

Appendix 1R - Renewal Application for Certificate of Compliance for Dispensing Facilities

THE COMMONWEALTH OF MASSACHUSETTS

Department of Revenue
Underground Storage Tank Board
100 Cambridge Street, 7th Floor – P.O. Box 9563
Boston, MA 02114

RENEWAL APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR DISPENSING FACILITIES

I. INSTRUCTIONS

Please type or print in ink and sign the owner/operator certification on the reverse side. **A copy of the current Facility Detail Report from MassDEP's online UST Data Management System (DMS) must accompany this application. Please note that the facility owner identified in Section II below must match the information in the MassDEP UST DMS.** Also enclose a copy of:

- (1) If a Marina, a Marine Fueling Permit (FP-294)
- (2) Applicable current testing reports (cathodic protection, product line, line leak detector, etc.). See below.

Note: The UST Program encourages you to use our internet based "eUST" application to submit and manage your Certificate of Compliance (COC) Renewal Application in lieu of this form. Please visit our website for more information: www.mass.gov/ust

II. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, or Other Entity)

Street Address

City State Zip

Mail Address if Different from Street Address

Phone Number (Include Area Code)

III. LOCATION OF TANK(S)

Facility Name (Corporation, Individual, or Other Entity)

Street Address (P.O. Box not acceptable)

City State Zip

County

Phone Number (include Area Code)

IV. GENERAL – UST Facility Identification / COC Number: _____

- Facility Detail Report attached?
Marine Fueling Permit attached? Not Applicable

V. UST COMPLIANCE TESTING

Cathodic Protection System Testing: Check applicable box

- Not Applicable - UST system is Fiberglass, Composite, etc.
 Sacrificial Anode System (If selected, please check the applicable testing frequency below)
 Annual test report (-0.85 V to -0.90 V) **or** 3-yr test (> -0.90 V) Attach report.
 Impressed Current System - Attach annual test survey report.

Product Piping Test Report: Check applicable box

- Pressurized - Attach annual line and line leak detector test report.
 Pressurized equipped with interstitial monitoring - Attach annual line leak detector test report.
 Suction, check valve at tank - Attach 3-year test report (No test required if equipped with interstitial monitor)
 Suction, check valve at dispenser only, none at tank– No test required.

Note: Failure to provide applicable test reports may result in disapproval of this COC renewal application and the possible revocation of the current existing COC for Failure to Properly Renew.

Appendix 1R, continued

VI. CERTIFICATION

Owner/Operator Certification

I certify to the best of my knowledge and belief that this Dispensing Facility and UST System is in Full Compliance with the provisions of 310 CMR 80.00, 503 CMR 2.00 and M.G.L. Chapter 21J. I hereby consent to all audits of any payments, submissions to the Board, and inspections made pursuant to law and incidental to the issuance of licenses, registrations, permits, certificates and the operation of this UST System. I further certify that I am authorized to execute this form. I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Check One: **Owner** **Owner/Operator Signature:** _____ **Date:** _____
 Operator

Professional Engineer Certification – Substantial Modification of UST System

I certify that all UST System testing, leak detection, corrosion protection, spill containment and overfill prevention meets the requirements of 310 CMR 80.00 for this type of UST System as documented on the Facility Detail Report. I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given in the above certification are true.

Professional Engineer Certification is required if a substantial modification (e.g. install/remove tank and/or piping) has occurred since the issuance of the current COC. (For details, refer to 503 CMR 2.07(2)(d)(2)).

Signature: _____ **Date:** _____

Name, Address, and Mass. P.E. Reg. #

P.E. Stamp (required)

**THIS SECTION FOR
DOR OFFICE USE ONLY**

Reviewer initials: _____

Date Stamp

Was owner/operator contacted for clarification? Yes No

Findings: _____

Facility Detail Report current? Yes No

Testing/TPI reviewed? Yes No

Annual tank fees billed & current? Yes No

APPROVED

**DISAPPROVED/REVOKED FOR FAILURE TO PROPERLY
RENEW**

Name _____

Reason for Disapproval: _____

Title _____