### 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: State Use Only Maryland Department of the Environment Facility ID Number: Oil Control Program 1800 Washington Boulevard, Suite 620 Baltimore MD 21230-1719 Alt ID Number: Facility ID Number:\_\_\_\_\_ Date Entered into Computer: Type Of Notification: Data Clerk's Initials: \_\_\_\_ □ New Facility ☐ Amended ☐ Closure (mark one) Owner Contacted to Clarify Response: \_\_\_Number of tanks at facility Comments: Number of continuation sheets attached I. OWNERSHIP INFORMATION: Owner ID: Is this an Owner Name Change? yes no Type of Owner: (mark one) Owner Name: \_\_\_ Government Commercial Street Address: \_\_\_\_ Corporation Federal City State Zip Code \_ State \_\_\_\_ Company \_\_ Local \_\_\_\_\_Partnership County: \_\_\_ Mailing Address (if different from above): \_\_\_\_\_ Individual **Non-Commercial** Residential Telephone Number: \_\_\_\_ \_\_ Agricultural Contact Person: Email:\_\_\_ Fax:\_\_\_ Non-Profit Agency II. LOCATION OF TANKS: Is this a Facility Name Change? \_\_\_\_\_ yes \_\_\_\_\_ no Facility Name or Company Site Identifier: Street Address: City **Zip Code** State County Facility Water Supply (mark one): \_\_\_\_\_Potable Well \_\_\_\_\_Public Water System Mailing Address (if different from above):

		Facili	ty ID Number:
III. TYPE OF FACILITY: (check	one)		
	Federal Military Federal Non-Military	Petro	leum Distributor
Apartment/Condo	Fire/Rescue/Ambulance Gas Station	Resid	ential Government
Contractor	Industrial Local Government		ing/Transport
Farm/Nursery	Marina Office	Utilitie Not L	
IV. CONTACT PERSON IN CHA		lab Tida	
Name:			
Employer:			
Mailing Address:	City		State Zip
Phone Number:	Fax Number:		
Email Address:			
V. FINANCIAL RESPONSIBILIT	TY: (if applicable – se	e instruction	ons)
Not Required For This Facility	y - heating oil for direct c	onsumptive	e use only.
Policy #:	Period of Coverage	):	
Insurer:			
Agent/Broker:		Phone No	.i
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

\*requires Standby Trust Fund

\_Other (specify)\_

Facility	y ID Number:	

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)										
Date of Installation     (month/year)										
3. Total Capacity (gallons)										
3A. Compartmentalized?		YES	NO			YES	NO			
Enter Compartment Gallons:	Tank "A"	1	Tank "B"		Tank "A"		Tank "B"	T		
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	ı							T	,	
- Has tank been repaired?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Facilit	y ID	Number:			
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Tank Identification Number	Tank No.									
Alternate Tank ID Number	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	<u> </u>									
- Gravity Feed										
- Suction, no valve at tank (Safe Suction)										
- Suction, valve at tank (U.S. Suction)						,				
- Has piping been repaired?	YES	NO								

Tank Identification Number	Tank No.									
Alternate Tank ID Number	Tank No.									
7. Substance Currently										
or Last Stored			1		1				1	
- 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								
7B. Emergency Generator?	YES	NO								
8. Closing of Tank										
- Estimated date last used			l		l		Ι		l	
(month/day/year)										
- Date Tank Closed (month/day/year)										
- Tank Removed From Ground?	YES	NO								
- Tank Filled with Inert Material?	YES	NO								
- If yes, inert material used.		1		ı		I		I		1
- Change in service to non- regulated substance?	YES	NO								
8A. Site Assessment Completed?	YES	NO								
8B. Assessment Report submitted to MDE?	YES	NO								

Facilit	y ID	Number:				

Tank Identification Number	Tank No.									
Alternate Tank ID Number	Tank No.									
9. Release Detection (see instructions)	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?	YES	NO								
(if yes, select one below)	. 20		120			110	120		120	.,,
> Flapper Valve (FV)										
> Ball Float Valve (BFV)										
> High Level Alarm (HLA)										
> Other (must describe)		I		T		T				
10B. Spill Catch Basin	YES	NO								
Fill Pipe? (5 gallon minimum)										
11. Stage I Vapor Recovery?	YES	NO								
12. Stage II Vapor Recovery?	YES	NO								

Facility ID Number:	
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#### 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.

Installe	r:		
	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:
Cianatura	Data

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.