

# UST-2A

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



<b>Return completed form to:</b> NC DEQ / DWM / UST SECTION 1646 MAIL SERVICE CENTER RALEIGH, NC 27699-1646 ATTN: REGISTRATION & PERMITTING  phone (919) 707-8171 fax (919) 715-1117 <a href="http://www.wastenotnc.org/">http://www.wastenotnc.org/</a>	STATE USE ONLY:  Facility ID #  Date Received
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### INSTRUCTIONS (READ THIS FIRST)

- UST permanent closure or change in service must be completed in accordance with the latest version of the *Guidelines for Site Checks, Tank Closure and Initial Response and Abatement*. The guidelines can be obtained at <http://portal.ncdenr.org/web/wm/ust/guidance>.
- Permanent closure: Complete all sections of this form.
- Change-in-service: Where a UST system will be converted from storing a regulated substance to a non-regulated substance, complete sections I, II, III, IV, and VI
- For more than 5 registered UST systems, attach additional forms as needed
- Tank Fee Refund: An annual tank fee may be refunded for a tank for which a tank fee was not required. An owner or operator must submit a written request and include: (1) contact information, (2) federal identification # or SSN, and (3) a copy of UST-2 form. The annual tank fee will be prorated based on the date of permanent closure.**
- UNREGISTERED USTs use Form UST-2B

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 #:
Closure Contractor Name:	Closure Contractor Company:	Address:	Phone #
Primary Consultant Name:	Primary Consultant Company:	Address:	Phone #

IV. UST INFORMATION FOR REGISTERED UST SYSTEMS UNREGISTERED USTs use Form UST-2B	V. EXCAVATION CONDITION
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Tank ID No.	Size in Gallons	Last Contents	Last Use Date	Permanent Close Date	Method of Permanent Closure: Indicate REMOVED or enter fill material, such as foam/ concrete/ sand	Change-in-Service Date	Water in excavation		Free product		Notable odor or visible soil contamination	
							Yes	No	Yes	No	Yes	No
							<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"/>				
							<input type="checkbox"/>	<input type="checkbox"/>				

### VI. 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
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