



Maine Department of Environmental Protection

17 State House Station, Augusta, Maine 04333-0017

Notice of Intent to Abandon (Remove) an Underground Oil Storage Tank Facility OR Underground Product Piping

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL.

Facility Ownership Information

Name of Facility Owner: Owner Phone #: Owner Mailing Address: Address Town State Zip Code

Facility Information

Facility Name: Registration #: Facility Location: Street Town Directions to this Facility: (Be Specific)

Please Identify which tank and/or piping at this location are going to be removed below

Table with 5 columns: Tank #, Tank Size, Tank Age, Product, Piping Age. Contains 3 rows for identifying tanks and piping.

Additional Removal Information

YES/NO Is or was the tank(s) or piping used to store Class I liquids (e.g., gasoline, jet fuel)? IF YES, REMOVAL OF THE TANK(S) OR PRODUCT PIPING MUST BE DONE UNDER THE DIRECTION OF A MAINE CERTIFIED TANK INSTALLER.

Maine Certified Tank Installer Name and Number Installer Signature Date

Note: Environmental site assessments are required for all tanks or product piping except those used for storing #2 oil, kerosene, and other heating oils that have not been heated during storage, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site.

Name and Address Site Assessor (if applicable): Name Address City State Zip Code

Name of Contractor who will do tank removal: Name of Contractor Phone Number

Expected Date of Removal (Month/Date/Year): Month/Date/Year

EXPIRES AFTER SIX (6) MONTHS IF DEPARTMENT DOES NOT RECEIVED REMOVAL CONFIRMATION I hereby provide Notice that I intend to properly abandon the underground oil storage tank facility as described above

Print Owner or Operator Name and Title Signature Date

NOTE: PLEASE SEND REMOVAL CONFIRMATION TO DEP WHEN TANK AND/OR PIPING HAS BEEN REMOVED. RETAIN ONE COPY FOR YOUR RECORDS.



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REMOVAL CONFIRMATION NOTICE

IMPORTANT					
Removal Confirmation					
SEND REMOVAL CONFIRMATION TO DEP AFTER TANK AND/OR PIPING REMOVAL					
Facility Information					
Facility Name: _____			Registration #: _____		
Facility Location: _____		Contact Phone #: _____			
<i>Street</i>		<i>Town</i>			
This is to notify DEP that the following underground oil storage tank and/or piping were removed on:					
<i>Month/Date/Year</i>					
Contractor:					
<i>Name</i>			<i>Phone #</i>		
DEP Tank #		Tank Size		Tank Age	
DEP Tank #		Product		Piping Age	
DEP Tank #		Tank Size		Tank Age	
DEP Tank #		Product		Piping Age	
DEP Tank #		Tank Size		Tank Age	
DEP Tank #		Product		Piping Age	
<i>Authorized Signature</i>			<i>Date</i>		
<i>Print Name and Title</i>					
<p>Mail to: Maine Department of Environmental Protection Bureau of Remediation and Waste Management Division of Oil and Hazardous Waste Facilities Management Attn: Tank Removal Coordination 17 State House Station Augusta, Maine 04333-0017</p>					