

***RESIDENTIAL HEATING OIL TANK SITE CLEANUP
REIMBURSEMENT PROGRAM***

***INSTRUCTIONS TO COMPLETE THE
APPLICATION FORM***

I. Name

Applicant's name is name of the tank owner. The leaking tank or spill must be on property owned by the applicant.

II. Contact Information

Fill in the phone numbers and email address where you can be contacted (Monday through Friday between 8 a.m. and 5 p.m.) concerning your application.

III. MDE Oil Control Program Case Number

The case number can usually be found on the Report of Observations you received from the Department's Oil Control Program inspector who responded to the release and checked your property. Contact the inspector if you did not receive a report concerning your leaking tank or spill. If the Department was not contacted when the leak was discovered, you may be in violation of Maryland regulations, and may be ineligible to apply to the Reimbursement Program. See V.

IV. Addresses

If the mailing address is the same as the site address, complete only the mailing address (indicate on the form that the site address is the same as the mailing address). The site address is the location of the leaking tank or spill.

V. Spill Information

Note: All oil spills/discharges must be reported to the Department within 2 hours of discovery. If not already reported, do so immediately. Report spills by calling 410-537-3442 during normal business hours or call 866-633-4686 (866-MDE-GOTO) after business hours.

Indicate the date the leaking tank or spill was discovered, the date that MDE was notified, and the estimated amount of fuel spilled. Indicate the name of the company or individual performing

corrective action, the name of the contractor's project manager and the contractor's business phone number.

VI. Insurance Information

Provide name of insurance company, insurance agent, insurance policy number, and the agent's phone number. Also indicate whether a claim has been submitted to your insurance company and if the insurance company is paying for any of the cleanup activities.

VII. Heating Oil Tank Information

Indicate if the leaking tank is an aboveground or underground storage tank and whether the tank was removed or abandoned-in-place (i.e. an underground tank left in the ground and filled with a solid inert material). Provide the size and age of the leaking tank.

- **Leaking underground storage tanks must have MDE approval to be abandoned in place.**
- **All heating oil underground storage tank systems in the State of Maryland must be removed by a MDE Certified Underground Storage System Remover or Technician. Please visit the MDE Oil Control Program website to determine if your contractor is certified in good standing with MDE.**

<http://mes-mde.mde.state.md.us/certificationsearch/search.aspx>

VIII. Spill Location

Check the type of residence where the leaking tank is located. Determine the distance of the leaking oil tank to your closest neighbor, whether the spill has impacted your neighbor's property and how it was impacted.

IX. Environmentally Sensitive Areas Located Near Your Property

Determine if any of the sensitive areas identified in this section are in close proximity to the location of the leaking tank. Describe any other sensitive areas not listed in this section located close to the spill site and that are impacted by the spill.

X. Spill from an Underground Tank or Aboveground Tank

Complete this section by checking all information that applies to your site. If soils were excavated, provide proof of disposal of those soils. If soils were impacted, provide analytical data from all samples collected.

XI. Oil Odors

Indicate if oil odors are present in the residence where the tank leaked or spill occurred.

XII. Analytical Samples

If samples were taken during the tank removal, indicate the type of sample taken, and the name of the laboratory performing sample analysis. Include all available laboratory analytical reports.

XIII. Corrective Actions

Provide information regarding corrective actions performed to mitigate the oil release. Corrective action may include pumping the oil from the leaking tank, containing and absorbing surface spilled oil, removal of oil contaminated soils, removal of floating oil on the water table, installation of monitoring wells to determine if oil is present in the groundwater, pumping groundwater to keep the subsurface oil from spreading off-site and/or the replacement of a drinking water well.

Place a check mark next to each activity performed. If the activity is not listed, describe under "Other".

Provide all available analytical data reports including where the samples were collected; all available disposal receipts for soil, oil, and water; and all available documentation from the MDE or local municipality related to the oil spill and cleanup.

XIV. Other Information to Submit

Provide other information that may be requested by MDE to speed the processing of your application. If your application is approved, the proof of expenses will be used to process your reimbursement request as quickly as possible. If your application is not approved, you will receive notification from the Department.

XV. W-9 Identification Number and Certification Form

Provide your Social Security number as required by the State of Maryland for any approved eligible reimbursement.

Certification

Review the certification statement. If you have questions, please contact MDE at the number listed in the instructions header. If you understand the certification statement, please have the document notarized, sign and date the application, make a copy for your records, and mail the original application and all requested supporting documentation to:

Maryland Department of the Environment
Land Management Administration
ATTN: Site Cleanup Reimbursement, Suite 650
1800 Washington Boulevard
Baltimore, MD 21230-1719

Unsigned applications will be returned to the applicant.

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**RESIDENTIAL HEATING OIL TANK SITE CLEANUP
REIMBURSEMENT PROGRAM**

APPLICATION

Note: Applicant **must** be the owner of the property where the residential heating oil tank is located.
Only residential heating oil tanks qualify for this program.

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.

I. Name

Applicant Name: _____

II. Contact Information

Cellular: (____) ____-____

Business: (____) ____-____

Home: (____) ____-____

Email: _____

III. MDE Oil Control Program Case Number: _____

IV. Addresses

Mailing:

Site: (if different from mailing address)

V. Spill Information

Note: All oil spills/discharges must be reported to the Department within 2 hours of discovery. If not already reported, do so immediately. Report spills by calling 410-537-3442 during normal business hours or call 866-633-4686 (866-MDE-GOTO) after business hours.

