

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. Send a copy to the Central Office in Raleigh so that the status of the tank may be changed to "PERMANENTLY CLOSED" and your tank fee account can be closed out. 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 at least **thirty (30) days** prior to closure or change-in-service activities. If a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports then at least a **five (5) working days** notice is acceptable.

Completed UST closure or change-in-service site assessment reports, along with a copy of the UST-2 form, 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.

UST closure and change-in-service site assessments must be completed in accordance with the latest version of the *Guidelines for Tank Closure*. The *Guidelines for Tank Closure* can be obtained at www.wastenotnc.org.

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

II. LOCATION

Owner Name (Corporation, Individual, Public Agency, or Other Entity)		Facility Name or Company	
Street Address		Facility ID # (If known)	
City	County	Street Address	
State	Zip Code	City	County Zip Code
Phone Number		Phone Number	

III. CONTACT PERSONNEL

Name:	Company Name:	Job Title:	Phone Number:
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IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN SERVICE

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| <ol style="list-style-type: none"> Contact local fire marshal. Plan entire closure event. Conduct Site Soil Assessment. 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>. | <ol style="list-style-type: none"> 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 | <p>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.</p> <ol style="list-style-type: none"> Keep closure records for three (3) years. |
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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

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
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**North Carolina Department of Environment
and Natural Resources**

Division of Waste Management
UST Section Central Office
1637 Mail Service Center
Raleigh, NC 27699-1637
(919) 733-8486 FAX (919) 733-9413
www.wastenotnc.org

Asheville Regional Office

2090 U.S. Highway 70
Swannanoa, NC 28778
Phone: (828) 296-4500
Fax: (828) 299-7043

Winston-Salem Regional Office

585 Waughtown Street
Winston-Salem, NC 27107
Phone: (336) 771-5000
Fax: (336) 771-4632

Guilford County Dept. of Public Health

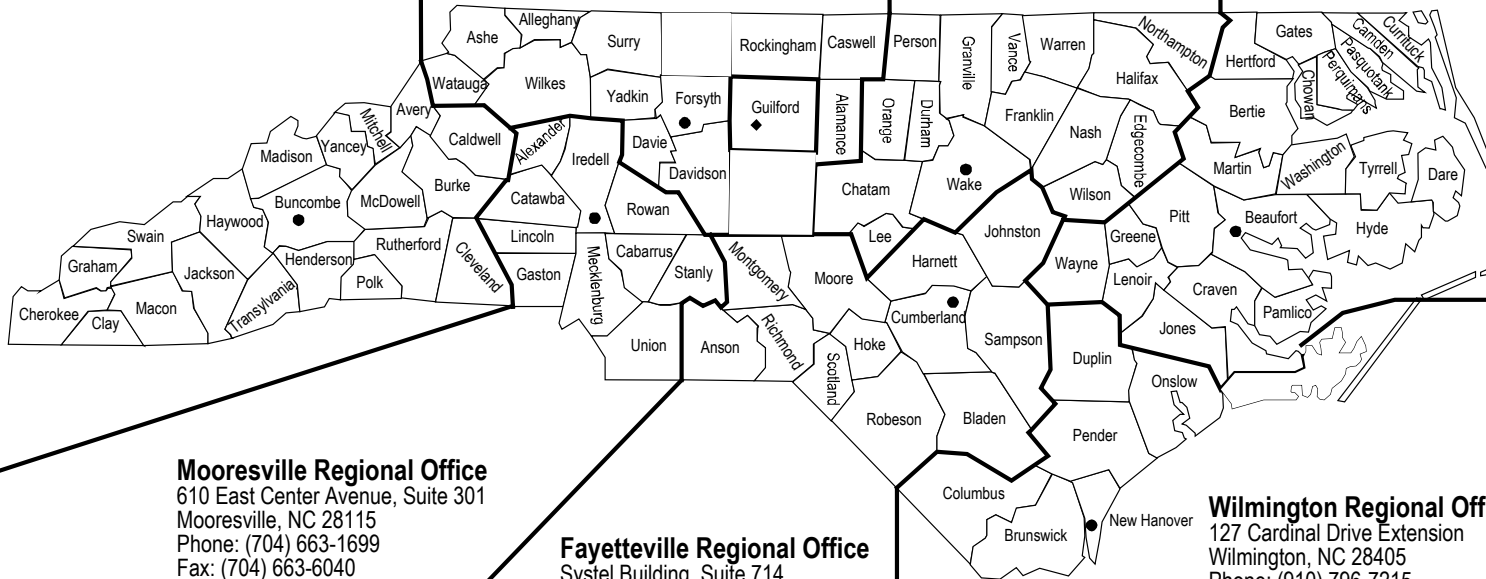
1203 Maple Street
Greensboro, NC 27405
Phone: (336) 641-3771
Fax: (336) 641-4812

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



Mooresville Regional Office

610 East Center Avenue, Suite 301
Mooresville, 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