MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION

17 State House Station, Augusta, Maine 04333-0017

(207) 287-7688

Modified Site Assessment
During Removal of Flexible Primary Product Piping
Prior to Replacement without Excavation

1. Please complete and submit the following form to the MeDEP. **This form must be submitted within thirty (30) days of the piping removal.**

2. State law and DEP *Rules for Underground Oil Storage Facilities* (UST Rules)*,* 06-096 C.M.R., Chapter 691 require a site assessment be performed when underground piping associated with an underground or aboveground oil storage tank is removed. This Modified Site Assessment form may only be used when replacing underground flexible primary product piping in a double-walled piping system without excavation and where there is no evidence of a discharge in accordance with the *UST Rules*, ch. 691 § 5(B)(6-A) and Appendix P(2)(G). Where limited excavation is needed to pull old pipe or insert new pipe, the requirements in the *UST Rules*, Appendix P (7) for soil screening in the excavation must be met. When piping is being removed as part of a permanent closure of an underground tank(s), a full site assessment must be performed in accordance with the *UST Rules*, Appendix P (8).

3.	**Facility Information**

Facility Name: _____   Registration #: _____

Facility Address: _____
         Address   *Town*   *State*

Date of piping removal: _____

4.	**Installer Information and Certification**

By my signature below, I certify that all information is accurate and complete to be best of my knowledge.

Certified Tank
Installer Name: _____   Certified Installer #: _____

Installer Signature: _____   Date: _____

5. Observations and Comments

Photographs are encouraged. Please attach photos or e-mail them to dep.ust@maine.gov.

Be sure to sign the completed form, keep a copy for your records, and submit to:

Attn: UST UNIT STAFF
Maine Department of Environmental Protection
17 SHS, Augusta ME 04333-0017

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Modified Site Assessment

6. Piping Information- *Please fill out information for each piping run that is removed. Use additional forms if needed.*

Tank and Chamber #: _____   Product Stored: _____

Piping Identification: _____

	Manufacturer	Model	Type

Observations			
Piping Condition:	YES	NO	Notes: *If yes, notify the Department within 2 hours.*
Braiding Showing?	☐	☐	
Mold Present?	☐	☐	
Flaking?	☐	☐	
Evidence of a release?	☐	☐	
Length(s) of pipe removed?			

Tank and Chamber #: _____   Product Stored: _____

Piping Identification: _____

	Manufacturer	Model	Type

Observations			
Piping Condition:	YES	NO	Notes: *If yes, notify the Department within 2 hours.*
Braiding Showing?	☐	☐	
Mold Present?	☐	☐	
Flaking?	☐	☐	
Evidence of a release?	☐	☐	
Length(s) of pipe removed?			

Tank and Chamber #: _____   Product Stored: _____

Piping Identification: _____

	Manufacturer	Model	Type

Observations			
Piping Condition:	YES	NO	Notes: *If yes, notify the Department within 2 hours.*
Braiding Showing?	☐	☐	
Mold Present?	☐	☐	
Flaking?	☐	☐	
Evidence of a release?	☐	☐	
Length(s) of pipe removed?			