

Land Management Administration • Oil Control Program  
**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.					
<b>1. Status of Tank</b> (mark only one)										
- Currently in Use										
- Temporarily Out of Use										
- Permanently Out of Use ( Complete Item 8)										
<b>2. Date of Installation</b> (month/year)										
<b>3. Total Capacity (gallons)</b>										
<b>3A. Compartmentalized?</b>	___YES ___NO		___YES ___NO							
Enter Compartment Gallons:	Tank "A"	Tank "B"	Tank "A"	Tank "B"						
<b>3B. Manifolder?</b>	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>4. Tank Construction</b> (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

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

Tank Identification Number	Tank No.									
Alternate Tank ID Number	Tank No.									
<b>5. Piping Construction</b> (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)										
<b>6. Type of Piping</b> (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								

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

Tank Identification Number	Tank No.										
Alternate Tank ID Number	Tank No.										
<b>7. Substance Currently or Last Stored</b>											
- 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									
<b>8. Closing of Tank</b>											
- Estimated date last used (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.											
- Change in service to non-regulated substance?	YES	NO									
8A. Site Assessment Completed?	YES	NO									
8B. Assessment Report submitted to MDE?	YES	NO									

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

Tank Identification Number	Tank No.									
Alternate Tank ID Number	Tank No.									
<b>9. Release Detection</b> (see instructions)	TANK	PIPING								
<b>9A. Tank – Mark One Primary (P) and All Secondary (S) Methods</b>										
- 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)										
<b>9B. Piping – Mark One Primary (P) and All Secondary (S) Methods</b>										
- 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)										
<b>10. Spill and Overfill Protection</b>										
<b>10A. Overfill Device Installed?</b> (if yes, select one below)	YES	NO								
> Flapper Valve (FV)										
> Ball Float Valve (BFV)										
> High Level Alarm (HLA)										
> Other (must describe)										
<b>10B. Spill Catch Basin Fill Pipe?</b> (5 gallon minimum)	YES	NO								
<b>11. Stage I Vapor Recovery?</b>	YES	NO								
<b>12. Stage II Vapor Recovery?</b>	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 the Maryland Department of the Environment 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.*