

**UST-15A**  
FOR TANKS IN  
**NC**

**OWNERSHIP OF UST SYSTEM(S)**

**RETURN  
COMPLETED  
UST-15A FORM  
TO:**

**NC DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WASTE MANAGEMENT / UST SECTION  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646  
ATTN: REGISTRATION & PERMITTING  
(919) 707-8171, option 1  
[UST.Permits@deq.nc.gov](mailto:UST.Permits@deq.nc.gov)**

**I. INSTRUCTIONS**

\*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."

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

**II. 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 County
State Zip Code	State Zip Code
Area Code Phone Number ( )	Area Code Phone Number ( )
Email Address	Facility ID# (if known)
Printed name of owner of UST systems	<input type="checkbox"/> Check if UST owner owns the property where the USTs are located  Number of small ( $\leq$ 3,500 gallons) tanks located at this facility  Number of large ( $>$ 3,500 gallons) tanks located at this facility
Signature of owner of UST systems Date signed	
Date ownership began	

**IV. NOTARY ACKNOWLEDGEMENT FOR 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: \_\_\_\_\_