

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

1. Creating your user account
2. Creating an Owner/Operator Entity
3. How to sign forms electronically
4. Updating Owner/Operator Entity Information
5. Changing a Facility's ownership

# Creating Your User Account

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

If you need help, please see the video at <https://www.mass.gov/info-details/video-ust-data-management-system-introduction> 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

# 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

The screenshot shows the MassDEP User Dashboard. The top navigation bar includes links for Home, About, Help, Log Out, and UST Program. A search bar is located in the top right corner. The main content area is divided into several sections. The 'My Documents' section displays a table of documents created by or shared with the user. The 'My Facilities' section displays a table of facilities for which the user is a signatory. The right sidebar contains user information, roles, and actions.

**MassDEP**

Home About Help Log Out UST Program

User Dashboard Search Facility ID or Name Erin Swallow

Swallow, Erin User Dashboard

Facility Map Search  
Facility List Search  
Third-Party Inspector Search  
Owner/Operator Search ← 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  
purplepimpernel@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

# Creating an Owner/Operator Entity (cont'd)

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](#) [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 Corp	1032 HIGHLAND AVE NEEDHAM, MA 02494	043496457	Private	

Advanced Search

Facility Name

Facility ID

Actions

# 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. Then, you will need to physically mail in a completed “UST/POI – 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**

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  
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

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](mailto: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 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 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:

If a Partnership:


a. ☐ General Partner (if authorized to electronically bind the

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

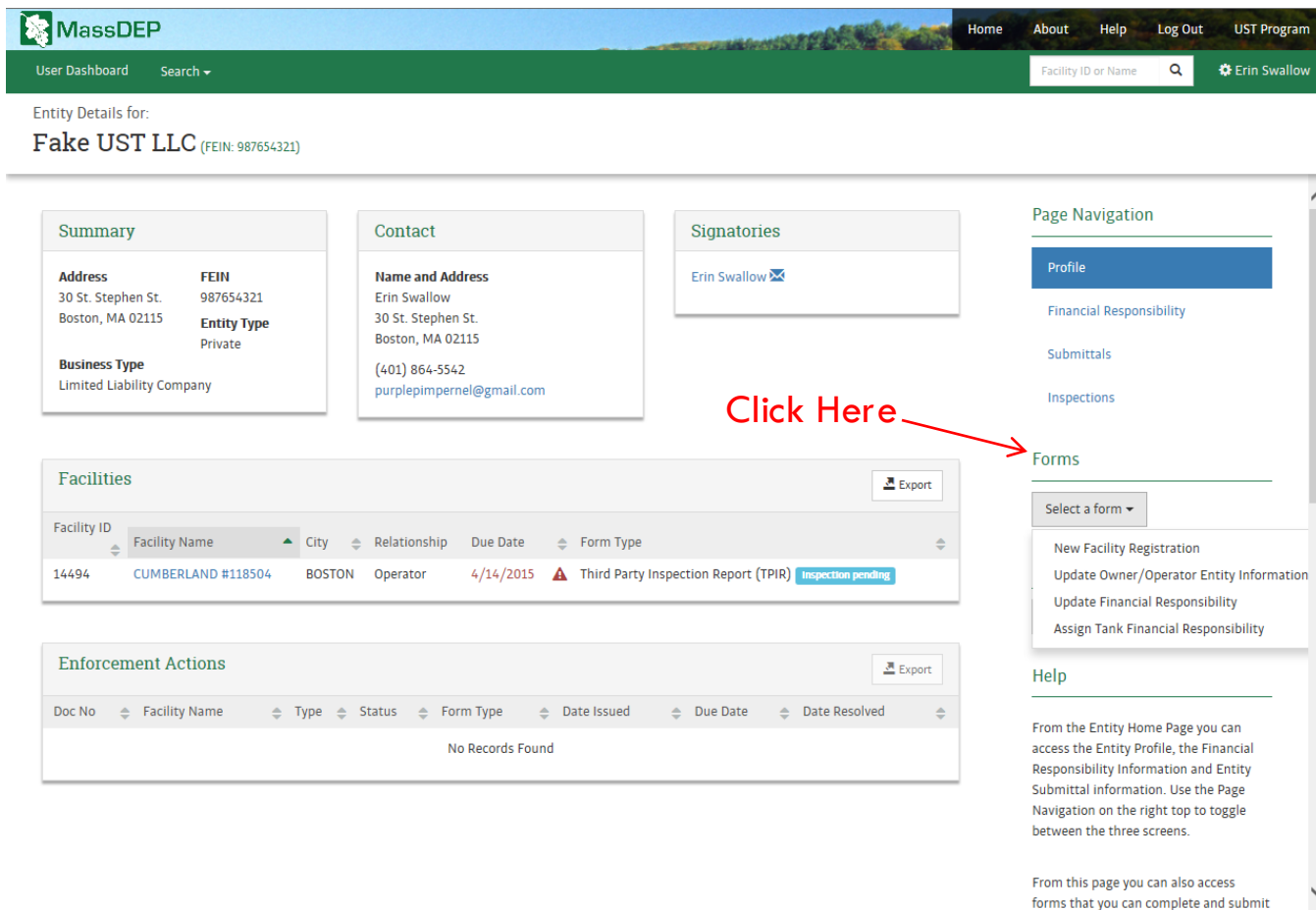
<https://www.mass.gov/doc/form-ustpoi-standard-proof-of-identity-0/download>

# Updating Owner/Operator Entity Information

Wait to complete the following steps until you get an email from [dep.ust@mass.gov](mailto:dep.ust@mass.gov) noting that you have been granted signatory status for your Entity.

