

MASSACHUSETTS UNDERGROUND STORAGE TANK (UST) DATA MANAGEMENT SYSTEM

NEW OWNERS: HOW TO UPDATE YOUR UST INFORMATION



MassDEP, Bureau of Air and Waste

This Presentation Covers:

Steps for updating ownership of your new business in the UST Data Management System

1. Creating your user account
2. Creating an owner record
3. Changing facility ownership
4. How to sign forms electronically

Creating User Account

Create your user account at:
<https://ma-ust.windsorcloud.com/ust/?0> by clicking the “Create New Account button”

If you need help, please see the video at <http://www.mass.gov/eea/agencies/massdep/toxics/ust/video-dms-intro.html> for guidance

MassDEP

Home About Help Log In UST Program

Search Facility ID or Name

MassDEP Underground Storage Tank (UST) Data Management System

The MassDEP Underground Storage Tank Data Management System supports implementation of federal regulations to protect groundwater resources. The regulations address the operation, maintenance and leak prevention activities undertaken for underground storage tanks that contain petroleum products and other hazardous materials.

Search UST Database

Find data on tanks, piping, ownership and required inspections for registered Underground Storage Tanks (UST).

Facilities

Facility Map Search Facility List Search

Third-Party Inspectors

Third-Party Inspector Search

You do not need to log in to search the database.

Log In

Log In

Owners, Operators and Third Party Inspectors as well as others who may assist in the preparation of UST submittal must have an account to access this system.

Create New Account

Click Here

Built On: 01/11/2016 09:40 AM EST (7429e5b6c449)

Application Home Contact Policies

Environment: 1.0.9-SNAPSHOT/qa

Create Owner Record

Click the SEARCH dropdown menu and choose "Search Owners/Operators."

Make sure your business is not already registered as an Owner or Operator Entity

The screenshot shows the MassDEP User Dashboard. The top navigation bar includes links for Home, About, Help, Log Out, and UST Program. The user is logged in as Erin Swallow. The 'Search' dropdown menu is open, showing options: Facility Map Search, Facility List Search, Third-Party Inspector Search, and Owner/Operator Search. A red arrow points to the 'Owner/Operator Search' option with the text 'Click Here'.

My Documents
Documents that were created by me or shared with me

Name	Submission ID	Form	Status	Last Update	Last Updated By
CUMBERLAND FARMS INC	1004533	Update Owner/Operator Entity and FR Information	Draft	12/29/2015	Erin Swallow
CUMBERLAND #118504	1004532	Update Facility Registration	Draft	12/29/2015	Erin Swallow
CUMBERLAND #118504	1004493	Update Operator Registration	Final	12/11/2015	Erin Swallow
CUMBERLAND FARMS INC	1004482	Update Owner/Operator Entity and FR Information	Final	12/11/2015	Erin Swallow

My Facilities
Facilities for which I am a signatory

Facility Name	Owner Entity	Operator	Due Date	Form Type
CUMBERLAND #118504	CUMBERLAND FARMS INC	Fake UST LLC	4/14/2015	Third Party Inspection Report (TPIR) Inspection pending
CUMBERLAND #118513	CUMBERLAND FARMS INC	CUMBERLAND FARMS INC	6/24/2017	Third Party Inspection Report (TPIR) Inspection pending
CUMBERLAND FARMS #2501	CUMBERLAND FARMS INC	CUMBERLAND FARMS INC	12/30/2017	Third Party Inspection Report (TPIR) Inspection pending

User Information
Erin Swallow
Fake Gas Station
30 St. Stephen St.
Boston MA 02115
(401) 864-5542
purplepimpnel@gmail.com

Roles
Signatory CUMBERLAND FARMS INC
Signatory CUMBERLAND GULF GROUP OF COMPANIES
Signatory Fake UST LLC

Actions
To request signatory rights for an entity:
Request Signatory Rights
To activate the TPI role (third party inspectors only):
Request TPI Certification

Built On: 01/11/2016 09:40 AM EST (7429e5b6c449)
Application Home [Contact](#) [Policies](#)
Environment: 1.0.9-SNAPSHOT/qa

Create an Owner Entity

Click “Add Entity” on the right and complete the form

Complete the Entity information and click “Save” to establish the Entity

[User Dashboard](#) [Search](#) [Enforcement](#) [Reports](#) [Administration](#)

Search for and view details:
Owner/Operator Search

Entity Name	Address	FEIN	Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Kent Street LLC	720 Lafayette Rd. Seabrook, NH 03874	47-5184709	Private	
100 LAWTON STREET LLC	100 LAWTON ST TAUNTON, MA 02780	001054551	Private	
100 WINTHROP AVE LLC	52 MILLPOND NORTH ANDOVER, MA 01845	550913683	Private	
101ST TACTICAL CONTROL SQUAD	SKYLINE DR WORCESTER, MA 01605		Federal	
1032 HIGHLAND AVE LCC CONN	1032 HIGHLAND AVE NEEDHAM, MA 02494	043496457	Private	

Advanced Search
Facility Name

Facility ID

Actions

Update Owner/Operator Entity Information

Next search for the Entity and click to Open the details page for your new entity

Open the “Update Owner/Operator Entity Information Form”


The screenshot displays the MassDEP User Dashboard for the entity 'Fake UST LLC' (FEIN: 987654321). The dashboard is organized into several sections:

- Summary:** Displays the entity's address (30 St. Stephen St., Boston, MA 02115), FEIN (987654321), and business type (Limited Liability Company).
- Contact:** Lists the contact person (Erin Swallow) and their address (30 St. Stephen St., Boston, MA 02115), along with a phone number ((401) 864-5542) and email (purplepimpernel@gmail.com).
- Signatories:** Shows Erin Swallow as the signatory.
- Facilities:** A table listing facilities. The first entry is for Facility ID 14494, named CUMBERLAND #118504, located in BOSTON. It is an Operator with a due date of 4/14/2015 and a status of 'Inspection pending' (marked with a red triangle). A red arrow points to the 'Inspection pending' status with the text 'Click Here'.
- Enforcement Actions:** A table showing no records found.
- Page Navigation:** A sidebar on the right with links to Profile, Financial Responsibility, Submittals, and Inspections.
- Forms:** A section with a 'Select a form' dropdown menu. The options are: New Facility Registration, Update Owner/Operator Entity Information, Update Financial Responsibility, and Assign Tank Financial Responsibility.
- Help:** A section providing instructions on how to use the dashboard.

The top navigation bar includes links for Home, About, Help, Log Out, and UST Program. The user's name, Erin Swallow, is displayed in the top right corner.

Update Owner/Operator Entity Information

Complete this form, using the blue “Next” button to move to each new page

 **MassDEP**

[Home](#) [About](#) [Help](#) [Log Out](#) [UST Program](#)

[User Dashboard](#) [Search](#)

Facility ID or Name

Erin Swallow

Update Owner/Operator Entity and FR Information

Fake UST LLC Submission ID: 1004644

Entity Information

Entity Legal Name	FEIN
<input type="text" value="Fake UST LLC"/>	<input type="text" value="987654321"/>
Do not enter Social Security Number.	
Type of Business *	Entity Type *
<input type="text" value="Limited Liability Company"/>	<input type="text" value="Private"/>

Mailing Address

Street Address 1 *	
<input type="text" value="30 St. Stephen St."/>	
Street Address 2	
<input type="text"/>	
City *	State/Province/Region *
<input type="text" value="Boston"/>	<input type="text" value="Massachusetts"/>
ZIP Code *	
<input type="text" value="02115"/>	

Form Navigation

[★ Entity Details](#)

[★ FR Instruments](#)

[★ Comments](#)

Actions

[Save Draft](#)

[Share](#)


Help

Update owner/operator financial responsibility. - Entity Details

Next

Financial Responsibility

Financial Responsibility Instruments document the financial resources to pay for damage caused by leaking USTs

