



Stage I Form F

Stage I System Closure Notification

B. Stage I System Tank Closure Status

1. **Type of Storage Tank System:**

- a. Underground Storage Tank (UST)? Yes No (If Yes, go to question 2.)
- b. Aboveground Storage Tank (AST)? Yes No (If Yes, skip to question 5.)
- c. Mobile Tank Truck (MTT)? Yes No (If Yes, skip to question 6.)

2. **Stage I System Underground Storage Tank (UST) Status:**

Please Note: To determine correct tank status (for 2 a., b., & c.) please refer to the MassDEP UST regulation 310 CMR 80.00 (80.41 - 80.43): <http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

Please answer “Yes” to **ONE** of the following: **a, b, c, or d.**

- a. Are **all** gasoline tanks **removed**? Yes No
- b. Are **all** gasoline tanks **temporarily out of service**? Yes No
- c. Are **all** gasoline tanks **permanently closed in place**? Yes No
- d. Are **all** gasoline tanks converted to a **fuel other than gasoline**? Yes No

For questions 2. a-d indicate date UST status changed: ____ / ____ / ____

3. **Permanently Closing UST Systems in Place:**

A UST system can be **permanently closed in place** for the following two scenarios (310 CMR 80.43(3)):

- a. The UST system is located under a building and cannot be removed without first removing the building; **or**
- b. The UST System is located so that it cannot be removed without endangering the structural integrity of another UST system, structure, underground piping, or underground utilities.

For more information regarding USTs that are Permanently Closed in Place please refer to the UST Program “Frequently Asked Questions: 310 CMR 80.00”, which can be accessed at the following UST Program Website link: <http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

4. **UST Online Filing Data Management System:**

- a. If **all** gasoline tanks are **temporarily out of service, permanently closed in place, removed, or converted to a fuel other than gasoline**, have you updated the status of each UST in the MassDEP UST Online Filing Data Management System?

Yes No

If **NO**, you are required to update the status of all USTs in the MassDEP UST Online Filing Data Management System within 30 days. The UST data management system can be accessed at the following UST program website link:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>



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B. Stage I System Tank Closure Status (cont.)

5. Stage I System Aboveground Storage Tank (AST) Status:

Please answer "Yes" to **ONE** of the following: a, b, c, or d.

- a. Stage I AST been **removed** from this facility? Yes No
- b. Stage I AST been taken **temporarily out of service** at this facility? Yes No
- c. Stage I AST been taken **permanently out of service** at this facility? Yes No
- d. Stage I AST been converted to a **fuel other than gasoline**? Yes No

For questions 5. a-d indicate date AST status changed: ____ / ____ / ____

Please contact your local fire department for regulations and other forms applicable to ASTs.

6. Stage I System Mobile Tank Truck (MTT) Status:

Please answer "Yes" to **ONE** of the following: a, b, c, or d.

- a. Stage I MTT been **removed** from this facility? Yes No
- b. Stage I MTT been taken **temporarily out of service** at this facility? Yes No
- c. Stage I MTT been taken **permanently out of service** at this facility and has the Stage I dispensing equipment been removed? Yes No
- d. Stage I MTT been converted to a **fuel other than gasoline**? Yes No

For questions 6. a-d indicate date MTT status changed: ____ / ____ / ____

Please contact your local fire department for any additional forms or regulations applicable to MTT's.

7. **Please Note:** Stage I Systems that are **Temporarily Out of Service (TOS)** are still **ACTIVE** Stage I accounts and your facility will continue to receive an:

- Annual MassDEP Stage I Fuel Dispensing Facility Compliance fee since TOS facilities are subject to the annual compliance fee.
- For additional requirements for Stage I Systems that are temporarily out of service please refer to Stage I Regulation 310 CMR 7.24(3)(f)3.

<http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>



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C. Future Facility Use

1. If the gasoline tanks were removed will **new gasoline tanks be installed?** Yes No

If **YES** when are the new tanks scheduled to be installed? ____ / ____ / ____

If **NO**, proceed to question, C.2.

If new **USTs, ASTs, or MTTs** are installed a **Stage I Form A** must be submitted to MassDEP within 7 days of passing all Stage I tests.

If new **USTs** are installed you are required to register the new USTs in the MassDEP UST Online Filing Data Management System within 30 days. The UST data management system can be accessed at the following UST Program website link:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

2. Will the facility referenced in this Notification continue to be used for another business operation that is regulated by MassDEP? (new gas station, auto repair, auto body, car wash, etc.)

Yes No

If **YES**, please specify: _____

3. Has the referenced facility been sold or leased to a new facility owner/lessee? Yes No

If **YES**, please provide the following new facility owner/lessee information:

Name of New Facility Owner/Lessee

Phone Number

Company Name and/or Facility Name

Mailing Address

City/Town

State

Zip Code

Email Address

4. What is the **effective date** the new facility owner/lessee took control of the referenced facility? ____ / ____ / ____



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D. Compliance Certification

I certify that, where I have indicated that I am the Stage I System Responsible Official, **(a)** I have personally examined the foregoing and am familiar with the information contained 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; and **(b)** I am fully authorized to make this attestation on behalf of the facility.

Printed Name of Stage I Responsible Official #1

Signature of Stage I Responsible Official #1

Date

Printed Name of Stage I Responsible Official #2

Signature of Stage I Responsible Official #2

Date