



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, One Ashburton Place - Room 1310, Boston, MA 02108-1618**

Telephone (617) 727-8500

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

Fire Dept. Use Only

Date Received: 11/15/01
 Fire Dept. ID# 17274
 Fire Dept. Sig. Trsp James Wright

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.

State Use Only

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

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).

I. OWNERSHIP OF TANK(S)

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

Stephen L. Gangi

Commercial Printing, Inc.

Street Address
17 Kensington Avenue

Somerville MA 02143

City Suffolk State Zip Code

County (617) 776-6071 042 886 911

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 _____
2501 Feet Northeast of Broadway
 Distance and direction from closest intersection (see note above)

Gangi Printing, Inc.

Facility Name or Company Site identifier, as applicable

17 Kensington Avenue

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

Somerville MA 02143

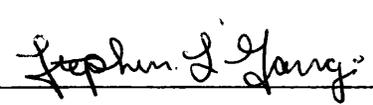
City Suffolk State Zip Code

III. TANKS/PIPING REMOVED OR FILLED IN PLACE

Tank Number	Tank No. <u>1</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Tank/Piping removed or filled in place (mark all that apply)					
A. Substance last stored	<u>No. 6</u>				
B. Tank capacity gallons	<u>2,200</u>				
C. Estimated date last used (mo./day/yr.)					
D. Estimated date of removal (mo./day/yr.)	<u>09/27/01</u> 07/20/01				
E. Tank was removed from ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Tank was not removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank was filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe material used:					
G. Piping was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Piping was not removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Other, please specify <u>previously removed</u>	<input checked="" type="checkbox"/>				

Tank Number (cont.)	Tank No. <u>1</u>	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 * <small>*527 CMR 9.07 (J), see "Commonwealth of Massachusetts, Underground Storage Tank Closure Assessment Manual" April 9, 1996 DEP Policy #WSC-402-96</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Shivenell</u> <u>Gallen +</u> <u>Associates, Inc.</u>	<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) STEPHEN L. GANGI <u>PRESIDENT / OWNER</u>	Signature: 	Date: <u>9/26/01</u>
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