

Chapter 691 Summary Cover Sheet Form for Underground Oil Storage Facility Site Assessment

The purpose of a site assessment for facility closure or abandonment is to determine if discharges of oil have occurred requiring notification of the Commissioner and corrective action by the owner, operator or another responsible party.

Facility Registration Number:	
Municipality Where Facility Located:	
Tax Map and Lot Numbers:	

	Facility	Owner	Operator
Name			
Company			
Address			
City, State and Zip			
Phone			

Facility hydrogeological information to be verified by site assessor: Enter No or Yes below.

Facility in Sensitive Geological Area?	Sand & Gravel Aquifer?
≤ 1000' From Public Water Well/Intake?	≤ 300' Private Water Well/Intake?

"Evidence" of a Discharge or Contamination Above a Notification Level? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, Enter Spill #	DEP Responder Name:

For facilities assessed: Enter tank & piping (chamber #) information below. For tank and piping status enter closed (C), not closed (NC), removed (R) or abandoned in place (AIP). Provide reference to report narrative for clarifications or inconsistencies with Notice of Intent to Remove.

Tank #	Status?	Assessed?	Piping? (Chamber #)	Status?	Assessed?	Product Type?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Submittal Requirements: Each page of the site assessment report must be consecutively numbered. For email submissions, put DEP registration number, address and municipality name in email subject line and send to UST.Site.Assessment@maine.gov. Please note that the DEP may request additional paper copies.

If **no** "evidence" of a discharge or contamination above a notification level, please send one paper copy to UST Program Administrator, DEP-BRWM, 17 SHS, Augusta ME 04333-0017 and a digital PDF version to the above noted email address.

If **yes** "evidence" of a discharge or contamination above a notification level, please send one paper copy to the above noted postal address and a digital PDF version to the above noted email address and one copy to the chief municipal officer or county Commissioner if unorganized township List name and address of municipal officer or county Commissioner here:

Date Site Assessment Field Work Completed:	Date of Site Assessment Report:
Assessor Name and Company:	