

UST-15A
FOR 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@ncdenr.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	<input type="checkbox"/> 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
Signature of owner of UST systems Date signed	
Date ownership began	

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: _____