



# Maine Ground and Surface Waters Clean-up and Response Fund

Instructions and Application

For a discharge from an

**Aboveground Oil Storage Facility**

Office of the State Fire Marshal

52 State House Station

Augusta, Maine 04333-0052

(207) 626-3880

## Introduction

Clean water is a precious commodity. It is critical that oil spills (discharges) are cleaned up as soon as possible to limit the damage they may cause to our water supply. The owner of an oil tank(s), including home heating oil tank(s) (referred to as a facility), is responsible for notifying Maine Department of Environmental Protection (DEP) at **(800) 482-0777** as soon as possible after a spill (any discharge including leaks, overfills, etc.) occurs or is discovered. Clean-up of a spill may be very expensive. The Maine Ground and Surface Water Clean-up and Response Fund (Fund) was established as an insurance program to help tank owners pay for the costs of the clean-up and for third party damage claims. (38 M.R.S. § 568-A)

The owner or operator (applicant) may submit an application to the State Fire Marshal who will determine eligibility for coverage by the Fund and the assignment of deductibles to be paid by the applicant. DEP will send a bill to the applicant showing the deductible amount the applicant must pay. **DO NOT SEND MONEY with this Application!** DEP may allow an applicant to pay in installments. DEP may waive deductible payments for an applicant's personal residence when the applicant documents an inability to pay the deductibles. DEP may waive a standard deductible for aboveground tanks regulated by the Maine Fuel Board with less than 300 gallons of storage capacity upon submission of documentation of a passing ultrasonic thickness test of the tank conducted within 12 months prior to the discharge. Fund coverage is conditioned on the applicant paying the deductibles unless the applicant qualifies for a waiver. The applicant may appeal the State Fire Marshal's decision regarding eligibility or assignment of deductibles. Payment of deductibles may be postponed until appeals are finally resolved. The Commissioner of DEP may initiate legal action for collection of deductibles or may initiate legal action for collection of all clean-up costs if an applicant fails to pay the deductibles assigned. This Fund does not cover spills from shipping containers (including 55 gallon drums) or from transport vehicle tanks. There is a similar program that covers spills from underground oil storage facilities. See 38 M.R.S. § 568-A for the statute describing Fund coverage requirements. See 38 M.R.S. § 562-A for the statutory definitions of relevant terms.

## Instructions

The owner must obtain an application from the DEP responder who is managing clean-up of the discharge, or from the Office of the State Fire Marshal. A copy of the application can be downloaded from the State Fire Marshal's website:

<http://www.maine.gov/dps/fmo/documents/AGSInsFund1-xv11-4.pdf>, requested by telephone at 207 626-3880, by fax at 207 287-6251, or by mail to:

**Office of the State Fire Marshal  
52 State House Station  
Augusta, Maine 04333-0052  
Attn: GSW CR Fund**

The applicant must complete the application legibly, and must answer all the questions completely and to the best of the applicant's knowledge based on conditions at the time of the spill. The applicant may contact other sources for obtaining necessary information. The applicant should submit photographs and other documents and information that he/she thinks will help the State Fire Marshal make his/her decision and should use additional sheets if he/she feels there is not enough room on the form to fully answer a question. The applicant must explain his/her answer when using the "Specify other:" option rather than a choice from the list of options provided. The applicant **MUST SIGN** the application and agree to pay the deductibles assigned, or the application will be determined to be "Not Eligible". The applicant should keep a copy of the completed application for his/her records. Falsification of information on the application is grounds for the application being found to be Not Eligible for coverage, and may be grounds for criminal prosecution.

The applicant must submit the completed application, but NOT the instructions, to the Office of the State Fire Marshal at the address above. **The applicant MUST NOT send any money with the application.** The DEP Collections, Claims and Recovery Section will send a bill for the deductible amount owed at a later date. An application is not eligible for coverage if the application is received by the Office of the State Fire Marshal more than 180 days from the date the discharge was reported. The State Fire Marshal **may** waive the 180 day filing deadline if the applicant has cooperated in the clean-up in a manner that justifies waiving the filing deadline. The State Fire Marshal will review the application and will request additional information if necessary, and will request information from DEP. The State Fire Marshal will determine if the application is eligible for coverage by the Fund and what deductibles should be applied. There is a standard deductible based on the total aboveground oil storage capacity in US gallons owned by the facility owner that is applied to every application. The State Fire Marshal will prepare a Fire Marshal's Order that provides the finding of facts, the determination of eligibility, and the assignment of deductibles. The State Fire Marshal will send the Fire Marshal's Order to the applicant via certified mail and first class mail and to DEP. DEP will determine what eligible clean-up costs and third party damage claims will be covered by the Fund and will prepare and send a bill to the applicant for the amount of deductibles the applicant must pay. DEP will mail the bill directly to the applicant. There will be a delay between when the applicant receives the Fire Marshal's Order and when the applicant receives the bill from DEP.

