



Department of Fire Services
Commonwealth of Massachusetts

AST Removal & Decommissioning Form (FP-112)

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

AST Removal & Decommissioning 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: _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.