MASSACHUSETTS UNDERGROUND STORAGE TANK (UST) DATA MANAGEMENT SYSTEM (DMS) NEW OWNERS: HOW TO UPDATE YOUR UST INFORMATION



MassDEP, Bureau of Air and Waste

This Presentation Covers:

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

Creating your user account
 Creating an Owner/Operator Entity
 Updating Owner/Operator Entity Information
 Changing a Facility's ownership
 How to sign forms electronically

Creating Your User Account

Create your user account at: https://maust.windsorcloud. com/ust/ by clicking the "Create New Account button"

If you need help, please see the video at https://www.mas s.gov/infodetails/videoust-datamanagementsystemintroduction for guidance



Creating an Owner/Operator Entity

Click the "Search" dropdown menu and choose "Owner/ Operator Search."

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

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| ser Dashboard Search - | | | | | | | Facility ID or Name | Q 🛱 Erin Swal |
| vallow, Erin Facility M Jser Dasi Facility Li Third-Par Owner/O | lap Search ist Search ty Inspector Search perator Search | —— Clic | k Here | 9 | | ^ | liser informati | on |
| My Documents Documents that were created by | y me or shared with me | | | | Export | | Erin Swallow | |
| Su Name ID | ubmission | | Status 🗢 🍦 | Last Update Last Updated By | | | Fake Gas Station 30 St. Stephen St. | Les . |
| CUMBERLAND FARMS | 004533 Update Owr Information | ner/Operator Entity and FR | Draft | 12/29/2015 Erin Swallow | C ô | | Boston MA 02115 (401) 864-5542 purplepimpernel@ | gmail.com |
| CUMBERLAND #118504 10 | 004532 Update Faci | lity Registration | Draft | 12/29/2015 Erin Swallow | ø | | Roles | |
| CUMBERLAND #118504 10 | 004493 Update Ope | rator Registration | Final | 12/11/2015 Erin Swallow | * | | Signatory CUMBER | LAND FARMS INC |
| CUMBERLAND FARMS 10 | 004482 Update Owr Information | ner/Operator Entity and FR | Final | 12/11/2015 Erin Swallow | ¥ | | Signatory CUMBER COMPANIES Signatory Fake UST | LAND GULF GROUP OF |
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| My Facilities Facilities for which I am a signa | itory | | | | Export | | To request signato | ry rights for an entity: |
| Facility Name | Owner Entity 🔶 | Operator 🌲 | Due Date 🌲 | Form Type | \$ | | Request Signate | ory Rights |
| CUMBERLAND #118504 | CUMBERLAND FARMS | Fake UST LLC | 4/14/2015 | Third Party Inspection Report (Inspection pending | TPIR) | | To activate the TPI inspectors only): | role (third party |
| CUMBERLAND #118513 | CUMBERLAND FARMS | CUMBERLAND FARMS | 6/24/2017 | Third Party Inspection Report (Inspection pending | TPIR) | | Request TPI Cer | tification |
| CUMBERLAND FARMS #2501 | CUMBERLAND FARMS | CUMBERLAND FARMS | 12/30/2017 | Third Party Inspection Report (Inspection pending | TPIR) | ~ | | |
| Built On: 01/11/2016 | 09:40 AM EST (7429e5b60 | :449) | Application Ho | ome Contact Policies | | Enviro | nment: 1.0.9-SNAPSH | OT/qa |

Creating an Owner/Operator Entity

If your Entity does not already exist, select "Add Entity" on the right and complete the form

Enter the Entity's information and select "Save" to establish the Entity

| User Dashboard | Sear | ch - Enforcement | - Reports - | - Administration | • | | Facility ID or Name Q |
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| Search for and Owner/O | view det)pera | ails: Itor Search | | | | | |
| Entity Name | • | Address | FEIN | l | 🗢 Туре | \$ | A |
| | ۹ | | ۹ | | ۹ | v | Advanced Search |
| 1 Kent Street LLC | | 720 Lafayette Rd. Seabrook, NH 03874 | 47-5 | 184709 | Private | := | Facility Name |
| 100 LAWTON STREE | T LLC | 100 LAWTON ST TAUNTON, MA 02780 | 0010 | 054551 | Private | := | Facility ID |
| 100 WINTHROP AVE | LLC | 52 MILLPOND NORTH ANDOVER, M | A 01845 5509 | 013683 | Private | := | Q Search C Re |
| 101ST TACTICAL CON SQUAD | ITROL | SKYLINE DR WORCESTER, MA 016 | 505 | | Federal | := | Actions |
| 1032 HIGHLAND AVE | E LCC | 1032 HIGHLAND AVE NEEDHAM, MA 0249 | 4 0434 | 496457 | Private | | + Add Entity 3 |

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

Open the "Update Owner/ Operator Entity Information" form



From this page you can also access forms that you can complete and submit

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

| lassDEP | Martin Stephens | Hom | e About | Help | Log Out | UST Prog | |
|--|--|-----|--|------------|---------|------------|--|
| Dashboard Search - | | | Facility | ID or Name | Q | 🏶 Erin Swa | |
| te Owner/Operator Entity and FR Information Ce UST LLC Submission ID: 1004644 | | | | | | | |
| Entity Information | | ^ | Form Na | vigation | | | |
| Entity Legal Name | FEIN | | * | Entity Det | ails | | |
| Fake UST LLC | 987654321 | | ☆ | FR Instrur | nents | | |
| Type of Business * | Do not enter Social Security Number. Entity Type * | | ☆ | Comment | s | | |
| Limited Liability Company | Private v | | Actions | | | | |
| Mailing Address | | | € Sa | ve Draft | C Share | | |
| Street Address 1 * | | | Help | | | | |
| 30 St. Stephen St. | | | Update owner/operator financial responsibili Entity Details | | | | |
| Street Address 2 | | | | | | | |
| City * | State/Province/Region * | | | | | | |
| Boston | Massachusetts + | | | | | | |
| ZIP Code * | | | | | | | |
| 02115 | | ~ | | | | | |

Updating Owner/Operator Entity Information - Financial Responsibility

Financial Responsibility Instruments document the financial resources that would be necessary to pay for damage caused by leaking USTs

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|--|--|---------------------|--------|------|-------------------------|--------------------------|------------------------|----------------|
| User Dashboard Search + | | | | | Facility | D or Name | Q | 🔅 Erin Swallow |
| Update Owner/Operator Entity and FR Information Fake UST LLC Submission ID: 1004644 | | | | | | | | |
| Financial Responsibility Information | | | | ^ | Form Nav | igation | | |
| Number of Tanks Owned (Aggregate Coverage) * | | | | | ~ | Entity Det | tails | |
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| Monthly Throughput (Per-Occurrence Coverage) * | | | | | ☆ | Comment | S | |
| Are you part of the 21J program? * | | | | | Actions | | | |
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| Financial Responsibility Instruments | + | • Add FR Instrument | | l | Update Ow Responsibi | ner/Oper ility - FR I | rator Fina nstrumen | ncial ts |
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On the last page of the form, click "Review"

After you review the information, click "Certify"

| | ^ | Facility | ID or Name | Q | 🗘 Erin Swallow |
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| pernel@gmail.com | ~ | | | | |
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The Signature page displays and provides submittal options Choose "Download," to print, complete and send your signature attestation form to MassDEP

| | F | orm Nav | vigation | | |
|--|--------|--|-------------------------|----------------|--|
| Signatory rights required Only authorized signatories can submit this form. Please choose from one of the following options: | - | * | Entity Det | tails ments | |
| Share this form with a user that has signatory rights. C Share Request signatory rights for yourself. Return to this page to submit the form once rights have been granted. Request Signatory Rights Download, sign and mail a hardcopy of this form to Mass DEP. | H c | Actions C sh: Help Certify Cont | Comment are eents | ts | |

