

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 Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

County: _____

Mailing Address (if different from above): _____

Telephone Number: _____

Contact Person: _____

Fax: _____ Email: _____

Owner ID: _____

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aircraft Owner | <input type="checkbox"/> Federal Military | <input type="checkbox"/> Petroleum Distributor |
| <input type="checkbox"/> Airline | <input type="checkbox"/> Federal Non-Military | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Fire/Rescue/Ambulance | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Gas Station | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Store |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Local Government | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Marina | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Farm/Nursery | <input type="checkbox"/> Office | <input type="checkbox"/> Not Listed |
| <input type="checkbox"/> 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Guarantee* | <input type="checkbox"/> Local Govt. Insurance Pool |
| <input type="checkbox"/> Third Party Insurance | <input type="checkbox"/> Surety Bond* | <input type="checkbox"/> Local Govt. Bond Rating Test |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit* | <input type="checkbox"/> Local Govt. Financial Test |
| <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Standby Trust Fund | <input type="checkbox"/> Local Govt. Guarantee |
| <input type="checkbox"/> Other (specify) _____ | | |

*requires Standby Trust Fund

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. Manifolder?	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

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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 Galvanized 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

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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	

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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

