

Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program

APPLICATION INSTRUCTIONS

For questions about this form, for further information on the Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program (the Program), or to check the status of an application, please contact the Land and Material Administration's Operational and Administrative Services Program at (410) 537-3676, or (800) 633-6101 x3676, or by email at caprice.mclaughlin1@maryland.gov or diana.williams1@maryland.gov.

In addition to these instructions and application, please review the "What You Need to Know" fact sheet relating to the Program that is available on the Maryland Department of the Environment (MDE)-Oil Control Program (OCP) website at:

https://mde.maryland.gov/programs/land/OilControl/Pages/ResidentialHeatingOil.aspx.

NOTE TO APPLICANTS: There continues to be a significant wait time of up to several years for applicants to receive reimbursements through the Program. Revenue to the Program is generated by a fee assessed on each barrel of oil when it is first transferred within Maryland. COMAR 26.10.14.07A(2) states that, "Subject to the availability of revenues within the Fund, the Department shall approve reimbursement allocations for approved applications in order of their numerical ranking." The MDE 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.

In order to apply to the Program for reimbursement, a residential owner must:

- Submit a complete and accurate application (i.e., this application)
- As directed by MDE or as requested within the application, submit the following for approval:
 - o A corrective action plan
 - o An implementation schedule
 - o A cost estimate
 - o An estimated completion date, and
 - o Submit certain analytical sampling data and disposal receipts
- On a form supplied by MDE, a description of the incurred site rehabilitation costs eligible for reimbursement, including copies of actual invoices and other proofs of payment (Expense Form can be downloaded from the MDE-OCP's Residential Heating Oil webpage link above)
- The application must be submitted within 6 months after the completion of site rehabilitation (although it can be submitted prior to the start or completion of site rehabilitation work). Generally, the completion of site rehabilitation may be the later of when an Oil Control Program case was closed (if one was opened) or the completion of site work by the contractor.

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- Either the State Department of Assessments and Taxation (SDAT) online property database search results page for the residential property (link below), or the most recent SDAT property tax assessment notice. (https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx)
- Once the application is approved, MDE will request a current W-9 Identification Number and Certification Form from the Internal Revenue Service.
 (Link to IRS Form W-9: https://www.irs.gov/pub/irs-pdf/fw9.pdf)

As part of the application process, the residential owner must:

- Submit certain analytical sampling data and disposal receipts
- Certify that the spill, release, or discharge of oil:
 - o Resulted from a residential heating oil tank system, and
 - o Is not the result of a willful or deliberate act
- Be in substantial compliance with all Maryland laws and regulations applicable to residential heating oil tank systems
- Certify to MDE that the site rehabilitation costs submitted for reimbursement are:
 - o True and eligible for reimbursement
 - o Necessary to complete site rehabilitation., and
 - o Not excluded from reimbursement under the Program

§ 4-501 General Provisions Article, Annotated Code of Maryland – Personal Records

Personal information requested on this form is intended to be used in processing the document. Failure to provide the information requested may result in the form not being processed or accepted as being complete. You have the right to inspect, amend, or correct the information on the form. 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.

<u>INSTRUCTIONS</u>

I. Name

Applicant's name is name of the residential heating oil tank system owner. The leaking residential heating oil tank system or heating oil spill must be on residential property owned by the applicant.

II. Contact Information

Fill in the phone numbers and email address where the applicant can be contacted (Monday through Friday between 8 a.m. and 5 p.m.) concerning the application.

III. MDE Oil Control Program Case Number

If MDE's OCP sent staff to check your property and to give direction on the response to the heating oil spill, release, or discharge, then they should have left a Report of Observations that will include the MDE-OCP Case Number. Contact the OCP at (410) 537-3442 if you did not receive a report concerning the leaking heating oil tank system or heating oil spill, release, or

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discharge on the residential property. If MDE was not contacted when the heating oil leak was discovered, you may be in violation of Maryland regulations, and may be ineligible to apply to the Program, see section *V. Spill Information* below.

IV. Addresses

If the mailing address is the same as the residential property address where the spill, release, or discharge of heating oil occurred (i.e., the site), complete only the mailing address (indicate on the form that the site address is the same as the mailing address).

V. Spill Information

Indicate the date the leaking heating oil tank system or heating oil spill, release, or discharge on the residential property was discovered, the date that MDE was notified*, and the estimated amount of heating oil discharged. 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.