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

| User Dashboard | Search 🗸 | | | | | | Facility ID or Name | Q 🌣 Erin Si |
|---------------------------------|-------------------------|------------------------------|-------------------|-------------|------------------------|----|----------------------|-------------|
| Search for and vi Facility S | iew details: earch | | | | Switch to Map Search | | | |
| JST Facility ID 🔶 | Facility Name | Owner Entity 🌲 | Street Address | City 🌲 | Zip 🜲 | ^ | | |
| Q | ٩ | ٩ | Q | v | ٩ | | Advanced Search | |
| | 100 MAIN ST ELODENCE | | | | | | Status | |
| 19246 | MA0003 | MALG-UST I LLC | 100 MAIN ST | NORTHAMPTON | 01060 | | Open | × × |
| 22453 | 104TH FIGHTER WING | 104TH FIGHTER WING | 175 FALCON DR | WESTFIELD | 01085 | | Facility Type | |
| | 1177 NORTH MAIN CLINTON | | | | 04540 | | Choose One | v |
| 15491 | MA0057 | MALG UST II LLC | | lick∾Her | $e^{1510} \rightarrow$ | | Region | |
| 606 | 123 SERVICE | 123 SERVICE LLC | 300 COUNTY ST | ATTLEBORO | 02703 | = | Choose One | v |
| 1502 | 107.11500 | ONE THIRTY SEVEN GAS | 110 RTF 137 | 10110 | 02645 | | Owner Type | |
| 3503 | 137 HESS | INC | | ADAMS | | | Choose One | v |
| 5097 | 142 MOHAWK TRAIL - | MALG-UST I LLC | 142 MOHAWK TRAIL | GREENFIELD | 01301 | := | Tank Status | |
| | MAUUUZ | | 1/6 C MAIN CT | | 01757 | | Choose One | Ŧ |
| 16800 | 146 S MAIN ST LLC | 146 S MAIN ST LLC | 140 S MAIN ST | MILFORD | 01/3/ | | Tank Construction Ma | aterial |
| 22025 | 1460 MIDDLESEX GAS INC | 1460 MIDDLESEX STREET LLC | 1460 MIDDLESEX ST | LOWELL | 01851 | | Choose One | Ŧ |
| 2000 | 162 SOUTHAMPTON RD - | MALCHISTILLIC | 162 SOUTHAMPTON | WESTELE | 01085 | - | Leak Detection | |
| 890 | MA0004 | MALG-UST I LLC | RD | WESTFIELD | | | Choose One | Ŧ |
| 7891 | 181 ELM ST - MA0001 | MALG-UST I LLC | 181 ELM ST | WESTFIELD | 01085 | | Corrosion Prevention | |
| 326 | 1ST GEAR AUTOMOTIVE | 1ST GEAR AUTOMOTIVE | 277 GREAT RD | LITTLETON | 01460 | | Choose One | Ŧ |
| | SERVICES | SERVICES | | | | | Choose One | v |
| 0636 | 1ST QUANTUM GROUP INC | INC | 100 HIGH ST | DANVERS | 01923 | | | |
| | 200 CUMMINGS CENTER | NEW HODIZONS AT | | | | | use | |

Choose "Ownership Transfer" from the "Select a form" dropdown menu



Choose the new Owner Entity from the "Entity Name" dropdown menu

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

Click "Next"

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| Dashboard Search - | | Facility ID or Name 🔍 🏟 Er |
| ership Transfer MBERLAND FARMS #2057 Subr | nission ID: 1004652 | |
| New Owner Entity Information | | Form Navigation |
| Entity Name * | | 🖈 New Facility Owner |
| Generic Gas LLC | × | 🖈 🛛 Facility Operator Informa |
| Entity Address 1 Main St. Boston, MA 02108 | | ★ Facility Details |
| FEIN 678912345 | | Comments |
| | | Actions |
| Owner Contact Information | | 🕑 Save Draft 🕑 Share |
| Contact Name and Address Erin Swallow | Phone Number (123) 456-7890 | Help |
| 1 Main St. Boston, MA 02108 | Email purplepimpernel@gmail.com | Transfer of Ownership Help |
| | | |

▶ Next

Select the Operator Entity from the "Entity Name" dropdown or choose "add a new operator" if it is not on the list

Creating a new Operator will take you to a new form, which you must complete first

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| User Da | shboard Search - | | | | | | Facility | ID or Name | Q | 🔅 Erin Swallow |
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| | Entity Name * | | | | | | * | Facility D | etails | |
| | Generic Gas LLC | | | v | | | × | Assign Ta | NK FR | |
| | Entity Address | If the operator is not found in the drop-down, yo | u can add a r | iew operator. | | | ☆ | Comment | S | |
| | 1 Main St. Boston, MA 02108 | | | | | 4 | Actions | | | |
| | FEIN 678912345 | | | | | | 🕑 Sav | ve Draft | C Share | |
| | | | | | | ł | Help | | | |
| | Operator Contact Information | | | | | C | Contents | | | |
| | Contact Name and Address Erin Swallow 1 Main St. Boston, MA 02108 | Phone Number (123) 456-7890 Email purplepimpernel@gmail.com | | | | ~ | | | | |
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Continue filling out the Ownership Transfer form, clicking "Next" at the bottom of each page

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

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| | Operator Contact Information | | | ^ | Form Na | vigation | | |
| | Contact Name and Address | Phone Number | | | ~ | New Faci | lity Owner | |
| | Erin Swallow 1 Main St. Roston, MA 02108 | (123) 456-7890 Email | | | * | Facility O | perator Inf | ormation |
| | | purplepimpernel@gmail.com | | | * | Facility D | etails nk FP | |
| | | | | ÷ | ☆ | Commen | ts | |
| | Operator Authorization | | | | | | | |
| | Does this operator entity have rights to submit r | eports on behalf of this entity? * | | | Actions | | | |
| | No | | v | | 🕑 Sa | ve Draft | C Share | |
| | | | | | Help | | | |
| | Correspondence | | | | Contents | | | |
| | Who will receive correspondence from the UST P | rogram on behalf of this facility? * | | | | | | |
| | Owner Contact | | T | | | | | |
| | This question can only be answered if the answer t | o the "Operator Authorization" question above is "Yes" | | | | | | |
| | | | | ~ | | | | |
| | | | ← Previous → Ne | ext | | | | |

Changing the Ownership of a Facility -Tank Financial Responsibility

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

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| wnership Transfer | D #118504 Submission IE |): 1004648 | | | | | | |
| Tank Financia | al Besponsibility | | | | Form N | lavigation | | |
| Tank No. | Install Date | Capacity | FR Instrument | | A | New Fac | ility Owner | |
| 1 | 1/1/1984 | 8,000 | Choose One | v | * | Facility O | perator In | formation |
| 2 | 1/1/1984 | 8,000 | Choose One | v | * | Facility [|)etails | |
| 3 | 1/1/1984 | 8,000 | Choose One | v | * | Assign Ta | ank FR | |
| | | | | | * | Commer | its | |
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| | | | | | S | Save Draft | C Share | |
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Contents

When you reach the end of the form click "Certify."

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

| ner Information |
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How to Sign Forms Electronically

To sign forms electronically, you must have a verified user account, and an Owner/ Operator Entity created in the UST DMS. You will also need to mail in a completed <u>"UST/POI –</u> Standard Proof of Identity" form to gain signatory rights



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

Instructions

В.

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 <u>UST Data Management/Online Filing System</u> User Account.
- 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.
 - 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 100 Cambridge Street, 9th Floor Boston, MA 02114

A. Legal Name of Owner or Operator Entity

| 1. Entity Name | 2. This Entity is the Owner Operator *Do not enter a Social Security Number here. If you do not have an FEIN, contact dep.ust@state.ma.us for assistance. | |
|---|---|-------------|
| 3. Federal Employee Identification Number (FEIN)* | | |
| 4. Mailing Address | | |
| 5. City/Town | 6. State | 7. Zip Code |
| Owner or Operator Signatory Certification | on Statement | |

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, 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 fires and imprisonment."

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

If a Corporation or Non-Profit Corporation:

1. Print Owner/Operator Signatory Name

2. Signature

3. Date Signed (MM/DD/YYYY)

4. Telephone Number

5. Email Address

If a Partnership:

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You can find a UST Standard Proof of Identity Form at: https://www. mass.gov/doc /form-ustpoistandardproof-ofidentify-O/download

Where to Send Forms

Mail the completed "UST/POI Standard Proof of Identity" form and attestations* to: MassDEP 100 Cambridge St., Suite 900 Boston, MA 02114 Attn: UST Program

*Attestations can also be emailed to <u>dep.ust@mass.gov</u> for processing. The "UST/POI – Standard Proof of Identity" form always needs to be sent via physical mail.



For Additional Assistance

Email us at <u>dep.ust@</u> <u>mass.gov</u>

Call us at 617-556-1036

- 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

