

WESTON FIRE DEPARTMENT

GUIDELINES FOR FUEL STORAGE TANK REMOVALS

- 1.) Any person, firm or corporation engaged in the removal of an above ground or underground storage tank (UST) Shall obtain a permit to remove the tank from the Weston Fire Department.

Such person, firm or corporation should be familiar with the following laws and regulations;

- a.) Massachusetts General Laws Chapter 148, Sec. 38A
- b.) 310 Commonwealth of Massachusetts Regulation 30.00
- c.) 502 Commonwealth of Massachusetts Regulation 3.00
- d.) 527 Commonwealth of Massachusetts Regulation 9.00

- 2.) An Application to Remove Form and Form FP 292 must be filled out at Fire Headquarters. The Following information will be needed to complete this application;

- a.) Dig Safe Number for location for removal (underground tanks only)
- b.) A copy of the applicable Commonwealth of Massachusetts DEP Hazardous Waste Manifest
OR
A Copy of the applicable Commonwealth of Massachusetts DEP Low Rate Hazardous Waste Generator Form.
- c.) Name of, address and number of the Approved Tank yard where the tank is going to be transported to for disposal. Above ground tanks may be disposed of at a salvage or scrap yard.)
- d.) Tank capacity and name of the product stored in the tank.

- 3.) Regulations require that product and tank be disposed of at the owners expense as directed in all applicable regulations and statutes. All product and tank residue is a hazardous waste and shall be removed form the tank prior to removal and disposed of only be a licensed hazardous waste or waste oil transporter.
- 4.) The Weston Fire Department shall be notified at least (2) hours prior to the actual removal of the tank from the excavation. No underground tank shall be removed unless a representative of the Weston Fire Department is on site.

In the case of above ground tanks, the fire department shall be contacted when the work is complete to verify that the tank and all associated piping has been removed.

- 5.) Tanks removed shall not be cut up on site prior to transport to the Approved Tank Yard for disposal. All UST's removed from the ground must be transported from the Town on the same day that they are removed.
- 6.) A receipt of disposal signed by the representative of the Approved Tank or salvage yard (Form FP 291) shall be forwarded to the Weston Fire Department within seventy-two (72) hours of the tanks removal.
- 7.) The person, firm or corporation to whom the permit is issued is responsible for the removal and disposal of all product, tank residue, and tank in strict accordance with all applicable statues, laws and regulations. You are responsible for any and all violations. Additional requirements my be added based on conditions which may arise at the removal site.

**TOWN OF
WESTON**

Fire Department

394 Boston Post Road
Weston MA 02493-1512
(781)786-6102

Application to Remove Fuel Storage Tank

Company Name:

Company Address: ,

Company Cell Telephone: Fax:

Location of Tank Removal: , Weston MA 02493

Tank Owner:

My company hereby submits Commonwealth of Massachusetts DEP Hazardous Waste
Manifest Number:

Or

Copy of Commonwealth of Massachusetts DEP Low Rate Hazardous Waste Generator Registration
Form Number:

Dig Safe Number: (Required for underground tanks)

SIGNATURE OF APPLICANT: _____

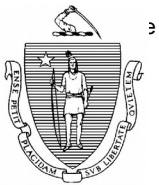
PRINTED NAME OF APPLICANT: _____

Office Use Only

Permit #: Date: By:

Dig Safe Verified: Manifest / Registration:

Tank Card Returned:



Make application to local Fire Department.
 Department retains original application and issues duplicate as Permit.



The Commonwealth of Massachusetts
 Department of Fire Services – Office of the State Fire Marshal
 P.O. Box 1025, State Road, Stow MA 01775

FUEL STORAGE TANK REMOVAL APPLICATION and PERMIT

Fee: \$

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMP 9.00, application is hereby made by:

Tank Owner	
Tank Owner Name:	x _____ <i>Signature (if applying for permit)</i>
Address: ,	
Removal Contractor	Contamination Assessment
Company Name:	Co. or Individual:
Address:	Address:
Signature (if applying for permit) _____	Signature (if applying for permit) _____
IFCI Certified Other:	IFCI Certified * LSP # Other:
Tank Information	
Tank Location: , Weston MA	
Tank Capacity (gallons):	Substance Last Stored:
Tank Dimensions (diameter x length): x	
Remarks:	
Disposal Information	
Firm transporting waste:	State Lic. #:
Hazardous waste manifest #:	E.P.A. #:
Approved tank disposal yard:	Tank yard #:
Type of inert gas:	Tank yard address:
Approvals	
City or Town: Weston MA	FDID#: 17333 Permit #:
Date of issue:	Date of expiration:
Dig Safe approval number:	Trenching Permit #:
Signature / Title of Officer granting permit: _____	

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290 or Form FP290R signed by the local Fire Department to MassDEP, Bureau of Waste Prevention UST Program, PO Box 120-0165, Boston MA 02112-0165.

* International Fire Code Institute