* All oil spills, releases, and discharges <u>MUST</u> be reported to MDE within 2 hours of discovery. If not already reported, do so immediately. Report oil spills, releases, and discharges 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 the 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 System Information

Indicate whether the type of heating oil tank is an aboveground or underground storage tank and provide the size and age of the heating oil tank system.

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

If an underground heating oil tank system was closed, provide the name of the MDE Certified Underground Storage Tank System Remover or Technician that performed the closure and their MDIC Number.

* All underground heating oil tank systems in Maryland <u>MUST</u> be closed by a MDE Certified Underground Storage Tank System Remover or Technician. Please visit the MDE-OCP website (link below) 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

Check the type of residential property where the leaking heating oil tank is located. Indicate the drinking water source*. Determine the distance of the leaking heating oil tank to the closest

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neighbor, whether the heating oil spill, release, or discharge has impacted a neighbor's property, and how it was impacted.

* If there was a heating oil release on a property that is supplied drinking water from a private supply well, the well <u>MUST</u> be sampled for volatile organic compounds, including fuel oxygenates and naphthalene, using USEPA Method 524.2 and total petroleum hydrocarbons in the diesel range (TPH-DRO) using USEPA Method 8015.

IX. Spill Impact Details

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

* If soil disposal receipts are not attached, they <u>MUST</u> be sent to MDE under separate cover in order to demonstrate eligibility of cleanup expenses associated with this application.

X. Analytical Samples

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

* If analytical data is not attached, it <u>MUST</u> be sent to MDE under separate cover in order to demonstrate eligibility of cleanup expenses associated with this application.

XI. <u>Corrective Actions</u> *

Provide information regarding corrective actions performed or planned to be performed to mitigate the heating oil spill, release, or discharge. Place a check mark next to each activity performed or planned to be performed. If the activity is not listed, describe under "Other".

Provide the start and completion dates for the site rehabilitation work that was completed. If the site rehabilitation work has not yet begun or been completed, then provide an anticipated start date and/or completion date.

Submit your contractor's cost estimate(s) for work that has been completed, that is underway, and/or that is scheduled to be performed.

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 MDE or a local municipality related to the heating oil site rehabilitation.

* This section fulfills the requirements of Environment Article, §4-705(d)(2), Annotated Code of Maryland and COMAR 26.10.14.06D(2).

XII. Other Information to Submit

Provide other information that may be requested by MDE to speed the processing of the application. If the application is approved, the proof of expenses will be used to process the

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reimbursement request. If the application is not approved, you will receive notification from MDE.

XIII. <u>Property Value Information</u>

Submit a printout from the State Department of Assessments and Taxation (SDAT) website that shows the subject property's value or submit the most recent property tax assessment from SDAT.

XIV. W-9 Identification Number and Certification Form

Once the application is approved, MDE will request the applicant to complete the Internal Revenue Service W-9 form as required.

Certification

Review the certification statement. If you understand the certification statement, 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 Rehabilitation Reimbursement Program, Suite 650 1800 Washington Boulevard Baltimore, MD 21230-1719

If you have questions, please contact the Land and Material Administration's Operational and Administrative Services Program at (410) 537-3676, or (800) 633-6101 x3676, or by email at caprice.mclaughlin1@maryland.gov or diana.williams1@maryland.gov.

Unsigned applications will be returned to the applicant.

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APPLICATION NOTICES

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PLEASE NOTE:

- Specific instructions are included on pages 1 through 5 of this document.
- The applicant must be the owner of the property where the residential heating oil tank system is located.
- Only residential heating oil tank systems qualify for this program.
- Complete this entire application accurately.
- The application must be submitted within 6 months after the completion of site rehabilitation (although it can be submitted prior to the start or completion of site rehabilitation work). Generally, the completion of site rehabilitation may be the later of when an Oil Control Program case was closed (if one was opened) or the completion of site work by the contractor.
- Submit analytical sampling data and soil and tank disposal receipts as requested.
- Submit State Department of Assessments and Taxation (SDAT) property value information
- Certify to MDE that the spill, release, or discharge of oil resulted from a residential heating oil tank system and was not the result of a willful or deliberate act.
- Be in substantial compliance with all Maryland laws and regulations applicable to residential heating oil tank systems.

§ 4-501 General Provisions Article, Annotated Code of Maryland – Personal Records

Personal information requested on this form is intended to be used in processing the document. Failure to provide the information requested may result in the form not being processed or accepted as being complete. You have the right to inspect, amend, or correct the information on the form. 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.