A discharge that was discovered on or before April 1, 1990 is not eligible for coverage by the Fund. A discharge discovered or reported after October 1, 1998 from a facility with underground, bare steel piping is not eligible for coverage by the Fund. This exclusion does not apply to a facility used exclusively for storage of home heating oil in tanks with individual capacities of 660 gallons or less and when the facility aggregate capacity is 1,320 gallons or less. The Fund does not cover removal or abandonment in place of a facility or purchase or installation of a new facility. The Fund does not cover fees for legal advice or services, unless the Clean-up and Response Fund Review Board (Review Board) approves payment

of legal fees incurred during a successful appeal to the Review Board. A discharge from a drum with a capacity less than 60 gallons, and a discharge from a tank vehicle, a tank trailer, or another vehicle fuel tank is not eligible for coverage.

Fund coverage for an aboveground oil storage facility is limited to \$750,000 for eligible clean-up costs and third party damage claims per occurrence. Fund coverage is limited to \$2,000,000 aggregate per facility owner per calendar year.

Coverage by the Fund is conditioned upon payment of the assigned deductibles within 180 days of receipt of a bill from DEP or within 180 days of a decision of the Review Board or an appellate court, whichever is later. Pursuant to 38 M.R.S. § 568-A(2-B), if the deductibles are not paid by the applicant, the Commissioner of DEP may seek reimbursement from the applicant or any other responsible party for all costs that were incurred by the State for the clean-up of the discharge for which coverage was sought. The Commissioner of DEP may initiate court action or place liens on property to recover such costs.

Questions pertaining to the DEP's role regarding Fund coverage and payment of deductibles should be addressed to:

**Rebekah Koroski**  
**Department of Environmental Protection**  
**17 State House Station**  
**Augusta, Maine 04333-0017**  
**207-287-7192**

A Fire Marshal's Order may be appealed to the Review Board (38 M.R.S. § 568-B(2-C)) and the Board rules, Chapter 3. Information on filing an appeal of the Fire Marshal's Order is included with the Fire Marshal's Order.

## **DEDUCTIBLES**

### **Standard Deductibles**

Less than 1,320 gallons	\$500
1,320 to 50,000 gallons	\$2,500
50,001 to 250,000 gallons	\$5,000
250,001 to 500,000 gallons	\$10,000
500,001 to 1,000,000 gallons	\$25,000
1,000,001 to 1,500,000 gallons	\$40,000
Greater than 1,500,000 gallons	\$62,500

### **Conditional Deductibles—Aboveground tanks subject to jurisdiction of State Fire Marshal**

<b>a</b> Failure to obtain a construction permit from the Office of the State Fire Marshal, when required under Title 25, chapter 318 and 16-219 CMR, chapter 34 or under prior applicable law	\$5,000
<b>b</b> Failure to design and install piping in accordance with 38 M.R.S. § 570-K and rules adopted by DEP	\$5,000
<b>c</b> Failure to comply with an existing consent decree, court order, or outstanding statement of deficiency	\$5,000
<b>d</b> Failure to implement a certified Spill Prevention Control and Countermeasures (SPCC) plan when required	\$5,000
<b>e</b> Failure to install any required spill control features	\$5,000
<b>f</b> Failure to install any required overfill equipment	\$5,000
<b>g</b> Use of a tank not approved for aboveground use	\$5,000
<b>h</b> Failure to report a discharge at the facility	\$10,000

### **Conditional Deductibles—Aboveground tanks subject to jurisdiction of Maine Fuel Board**

<b>a</b> Failure to install the facility in accordance with rules adopted by the Maine Fuel Board and in effect at the time of installation	\$150
<b>b</b> Failure to comply with the rules of the Maine Fuel Board	\$250
<b>c</b> Failure to make a good faith effort to properly maintain the facility	\$250
<b>d</b> Failure to notify DEP of a spill	\$500

## **Disclaimer**

This document is intended to be a summary of information related to Fund coverage for discharges from aboveground oil storage facilities to help owners of facilities that have suffered a discharge understand the Fund. This document is not a statute or rule and it does not have the force of law. This document does not create or affect any legal right of any individual, all of which are determined by the applicable statutes and rules.



