



*Commonwealth of Massachusetts - Department of Fire Services
Executive Office of Public Safety - UST Regulatory Compliance Unit*

Notification for Removal or Closure of In Place Storage Tanks Regulated Under 527 CMR 9.00

Forward completed form, signed by local fire department, to: **Mass. UST Compliance Unit, Dept. of Fire Services, P.O. Box 1025 - State Road, Stow, MA 01775**

Telephone (978) 567-3710

(Fire Department retains one copy of FP-290R)

Fire Dept. Use Only

Date Received: _____
Fire Dept. ID# _____
Fire Dept. Sig. _____

This form is to be used for notification for removal of Underground Storage Tanks/Piping.

If a storage facility has UST's which are to remain in use, an entire amended FP-290 (long form) must be filed.

Note: "Facility street address" must include both a street number and a street name. Post office box numbers are not acceptable, and will cause a registration to be returned. If geographic location of facility is not provided, please indicate distance and direction from closest intersection, e.g., (facility at 199 North Street is located) **400 yards southeast of Commons Road** (intersection).

State Use Only

A. Facility Number _____
B. Date Entered _____
C. Clerk's Initials _____
D. Comments _____

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Street Address

City _____ State _____ Zip Code _____

County _____

Phone Number (include Area Code) _____ Owner's Employer Federal ID # _____

II. LOCATION OF TANK(S)

If known, give the geographic location of tanks by degrees, minutes, and seconds. Example: Lat. 42, 36, 12 N Long. 85, 24, 17W

Latitude _____ Longitude _____

Distance and direction from closest intersection (see note above) _____

Facility Name or Company Site Identifier, as applicable _____

Street Address (P.O. Box not acceptable - see note above) _____

City _____ State _____ Zip Code _____

County _____

III. TANKS/PIPING REMOVED OR FILLED IN PLACE

Tank Number	Tank No. _____				
1. Tank/Piping removed or filled in place (mark all that apply)					
A. Substance last stored	<input type="checkbox"/>				
B. Tank capacity gallons	_____	_____	_____	_____	_____
C. Estimated date last used (mo./day/yr.)	_____	_____	_____	_____	_____
D. Estimated date of removal (mo./day/yr.)	_____	_____	_____	_____	_____
E. Tank was removed from ground	<input type="checkbox"/>				
F. Tank was not removed from ground	<input type="checkbox"/>				
Tank was filled with inert material	<input type="checkbox"/>				
Describe material used:	_____	_____	_____	_____	_____
G. Piping was removed from ground	<input type="checkbox"/>				
H. Piping was not removed from ground	<input type="checkbox"/>				
I. Other, please specify	_____	_____	_____	_____	_____

Tank Number (cont.)	Tank No. _____				
2. Tank closed in accordance with 527 CMR 9.00	Yes No				
A. Evidence of leak detected	Yes No				
B. Mass. DEP notified	Yes No				
1. Mass. DEP tracking number	_____	_____	_____	_____	_____
2. Agency or company performing contamination assessment *	_____	_____	_____	_____	_____
*527 CMR 9.07 (J), see "Commonwealth of Massachusetts, Underground Storage Tank Closure Assessment Manual" April 9, 1996 DEP Policy #WSC-402-96					

I declare under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print) _____	Signature: _____	Date: _____
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