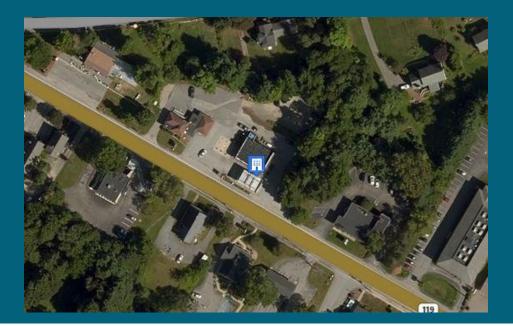
#### MASSACHUSETTS UNDERGROUND STORAGE TANK (UST) DATA MANAGEMENT SYSTEM HOW TO UPDATE YOUR UST FACILITY INFORMATION



#### MassDEP, Bureau of Air and Waste

#### **This Presentation Covers**

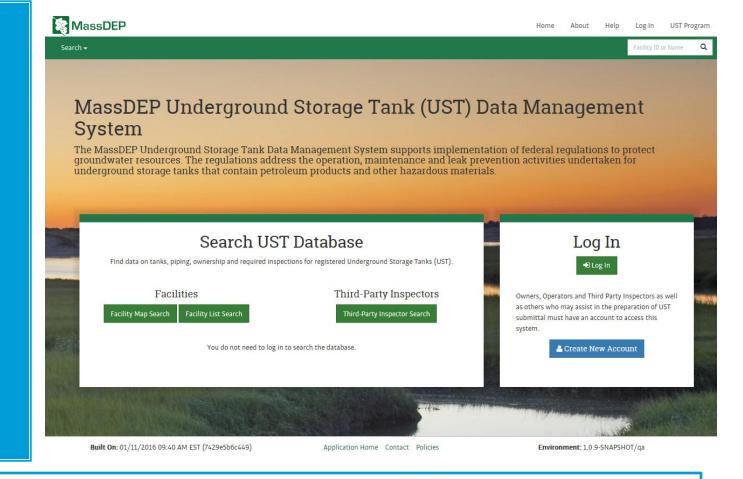
Updating your UST Facility Information:

- 1. Entity level changes that you must do first
- 2. Finding your UST Facility
- 3. Forms for updating your UST Facility Information

4. Submitting forms to the UST Data Management System

#### Log into your user account

You must be logged into your user account in order to update information for your facility



Login at: <a href="https://ma-ust.windsorcloud.com/ust/?0">https://ma-ust.windsorcloud.com/ust/?0</a>

### Find your UST Facility

Choose "Facility List Search" from the "Search" dropdown menu

Search for your facility

Open your "Facility Details Page"

User Dashboard	Search							Erin Swallow
Search for and v Facility S		`Search	dropdown		Switch to Map Search	C /	lick this icon the facility	
ST Facility ID 🌲	Facility Name	Owner Entity 🔶	Street Address 🔶	City	≑ Zip ≑			pug
٩	Cumberland Q	Q	Q		Q		Advanced Search	
4494	CUMBERLAND #118504	CUMBERLAND FARMS	195 MARKET ST	BOSTON	02135	:=	Status Open	× ×
1652	CUMBERLAND #118513	CUMBERLAND FARMS	25 WASHINGTON ST	BROOKLINE	02445	:=	Facility Type Choose One	v
1137	CUMBERLAND FARMS #2501	CUMBERLAND FARMS	200 LOWELL ST	WAKEFIELD	01880		Region	
4493	CUMBERLAND #118503	CUMBERLAND FARMS	1650 COMMONWEALTH AVE	BOSTON	02135	I	Choose One Owner Type	Ŧ
2799	CUMBERLAND #118617	CUMBERLAND FARMS	461 WORCESTER ST	WELLESLEY	02481	I	Choose One	v
939	CUMBERLAND #70042	CUMBERLAND FARMS	368 BROADWAY	SAUGUS	01906	:=	Tank Status Choose One	v
2676	CUMBERLAND #70046	CUMBERLAND FARMS	28 DYKEMAN WAY	STOUGHTON	02072	:=	Tank Construction Material	
1208	CUMBERLAND #70050	CUMBERLAND FARMS	892 LEXINGTON ST	WALTHAM	02451	:=	Choose One	Ŧ
2907	CUMBERLAND FARMS	CUMBERLAND FARMS	90 E GROVE ST	MIDDLEBORO	02346	:=	Choose One	v
1317	CUMBERLAND FARMS #200604	CUMBERLAND FARMS	130 MAIN ST	WAYLAND	01778	:=	Corrosion Prevention Choose One	v
5345	CUMBERLAND FARMS #2153	CUMBERLAND FARMS	115 MENDON ST	HOPEDALE	01747	:=	Contents Choose One	
29	CUMBERLAND FARMS #2471	CUMBERLAND FARMS	4 S MAIN ST	MIDDLETON	01949	:=	Use	Ŧ
202	CUMBERLAND FARMS	CUMBERLAND FARMS	1134 SOUTHAMPTON RD		01085		Choose One	v

