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: ___________________________
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: _____________________________

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)

<table>
<thead>
<tr>
<th>Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aircraft Owner</td>
</tr>
<tr>
<td>Federal Military</td>
</tr>
<tr>
<td>Petroleum Distributor</td>
</tr>
<tr>
<td>Airline</td>
</tr>
<tr>
<td>Federal Non-Military</td>
</tr>
<tr>
<td>Railroad</td>
</tr>
<tr>
<td>Apartment/Condo</td>
</tr>
<tr>
<td>Fire/Rescue/Ambulance</td>
</tr>
<tr>
<td>Residential</td>
</tr>
<tr>
<td>Auto Dealership</td>
</tr>
<tr>
<td>Gas Station</td>
</tr>
<tr>
<td>State Government</td>
</tr>
<tr>
<td>Commercial</td>
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<tr>
<td>Industrial</td>
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<tr>
<td>Store</td>
</tr>
<tr>
<td>Contractor</td>
</tr>
<tr>
<td>Local Government</td>
</tr>
<tr>
<td>Trucking/Transport</td>
</tr>
<tr>
<td>Educational</td>
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<tr>
<td>Marina</td>
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<tr>
<td>Utilities</td>
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<tr>
<td>Farm/Nursery</td>
</tr>
<tr>
<td>Office</td>
</tr>
<tr>
<td>Not Listed</td>
</tr>
<tr>
<td>Other: _____________________________</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Financial Test of Self Insurance</th>
<th>Guarantee*</th>
<th>Local Govt. Insurance Pool</th>
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<tbody>
<tr>
<td>Third Party Insurance</td>
<td>Surety Bond*</td>
<td>Local Govt. Bond Rating Test</td>
</tr>
<tr>
<td>Risk Retention Group</td>
<td>Letter of Credit*</td>
<td>Local Govt. Financial Test</td>
</tr>
<tr>
<td>Trust Fund</td>
<td>Standby Trust Fund</td>
<td>Local Govt. Guarantee</td>
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Other (specify)_________________________

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

<table>
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<th>Tank Identification Number</th>
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1. Status of Tank (mark only one)
   - Currently in Use
   - Temporarily Out of Use
   - Permanently Out of Use (Complete Item 8)

2. Date of Installation (month/year)

3. Total Capacity (gallons)
   3A. Compartmentalized?
      Enter Compartment Gallons:
      Tank “A” | Tank “B” | Tank “A” | Tank “B”
      YES   NO   YES   NO   YES   NO   YES   NO

3B. Manifolded?
   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
   - 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)

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#### 5. Piping Construction

(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)

#### 6. Type of Piping

(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  YES  NO  YES  NO  YES  NO  YES  NO
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### 7. Substance Currently or Last Stored

- 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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
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#### 7B. Emergency Generator?

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<th>YES</th>
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### 8. Closing of Tank

- Estimated date last used (month/day/year)
- Date Tank Closed (month/day/year)

#### 8A. Site Assessment Completed?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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#### 8B. Assessment Report submitted to MDE?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
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Form Number: MDE/WAS/PER.012
Date: September 17, 2014
TTY Users: 800-735-2258
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#### 9. Release Detection

(See instructions)

**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?**

(If yes, select one below)

- Flapper Valve (FV)
- Ball Float Valve (BFV)
- High Level Alarm (HLA)
- Other (must describe)

**10B. Spill Catch Basin Fill Pipe?**

(5 gallon minimum)

**11. Stage I Vapor Recovery?**

**12. Stage II Vapor Recovery?**
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 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:______________________________
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.

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.