MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Oil Control Program
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Oil Control Program

OIL OPERATIONS PERMIT APPLICATION
FORM A
Storage, Transfer and Delivery of Oil within the State of Maryland

1.   Type of oil operations (check all that apply)

_____ Transport and/or Delivery
(tanker and/or truck tank)

_____ Storage (aboveground)

_____ Transfer Operations

_____ Handling Used Oil   EPA Identification Number:_____

_____ Other (specify)_____

2.   Nearest Body of Water

Name: _____   Tributary to: _____

Approximate distance from your facility: _____

3.   Is your facility required to have a federal Facility Response Plan? No_____ Yes_____

4.   Provide a to-scale diagram of the facility showing dimensions and locations of:

aboveground storage tanks and dikes	loading racks
oil/water separators	buildings
storm drains	overnight truck location
outfalls	property lines and adjacent owners

5.   Method of transfer (check all that apply)

_____ vessel/ barge   _____ truck   _____ rail   _____ pipeline

_____ other (specify)_____

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Table 1 - Aboveground Storage Tank Description*

Enter details for each aboveground oil storage tank. Oil includes but is not limited to the following: asphalt, gasoline, ethanol that is intended to be used as a motor fuel or fuel source, kerosene, aviation/jet fuels, diesel fuel, biodiesel fuel regardless of whether the fuel is petroleum based, used oil, waste oil, lubricating oils, hydraulic oil, mineral oil, and all heating oils. Do not include tanks used for edible oils unless included in the aforementioned list, propane, natural gas, or antifreeze.

Tank Number**	Storage Capacity		Type of Oil Stored	Associated Piping	
	Gallons	Barrels		Aboveground	Underground*** (Example: S-Y-A-04/08)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

*   Attach additional sheet(s) if necessary or include a copy of your storage tank database.
**   List facility tank number if applicable.
***   For underground piping, use the following coding, one from each category:

	TYPE		CP	TESTED
S = Steel	SW = Single Wall	Y = Yes	A = Yes + Date = MM/YY	
F = Fiberglass	DW = Double Wall	N = No	B = No	
C = Copper	O = Other	N/A = Not Applicable	X = N/A	

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Table 2 - Transportation Description*

Enter details for each truck tank or transport owned by you and used for transferring oil in Maryland. You must also complete all questions on pages 4-5 before this application can be processed by the Department.

Truck Number (could be tank #, vehicle #, trailer #, etc.)	Truck Type Choices are: a. truck tank-10 wheels or less b. transport- greater than 10 wheels (i. e. tractor trailer) c. vacuum tank-all sizes	Tank Size (gallons)	Type of ** Product Carried in Each Truck
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Copy this page for listing additional vehicles			

* Attach additional sheet if necessary or provide a copy of your transport/truck tank database

** Be specific such as: #2 heating oil, gasoline, diesel, kerosene, asphalt
Use "various" if tank compartments are not dedicated to carry a single product

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Transportation Requirements

If you have a transport or truck tank with a capacity greater than 500 gallons complete the following:

Zoning

1. No_____ Yes_____ Property where vehicles are parked overnight (domiciled) is properly zoned for the parking of commercial truck tanks/transports? If the truck is parked on other than commercial/ industrial zoned property a certificate of use, special exception, home occupation permit, or other documentation from county or local government shall be provided with this application.

2. No _____ Yes _____ Location of Facility identified by you on the General Application Form is the address where all truck tanks/transports for your company are domiciled? If trucks are domiciled at multiple locations, list all Maryland addresses separately and provide truck tank/transport identifier for each location.

3. No _____ Yes _____ Do you hire independent owner/operator(s) to transport oil for your company? If yes, list addresses (if different from above) where owner/operator truck tanks/transports are domiciled and provide documentation that these commercial vehicles are in approved zoning locations.

4. No ___Yes ___Truck tanks/transports are parked in accordance with 49 CFR 397.7 (b)?

   Web address **http://www.access.gpo.gov/cgi-bin/cfrassemble.cgi?title=200449** *to view the referenced Code of Federal Regulations (CFR) citations.*

Insurance coverage

1. No_____ Yes_____ N/A _____ Meet minimum limits of insurance coverage in accordance with the Code of Federal Regulations 49 CFR 387.1-.17, .301-.323 and .401. Provide a copy of Form MCS90 or Form MCS82 with this application.

2. If N/A, meet minimum limits of insurance coverage in accordance with Transportation Article, Title 17, Annotated Code of Maryland? No _____ Yes _____

Preventative Maintenance

No_____ Yes_____ All truck tanks/transports have Preventative Maintenance (PM) performed annually or every 25 thousand miles in accordance with 49 CFR 396.1-.25; Transportation Article §23-302, Annotated Code of Maryland; and COMAR 11.14.01,.04., and .05 ?

   Web address **http://www.dsd.state.md.us/comar/** *go to Search Option 3, click Title11, Subtitle 14 to view the referenced Code of Maryland Regulations (COMAR).*

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Tank Inspection and Testing

No_____ Yes_____ N/A_____ (Required only for companies operating DOT specification truck tanks/transports or vacuum trucks used for transporting flammable petroleum liquids) Tanks inspected and tested in accordance with 49 CFR 180.407 by the following methods and frequencies? a. visual/annual b. leakage/annual c. internal/5years   d. pressure/5years

Identification Number(s)

1. No_____ Yes_____ N/A_____ U.S. DOT identification number(s) obtained for interstate truck tanks/transports and vacuum trucks?

2. No_____ Yes_____ N/A_____ Maryland State Highway Administration (SHA) identification number(s) obtained for intrastate vehicles?

Hazardous Material (HM) Registration and Training

1. No_____ Yes_____ N/A _____ All placarded truck tanks/transports registered in accordance with 49 CFR 107? (vehicles strictly hauling used oil are exempt)

2. No _____ Yes _____ N/A _____ Current with HM training requirements as specified in 49 CFR 172.700?

3. No _____ Yes _____ Current with annual driver safety training requirements as required by the Department and specified in COMAR 26.10.01.16D?

Application is hereby made to the State of Maryland, Department of the Environment, Land Management Administration for an Oil Operations Permit for the operations and activities described on the forms being submitted. I certify that I am familiar with the information contained in this application, and that this information is true, complete and accurate. I further certify that, in accordance with Environment Article § 4-405(b), Annotated Code of Maryland, I have requested and received confirmation from the county that the oil operations business at the location identified on the *Oil Operations Permit Application General Form* (MDE/WAS/PER.011) meets all zoning and land use requirements for that county. I understand that the inclusion of any false or misleading information, or the exclusion of required information in this Application, may cause the Administration to issue an Administrative Complaint seeking civil penalties in accordance with Environment Article § 4-412 and § 4-417, Annotated Code of Maryland, and may include the suspension or revocation of any permit or license issued. I further understand that failure to notify the Administration of oil spills or leaks, regardless of size, is a violation of Sections 4-401 through 4-420 of the Environment Article, Annotated Code of Maryland, which may also subject me to an Administrative Complaint and civil penalties.

Company Name: _____   Date: _____

Signature of Authorized Applicant/Agent: _____

Printed name of Authorized Applicant/Agent: _____

Title of Authorized Applicant/Agent: _____