

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

- Contact local fire marshal.
- Plan entire closure event.
- Conduct Site Soil Assessment.
- If removing tanks or closing in place, refer to API Publication 2015 *Cleaning Petroleum Storage Tanks* and 1604 *Removal and Disposal of Used Underground Petroleum Storage Tanks*.
- Provide a sketch locating piping, tanks and soil sampling locations.
- Submit a closure report in the format of UST-12 (including the form UST-2) within thirty (30) days following the site investigation.
- If a release from the tanks has occurred, the site assessment portion of the tank closure must be conducted under the supervision of 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.
- Keep closure records for three (3) years.

V. WORK TO BE PERFORMED BY

Contractor Name:

Contractor Company Name:

Address:

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
			Removal	Abandonment in Place *	New Contents Stored
			<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

**Notify your DWM Regional Office
48 hours before this date if
scheduled removal date changes**

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

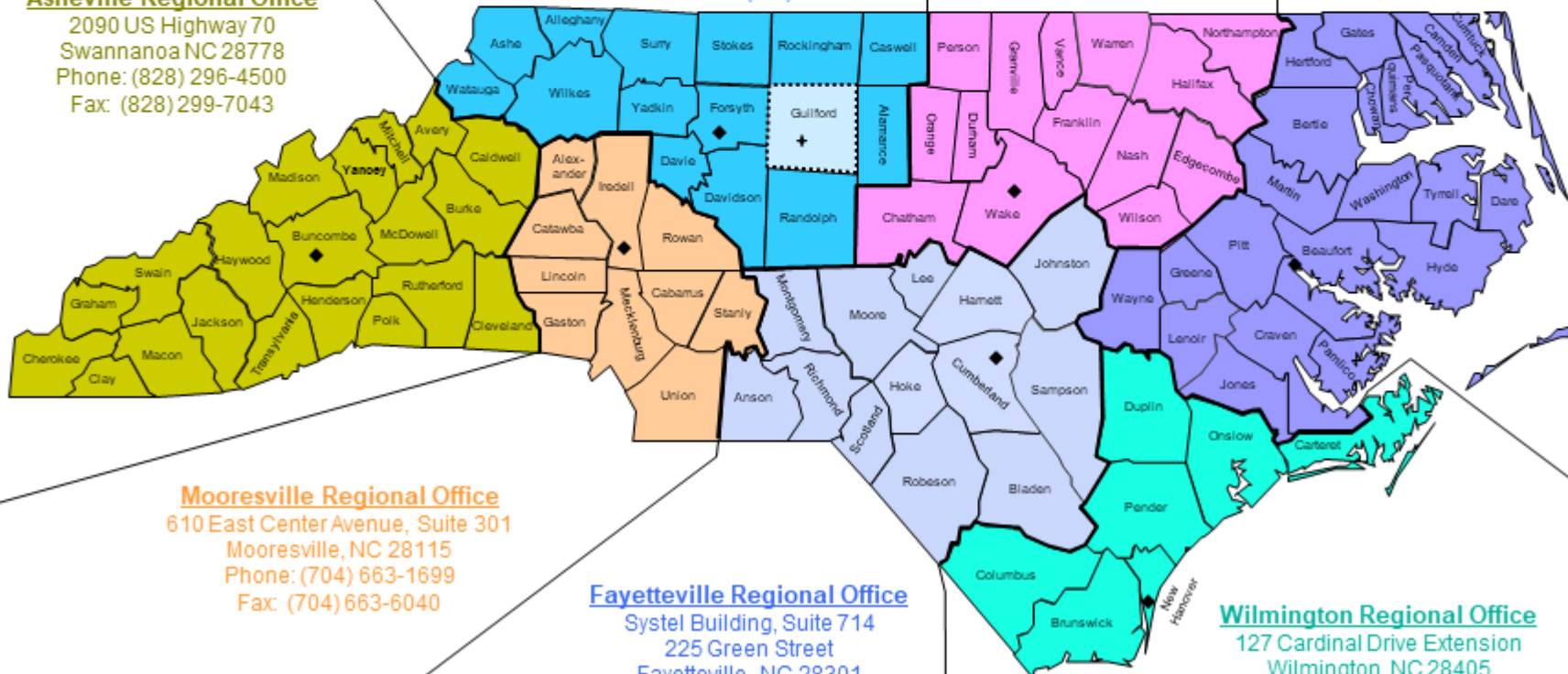
Wilmington Regional Office

127 Cardinal Drive Extension

Wilmington, NC 28405

Phone: (910) 796-7215

Fax: (910) 350-2004



◆ - Regional Office