Application for coverage by the  
**Maine Ground and Surface Waters  
 Clean-up and Response Fund**  
 For a Discharge From an  
**Aboveground Oil Storage Facility**

Maine Department of Public Safety  
**Office of the State Fire Marshal**  
 52 State House Station  
 Augusta, Maine 04333-0052  
 Attn: GSW CR Fund

(207) 626-3880 Telephone  
 (207) 287-6251 Fax

<http://www.maine.gov/dps/fmo/index.htm>

**Use Additional Sheets as needed.**

<b>DEP Use:</b> DEP Spill Number:  DEP Responder:  Responder Telephone:  Form Provided By: <input type="checkbox"/> DEP Responder <input type="checkbox"/> Website <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other (Specify):
<b>Fire Marshal Use:</b> Application Received:  Application Complete:  Action: <input type="checkbox"/> Not Eligible  <input type="checkbox"/> Eligible Total Deductibles: \$ Action By:  Action Date:

<b>Applicant (must be owner or operator of facility):</b>		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Ms.	If facility owner or operator applying is an individual: First Name: _____ Middle Initial: _____ Last Name: _____ 1 2	
	If facility owner or operator applying is a business or other entity: Name of Corporation, Business, Trust, Organization, Entity, etc.  Attn: _____ Title: _____	
Mailing Address:		
City:	State:	Zip/Postal Code:
Telephone Number:	Cell Phone Number:	Email Address:
Owner of the Facility:		Operator of the Facility (if different from Owner):
<b>Total Aboveground Oil Storage Capacity owned by the Facility Owner: (This Section MUST Be Completed!)</b>		
<input type="checkbox"/> The tank(s) involved in the discharge is/are the only tank(s) facility owner owns in Maine _____ US Gal. Capacity of tank(s) involved in this discharge <input type="checkbox"/> Facility owner owns other tanks in Maine in addition to the tank(s) involved in the discharge Line 1 _____ US Gal. Capacity of tank(s) involved in this discharge Line 2 _____ US Gal. Total capacity of all other tanks owned in Maine not included in line 1 Line 3 _____ US Gal. Total aboveground storage capacity owned in Maine (Line 1 plus Line 2)		
<b>Facility Information: Complete this section; DO NOT Use "SAME"!</b>		
Name of Facility: _____ <input type="checkbox"/> No Facility Name		
Physical Address: <b>Do Not use a Post Office Box Number!</b>		
Town/City:	County:	
Contact person:	Contact Person Telephone Number:	
Date facility was installed: _____ <input type="checkbox"/> Date is Approximate		
Type of Facility: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Specify other:		
Use of Tank: <input type="checkbox"/> Supply Tank is connected to a heating system, generator, fire pump or other equipment. <input type="checkbox"/> Storage Tanks for dispensing into vehicles, boats and marine vessels, aircraft, and other equipment, portable containers, and bulk storage for future distribution		

**Facility Information, (Continued):**

Approval of tank:

Yes  No Was the tank approved for use as an aboveground oil storage tank? Tanks designed to be used as underground oil storage tanks, vehicle tanks, drums, shipping containers and DOT IBCs are not approved for use as aboveground oil storage tanks.

Location of Tank:

Outdoors

Yes  No Was there a housing to protect the filter?

Yes  No Was there a sleeve to protect the piping?

Indoors

Yes  No Do the fill and vent pipes terminate outside the building?

Yes  No Is the tank more than 5 feet from the oil burner?

Orientation of Tank:



Side View



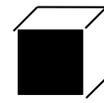
End View



Side View



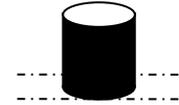
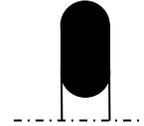
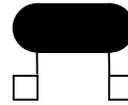
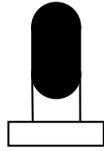
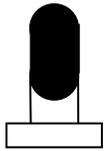
End View



Horizontal Tank

Vertical Tank

Base for Tank:



Concrete Floor

Wood Floor

Concrete Blocks

Dirt, Gravel, or Soil Only

Concrete Pad

Wood Blocks

Specify other:

**(Drawing Helpful But Not Required)**

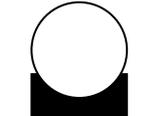
Supports for Tank:



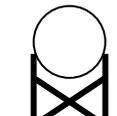
Metal Legs



Skids

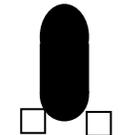


Saddles



Metal Frame

Wood Frame



Concrete Blocks

Wood Blocks

Specify other:

**(Drawing Helpful But Not Required)**

Protection of the Tank:

Describe how the tank was protected from vehicle collision damage, etc.

No Protection  Bollards  Barricades

Specify other:

Overfill Protection:

Vent Whistle (most common for home heating systems)

Specify other:

None

Spill Containment:

Not Required for Home Heating Systems

Dike, Concrete

None

Dike, Metal

Double Wall Tank

Dike, Earth

Specify other:

Ultrasonic Thickness Testing

Yes  No I wish to seek a waiver of the Standard Deductible because an Ultrasonic Thickness Test was performed on the tank with less than 300 gallons capacity within 12 months prior to the discharge..