#### Review the Owner/Operator Entity Details First

Open your Facility page and Click on the Owner name to review current Entity information

See "Update Owner Information" presentation for more details

er Dashboard Search <del>-</del>			Facility ID or Name Q Erin
tity Details for: ake UST LLC (FEIN: 987654321)			
Summary	Contact	Signatories	Page Navigation
Address FEIN 1 Boston St. 987654321	Name and Address Erin Swallow	Erin Swallow 🖾	Profile
Boston, MA 02108 Entity Type Private	1 Boston St. Boston, MA 02108		Financial Responsibility Submittals
Business Type Limited Liability Company	(123) 456-7890 purplepimpernel@gmail.com		Inspections
To cillator			Forms
Facility ID		A Export	Select a form 🔻
🔶 Facility Name 🔺 Cir		Type 🔶 Party Inspection Report (TPIR) Inspection pending	Request Signatory Rights
			Request Signatory Rights
Enforcement Actions		A Export	Help
Doc No 🚖 Facility Name 🚖 Type	e 🚖 Status 🚖 Form Type 🛛 🖨 Date Issu	ed 💠 Due Date 💠 Date Resolved 💠	From the Entity Home Page you can
	No Records Found		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.
			From this page you can also access

Open the Facility Details page

Click "Select Forms" and choose which form is needed to update your information

ser Dashboar	d Search <del>+</del>			and the second		Facility ID or Name 🔍 🔅 Erin Sw
cility detai U <mark>M</mark> BE	s for: RLAND #118	8 <mark>504</mark> (UST	Facility ID: #14494)			
Facility	Info				^	Page Navigation
Address	195 MARKET ST	Туре	Retail Motor	St		Profile
Region	BOSTON, MA 02135 Northeast Regional Office	Owner	Vehicle Fuel Dispensing Limited Liability	Pinter and		Submittals
FMF Number	475814	Type Phone	Company	20	NR	Inspections Ownership History
Owner					all a	Forms
				CVS/pharmacy	H IR . Th	Select a form 👻
CUMBER Address	100 CROSSING	Contact	Erin Swallow			Update Operator Registration
Address	BOULEVARD FRAMINGHAM, MA	Address	30 St. Stephen St. Boston, MA 02115	THE REAL		Update Facility Registration Tank Status Changes
	01702	Phone	(401) 539-4058			Update Tank/Piping/Components Regi
Date	3/29/1995				/	Ownership Transfer Compliance Certification
Ownership	0			Clic	k here	Compliance Certification RTC Plan
						Third Party Inspection Report (TPIR)
Operato	r					the right to toggle between the two screens. The print report button,
Fake UST	LLC					accessible from both pages, prints or downloads a PDF report that is a
	1 Boston St.	Contact	Erin Swallow			summary of both the Profile and

Update Facility Registration form lets you change facility name, type and address

lassDEP		-	Home	About He	elp Log Out	UST Progra
Dashboard Search <del>-</del>				Facility ID or N	lame <b>Q</b>	🔅 Erin Swall
te Facility Registration MBERLAND #118504 Submission ID: 1004672						
Facility Information			^	Form Navigat	ion	
Facility Name *	Date of Ownership *			🖈 Facil	ity Details	
CUMBERLAND #118504	3/29/1995			🛠 Com	ments	
Facility Type *				Actions		
Retail Motor Vehicle Fuel Dispensing		Y		🕑 Save Dra	ft 🕑 Share	
Facility Street Address       Address 1*       195 MARKET ST			l	Use this form to o changes in Facilit contact informat asterisk are requi	y name, type, a on. Fields mark	nd address or
Address 2				Once the edits ha	ve been made,	
City *	State *			the draft with the action buttons to	the right. If the	person prepar
BOSTON	Massachusetts	v		the edits is also t Certify button on	the Review scr	een to proceed
T + *	Phone Number *			directly to the Ce form can be subn		t page, where t
Zip Code *						

