

# UST-3 Notice of Intent: UST Permanent Closure or Change-in-Service

**Return completed form to:**

The DWM Regional Office located in the area where the facility is located. Also send a copy to the Central Office in Raleigh. SEE MAP ON THE BACK OF THIS FORM FOR THE CENTRAL AND REGIONAL OFFICE ADDRESSES.

STATE USE ONLY

I.D. # \_\_\_\_\_

Date Received \_\_\_\_\_

**INSTRUCTIONS (READ THIS FIRST)**

Complete and return a UST-3 form at least **thirty (30) days** prior to closure or change-in-service activities.

Completed UST closure or change-in-service site assessment reports, along with a copy of the UST-2A and/or 2B forms, should be submitted to the appropriate Division of Waste Management (DWM) Regional Office within thirty (30) days following closure activities. The UST-2 form should also be submitted to the Central Office in Raleigh so that the status of the tanks may be changed to permanently closed and your tank fee account can be closed out. Note: Tank fees may be due for unregistered tanks.

UST closure and change-in-service site assessments must be completed in accordance with the latest version of the *Guidelines for Site Checks, Tank Closure and Initial Response*. The guidelines can be obtained at <https://deq.nc.gov/about/divisions/waste-management/ust>. Note: To close tanks in place you must obtain prior approval from the DWM Regional office located in the region where the facility is located.

You must make sure that USTs removed from your property are disposed of properly. When choosing a closure contractor, ask where the tank(s) will be taken for disposal. Usually, USTs are cleaned and cut up for scrap metal. This is dangerous work and must be performed by a qualified company. Tanks disposed of illegally in fields or other dumpsites can leak petroleum products and sludge into the environment. If your tanks are disposed of improperly, you could be held responsible for the cleanup of any environmental damage that occurs.

**I. OWNERSHIP OF TANKS**

Owner Name (Corporation, Individual, Public Agency, or Other Entity)	
Street Address	
City	County
State	Zip Code
Phone Number	Email

**II. LOCATION**

Facility Name or Company		
Facility ID # (if known)		
Street Address		
City	County	Zip Code
Phone Number		

**III. CONTACT PERSONNEL**

Name:	Company Name:	Job Title:	Phone Number:
-------	---------------	------------	---------------

**IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN SERVICE**

- |  |  |   |
|--|--|---|
| <ol style="list-style-type: none"> <li>Contact local fire marshal.</li> <li>Plan entire closure event.</li> <li>Conduct Site Soil Assessment.</li> <li>If removing tanks or closing in place, refer to API Publication 2015 <i>Cleaning Petroleum Storage Tanks</i> and 1604 <i>Removal and Disposal of Used Underground Petroleum Storage Tanks</i>.</li> </ol> | <ol style="list-style-type: none"> <li>Provide a sketch locating piping, tanks and soil sampling locations.</li> <li>Submit a closure report in the format of UST-12 (including the form UST-2) within thirty (30) days following the site investigation.</li> <li>If a release from the tanks has occurred, the site assessment portion of the tank closure must be conducted under the supervision of</li> </ol> | <ol style="list-style-type: none"> <li>a P.E. or L.G., with all closure site assessment reports bearing the signature and seal of the P.E. or L.G. If a release has not occurred, the supervision, signature or seal of a P.E. or L.G. is not required.</li> <li>Keep closure records for three (3) years.</li> </ol> |
|--|--|---|

**V. WORK TO BE PERFORMED BY**

Contractor Name:		Contractor Company Name:			
Address:		City:	State:	Zip Code:	Phone No:
Primary Consultant Name:		Primary Consultant Company Name:		Consultant Phone No:	

**VI. TANKS SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE**

Tank ID No.	Size in Gallons	Last Contents	Proposed Activity		
			Closure		Change-In-Service New Contents Stored
			Removal	Abandonment in Place *	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

\* Prior written approval to abandon a tank in place must be received from a DWM Regional Office.

**VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE**

Has a release from a UST system occurred at this location?  Yes  No  Unknown

I understand that I can be held responsible for environmental damage resulting from the improper disposal of my USTs.