Date heating oil spill discovered: _____
Date MDE notified: _____
Amount spilled: _____ gallons
Name of company or individual performing corrective action: _____
Contact person / project manager: _____
Phone number: (____) ____-_____

VI. Insurance Information

Name of Insurance Company: _____
Address: _____
Agent: _____ Phone No: (____) ____-_____
Policy #: _____
Has a claim been submitted to the insurance company? Yes _____ No _____
Insurance company paying for any of the cleanup? Yes _____ No _____

VII. Heating Oil Tank Information

Tank type: Aboveground: _____ Underground: _____
Size: _____ gallons Age: _____ years
Removed / Excavated: Yes _____ No _____
Abandoned-In Place: Yes _____ No _____

- **Leaking underground storage tanks must have MDE approval to be abandoned in place.**
- **All heating oil underground storage tank systems in the State of Maryland must be removed by a MDE Certified Underground Storage System Remover or Technician. Please visit the MDE Oil Control Program website to determine if your contractor is certified in good standing with MDE.**

<http://mes-mde.mde.state.md.us/certificationsearch/search.aspx>

Did you install a new heating system? Yes _____ No _____
Oil _____ Gas _____ Electric _____

VIII. Spill Location

Primary Residence: Yes _____ No _____
Rental Property: Yes _____ No _____
Dwelling Type: Single Family _____ Townhouse _____
Condominium _____ Duplex _____
Other _____
Distance to closest neighbor's property: _____ feet / miles
Neighbor's property impacted by oil spill? Yes _____ No _____
Type of impact: Soil contamination _____ Drinking water _____
Vapor / odor problems _____
Other impacts _____

IX. Environmentally Sensitive Areas Located Near Your Property

Surface water? Yes _____ No _____
Domestic well? Yes _____ No _____
Municipal / community water supply Yes _____ No _____
Other (describe): _____

X. Spill from an Underground Tank or Aboveground Tank

Was spill from: Underground Tank? _____ Aboveground Tank? _____
Were soils oil contaminated? Yes _____ No _____
Soil analytical data attached? Yes _____ No _____
Were soils excavated? Yes _____ No _____
Soil disposal receipts attached? Yes _____ No _____
Was groundwater encountered? Yes _____ No _____
Was there oil on the groundwater? Yes _____ No _____
Were there additional impacts? If so, please describe: _____

XI. Oil Odors

Did you / do you have oil odors in your house? Yes _____ No _____

XII. Analytical Samples

Were samples collected and analyzed? Yes _____ No _____
Sample types collected: Soil _____ Water _____ Air _____
Other (explain): _____
Name of laboratory that performed analysis: _____

Analytical data attached? Yes _____ No _____

XIII. Corrective Actions

Please indicate all corrective actions that have been completed to remediate the oil spill and to address impacts to your property and/or your neighbors. Place a check mark next to each activity performed. If the activity is not listed, describe under "Other".

- Removal/pumping of oil from leaking underground tank or aboveground tank
- Containment/cleanup of oil surface spill (pumping, absorbents, or other)
- Excavation of oil contaminated soil
- Removal/pumping of oil floating on groundwater surface
- Installation of monitoring wells to assess/delineate presence of oil on groundwater
- Installation of soil borings to delineate the extent of oil contamination
- Installation of soil vapor sampling points
- Collection and analysis of soil samples to document presence/absence of oil contamination
- Collection and analysis of water samples to document the presence/absence of oil contamination
- Collection and analysis of soil vapor samples to document the presence/absence of oil vapors
- Installation of a replacement potable water supply well
- Installation of vapor abatement system to address oil odors
- Other (describe) _____

Provide all available analytical data reports including where the samples were collected; all available disposal receipts for soil, oil, and water; and all available documentation from the MDE or local municipality related to the oil spill and cleanup.

XIV. Other Information to Submit

Please provide copies of all invoices for services and copies of cancelled checks or other verification that you have paid these invoices with this application along with a completed Residential Heating Oil Tank Site Cleanup Reimbursement Program Form. ([click here](#))

XV. W-9 Identification Number and Certification Form

Please complete form W-9 from the Department of the Treasury Internal Revenue Service. This form must be completed and forwarded with a complete application. This is a requirement of the State of Maryland for any approved eligible reimbursements. <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Certification (Notarized)

Application is hereby made to the State of Maryland, Department of the Environment, Land Management Administration. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, this information is true, complete, and accurate and the spill was not a result of a willful act. I further understand that if my application is approved that any costs incurred for replacement building materials will be for similar materials that were affected.

I also understand, per COMAR 26.10.14.08(3), applications shall be assigned a numerical rank based on the date the complete application was received by the Department, so that the earliest completed application receives the highest rank and per COMAR 26.10.14.08 (C), subject to the availability of revenues within the Fund, the Department shall approve reimbursement allocations for approved applications in order of their numerical ranking.

Signature of Applicant _____

Print Name of Applicant _____ Date _____

Notary Public's Signature

Date

Notary Public's Printed Name

