

**ABOVEGROUND STORAGE TANK (AST) SYSTEM
REGISTRATION FORM**

MDE OCP Facility ID (if known): _____
Type of Registration (mark one): New _____ Amended _____ Closure _____
Is this an Owner Name Change? Yes _____ No _____
Number of AST systems at facility: _____

MDE Use Only
AI Number: _____
Date Received: _____

<u>Return completed form to:</u>
Maryland Department of the Environment Oil Control Program 1800 Washington Boulevard, Suite 620 Baltimore MD 21230-1719 - OR - AST.Registration@maryland.gov

I. OWNERSHIP INFORMATION

AST System Owner Name: _____

If the AST System Owner is a business entity, is the entity registered with the Maryland Department of Assessments and Taxation? Yes _____ No _____

Street Address: _____

City State Zip Code County

Owner Contact Person and Job Title: _____

Telephone Number: _____ Fax: _____

Email: _____

Mailing Address (if different from above): _____

City State Zip Code County

II. LOCATION OF FACILITY

Facility Name or Company Site Identifier: _____

Street Address: _____

 City State Zip Code County

Facility Water Supply (mark one): _____Potable Well _____Public Water System _____None

III. TYPE OF FACILITY (check one)

<input type="checkbox"/>	Airline / Airport	<input type="checkbox"/>	Federal – Non-Military	<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Apartment / Condo	<input type="checkbox"/>	Fire / Rescue / Ambulance	<input type="checkbox"/>	Petroleum Distributor
<input type="checkbox"/>	Auto Dealership / Repair	<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Railroad
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Religious Establishment	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Education	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	State Government
<input type="checkbox"/>	Farm / Nursery	<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Trucking / Transport
<input type="checkbox"/>	Federal – Military	<input type="checkbox"/>	Marina	<input type="checkbox"/>	Utilities

____ Other: _____

Type of operations at facility (mark all that apply): On-site consumptive use Storage

Motor fuel dispensing Other dispensing (lubricants, etc.) Other (specify): _____

IV. CONTACT PERSON IN CHARGE OF AST SYSTEM(S)

Check box if same as AST System Owner from Section I.

Contact Person and Job Title: _____

Employer: _____

Telephone Number: _____ Fax: _____

Email: _____

Mailing Address: _____

 City State Zip Code County

V. AST SYSTEM DESCRIPTION

- Enter details for each AST system at the facility that is storing oil and that is greater than 250 gallons. ¹
- Do not include tanks storing edible oils (unless used as bio-diesel), diesel exhaust fluid (DEF), propane, natural gas, antifreeze, or other non-petroleum liquids.
- See Notes 1 through 5 below.

MDE Tank ID ²						
Compartment ID (Use separate column for each compartment)						
Owner / Alternate Tank ID						
1. Status (mark one)						
1a. In-Service						
1b. Out-of-Service						
1c. Permanently Closed						
i. Date AST System Closed (MM/YYYY)						
2. Compartmented AST? (Y / N) - If yes, complete 3. and 3a. - If no, complete 3.						
3. Total Storage Capacity (Gallons)						
3a. Compartment Storage Capacity (Gallons) - Use separate column for each compartment						
4. Product Stored ³ - Enter per compartment as applicable						
5. Date of AST Installation ⁴ (MM/YYYY)						
6. Tank Construction						
6a. Construction Standard (e.g., UL 142)						
6b. Material ⁵						
6c. Single-Walled or Double-Walled (SW / DW)						

AST SYSTEM REGISTRATION FORM (continued) MDE OCP Fac. ID _____

MDE Tank ID ²						
Compartment ID (Use separate column for each compartment)						
Owner / Alternate Tank ID						
7. Date of Piping Installation ⁴ (MM/YYYY)						
8. Piping Construction						
8a. Aboveground Piping						
i. Material ⁵						
8b. Underground Piping						
i. Material ⁵						
ii. Single- or Double-Walled (SW / DW)						
iii. Corrosion Protection (Y / N)						
iv. Release Detection (Y / N)						

- Notes:**
1. Attach additional sheets if necessary.
 2. List MDE Tank ID if known. Indicate Compartment ID and Owner / Alternate Tank ID if applicable.
 3. List type of oil / product stored from the following:

Additive	Diesel Fuel	Gear Oil	Jet Fuel	Motor Oil	Waste Oil (contaminated or not fit for reuse)
Asphalts	Gasohol E-10	Heating Oil #2	Kerosene	Oily Water	Other (specify)
Aviation Gasoline	Gasohol E-85	Heat Transfer Oil	Lubricating Oil	Transmission Oil	Mixture (specify)
Bio-Diesel	Gasoline	Hydraulic Oil	Mineral Oil	Used Oil	Empty

4. Indicate "Unknown" if installation date is not known.
5. List AST and piping construction material from the following:

AST		Piping		
S = Steel	O = Other	S = Steel	C = Copper	N = No Piping
P = Polyethylene		G = Galvanized Steel	FRP = Fiberglass Reinforced Plastic	O = Other (specify)
J = Jacketed Polyethylene		M = Approved Marina Pipe	F = Flexible Plastic	

VI. REGISTRATION CERTIFICATION

Registration is hereby made to the State of Maryland, Department of the Environment, Land and Materials Administration for the aboveground storage tank system(s) listed above. I hereby acknowledge and understand that unless required to obtain an Individual Oil Operations Permit under Code of Maryland Regulation (COMAR) 26.10.01.09A., the oil storage facility and registered AST systems storing oil are regulated under COMAR 26.10.01.09B, General Oil Operations Permit by Rule. I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this registration form, and that the information provided is true, accurate, and complete. I understand that the inclusion of any false or misleading information, or the exclusion of required information in this registration, may cause the Administration to issue an administrative complaint seeking civil penalties in accordance with Environment Article § 4-412 and § 4-417 ¹, Annotated Code of Maryland, and may include the suspension or revocation of any permit or license issued. I further understand that failure to notify the Department of oil spills, releases, or discharges, regardless of size, is a violation of Environment Article §§ 4-401 through 4-420, Annotated Code of Maryland, which may also subject me to an administrative complaint and civil penalties.

Company Name: _____ Date: _____

Signature of Authorized Agent: _____

Printed name of Authorized Agent: _____

Title of Authorized Agent: _____

1. 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 – General Provisions Article § 4-501

This Notice is provided pursuant to § 4-501 of the General Provisions Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your registration. Failure to provide the information requested may result in your registration 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 the 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.