Update Operator Registration form lets you update the operator entity and contact

You can also authorize the operator to sign forms for the facility using this form

MassDEP		Home	About	Help	Log Out	UST Program
Dashboard Search <del>-</del>			Facility	ID or Name	Q	🛱 Erin Swallow
nte Operator Registration	04673					
Operator Entity Information		^	Form Na	vigation		
Entity Name *			☆	Facility O	perator Inf	ormation
Fake UST LLC	Y					
Entity Address	If the operator is not found in the drop-down, you can add a new operator.		*	Commen	ts	
1 Boston St. Boston, MA 02108			Actions			
FEIN			🕑 Sa	ve Draft	C Share	
987654321			Help			
Operator Contact Information			informatio	n, including		egistration s to contact iling addresses).
Contact Name and Address Erin Swallow 1 Boston St.	Phone Number (123) 456-7890	ł	Items mark	ced with an to add a ne	asterisk mu w operator,	st be completed please click on
Boston, MA 02108	Email purplepimpernel@gmail.com					
Operator Authorization						
Does this operator entity have rights to submit repo	rts on behalf of this entity? *	~				
	► N	evt				

Tank Status Change form lets you change the status of your USTs: in use, closure in place, removed, or temporarily out of service

ank Status Changes	D #118504 Submission ID: 100	4674					
				Form Na	vigation		
	Select one or more tank(	(s) for which status y	ou would like to update.	*	Change o	f Tank Sta	tus
		✦ Select Tanks		☆	Comment	ts	
			 Actions				
				🕑 Sa	ve Draft	C Share	
				Help			
				The term s	m you can c tatus relates (e.g. "in use	s to the ope	ertaing conc

Update Tank/Piping/ Components Registration allows you to add or update the UST system components

JMBERLAI	ND #118504 Submis	sion ID: 1004677						
					Form N	lavigation		
	Select the tan	k(s) you would like	to update, or a	dd a new tank.	*	Tanks		
		C Select Existing Tank	+ Add New Tank		*	Dispense	rs	
					*	Commen	ts	
					Action	5		
					C	Save Draft	C Share	
					Help			
					Contents			

Ownership Transfer form lets you change the ownership of an existing UST Facility from one existing Owner/Oper ator Entity to another

RassDEP	Home About Help Log Out UST Program
User Dashboard Search 🗸	Facility ID or Name 🔍 🖨 Erin Swallow
Ownership Transfer CUMBERLAND #118504 Submission ID: 1004678	
New Owner Entity Information	Form Navigation
Entity Name *	🖈 New Facility Owner
Choose One	▼ Facility Operator Information
Entity Address	🖈 🛛 Facility Details
FEIN	🛪 Assign Tank FR
	🖈 Comments
Owner Contact Information	Actions
Contact Name and Address Phone Number	Save Draft C Share
Eindi	Help
	Transfer of Ownership Help

Next

#### Form Navigation

Complete each page of every form

A red asterisk indicates mandatory information

Click "Next" to move through the forms pages

A red triangle indicates the form is missing mandatory information

		lugitaritar interiori inf	
Update Tank/Piping/Components Regist		Indicates missing inf	
CUMBERLAND #118504	Submission ID: 1004690	"Tanks" page of for	m 🔨
			Form Navigation
		anks subject to 310 CMR 80.00 (undergroun	d A Tanks
storage tanks only - no above ground tanks).		🖈 Dispensers	
	🕂 Add Disper	nser	🛠 Comments
	tes missing		Actions
▲ Dispenser #1 ★ inform	ation		Save Draft
Owner Dispenser Number			G save brait C share
			Help
Is the dispenser equipped with a dispe	nser sump? *		Contents
Choose One			v
Is the dispenser sump equipped with a	sump sensor continuously monitored	d for liquids? *	
Choose One			*

#### Form Navigation

"Save Draft" lets you save your progress on your user dashboard

"Share" lets you give the form to other UST DMS users to edit, review or sign

		Form Navigation
Please enter all disper	nsers that are associated with tanks subject to 310 CMR 80.00 (underg storage tanks only - no above ground tanks).	
Add Dispenser		<ul> <li>★ Dispensers</li> <li>★ Comments</li> </ul>
A Dispenser #1 🗙		Actions C Save Draft C Share
Owner Dispenser Number		Help
Is the dispenser equipped with a	a dispenser sump? *	Contents
Choose One Is the dispenser sump equipped	with a sump sensor continuously monitored for liquids? *	Save Draft
Choose One		& Share

