RESIDENTIAL HEATING OIL TANK SITE CLEANUP REIMBURSEMENT PROGRAM

INSTRUCTIONS TO COMPLETE THE APPLICATION FORM

NOTE TO POTENTIAL APPLICANTS: There is currently a significant wait time of up to several years for applicants to receive reimbursements through the Residential Heating Oil Tank Site Cleanup Reimbursement Program. Revenue to the program is generated by a fee assessed on each barrel of oil when it is first transferred within Maryland. COMAR 26.10.14.08C states that “subject to the availability of revenues within the Oil Contaminated Site Environmental Clean-up Fund, the Department shall approve reimbursement allocations for approved applications in order of their numerical ranking.” The Department processes each approved application as funds become available. Please note that the funding received each quarter may not be sufficient to reimburse applications submitted and approved within any quarter, and there is currently a list of applications awaiting reimbursement. To check on the status of your application, please call (410) 537-3676.

In order to apply to the program for reimbursement, the owner must:

- Submit a complete and accurate application on a form supplied by the Department;
- The application must be submitted within six months after the completion of rehabilitation;
- Submit certain analytical sampling data and disposal receipts;
- Certify to the Department that the discharge is not the result of a willful or deliberate act; and
- Be in substantial compliance with all Maryland laws and regulations applicable to residential oil storage tanks.

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

If the Department’s Oil Control Program (OCP) sent an inspector to check your property and to give direction on the response to the oil spill, then the inspector should have left a Report of
Observations that will include the MDE-OCP Case Number. Contact the inspector if you did not receive a report concerning your leaking tank or oil 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 section V. Spill Information below.

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**

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.

1 - **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.

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 whether the type of tank is an aboveground or underground storage tank and provide the size and age of the leaking tank.

If an underground tank was closed (i.e. excavated/removed or abandoned-in-place), indicate how it was closed.

Provide the name of the MDE Certified Underground Storage System Remover or Technician that performed the closure and their MDIC Number.

2 - **NOTE:** All heating oil underground storage tank systems in the State of Maryland **MUST** be closed 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](http://mes-mde.mde.state.md.us/certificationsearch/search.aspx)

VIII. **Spill Location**

Check the type of residence where the leaking tank is located. Indicate the drinking water source. 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.

3 - **NOTE:** It is highly recommended, and may be required by the MDE, that if there was a heating oil release on a property that is supplied drinking water from a private supply well, the
well be sampled for volatile organic compounds, including fuel oxygenates and naphthalene, using USEPA Method 524.2.

IX. **Environmentally Sensitive Areas**

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 Impact Details**

Complete this section by checking all information that applies to your site. If soils were excavated, provide proof of disposal of those soils.

4 - **NOTE:** If soil disposal receipts are not attached, they **MUST** be sent to the Department under separate cover in order to demonstrate eligibility of cleanup expenses associated with this application.

XI. **Analytical Samples**

If samples were collected as part of the cleanup activities, indicate the type of sample taken and the name of the laboratory performing sample analysis. Include all available laboratory analytical reports.

5 - **NOTE:** If analytical data is not attached, it **MUST** be sent to the Department under separate cover in order to demonstrate eligibility of cleanup expenses associated with this application.

XII. **Corrective Actions**

Provide information regarding corrective actions performed to mitigate the oil release. 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.

XIII. **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. If your application is not approved, you will receive notification from the Department.

XIV. **W-9 Identification Number and Certification Form**

Complete the Internal Revenue Service W-9 form as required.
**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 and Materials Administration
ATTN: Site Cleanup Reimbursement, Suite 650
1800 Washington Boulevard
Baltimore, MD 21230-1719

Unsigned applications will be returned to the applicant.
RESIDENTIAL HEATING OIL TANK SITE CLEANUP REIMBURSEMENT PROGRAM

APPLICATION

PLEASE NOTE:

- The 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.
- Complete this entire application accurately.
- The application must be submitted within six months after the completion of rehabilitation.
- Submit analytical sampling data and soil and tank disposal receipts as requested.
- Certify to the Department that the discharge is not the result of a willful or deliberate act.
- Be in substantial compliance with all Maryland laws and regulations applicable to residential oil storage tanks.