 **MassDEP**

HomeAboutHelpLog OutUST Program

User DashboardSearch

Facility ID or Name

Erin Swallow

Update Owner/Operator Entity and FR Information

Fake UST LLCSubmission ID: 1004644

Financial Responsibility Information

Number of Tanks Owned (Aggregate Coverage) *

Choose One

Monthly Throughput (Per-Occurrence Coverage) *

Choose One

Are you part of the 21J program? *

No

Financial Responsibility Instruments

+ Add FR Instrument

⚠ FR #1 ✕

Financial Responsibility Instrument *

Choose One

Effective Period of Coverage From *

Effective Period of Coverage To *

Form Navigation

- Entity Details
- FR Instruments**
- Comments

Actions

Save DraftShare

Help


Update Owner/Operator Financial Responsibility - FR Instruments

PreviousNext

Update Owner/Operator Entity Information

On the last page of the form, click “Review”

After your review, click “Certify”

 **MassDEP**

[Home](#) [About](#) [Help](#) [Log Out](#) [UST Program](#)

[User Dashboard](#) [Search](#)

Facility ID or Name

Erin Swallow

Update Owner/Operator Entity and FR Information

Fake UST LLC Submission ID: 1004644

Review Submission

Please review your submission before certifying.

Entity Information

Entity Legal Name	Fake UST LLC
FEIN	987654321
Type of Business	Limited Liability Company
Entity Type	Private

Mailing Address

Street Address 1	30 St. Stephen St.
Street Address 2	
City	Boston
State/Province/Region	Massachusetts
ZIP Code	02115

Entity Contact

Email	purplepimpernel@gmail.com
First Name	Erin

Form Navigation

- Entity Details
- FR Instruments
- Comments

Actions

[Share](#) [Print](#)

Help

Please review your Facility Registration changes before submitting them to MassDEP.

If the information is correct and complete, click on “Certify”

If you wish to make changes, click on the section you would like to edit in the Form Navigation area above.

[Certify](#)

Update Owner/Operator Entity Information

The Signature page displays and provides submittal options.

Choose “Download,” to print, complete and send your signature attestation form to MassDEP

MassDEP

Home About Help Log Out UST Program

User Dashboard Search Facility ID or Name Erin Swallow

Update Owner/Operator Entity and FR Information
101ST TACTICAL CONTROL SQUAD Submission ID: 1004646

Signatory rights required
Only authorized signatories can submit this form. Please choose from **one** of the following options:

1. **Share this form** with a user that has signatory rights.
[Share](#)
2. **Request signatory rights for yourself.** Return to this page to submit the form once rights have been granted.
[Request Signatory Rights](#)
3. **Download, sign and mail** a hardcopy of this form to Mass DEP.
[Download](#)

Form Navigation

- Entity Details
- FR Instruments
- Comments

Actions

[Share](#)

Help

[Certify Contents](#)

Click Here

Signing forms electronically

In order to sign forms electronically, you must create a user account, and an owner entity record before you submit a “UST/POI Standard Proof of Identity Form”



Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Underground Storage Tank (UST) Program
UST/POI – Standard Proof of Identity

Instructions

Anyone electronically submitting registration, third-party inspection or compliance certification forms on behalf of a UST System Owner or Operator Entity must complete this Proof of Identity form, documenting his or her authority to electronically sign them.

1. If you have not done so yet, create a [UST Data Management/Online Filing System](#) User Account.
2. Complete and print this form. **Note:** When filling it out on the computer, use only the Tab key to move your cursor - do not use the Return (or Enter) key.
3. Provide a handwritten signature and have it witnessed by a Notary Public.
4. Mail the completed and signed form to:

MassDEP UST Program
Data Management
One Winter Street, 7th Floor
Boston, MA 02108

A. Legal Name of Owner or Operator Entity

1. Entity Name _____

2. This Entity is the ☐ Owner ☐ Operator

3. Federal Employee Identification Number (FEIN)* _____

*Do not enter a Social Security Number here. If you do not have an FEIN, contact dep.ust@state.ma.us for assistance.

4. Mailing Address _____

5. City/Town _____

6. State _____

7. Zip Code _____

B. Owner or Operator Signatory Certification Statement

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

1. Print Owner/Operator Signatory Name _____

2. Signature _____

3. Date Signed (MM/DD/YYYY) _____

4. Telephone Number _____

5. Email Address _____

6. Source of Authority to Electronically Sign Documents (check only one box):

If a Corporation or Non-Profit Corporation:

- a. ☐ President
- b. ☐ Secretary

If a Partnership:

- a. ☐ General Partner (if authorized to contractually bind the partnership)

If a Sole Proprietorship:

You can find a UST Standard Proof of Identity Form at:

<http://www.mass.gov/eea/docs/dep/toxics/approvals/ust-poi.pdf>

Change the Ownership of a Facility

Using “Facility List Search” in the “Search” dropdown menu, find the facility under new ownership

Click the button to the right of the facility name to open the facility details page

The screenshot shows the MassDEP User Dashboard. At the top, there's a navigation bar with links for Home, About, Help, Log Out, and UST Program. Below this is a search bar with the placeholder text "Facility ID or Name" and a search icon. To the right of the search bar is a user profile icon for "Erin Swallow".

The main content area is titled "Facility Search" and includes a "Switch to Map Search" button. Below the title is a table of search results. The table has columns for UST Facility ID, Facility Name, Owner Entity, Street Address, City, and Zip. Each row represents a facility, and there is a button to the right of each row to open the facility details page. A red arrow points to the button for the facility with ID 15491, with the text "Click Here" next to it.

On the right side of the dashboard, there is an "Advanced Search" sidebar. It contains several dropdown menus for filtering search results: Status (Open), Facility Type (Choose One), Region (Choose One), Owner Type (Choose One), Tank Status (Choose One), Tank Construction Material (Choose One), Leak Detection (Choose One), Corrosion Prevention (Choose One), Contents (Choose One), and Use (Choose One).

UST Facility ID	Facility Name	Owner Entity	Street Address	City	Zip
19246	100 MAIN ST FLORENCE - MA0003	MALG-UST I LLC	100 MAIN ST	NORTHAMPTON	01060
22453	104TH FIGHTER WING	104TH FIGHTER WING	175 FALCON DR	WESTFIELD	01085
15491	1177 NORTH MAIN CLINTON MA0057	MALG-UST II LLC	1177 N MAIN ST	NORTHAMPTON	01510
506	123 SERVICE	123 SERVICE LLC	300 COUNTY ST	ATTLEBORO	02703
8503	137 HESS	ONE THIRTY SEVEN GAS INC	110 RTE 137	ADAMS	02645
6097	142 MOHAWK TRAIL - MA0002	MALG-UST I LLC	142 MOHAWK TRAIL	GREENFIELD	01301
16800	146 S MAIN ST LLC	146 S MAIN ST LLC	146 S MAIN ST	MILFORD	01757
22025	1460 MIDDLESEX GAS INC	1460 MIDDLESEX STREET LLC	1460 MIDDLESEX ST	LOWELL	01851
7890	162 SOUTHAMPTON RD - MA0004	MALG-UST I LLC	162 SOUTHAMPTON RD	WESTFIELD	01085
7891	181 ELM ST - MA0001	MALG-UST I LLC	181 ELM ST	WESTFIELD	01085
326	1ST GEAR AUTOMOTIVE SERVICES	1ST GEAR AUTOMOTIVE SERVICES	277 GREAT RD	LITTLETON	01460
40636	1ST QUANTUM GROUP INC	1ST QUANTUM GROUP INC	100 HIGH ST	DANVERS	01923
1649	200 CUMMINGS CENTER - GARAGE	NEW HORIZONS AT BEVERLY INC	181 ELLIOTT ST	BEVERLY	01915

