



Massachusetts Department of Environmental Protection
 Bureau of Air & Waste
 Underground Storage Tank (UST) Program
UST/CC – Compliance Certification

 UST Facility Name

 UST Facility ID #

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Owner or Operator of Tank System(s)

 a. Individual/Entity Name

 b. Contact Name

 c. Contact Email Address

 d. Address 1 – Note: Enter Mailing Address of the Contact

 e. Address 2

 f. City/Town

 g. State

 h. Zip Code

B. Facility Information

 a. Facility Name

 b. Address 1 – Note: Enter Physical Street Address (No P.O. Boxes).

 c. Address 2

 d. City/Town

 e. State

 f. Zip Code

C. Compliance Status

Note:

If you check No for any requirement, **you must describe the steps you will take to return to compliance** and affirmatively indicate that you will do so within 30 days of the date on which you submit this certification. **If you are unable to meet this timeline,** you must contact MassDEP at dep.ust@state.ma.us or 617-556-1035 to obtain an extension AND submit a completed **UST/RTC Return to Compliance Form** no later than your new deadline.

Applicable Requirement(s)	In Compliance?	Describe Steps for Returning to Compliance	Will Comply Within 30 Days?
1. Tank System Registration			
a. Registered with MassDEP	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Financial Responsibility			
a. Required Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Tank System Component Operation & Maintenance			
a. Leak Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Cathodic Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c. Sump Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
d. Spill Buckets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Overfill Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Recordkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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C. Compliance Status (continued)

Note:

If you check No for any requirement, **you must describe the steps you will take to return to compliance** and affirmatively indicate that you will do so within 30 days of the date on which you submit this certification. **If you are unable to meet this timeline**, you must contact MassDEP at dep.ust@state.ma.us or 617-556-1035 to obtain an extension AND submit a completed **UST8 Return to Compliance Form** no later than your new deadline.

Applicable Requirement(s)	In Compliance?	Describe Steps for Returning to Compliance	Will Comply Within 30 Days?
4. Tank Leak Detection			
a. Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Recordkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Piping Leak Detection			
a. Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Recordkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Turbine, Intermediate & Dispenser Sumps			
a. Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Recordkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Inspection Requirements			
a. Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Recordkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes:

Forms may be scanned and submitted electronically to: dep.ust@state.ma.us

D. Certification Statement

"I certify under penalty of law that I have personally examined and am familiar with the information submitted 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."

1. Print First Name of Owner/Operator _____
2. Print Last Name of Owner/Operator _____
3. Signature of Owner/Operator _____
4. Date Signed (MM/DD/YYYY) _____