

Date \_\_\_\_\_

Permit # \_\_\_\_\_

**Baltimore County Department  
of Environmental Protection & Resource Management  
Waste Management Division  
401 Bosley Avenue  
Towson, Maryland 21204**

**GROUND WATER MANAGEMENT – 410-887-2762**

This is to inform you that \_\_\_\_\_  
(name of company)

will be removing \_\_\_\_\_ , \_\_\_\_\_ .  
(# of tanks) (tank size(s))

located at \_\_\_\_\_  
(address)

\_\_\_\_\_ will notify Tom Bodrogi, Ground Water

Management, a minimum of three (3) working days prior to removal.

**NOTE:** The applicant is requested to submit a copy of the State of Maryland inspection report on the status of the tank removal project to this office within 7 days of the project completion date.

\_\_\_\_\_  
(Name of company)

\_\_\_\_\_  
(Signature of representative)

\_\_\_\_\_  
(Phone number)