

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
 Land Management 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.state.md.us](http://www.mde.state.md.us)

**Underground Storage System Removal/Abandonment  
 30-Day Written Notification**

**Case No:** \_\_\_\_\_

Facility No: \_\_\_\_\_  
 (check box if facility was not previously registered)

This form shall be used to notify the Department at least 30 days before beginning underground storage tank removal and/or abandonment-in-place. When fully completed, this form may be accepted as an amendment to the Notification for Underground Storage Tanks currently on file with the Department, for the removals and/or abandonments listed. New tank installations must be reported on the five-page notification (Form Number MDE/WAS/PER.012). The Department reserves the right to require Form Number MDE/WAS.PER.012, if determined necessary to properly update Department records.

- (1) **Type of facility:** \_\_\_Government \_\_\_Commercial \_\_\_Farm/Nursery \_\_\_Residential (non-rental) \_\_\_Other (please specify) \_\_\_\_\_  
 (check one)
- (2) **Type of work being performed:** \_\_\_Removal \_\_\_Abandonment in Place \_\_\_Temporary Closure \_\_\_Installation \_\_\_Upgrade of Existing Tank/Piping  
 (check all that apply)
- (3) **Date work is to be performed:** \_\_\_\_\_ (4) **Estimated time that work will be ready for inspection:** \_\_\_\_\_
- (5) **Insurance Information:** \_\_\_Self Insurance \_\_\_Insurance Pool \_\_\_Risk Retention Group \_\_\_Guarantee \_\_\_Letter of Credit \_\_\_Surety Bond  
 (check one) \_\_\_Commercial Insurance: Policy No.: \_\_\_\_\_ Insurer: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_ Other Method allowed: (specify) \_\_\_\_\_

(6) Contractor Information:	(7) Facility Information:	(8) Owner Information:
Company Name	Facility Name	Owner Name
Mailing Address	Street Address	Mailing Address
City/State/Zip	City/State/Zip	City/State/Zip
Name of Contact Person	Nearest Cross Street	Contact Person at owner location ( <b>not contractor</b> )
Telephone No.                      Fax No.	Name of Contact Person at Site	Telephone No.                      Fax No.
Name of Person certified to do work	Telephone No. of Contact Person	Name/Title of person authorized to represent owner
MDIC- _____ exp. date ____ / ____ / ____		

