UST-18



INSTRUCTIONS:

- Please complete the following information and submit it to the NC DEQ, Division of Waste Management, UST Section, 1646 Mail Service Center, Raleigh, North Carolina 27699-1646.
- Tax certification may be issued for UST release prevention equipment to be installed or for equipment that has already been installed and is an integral part of release prevention measures being conducted at a facility.
- Tax certification may only be issued for equipment that meets the requirements contained in North Carolina's rules for UST's (15A NCAC 2N).
- Tax certification may only be requested for cost of equipment listed at the bottom of the page. The labor and miscellaneous costs for installing the equipment are not tax certifiable.
- For equipment to be installed, the applicant must attach detailed engineering drawings showing the make/model and location of the equipment as well as proposals detailing the estimated cost of the equipment.
- For equipment that has already been installed, the applicant must attach invoices or receipts that show the make/model and location of the equipment as well as the amount paid for the equipment.
- A UST inspector will contact the UST system owner to arrange a compliance inspection to verify that the equipment meets the requirements of 15A NCAC 2N.
- Once tax certification is completed, the UST Section will mail all tax certification documents to the applicant for filing with the county tax administrator's office.
- > Please note that incomplete applications will be returned to the applicant.
- > Tax certifications will not be issued for release prevention equipment that does not meet and is not being operated in accordance with the requirements of 15A NCAC 2N.

Applicant								
Name:		Addr	ddress:					
Telephone Number: ()		City:		State:		Zip:		
UST Facility			UST Owner					
Facility Name:		Owner Name:						
Facility ID:		Address:						
Address:			City:			Zip:		
City:	Zip:		Telephone Number: ()					
County:								
Tax Certifiable Equipment (Check One):								
Equipment to be installed		Equipment already installed						
Check all equipment for which tax certification is requested.								
Mechanical line leak detector				Sump sensor for interstitial monitoring				
Electronic line leak detector				Overfill control				
Automatic Tank Gauge				Spill prevention				
Statistical Inventory Reconciliation (Owner software)			Impressed current corrosion protection system					
Monitoring well for groundwater or vapor leak detection monitoring			Internal liner for corrosion protection					
			Isolation boot for corrosion protection					
Monitoring well for interstitial monitoring			Sacrificial anodes for corrosion protection					
Secondary barrier f	or interstitial monitoring							
Tank interstitial sen	sor for interstitial monitoring							
NC DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION 10/2015								
1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 http://www.wastenotnc.org/web/wm								

Application for Tax Certification

Facility Name:		Facility ID Number:	Facility ID Number:			
Equipment List & Cost Information						
Label No. 1	Equipment Make & Model	Invoice/Quote Number	Equipment Cost			
	m number or letter to each piece of equipment for nber or letter on the invoice/quote next to the corre					
supporting do obtaining the	penalty of law that I have personally examined a cumentation. Furthermore, based on my inquiry information, I believe the submitted information s certification request.	of those individuals immed	iately responsible for			

Print Name of Applicant

Signature of Applicant

Date

NC DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISIO	N OF WASTE MANAGEMEN	T, UST SECTION	10/2015
1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646	PHONE (919) 707-8171	FAX (919) 715-1117	http://www.wastenotnc.org/web/wm