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| **UST-15**  FOR TANKS IN  **NC** | **Page 1 of 2**  **CHANGE OF OWNERSHIP OF UST SYSTEM(S)** | | | | |
| **RETURN**  **COMPLETED**  **UST-15 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](mailto:UST.Permits@deq.nc.gov) | | | | |
| **I. INSTRUCTIONS FOR PREVIOUS UST SYSTEM OWNER** | | | | | |
| * **Page 1** must be completed by the **previous** **owner\*** of the underground storage tank (UST) system(s) and acknowledged by a Notary Public * Please attach copies of proof of ownership transfer (e.g., bill of sale) * 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 * **Failure to provide supporting documentation will result in no effective change in ownership status**   \*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." | | | | | |
| **II. PREVIOUS 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 |
| Telephone Number | | | | Telephone Number | |
| (     ) | | | | (     ) | |
| Printed name    Signature        Date signed | | | | Facility ID# (if known)  Email Address | |
| **IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public for said County and State, do hereby certify that  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the due  execution of the foregoing instrument.  Witness my hand and official seal, this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  (Official Seal)  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **UST-15**  FOR TANKS IN  **NC** | **Page 2 of 2**  **CHANGE OF OWNERSHIP OF UST SYSTEM(S)** | | | | |
|  |  | | | | |
| **V. INSTRUCTIONS FOR NEW UST SYSTEM OWNER** | | | | | |
| * **Page 2** must be completed by the **new owner\*** of the underground storage tank (UST) system(s) and acknowledged by a Notary Public * Please attach copies of proof of ownership transfer (e.g., bill of sale) * 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 * **Failure to provide supporting documentation will result in no effective change in ownership status** * **This form must be submitted along with a UST-8 Form "Notification for Activities Involving USTs" which has been completed by the new**  **owner**.   \*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."\ | | | | | |
| **VI. NEW OWNER OF UST SYSTEM(S)** | | | | **VII. 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 |
| Telephone Number | | | | Telephone 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 | |
| **VIII. NOTARY ACKNOWLEDGEMENT FOR NEW OWNER OF UST SYSTEM(S)** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public for said County and State, do hereby certify that  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the due  execution of the foregoing instrument.  Witness my hand and official seal, this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  (Official Seal)  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |