

UST-2B

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



Return completed form to:

NC DEQ / DWM / UST SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646
ATTN: REGISTRATION & PERMITTING

phone (919) 707-8171 fax (919) 715-1117 <http://www.wastenotnc.org/>

Facility ID #

STATE USE ONLY:

Date Received

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://deq.nc.gov/about/divisions/waste-management/waste-management-permit-guidance/underground-storage-tanks-section>.
- Permanent closure: Complete all sections of this form.
- Change-in-service: Where UST systems 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 un-registered UST systems, attach additional forms as needed.
- Un-Registered USTs may be subject to unpaid fees and late penalties.**
- REGISTERED USTs use Form UST-2A.

I. OWNERSHIP OF TANKS

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Street Address

City County

State Zip Code

Phone Number

II. LOCATION OF TANKS

Facility Name or Company

Facility ID # (If known)

Street Address

City County Zip Code

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 UN-REGISTERED UST SYSTEMS

REGISTERED USTs use Form UST-2A.

V. EXCAVATION CONDITION

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