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**

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: (_____) ______-_______

1 - 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.

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): ______

If tank type was Underground, how was it closed? 2

Not Closed _____ Removed / Excavated _____ Abandoned-In-Place _____

For underground storage tank closures (removal / abandonment-in-place), provide the name of the MDE Certified Underground Storage System Remover or Technician that performed the closure and their MDIC Number:

Name: __________________________________________________________________

MDIC Number: ______________________

2 - NOTE: All heating oil underground storage tank systems in the State of Maryland MUST be closed 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**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Residence?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rental Property?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dwelling Type?</td>
<td>Single Family</td>
<td>Townhouse</td>
</tr>
<tr>
<td></td>
<td>Condominium</td>
<td>Duplex</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Drinking water is supplied to the property from a:

- Private Supply Well ³ [ ]
- Municipal / Community Water Supply [ ]

Distance to closest neighbor’s property?  [ ] feet / miles (circle one)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor’s property impacted by oil spill?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, how? __________________________________________________________

_______________________________________________________________________

3 - **NOTE:** It is highly recommended, and may be required by the MDE, that if there was a heating oil release on a property that is supplied drinking water from a private supply well, the well be sampled for volatile organic compounds, including fuel oxygenates and naphthalene, using USEPA Method 524.2.

IX. **Environmentally Sensitive Areas**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a surface water body nearby?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, describe (name of stream, distance from home, location in relation to spill, etc.)?

_______________________________________________________________________

_______________________________________________________________________

Other environmentally sensitive areas? (describe): ____________________________

_______________________________________________________________________

X. **Spill Impact Details**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were soils contaminated with oil?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were soils excavated?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Soil disposal receipts attached? ⁴</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was groundwater encountered?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was there oil on the groundwater?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If present, was the domestic well impacted?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were there vapor and/or odor impacts in the home?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Date: June 29, 2018

TTY Users: 800-735-2258

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Were there additional impacts? If so, please describe: ________________________________

4 - NOTE: If soil disposal receipts are not attached, they MUST be sent to the Department under separate cover in order to demonstrate eligibility of cleanup expenses associated with this application.

XI. **Analytical Samples**

Were samples collected and analyzed? Yes _____ No _____
Analytical data attached? Yes _____ No _____
Sample types collected: Soil _____ Drinking Water _____ Groundwater _____
Soil Vapor: _____ Indoor Air _____
Other (explain): ____________________________________________

Name of laboratory performing analysis: ____________________________________________

5 - NOTE: If analytical data is not attached, it MUST be sent to the Department under separate cover in order to demonstrate eligibility of cleanup expenses associated with this application.

XII. **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.
For further information on reporting requirements please see the Department’s Residential Heating Oil webpage:

http://mde.maryland.gov/programs/LAND/OilControl/Pages/ResidentialHeatingOil.aspx

XIII. **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*.


XIV. **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. The following is a direct link to the IRS form:

NOTE TO POTENTIAL APPLICANTS: There is currently a significant wait time of up to several years for applicants to receive reimbursements through the Residential Heating Oil Tank Site Cleanup Reimbursement Program. Revenue to the program is generated by a fee assessed on each barrel of oil when it is first transferred within Maryland. COMAR 26.10.14.08C states that “subject to the availability of revenues within the Oil Contaminated Site Environmental Clean-up Fund, the Department shall approve reimbursement allocations for approved applications in order of their numerical ranking.” The Department processes each approved application as funds become available. Please note that the funding received each quarter may not be sufficient to reimburse applications submitted and approved within any quarter, and there is currently a list of applications awaiting reimbursement. To check on the status of your application, please call (410) 537-3676.

Certification – Must be Notarized

Application is hereby made to the State of Maryland, Department of the Environment, Land and Materials 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

Notary Public’s Printed Name

Date

OFFICIAL SEAL