If "Yes": Date Ultrasonic Thickness Test was Performed: \_\_\_\_\_

**Submit a copy of the test results with this application.**

Yes  No Is there an outstanding statement of deficiencies, Notice of Violation, Court Decree or Court Order regarding violations of statutes, rules, codes or standards at the facility? If "Yes", **explain:**

**Discharge Information:**

Date Discharge Occurred or Was Discovered:	Product Stored: <input type="checkbox"/> #2 Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> K-1 <input type="checkbox"/> Waste Oil <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> Gasoline (any Grade) <input type="checkbox"/> Av Gas <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Specify other:
Date Discharge Was Reported to DEP:  <input type="checkbox"/> Same Day as Discharge Occurred or Was Discovered	
Capacity of Tank(s) Involved in Discharge: US Gallons	

Describe How the Discharge Occurred:

What areas were threatened or affected by the Discharge:

Describe the Clean-Up Actions:

Clean-up Management:  
 Option 1 Clean-up managed by DEP  
 Option 2 Clean-up managed by Owner or Applicant

DEP Spill Number:	DEP Responder's Name:	DEP Responder's Telephone Number:
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**Other Discharges**  
 Yes  No Has the applicant applied for or been covered for any other discharges?  
 If "Yes", list the DEP Spill Number, town, address, and date of the discharges.

**Permit Information**

- Heating System Supply Tank;  
**No Permit Required.**  
**Go to Signature Section!**
- Temporary Tank on site less than 180 days.  
Date Installed:  
**Go to Signature Section!**
- Fire Marshal's Registration  
**Submit a copy of the Registration Document with this application.**  
**Go to Signature Section!**
- Tank integral to a Listed Generator  
**Go to Signature Section!**
- Fire Pump, Generator, or Other Stationary Engine Supply  
**Complete the Permit Section!**
- Storage Tank for Private Fueling, Public Fueling, or Bulk Storage  
**Complete the Permit Section!**

**Permit Section**

**Is there a permit issued by the State Fire Marshal for this facility?**  
 Yes **Complete this section. SUBMIT A COPY OF THE PERMIT WITH THIS APPLICATION.**  
 No

Permit Number:	Date Permit Was Issued:
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Name of Permit Holder:

Address of Permit Holder:

City/Town:	State:	Zip/Postal Code:
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**Is there a DEP Registration for this facility?**  
 Yes **Complete this section.**     No

DEP Registration Number:	DEP Registration Date:
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**Spill Prevention Control and Countermeasures Plan (SPCC)**

Yes  No Was a Spill Prevention Control and Countermeasures Plan (SPCC) required for this facility under 40 CFR 112?  
(Facility greater than 1320 gallon capacity)

Yes  No Was there a SPCC prepared for this facility?

**If "Yes", submit a copy of the SPCC with this application.**

Yes  No Was any part of the piping from the tank underground?

If "Yes", was the underground piping:

Bare or Galvanized Steel

Fiberglass

Cathodically Protected Steel

Flexible, Non-metallic

Specify other:

**Applicant's Signature Section**

**By signing this application, the applicant:**

- Certifies that he or she owns or operates the facility, or owned or operated the facility at the time of the discharge,
- Certifies that the information contained in this application is accurate,
- Agrees to pay the deductible amounts assigned,
- Agrees to permit access to all properties and buildings under the control of the applicant for the purpose of conducting inspections and reviewing records relative to this application,
- Acknowledges that he or she understands that falsification of information on this application shall constitute grounds for denial, and that pursuant to 38 M.R.S. § 349 and/or 17-A M.R.S. § 453, falsification of information contained on this document may be punishable by fines, imprisonment, or both, and
- Acknowledges that he or she understands that coverage by the Fund is conditioned upon payment of the assigned deductibles within 180 days of receipt of a bill from DEP or within 180 days of a decision of the Fund Insurance Review Board or an appellate court upholding the assigned deductibles, whichever is later. Pursuant to 38 M.R.S. § 568-A(2-B), the DEP may seek reimbursement from the applicant or any other responsible party for all costs that were incurred by the State for the removal, abatement and remediation of the discharge for which coverage was sought if the deductibles are not paid by the applicant by the date set forth above. The DEP may initiate court actions or place liens on property to recover such costs.

\_\_\_\_\_  
Applicant Name 1  
Printed or Typed

\_\_\_\_\_  
Applicant Signature 1

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Name 2  
Printed or Typed

\_\_\_\_\_  
Applicant Signature 2

\_\_\_\_\_  
Date Signed

Legal authority to sign for the applicant, if signature is different from name of owner or operator who is the applicant:

Officer of Corporation, Business, Trust, Organization, Agency, Entity, etc.

Legal Counsel or Power of Attorney

Specify Other:

Use "Applicant Name 2" and "Applicant Signature 2" if more than one person is applying, e.g., Mr. and Mrs..

**The Owner's or Operator's signature as Applicant is required for this application to be eligible for coverage by the Fund!  
(38 M.R.S. § 568-A(1)(A)(2))**