

UST-15A

FOR TANKS IN
NC

OWNERSHIP OF UST SYSTEM(S)

RETURN
COMPLETED
UST-15A FORM
TO:

NC DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT / UST SECTION
1637 MAIL SERVICE CENTER
RALEIGH, NC 27699-1637
ATTN: REGISTRATION & PERMITTING
(919) 733-8486

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

Street Address

City

County

State

Zip Code

(_____) _____
Telephone Number

Check here if UST owner
is also the owner of the property
where USTs are located

Federal Tax ID# or Social Security

Date ownership began

Signature of owner of UST systems

Date

Facility Name

Street Address

City

County

State

Zip Code

(_____) _____
Telephone Number

Facility ID# (if known)

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)

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: _____