Search for your Entity and click  to open the details page

Open the “Update Owner/Operator Entity Information” form



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


- Summary:** Address (30 St. Stephen St., Boston, MA 02115), FEIN (987654321), Entity Type (Private), and Business Type (Limited Liability Company).
- Contact:** Name and Address (Erin Swallow, 30 St. Stephen St., Boston, MA 02115), Phone ((401) 864-5542), and Email (purplepimpernel@gmail.com).
- Signatories:** Erin Swallow (checked).
- Facilities:** A table with columns: Facility ID, Facility Name, City, Relationship, Due Date, Form Type. One record is shown: Facility ID 14494, Facility Name CUMBERLAND #118504, City BOSTON, Relationship Operator, Due Date 4/14/2015, Form Type Third Party Inspection Report (TPIR), and a status of 'Inspection pending'.
- Enforcement Actions:** A table with columns: Doc No, Facility Name, Type, Status, Form Type, Date Issued, Due Date, Date Resolved. It shows 'No Records Found'.

On the right side, there is a **Page Navigation** menu with links to Profile, Financial Responsibility, Submittals, and Inspections. Below this is a **Forms** section with a dropdown menu 'Select a form' and a list of forms: New Facility Registration, Update Owner/Operator Entity Information, Update Financial Responsibility, and Assign Tank Financial Responsibility. A red arrow points from the text 'Click Here' to the 'Update Owner/Operator Entity Information' form.

At the bottom right, there is a **Help** section with text: 'From the Entity Home Page you can access the Entity Profile, the Financial Responsibility Information and Entity Submittal information. Use the Page Navigation on the right top to toggle between the three screens.' and 'From this page you can also access forms that you can complete and submit'.

# Updating Owner/Operator Entity Information (cont'd)

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

 **MassDEP**

HomeAboutHelpLog OutUST Program

User DashboardSearch

Facility ID or Name

Erin Swallow

Update Owner/Operator Entity and FR Information

**Fake UST LLC** Submission ID: 1004644

### Entity Information

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

### Mailing Address

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



# Updating Owner/Operator Entity Information - Financial Responsibility

Financial Responsibility Instruments (also referred to as tank insurance) document the financial resources that would be necessary 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 LLC Submission 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 Draft

Share

Help

Update Owner/Operator Financial Responsibility - FR Instruments

Previous

Next

# Updating Owner/Operator Entity Information – Reviewing and Certifying

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

After you review the information, click “Certify”

Then, complete the next page and click "Certify and Submit" to finalize your submission

**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**

# Changing 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. The main content area is titled "Facility Search" and includes a "Switch to Map Search" button. A table lists various facilities with columns for UST Facility ID, Facility Name, Owner Entity, Street Address, City, and Zip. A red arrow points to the button to the right of the facility name "1177 NORTH MAIN CLINTON MA0057". To the right of the table is an "Advanced Search" sidebar with dropdown menus for Status, Facility Type, Region, Owner Type, Tank Status, Tank Construction Material, Leak Detection, Corrosion Prevention, Contents, and Use.

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

# Changing the Ownership of a Facility

## - Selecting the Form

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**

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

**Owner**

**CRYSTAL GAS INC**


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

Primary Contact for Correspondence

**Operator**

**CRYSTAL GAS INC**

<b>Address</b>	175 CHURCH ST	<b>Contact</b>	?
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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


# Changing the Ownership of a Facility

## – Filling in Entity Information

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**

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

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

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


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

### Form Navigation

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

### Actions

☒ Save Draft

 Share

### Help

Transfer of Ownership Help

Next

# Changing the Ownership of a Facility

## – Filling in Operator Information

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

**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

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

**Entity Address**  
1 Main St.  
Boston, MA 02108

**FEIN**  
678912345

**Operator Contact Information**

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

**Form Navigation**

- ✓ New Facility Owner
- ★ **Facility Operator Information**
- ★ Facility Details
- ★ Assign Tank FR
- ★ Comments

**Actions**

[Save Draft](#) [Share](#)

**Help**


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# Changing the Ownership of a Facility (cont'd)

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

 **MassDEP**

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

Facility ID or Name

[Erin Swallow](#)

Ownership Transfer

**CUMBERLAND FARMS #2057** Submission 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

#### Help


Contents

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# Changing the Ownership of a Facility - Tank Financial Responsibility

Select the appropriate FR Instrument for each tank.

Financial Responsibility Instruments (also referred to as tank insurance) document the financial resources that would be necessary to pay for damage caused by leaking USTs

 **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

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# Changing the Ownership of a Facility

## – Reviewing and Certifying

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

After you review the information, click “Certify”

Then, complete the next page and click “Certify and Submit” to finalize your submission

Submission ID: 1036222

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 fines and imprisonment.

### Submission Agreements

In addition to the above certification, I attest that:

- ☐ I am the owner of the account used to perform the electronic submission and signature.
- ☐ I have the authority to submit the data on behalf of the facility I am representing.
- ☐ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☐ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

### Submission Signature

What is your oldest sibling's birthday month and year? (e.g., January 1900)

Account Password \*

### Form Navigation


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

### Actions

 Share

### Help

Certify Contents

 Certify and Submit

# For Additional Assistance

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

Email us at [dep.ust@mass.gov](mailto:dep.ust@mass.gov)  
Call us at 617-556-1036

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

*Thank you!*