Change the Ownership of a Facility

Choose
“Ownership
Transfer” from
the “Select a
form”
dropdown
menu

MassDEP

Home About Help Log Out UST Program

User Dashboard Search Facility ID or Name Erin Swallow

Facility details for:
CRYSTAL GAS INC (UST Facility ID: #17132)

Facility Info

Address	175 CHURCH ST NORTHBRIDGE, MA 01588	Type	Retail Motor Vehicle Fuel Dispensing
Region	Central Regional Office	Owner Type	
FMF Number	476014	Phone	

Owner

CRYSTAL GAS INC


Address	175 CHURCH ST NORTHBRIDGE, MA 01588	Contact Address	
Date of Ownership	1/2/2001	Phone	

Primary Contact for Correspondence

Operator

CRYSTAL GAS INC

Address	175 CHURCH ST	Contact	
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Page Navigation

Profile

Submittals

Inspections

Ownership History

Forms

Select a form

Update Operator Registration

Update Facility Registration

Tank Status Changes

Update Tank/Piping/Components Registrat

Ownership Transfer

Compliance Certification

Compliance Certification RTC Plan

Third Party Inspection Report (TPIR)

TPIR RTC Plan

the right to toggle between the two screens. The print report button, accessible from both pages, prints or downloads a PDF report that is a summary of both the Profile and Submittal pages.


Click Here

Change the Ownership of a Facility

Choose the new owner entity from the “Entity Name” dropdown menu.

Notice that the new owner’s information automatically populates the form


Click “Next”

 **MassDEP**

[User Dashboard](#) [Search](#)

[Home](#) [About](#) [Help](#) [Log Out](#) [UST Program](#)

Facility ID or Name

 Erin Swallow

Ownership Transfer

CUMBERLAND FARMS #2057 Submission ID: 1004652

New Owner Entity Information

Entity Name *

Generic Gas LLC

Entity Address

1 Main St.
Boston, MA 02108

FEIN

678912345

Owner Contact Information

<div>Contact Name and Address</div> <div>Erin Swallow 1 Main St. Boston, MA 02108</div>	<div>Phone Number</div> <div>(123) 456-7890</div> <div>Email</div> <div>purplepimpernel@gmail.com</div>
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Form Navigation

- New Facility Owner
- Facility Operator Information
- Facility Details
- Assign Tank FR
- Comments

Actions

Help


Transfer of Ownership Help

Next

Change the Ownership of a Facility

Select the UST Operator from the “Entity Name” dropdown, or choose “add new operator” if it is not on the list.

Creating a new operator will take you to a new form, which you must complete and save

 **MassDEP**

[Home](#) [About](#) [Help](#) [Log Out](#) [UST Program](#)

[User Dashboard](#) [Search](#)

Facility ID or Name

[Erin Swallow](#)

Ownership Transfer

CUMBERLAND FARMS #2057 Submission ID: 1004652

Entity successfully saved.

Operator Entity Information

Entity Name*

Generic Gas LLC

Entity Address

1 Main St.
Boston, MA 02108

FEIN

678912345

If the operator is not found in the drop-down, you can [add a new operator](#).

Operator Contact Information

Contact Name and Address

Erin Swallow
1 Main St.
Boston, MA 02108

Phone Number

(123) 456-7890

Email

purplepimpernel@gmail.com

Form Navigation

✓ New Facility Owner

★ Facility Operator Information

★ Facility Details

★ Assign Tank FR

★ Comments

Actions

Save Draft

Share

Help

Contents


Previous

Next

Change the Ownership of a Facility

Continue filling out the form, clicking next at the bottom of each page.