Print name and official title:

Signature	Date Signed	SCHEDULED REMOVAL DATE	<b>Notify your DWM Regional Office 48 hours before this date if scheduled removal date changes</b>
-----------	-------------	------------------------	--

# North Carolina Department of Environmental Quality

## Division of Waste Management – Underground Storage Tank Section



**1646 Mail Service Center  
Raleigh, NC 27699-1646  
Phone: (919) 707-8171 / Fax: (919) 715-1117**

### Winston-Salem Regional Office

450 West Hanes Mill Road, Suite 300  
Winston-Salem, NC 27105  
Phone: (336) 776-9800  
Fax: (336) 776-9797

+ Guilford County Health Department  
400 W Friendly Ave, Ste 300  
Greensboro, NC 27401  
Phone: (336) 641-3771

### Raleigh Regional Office

3800 Barrett Drive  
Raleigh, NC 27609  
Phone: (919) 791-4200  
Fax: (919) 571-4718

### Washington Regional Office

943 Washington Square Mall  
Washington, NC 27889  
Phone: (252) 946-6481  
Fax: (252) 975-3716

### Asheville Regional Office

2090 US Highway 70  
Swannanoa NC 28778  
Phone: (828) 296-4500  
Fax: (828) 299-7043

### Mooreville Regional Office

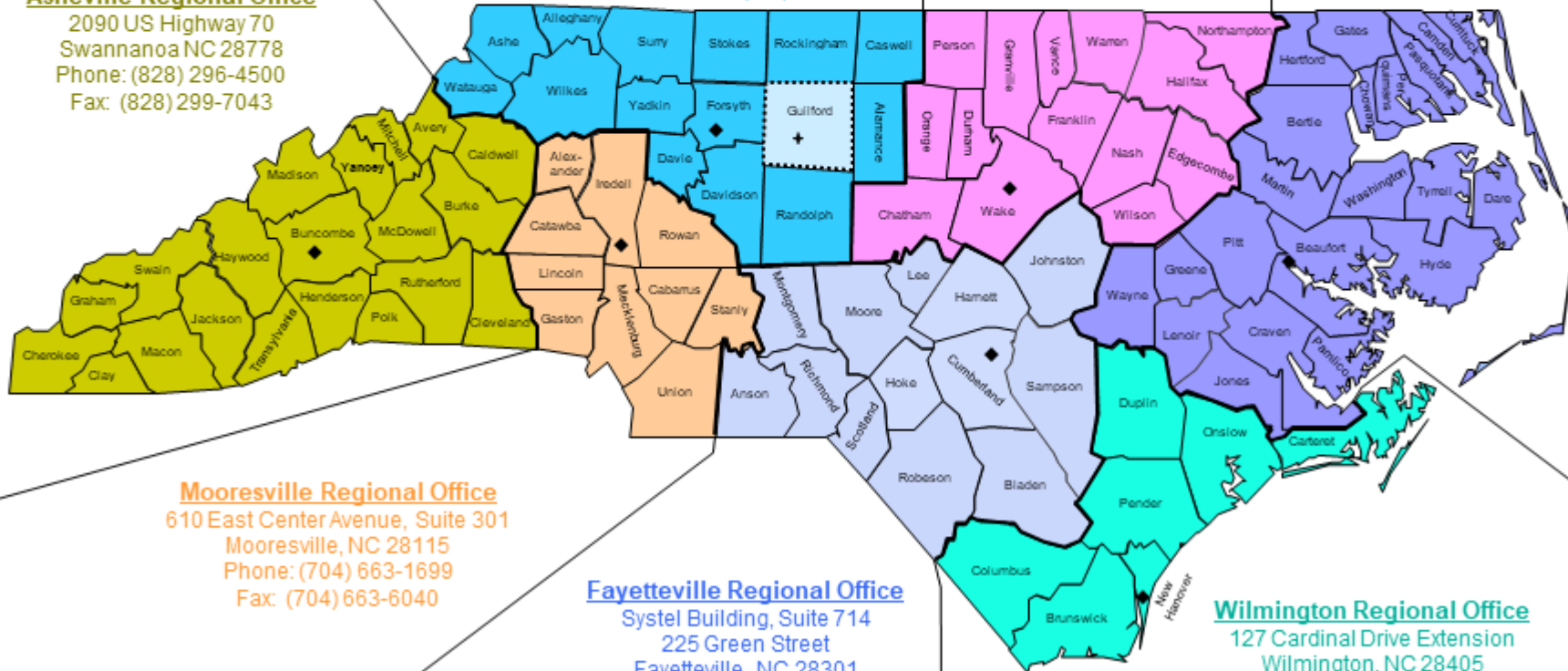
610 East Center Avenue, Suite 301  
Mooreville, NC 28115  
Phone: (704) 663-1699  
Fax: (704) 663-6040

### Fayetteville Regional Office

Systel Building, Suite 714  
225 Green Street  
Fayetteville, NC 28301  
Phone: (910) 433-3300  
Fax: (910) 486-0707

### Wilmington Regional Office

127 Cardinal Drive Extension  
Wilmington, NC 28405  
Phone: (910) 796-7215  
Fax: (910) 350-2004



◆ - Regional Office