



Massachusetts Department of Environmental Protection
 Bureau of Air & Waste
 Underground Storage Tank (UST) Program
Single-Walled Steel Tank “Out of Service” Notification

UST Facility Name
UST Facility ID #

A. Applicability

1. This Notification applies only to underground single-walled steel tanks (SWSTs) that are taken “out of service” before August 7, 2017.
2. This Notification provides you with a mechanism for obtaining an extension of the deadline for removing a SWST or closing it in place by August 7, 2017, by submitting to MassDEP before that date a fully executed contract for removing the “out of service” SWST between August 8, 2017, and July 1, 2018.

B. Instructions

1. You must remove your SWST or close it in-place on or before August 7, 2017, unless you obtain an extension from MassDEP. Any SWST for which you are granted an extension must be removed or closed in-place on or before July 1, 2018.
2. To obtain an extension, you must take your SWST “out of service” on or before August 7, 2017; submit this Notification to MassDEP within 30 days of the “out of service” date; and submit to MassDEP no later than August 7, 2017, a fully executed (signed) contract for removing the “out of service” SWST or closing it in-place on or before July 1, 2018.
 - You may submit a copy of the fully executed contract to MassDEP after submitting your Notification, but no later than August 7, 2017, to qualify for an extension. When transmitting a copy of your contract to MassDEP, include a copy of this Notification or a new Notification.
 - Documents may be scanned and emailed to dep.ust@state.ma.us or sent by regular mail to:

 MassDEP - UST Program
 One Winter Street, 7th Floor
 Boston, MA 02108
 - MassDEP will not accept any Notifications after September 7, 2017 (i.e. more than 30 days after the “out of service” date for your SWST).
3. If you take a SWST “out of service” and do not remove or close it in place by August 7, 2017, or provide MassDEP with the required fully executed contract, you may be subject to enforcement (which can include fines and penalties).
4. A SWST taken “out of service” after August 7, 2017, will not be eligible for the extended deadline for tank removal or closure in place.
5. Please Note:
 - You must maintain the financial responsibility mechanism(s) covering a SWST that is taken “out of service” until the tank is removed or closed in place.
 - A SWST that is taken “out of service” cannot be returned to service.
 - If this Notification covers more than four SWSTs that have been taken “out of service,” please complete a separate Notification for the additional tanks.

C. Legal Owner of Single-Walled Steel Tank

_____ Entity/Individual Name		
_____ Contact Name	_____ Email Address	
_____ Address 1		
_____ Address 2		
_____ City/Town	_____ State	_____ Zip Code

Note: Enter the Mailing Address of the Owner Entity Contact



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D. Single-Walled Steel Tank Facility Information

Note: Enter the Physical Street Address (no P.O. boxes).

Facility Name _____

Address 1 _____

Address 2 _____

City/Town _____ State MA Zip Code _____

E. "Out of Service" Requirements

	Tank ID	Tank ID	Tank ID	Tank ID
a. Was the tank cleaned, closed and rendered inert in accordance with 310 CMR 80.47?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Was all regulated substance removed from the tank managed per applicable requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Was the fill pipe locked/secured to prevent tampering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are all tank vent lines open and operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you maintained the required financial responsibility per 310 CMR 80.51-80.63?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you maintained records demonstrating compliance with requirements a-e above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. The date the tank was taken out of service (i.e., the date a-d above were completed):	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

F. 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."

I am the Facility's: Owner Operator

Print Name _____

Owner/Operator Entity Name _____

Signature _____

Date Signed (MM/DD/YYYY) _____

Source of Signatory Authority (check only one box):

If a Corporation or Non-Profit Corporation:
 President Secretary Treasurer Vice President*
 Employee of the Corporation*

If a Limited Liability Company (LLC): Authorized Person*

If a Partnership: General Partner*

If a Sole Proprietorship: Proprietor

If a Municipality or Public Agency:
 Principal Executive Officer Ranking Elected Official*

If a Trust: Trustee or Other Person*

**If authorized to bind the organization*