UST-2 Site Investigation Report for Permanent Closure or Change-in-Service of UST

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)

For more than five UST systems you may attach additional forms as needed.

Permanent closure – For permanent closure, complete all sections of this form.

Change-in-service – For change-in-service where UST systems will be converted from containing a regulated substance to storing a non-regulated substance, complete sections I, II, III, IV, and VIII

Effective February 1, 1995, all UST closure/change-in-service reports must be submitted in the format provided in the UST-12 form. UST closure and change-in-services must be completed in accordance with the latest version of the *Guidelines for Tank Closure*. A copy of the UST-12 form and 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.

NOTE: If a release from the tank(s) 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.

I. OWNERSHIP OF TANKS		II. LOCATION OF TANKS		
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

Contact for Facility:		Job Title:	Phone. No:
Closure Contractor Name:	Closure Contractor Company:	Address:	Phone. No:
Primary Consultant Name:	Primary Consultant Company:	Address:	Phone. No:

IV. UST INFORMATION FOR REGISTERED UST SYSTEMS / V. EXCAVATION CONDITION

Tank ID No.	Size in Gallons	Tank Dimensions	Last Contents	Last Use Date	Permanent Close Date	Change-in-Service Date	Water in excavation		Free product		Notable odor or visible soil contamination	
							Yes	No	Yes	No	Yes	No
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐

VI. UST INFORMATION FOR UNREGISTERED UST SYSTEMS / VII. EXCAVATION CONDITION

Tank ID No.	Size in Gallons	Tank Dimensions	Last Contents	Last Use Date	Permanent Close Date	Tank Owner Name *	Water in excavation		Free product		Notable odor or visible soil contamination	
							Yes	No	Yes	No	Yes	No
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐

* If the tank owner address is different from the one listed in Section I., then enter the street address, city, state, zip code and telephone no. below:

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true accurate and complete.

Print name and official title of owner or owner's authorized representative	Signature	Date Signed

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) 707-8171 FAX (919) 715-1117
portal.ncdenr.org/web/wm/

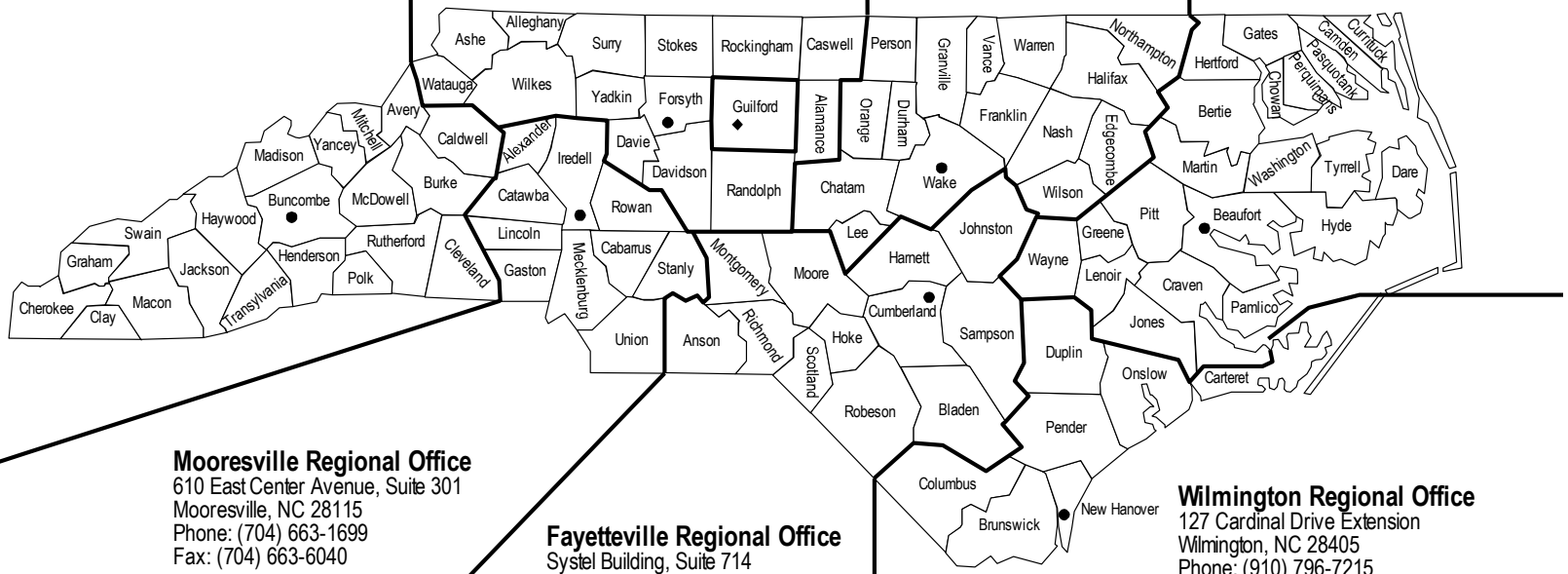
Asheville Regional Office
2090 U.S. Highway 70
Swannanoa, NC 28778
Phone: (828) 296-4500
Fax: (828) 299-7043

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

8/06