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| UST-15AFOR TANKS IN**NC** | **OWNERSHIP OF UST SYSTEM(S)** |
| **RETURN****COMPLETED****UST-15A FORM****TO:** | **NC DEPARTMENT OF ENVIRONMENTAL QUALITY****DIVISION OF WASTE MANAGEMENT / UST SECTION****1646 MAIL SERVICE CENTER****RALEIGH, NC 27699-1646****ATTN: REGISTRATION & PERMITTING****(919) 707-8171, option 1**UST.Permits@deq.nc.gov |
| **I. INSTRUCTIONS** |
| \*Pursuant to NCGS 143-215.94A and 15A NCAC 2N .0203, **owner** means: “any person who owns a UST system used for storage, use, or dispensing of regulated substances."If signing as an officer of a corporation, representative of a public agency, administrator of an estate, or as having power of attorney, you must provide a copy of the legal document that proves you can legally sign in such capacity |
| **II. OWNER\* OF UST SYSTEM(S)** | **III. LOCATION OF UST SYSTEM(S)** |
| Name of Corporation, Individual, Public Agency, or Other Entity      | Facility Name      |
| Street Address       | Street Address      |
| City      | County       | City      | County      |
| State   | Zip Code      | State   | Zip Code      |
| Area Code Phone Number(   )       | Area Code Phone Number(   )       |
| Email Address      | Facility ID# (if known)       |
| Printed name of owner of UST systems       Signature of owner of UST systems       Date signed      Date ownership began       | [ ]  Check if UST owner owns the property where the USTs are located       Number of small (≤ 3,500 gallons) tanks located at this facility      Number of large (>3,500 gallons) tanks located at this facility |
| **IV. NOTARY ACKNOWLEDGEMENT FOR OWNER OF UST SYSTEM(S)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CountyI, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the dueexecution of the foregoing instrument.Witness my hand and official seal, this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public(Official Seal)My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |