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| UST-2B | | | Site Investigation Report for Permanent Closure or Change-in-Service of UN-REGISTERED UST | | | | | | | | | | | | |  | | | | |
| **Return completed form to:**  **NC DEQ / DWM / UST SECTION**  **1646 MAIL SERVICE CENTER**  **RALEIGH, NC 27699-1646**  **ATTN: REGISTRATION & PERMITTING**  phone (919) 707-8171 fax (919) 715-1117 <http://www.wastenotnc.org/> | | | | | | | | | STATE USE ONLY:  Facility ID #    Date Received | | | | | | | | | | | |
| **INSTRUCTIONS (READ THIS FIRST)** | | | | | | | | | | | | | | | | | | | | |
| 1. UST permanent closure or change in service must be completed in accordance with the latest version of the Guidelines for Site Checks, Tank Closure and Initial Response and Abatement. The guidelines can be obtained at <http://deq.nc.gov/about/divisions/waste-management/waste-management-permit-guidance/underground-storage-tanks-section>. 2. Permanent closure: Complete all sections of this form. 3. Change-in-service: Where UST systems will be converted from storing a regulated substance to a non-regulated substance, complete sections I, II, III, IV, and VI. 4. For more than 5 un-registered UST systems, attach additional forms as needed. 5. **Un-Registered USTs may be subject to unpaid fees and late penalties**. 6. REGISTERED USTs use Form UST-2A. | | | | | | | | | | | | | | | | | | | | |
| **I. OWNERSHIP OF TANKS** | | | | | | | | **II. LOCATION OF TANKS** | | | | | | | | | | | | |
| Owner Name (Corporation, Individual, Public Agency, or Other Entity) | | | | | | | | Facility Name or Company | | | | | | | | | | | | |
| Street Address | | | | | | | | Facility ID # (If known) | | | | | | | | | | | | |
| City | | | | | County | | | Street Address | | | | | | | | | | | | |
| State | | | | | Zip Code | | | City | | | | | County | | | | Zip Code | | | |
| Phone Number | | | | | | | | Phone Number | | | | | | | | | | | | |
| III. CONTACT PERSONNEL | | | | | | | | | | | | | | | | | | | | |
| Contact for Facility: | | | | | | | | | | Job Title: | | | Phone #: | | | | | | | |
| Closure Contractor Name: | | | Closure Contractor Company: | | | | | | | Address: | | | Phone # | | | | | | | |
| Primary Consultant Name: | | | Primary Consultant Company: | | | | | | | Address: | | | Phone # | | | | | | | |
| **IV. UST INFORMATION FOR UN-**REGISTERED **UST SYSTEMS**  REGISTERED USTs use Form UST-2A. | | | | | | | | | | | | V. EXCAVATION CONDITION | | | | | | | | |
| Tank ID No. | Size in Gallons | Last Contents | | Last Use Date | | Permanent Close Date | Method of Permanent Closure: Indicate REMOVED or enter fill material, such as foam/ concrete/ sand | | | | Change-in-Service Date | Water in excavation | | | Free product | | | | Notable odor or visible soil contamination | |
| Yes | | No | Yes | | | No | Yes | No |
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| VI. CERTIFICATION | | | | | | | | | | | | | | | | | | | | |
| I certify under penalty of law 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. | | | | | | | | | | | | | | | | | | | | |
| Print name and official title of owner or owner’s authorized representative | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | Date Signed | | | | | | | | | | |
| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION  1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 <http://www.wastenotnc.org/> 1/2016 | | | | | | | | | | | | | | | | | | | | |