NOTE TO APPLICANTS: There continues to be a significant wait time of up to several years for applicants to receive reimbursements through the Program. Revenue to the Program is generated by a fee assessed on each barrel of oil when it is first transferred within Maryland. COMAR 26.10.14.07A(2) states that, "Subject to the availability of revenues within the Fund, the Department shall approve reimbursement allocations for approved applications in order of their numerical ranking." MDE 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.

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Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program

APPLICATION

| <u>Name</u> | | | | |
|---|------------------------------|----------------|---|--|
| Applicant Name: | | | | |
| Contact Informa | ıtion | | | |
| Mobile: | | | | |
| Business: | () | | | |
| Home: | () | | | |
| Email: | | | | |
| | | | | |
| MDE Oil Contro | ol Program Case Ni | <u>ımber</u> : | | |
| Addresses | | | | |
| Mailing: | | | Site: (if different from mailing address | |
| | | | | |
| Spill Information | n | | | |
| | – pill, release, or discl | narge discove | ered: | |
| Date MDE was no | otified*: | | | |
| Approximate amo | ount spilled, released | l, or discharg | ged: gallons | |
| Name of company or individual performing corrective action: | | | | |
| Contact person / p | project manager: | | | |
| Phone number: | | () | - | |
| | | | | |
| If not already rep | orted, do so immedi | iately. Repo | e reported to MDE within 2 hours of discrete oil spills, releases, and discharges by call 866-633-4686 (866-MDE-GOTC) | |

| VI. | Insurance Information | | | | | |
|--------|--|--|--------------------|--|--|--|
| | Name of Insurance Company: | | | | | |
| | Address: | | | | | |
| | Agent: | | Phone No: () | | | |
| | Policy #: | | | | | |
| | Has a claim been submitted | d to the insurance company? | Yes No | | | |
| | Insurance company paying | for any of the cleanup? | Yes No | | | |
| VII. | Heating Oil Tank System Information | | | | | |
| | Heating oil tank type? | Aboveground: | Underground: | | | |
| | | Size (gallons): | Age (years): | | | |
| | If tank type was underground, how was it closed?* | | | | | |
| | Not Closed | Removed / Excavated | Abandoned-In-Place | | | |
| | * All underground heating Underground Storage Tank (link below) to determine i | g oil tank systems in Maryland System Remover or Technic f your contractor is certified in | | | | |
| VIII. | https://mes-mde.mde.state.md.us/certificationsearch/search.aspx Spill Location | | | | | |
| V 111. | Primary Residence? | Yes No | | | | |
| | Rental Property? | Yes No | | | | |
| | Dwelling Type? | Single Family | Townhouse | | | |
| | 2 wining Type | • | Duplex | | | |
| | | | | | | |
| | Other Drinking water is supplied to the property from a: | | | | | |
| | Private Supply Well* Municipal / Community Water Supply | | | | | |
| | 11 7 | | , 11, | | | |
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| * If there was a heating of supply well, the well Moxygenates and naphthalendiesel range (TPH-DRO) u | <u>(UST</u> be sample e, using USEPA I | d for volatile Method 524.2 a | organic c | ompounds, inclu | | |
|--|---|----------------------------------|-----------|-----------------|--|--|
| Spill Impact Details | | | | | | |
| Were soils contaminated w | rith heating oil? | | Yes | No | | |
| Were soils excavated? | | | | No | | |
| Soil disposal receipts attached?* | | | Yes | No | | |
| Was groundwater encountered? | | | Yes | No | | |
| Was there heating oil on the groundwater? | | | Yes | No | | |
| If present, was the private supply well impacted? | | | Yes | _ No | | |
| Were there vapor and/or odor impacts in the home? | | | Yes | _ No | | |
| Were there additional impacts? If so, describe: | | | | | | |
| order to demonstrate eligibility of cleanup expenses associated with this application. | | | | | | |
| Analytical Samples Wara samples collected an | d analyzad? | Vas | No | | | |
| | | | No | | | |
| Is analytical data attached? Sample types collected: | | | | | | |
| sample types confected. | | | | Groundwater | | |
| | | <u> </u> | | | | |
| Other (explain): | | | | | | |
| Name of laboratory performing analysis: | | | | | | |

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XI. Corrective Actions*

Indicate all corrective actions that have been completed, or are planned to be conducted, to remediate the heating oil spill, release, or discharge and to address impacts to the residential property (i.e., the site) and/or any neighbors' properties. Place a check mark next to each activity performed or planned to be performed. If the activity is not listed, describe under "Other."

| | Removal / pumping of heating oil from leaking heating oil tank |
|-------------|---|
| | Containment / cleanup of heating oil surface spill (pumping, absorbents, or other) |
| | Excavation of oil contaminated soil |
| | Removal / pumping of heating oil floating on groundwater surface |
| | Installation of monitoring wells to assess / delineate presence of heating oil on groundwater |
| | Installation of soil borings to delineate the extent of heating oil contamination |
| | Installation of soil vapor sampling points |
| | Collection and analysis of soil samples to document presence/absence of heating oil contamination |
| | Collection and analysis of water samples to document the presence / absence of heating oil contamination |
| | Collection and analysis of soil vapor samples to document the presence / absence of heating oil vapors |
| | Installation of a replacement private supply well |
| | Installation of vapor abatement system to address heating oil odors |
| | Other (describe): |
| | |
| site and | ovide the start and completion dates for the site rehabilitation work that was completed. If the e rehabilitation work has not yet begun or been completed, then provide an anticipated start date d/or completion date. |
| Sta | art Date: Completion Date: |
| | bmit your contractor's cost estimate(s) for work that has been completed, that is underway, d/or that is scheduled to be performed. |
| ava | ovide all available analytical data reports including where the samples were collected; all ailable disposal receipts for soil, oil, and water; and all available documentation from MDE or ocal municipality related to the heating oil site rehabilitation. |
| | |

* This section fulfills the requirements of Environment Article, §4-705(d)(2), Annotated Code of Maryland and COMAR 26.10.14.06D(2).

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XII. Other Information to Submit

In addition to this completed application, provide copies of all invoices for services and copies of cancelled checks or other verification that the invoices were paid along with a completed *Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program – Expense Form.* The Expense Form can be downloaded from the MDE-OCP's Residential Heating Oil webpage: https://mde.maryland.gov/programs/land/OilControl/Pages/ResidentialHeatingOil.aspx

XIII. Property Value Information

Starting October 1, 2022, all applications must include a printout from the State Department of Assessments and Taxation (SDAT) website that shows the subject property's value. Alternatively, the applicant could submit the most recent property tax assessment from SDAT.

An approved applicant's reimbursement will be limited based on the residential property value as follows:

- If the value is less than or equal to \$300,000, the reimbursement allocation is:
 - o 100% of the eligible site rehabilitation costs; and
 - o Up to a total of \$20,000, less the \$500 deductible;
- If the value is greater than \$300,000 and less than or equal to \$600,000, the reimbursement allocation is:
 - o 50% of the eligible site rehabilitation costs; and
 - O Up to a total of \$10,000, less the \$500 deductible; or
- If the value is greater than \$600,000, the reimbursement allocation is:
 - o 25% of eligible site rehabilitation costs; and
 - O Up to a total of \$5,000, less the \$500 deductible.

SDAT's online property database webpage is available here: https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx

XIV. W-9 Identification Number and Certification Form

Once the application is approved, MDE will contact the applicant to complete form W-9 from the Department of the Treasury, Internal Revenue Service. It is not necessary to provide a W-9 with the application. A W-9 must be completed and submitted to MDE upon MDE's request. This is a requirement of the State of Maryland for any approved eligible reimbursements. The following is a direct link to the IRS website for the W-9 form: https://www.irs.gov/pub/irs-pdf/fw9.pdf

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Certification

By signing below, application is hereby made to the Maryland Department of the Environment to be approved for reimbursement of eligible costs through the Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program. 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. I certify that the spill, release, or discharge of oil resulted from a residential heating oil tank system and was not the result of a willful or deliberate act.

I also understand, per COMAR 26.10.14.07A(1), applications shall be assigned a numerical rank based on the date the complete application was received by MDE, so that the earliest complete application receives the highest rank and per COMAR 26.10.14.07A(2), subject to the availability of revenues within the Fund, MDE shall approve reimbursement allocations for approved applications in order of their numerical ranking.

| Signature of Applicant | | |
|-------------------------|------|--|
| | | |
| Print Name of Applicant | Date | |

For questions about this application, for further information on the Program, or to check the status of an application, please contact the Land and Material Administration's Operational and Administrative Services Program at (410) 537-3676, or (800) 633-6101 x3676, or by email at caprice.mclaughlin1@maryland.gov or diana.williams1@maryland.gov.

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