The Commonwealth of Massachusetts
DEPARTMENT OF FIRE SERVICES

AST Removal & Decommissioning Form
for an aboveground storage tank, in excess of 10,000-gallon gross capacity,
that stored fluids other than water.

This form is to be used to certify that tanks that have an assigned OSFM number are no longer subject to Massachusetts General Laws (M.G.L.) c. 148, § 37. A separate AST Removal & Decommissioning Form shall be submitted for each individual tank. For tanks in which fluids can be stored, and for which none of the owner certifications below are applicable, use the AST Use Permit Renewal Annual Inspection Form for renewal of the Use Permit and to leave the tank in place. For tank maintenance, as defined in 502 CMR 5.00, use the Application for Maintenance.

Office of the Massachusetts State Fire Marshal tank number: OSFM # ________________________________
☐ Tank removed ☐ Decommissioned ☐ Converted to water storage Date of change _________________
☐ Date known ☐ Date estimated ☐ Date unknown

OFFICE USE ONLY ☐ Tank not found at site (removed) CCEU Officer__________________________ Site Visit Date __________

Business/Site Information:
Business name: ________________________________________________________________
Street address: ________________________________________________________________
Business (mailing) address: ______________________________________________________
Address (or location) of tank: ____________________________________________________
Person principally in charge of the tank: ____________________________________________ Title: ________________________
Telephone number: __________________________ Fax Number: __________________________
Contact name’s e-mail address: __________________________________________________

Tank Information:
Operator’s Tank Identification: ____________________________________________________
Tank description: ______________________________________________________________
Tank gross capacity: ___________________ ☐ Gallons ☐ Barrels ☐ Cubic Feet

Previous Content: __________________________________________________________________

Check only one of the following:
☐ Removal – The AST identified above has been removed from the property & documentation is maintained on-site of such.

☐ Decommissioned - By signing below, I acknowledge that the tank identified above cannot be filled or used for storage of any fluid other than water without making application to the Marshal for, and first obtaining, a new Use Permit.

1. Tank has been cleaned of all product & documentation maintained on-site of such
2. Tank has been altered such that product can no longer be stored
3. Remaining fill connections are capped and clearly identified
   “DO NOT FILL – OUT OF SERVICE”

☐ Storage of water – By signing below, I acknowledge that the tank identified above cannot be filled or used for storage of any fluid other than water without making application to the Marshal for, and first obtaining, a new Use Permit. The tank has been cleaned of all products other than water, and is currently being used to store only water. Documentation of such cleaning is maintained on-site.

I hereby sign under the pains and penalties of perjury that the above condition(s) and statements are true and accurate.

Person in Charge signature: ______________________________ Date: ______________________