#### Form Navigation

On the last page of the form, click "Review"

Check your responses, then click "Certify"

Clicking certify locks your form – you will not be able to edit it

MassDEP	Contraction State Contraction	Home	About Help	Log Out	
iser Dashboard Search <del>+</del>			Facility ID or Name	٩	🗘 Erin Sw
Ipdate Operator Registration CUMBERLAND #118504 Submission ID: 1004694					
<b>****************************</b>					
Comments			Form Navigation		
			✓ Facility 0	perator In	formation
			🖈 Commer	its	
			Actions		
			Save Draft	C Share	1
			Help		
			Contents		
		_			
		Review			
		↓			
		→ Review			
//massdep-把把玩研报s81/ibuff20m和路台提升// EST (7429e5b6c449)	Application Home Contact Policies	Enviror	nment: 1.0.9-SNAPSHO	)T/qa	

# Signing & Submitting Forms

After you click certify, you can choose how to sign your form

Click "Download" to download, print, and mail in the signature page

Click "Share" to forward the form to someone else to sign and submit

Jser Dashboard Search - Iwnership Transfer CUMBERLAND FARMS #2057 Submission ID: 1004652	Facility ID or Name Q & Frin Swallow
<b>Signatory rights required</b> Only authorized signatories can submit this form. Please choose from <b>one</b> of the following options:	<ul> <li>Form Navigation</li> <li>New Facility Owner</li> <li>Facility Operator Information</li> </ul>
<ol> <li>Share this form with a user that has signatory rights.</li> <li>Share</li> <li>Download, sign and mail a hardcopy of this form to Mass DEP.</li> </ol>	<ul> <li>Facility Details</li> <li>Assign Tank FR</li> <li>Comments</li> </ul>
<b>≵</b> Download	Actions C Share Help
	Certify Contents

#### Where to Send Signatures

# Send all Attestation Pages to:

MassDEP Underground Storage Tank Program 1 Winter St – 7<sup>th</sup> 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):\_\_\_\_\_\_

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:	If a Partnership:
President	<ul> <li>General partner (if authorized to bind the company)</li> </ul>
<ul> <li>Secretary</li> </ul>	
Treasurer	If Sole Proprietorship:
Vice President	Proprietor
<ul> <li>Employee of the corporation (if authorized to bind the</li> </ul>	
corporation	
	If Municipality or Public Agency:
If a Limited Liability Company:	<ul> <li>Principal Executive Officer</li> </ul>

## Signing Forms Electronically

Signatories can sign forms electronically

Check all 4 Submission agreement boxes

Answer your security question

Type in your password

Click "Certify and Submit

MassDEP	Home	e About	Help	Log Out	UST Program			
User Dashboard Search +		Facility	ID or Name	۹	Erin Swallow			
Update Operator Registration CUMBERLAND #118504 Submission ID: 1004694								
Submission ID: 1004694 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather 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 fine and imprisonment for knowing violations.	^	^	^	Form Nat	-	lity Operator Information		
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.		Actions Certify Cont						
<ul> <li>I have the authority to submit the data on behavior the facility rain representing.</li> <li>I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.</li> <li>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.</li> </ul>								
Submission Signature What street did you live on in third grade?	~							
€ Certify and	d Submit							
Built On: 01/11/2016 09:40 AM EST (7429e5b6c449) Application Home Contact Policies	Envir	onment: 1.0.9	-SNAPSHOT	/qa				

## Signing Forms Electronically

In order to become an electronic signatory, you must create a user account, and an owner entity record. Then submit a "UST/POI Standard Proof of **Identity Form**"

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	_	٦
5	1	4
	X	X

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.

- 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	<ol> <li>This Entity is the          Owner          Operator         Opon ot enter a Social Security Number here. If you do not have an         FEIN, contact <u>dep ust@state ma us</u> for assistance.     </li> </ol>						
3. Federal Employee Identification Number (FEIN)*							
4. Mailing Address							
5. City/Town	6. State	7. Zip Code					
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:
- b. Secretary

Β.

- If a Partnership:
- g. General Partner (if authorized to contractually bind the partnership)

If a Cala Drapriatarabi

You can find a **UST Standard** Proof of Identity Form at: http://www.m ass.gov/eeg/ docs/dep/tox <u>ics/approvals</u> <u>/ust-poi.pdf</u>

#### For Additional Assistance

Email 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!