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<form></form>		N DIVISION OF WASTE MANAGEMENT / UST SECTION			
To:     ATTN: REGISTRATION & PERMITTING     (BY) 073-07471, option     (BY)     (BY) 073-07471, option     (BY)	••••••======				
		ATTN: REGISTRATION & PERMITTING			
Page 1 must be completed by the <u>previous owner</u> * of the underground storage tank (UST) system(s) and acknowledged by a Notary Public Please attach copies of proof of ownership transfer (e.g., bill of sale) If signing as anofficer 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 Pailure to provide supporting document thation will result in no effective change in ownership status Pursuant to NCGS 143-215.94A and 15A NCAC 2N.0203, <u>owner</u> means:*any person who owns a UST system used for storage, use, or dispensing of regulated substances.*  I. PREVIDEND SOWNER OF UST SYSTEM(S) II. LOCATION OF UST SYSTEM(S) Name of Corporation, Individual, Public Agency, or Other Entity Facility County County City County City County City County City County Facility Difference Facility Lite approves the set of storage control of the facility Name County County City County City County City County City County County City County County City City County City City County City City County City City City City City City City City					
	I. INSTRUCTIONS FOR PREVIOUS UST SYSTEM OWNER				
• It spin of 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 con legally sign in such capacity. The legal document that proves you constrained at the proves of the such capacity is used to assore the support of the proves of the support of the support of the proves of the support of the supp					
	• 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				
*any person who owns a UST system used for storage, use, or dispensing of regulated substances."         II. PREVIOUS 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         State       Zip Code       State       Zip Code         Telephone Number       ( )       Printed name       Facility ID# (if known)         Signature       Date signed       Email Address         IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)       I.         Iverson in the foregoing instrument.       a Notary Public for said County and State, do hereby certify that execution of the foregoing instrument.         Witness my hand and official seal, this the day of, 20					
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         Telephone Number       Telephone Number       ()       )         Y       County       Telephone Number       ()         Y       Code       Telephone Number       ()         Y       Telephone Number       ()       )         Y       Date signed       Facility ID# (if known)       Email Address         Signature       Date signed       Email Address					
Street Address     Street Address       City     County       State     Zip Code       State     Zip Code       Telephone Number     Telephone Number       ( )     Telephone Number       ( )     Printed name       Signature     Date signed         Image: Notary AckNowLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)         Image: Notary Public for said County and State, do hereby certify that	II. PREVIOUS OWNER OF UST SYSTEM(S)		III. LOCATION OF UST SYSTEM(S)		
City       County       City       County         State       Zip Code       State       Zip Code         Telephone Number       Telephone Number       Telephone Number       Telephone Number         ( )       Printed name       Facility ID# (if known)       Email Address         Signature       Date signed       Email Address       Email Address         IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)       Image: County       Image: County         I.	Name of Corporation, Individual, Public Agency, or Other Entity		Facility Name		
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Signature Email Address     IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)	Telephone Number (  )		Telephone Number ( )		
Date signed         IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)        County         I,, a Notary Public for said County and State, do hereby certify that	Printed name		Facility ID# (if known)		
IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)	Signature		Email Address		
County I,, a Notary Public for said County and State, do hereby certify thatpersonally 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)		Date signed			
I,	IV. NOTARY ACKNOWLEDGEMENT FOR PREVIOUS OWNER OF UST SYSTEM(S)				
I,					
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	County				
execution of the foregoing instrument. Witness my hand and official seal, this the day of, 20 Notary Public (Official Seal)	I,, a Notary Public for said County and State, do hereby certify that				
Witness my hand and official seal, this the day of, 20 Notary Public (Official Seal)	personally appeared before me this day and acknowledged the due				
(Official Seal)	execution of the foregoing instrument.				
(Official Seal)	Witness my hand and official seal, this the day of, 20				
(Official Seal)					
(Official Seal)	Notary Public				
My Commission Expires:	(Official Seal)				

Page 2 of 2

## CHANGE OF OWNERSHIP OF UST SYSTEM(S)

## V. INSTRUCTIONS FOR NEW UST SYSTEM OWNER

- Page 2 must be completed by the <u>new</u> owner\* of the underground storage tank (UST) system(s) and acknowledged by a Notary Public
- Please attach copies of proof of ownership transfer (e.g., bill of sale)

**UST-15** 

FOR TANKS IN

NC

- 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
- Failure to provide supporting documentation will result in no effective change in ownership status
- This form must be submitted along with a UST-8 Form "Notification for Activities Involving USTs" which has been completed by the new owner.
  - \*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."  $\$ 

VI. NEW OWNER OF UST SYSTEM(S)	VII. 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			
Telephone Number	Telephone Number ( )			
Email Address	Facility ID# (if known)			
Printed name of owner of UST systems	Check if UST owner owns the property where the USTs are located			
Signature of owner of UST systems Date signed	Number of small ( $\leq$ 3,500 gallons) tanks located at this facility			
Date ownership began	Number of large (>3,500 gallons) tanks located at this facility			
VIII. NOTARY ACKNOWLEDGEMENT FOR NEW 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:				