



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

Tank Number (cont.)	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
2. Tank closed in accordance with 527 CMR 9.00 A. Evidence of leak detected B. Mass. DEP notified 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	<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 <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 <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    	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No    
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:   	