

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials 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.maryland.gov

Underground Storage System Removal/Abandonment

30-Day Written Notification

Email Completed Form To: ocp30day.mde@maryland.gov

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 seven-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 (not contractor)
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 _____ / _____ / _____			

30-DAY WRITTEN NOTIFICATION

MDE Oil Control Program

(9) **Underground Storage Tank Information:**

Facility No.: _____

Tank Number	Tank Capacity	Type of Product	Material of Construction	Material of Construction	Date Tank Last Used	Date Tank Last Tested	Pass or Failed?	Type of Test
			Tank	Piping				

(10) **Are there additional underground storage tanks at this facility not listed above?** Yes No

(11) **Certification:**

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate and complete. I understand this form may not be accepted by the Oil Control Program if the information is incomplete. (Complete items 1 through 11)

Signature of UST Owner/ Authorized Owner Representative: _____ **Title:** _____ **Date:** _____
(as listed in section 8 of this form)

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.