Make sure the pre-populated information on each page of the form is correct

 **MassDEP**

HomeAboutHelpLog OutUST Program

User DashboardSearch

Facility ID or Name

Erin Swallow

Ownership Transfer

CUMBERLAND FARMS #2057Submission ID: 1004652

Operator Contact Information

Contact Name and Address	Phone Number
Erin Swallow 1 Main St. Boston, MA 02108	(123) 456-7890
	Email
	purplepimpernel@gmail.com

Operator Authorization

Does this operator entity have rights to submit reports on behalf of this entity? *

No

Correspondence

Who will receive correspondence from the UST Program on behalf of this facility? *

Owner Contact

This question can only be answered if the answer to the "Operator Authorization" question above is "Yes"

Form Navigation

New Facility Owner

★ Facility Operator Information

★ Facility Details

★ Assign Tank FR

★ Comments

Actions

Save Draft

Share

Help


Contents

Previous

Next

Tank Financial Responsibility

UST Owners
& Operators
must show
their financial
ability to pay
the costs of
leaks and
spills

 **MassDEP**

[Home](#) [About](#) [Help](#) [Log Out](#) [UST Program](#)

[User Dashboard](#) [Search](#)

Facility ID or Name

Erin Swallow






Ownership Transfer

CUMBERLAND #118504 Submission ID: 1004648

Tank Financial Responsibility


Tank No.	Install Date	Capacity	FR Instrument
1	1/1/1984	8,000	<input type="text" value="Choose One"/>
2	1/1/1984	8,000	<input type="text" value="Choose One"/>
3	1/1/1984	8,000	<input type="text" value="Choose One"/>

Form Navigation

-  [New Facility Owner](#)
-  [Facility Operator Information](#)
-  [Facility Details](#)
-  [Assign Tank FR](#)
-  [Comments](#)

Actions

☒ Save Draft

 Share

Help

[Contents](#)

[Previous](#) [Next](#)

Change the Ownership of a Facility

When you reach the end of the form click “Certify.”

Choose “Download,” to print, complete and send your attestation form to MassDEP

[User Dashboard](#) [Search](#) [Erin Swallow](#)

Ownership Transfer

CUMBERLAND FARMS #2057 Submission ID: 1004652

Signatory rights required

Only authorized signatories can submit this form. Please choose from **one** of the following options:

1. **Share this form** with a user that has signatory rights.

[Share](#)

2. **Download, sign and mail** a hardcopy of this form to Mass DEP.

[Download](#)

Form Navigation

✓ New Facility Owner

✓ Facility Operator Information

✓ Facility Details

✓ Assign Tank FR

✓ Comments

Actions

[Share](#)

Help

[Certify Contents](#)

Where to Send Forms

Send all Attestation Pages
to:

MassDEP Underground
Storage Tank Program

1 Winter St – 7th Floor

Boston, MA 02108



Massachusetts Department of Environmental Protection
Underground Storage Tank Program
Phone (617) 556-1035
Email dep.ust@state.ma.us

UST SUBMISSION ATTESTATION (replacement copy)

Submission Number (please print): _____

Form Type (Please Print): _____

Facility (Please Print): _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervisions in accordance with a system designed to assure that qualified personnel properly gathered and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name (Please Print)

Signature

Date

Source of Signatory Authority (note: a signatory must be an employee of the Owner Entity and have authorization from a legal source of signatory authority to sign this document on behalf of the Owner Entity. Please indicate the source of the signatory authority below (check box).

If a Corporation or Non-Profit Corporation:
☐ President
☐ Secretary
☐ Treasurer
☐ Vice President
☐ Employee of the corporation (if authorized to bind the corporation)

If a Limited Liability Company:

If a Partnership:
☐ General partner (if authorized to bind the company)

If Sole Proprietorship:
☐ Proprietor

If Municipality or Public Agency:
☐ Principal Executive Officer

For Additional Assistance

Email

[dep.ust
@state.
ma.us](mailto:dep.ust@state.ma.us)

Call us

at 617-
556-1035,
ext 2

- Additional HELP is available through the HELP link at the upper right of the UST Data Management System webpage
- Or contact us by email or phone as provided here.

*This presentation was prepared by the MassDEP UST
Program Team*

Thank you!