at the Facility identified on this Notification Form, the UST system(s) is/are in compliance with the requirements of COMAR 26.10.02—26.10.11.

Installer: _____
Print Name **Signature** **Date**

MDIC: _____ _____ _____
State Identification Number **Expiration Date** **Company**

Penalties for False Statements: Any person who makes any false statement, representation, or certification herein is subject to criminal penalties of a fine and imprisonment and to civil monetary penalties, pursuant to §4-417 of the Environment Article of the Annotated Code of Maryland.

VIII. OWNER CERTIFICATION: (to be completed by owner or owner's representative)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this Notification Form and all attached documents, and that the information provided is true, accurate, and complete. I further certify, under penalty of law, that I have met the financial responsibility (FR) requirements in accordance with applicable federal and State laws (40CFR Part 280 Subpart H; §4-409(b) of the Environment Article; and COMAR 26.10.11) and that I can provide documentation thereof to MDE upon its request, or that I am not required to meet the FR requirements because the UST system stores heating oil for direct consumptive use only.

Name (print / type): _____ **Title:**_____

Signature: _____ **Date:**_____

Penalties for False Statements: Any person who makes any false statement, representation, or certification herein is subject to criminal penalties of a fine and imprisonment and to civil monetary penalties, pursuant to §4-417 of the Environment Article of the Annotated Code of Maryland.

Notice: Collection of Personal Records – State Government Article § 10-624

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.