

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:	Address:		
Telephone Number: ()	City:	State:	Zip:

UST Facility

Facility Name:	
Facility ID:	
Address:	
City:	Zip:
County:	

UST Owner

Owner Name:	
Address:	
City:	Zip:
Telephone Number: ()	

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 |
| ☐ Monitoring well for interstitial monitoring | ☐ Isolation boot for corrosion protection |
| ☐ Secondary barrier for interstitial monitoring | ☐ Sacrificial anodes for corrosion protection |
| ☐ Tank interstitial sensor for interstitial monitoring | |

Facility Name:

Facility ID Number:

Equipment List & Cost Information

[illegible]

¹ Assign an item number or letter to each piece of equipment for which tax certification is being requested. Write the same item number or letter on the invoice/quote next to the corresponding piece of equipment.

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

Print Name of Applicant

Signature of Applicant

Date