

UST-4

Notice of Intent to Install Vapor or Groundwater Monitoring System

**FOR
TANKS IN
NC**

Return completed form to:

The appropriate DWM Regional Office according to the county of the facility's location. [SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS]

STATE USE ONLY

I.D. No. _____

Date Received _____

Instructions

Complete and return thirty (30) days prior to installation.

I. Ownership of Tank(s)

II. Location of Tank(s)

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

Street Address _____

County _____

City _____ State _____ Zip Code _____

Area Code _____ Phone Number _____

Facility Name or Company _____

Facility ID # (if available) _____

Street Address or State Road _____

County _____ City _____ Zip Code _____

Area Code _____ Phone Number _____

III. Contact Person

Name _____

Job Title _____

Tel. No. _____

IV. Vapor/Groundwater Monitoring Installation

1. Vapor and groundwater monitoring devices must be installed in accordance with 15A NCAC 2N .0504.
2. The UST excavation site must be evaluated to ensure compliance with these requirements. This evaluation must be completed before installation begins.
3. Form UST-5 "Site Investigation Report for Installation of Vapor/Groundwater Monitoring System" must be completed and returned to DWM within thirty (30) days after completion of installation.
4. Include sketch locating tanks, piping, and monitoring system devices.
5. Keep records for five (5) years according to 15A NCAC 2N .0506.

V. Monitoring System To Be Installed By:

Contractor Name _____

Address _____ State _____ Zip _____

Contact Person _____ Phone _____

VI. Tank(s) Scheduled To Be Monitored

TANK ID#	TANK CAPACITY	TANK CONTENTS	SYSTEM (check)	
			Vapor	Groundwater
_____	_____	_____	<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"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

V. Owner Or Owner's Authorized Representative

Print name and official title: _____

*Scheduled Installation Date: _____

Signature: _____

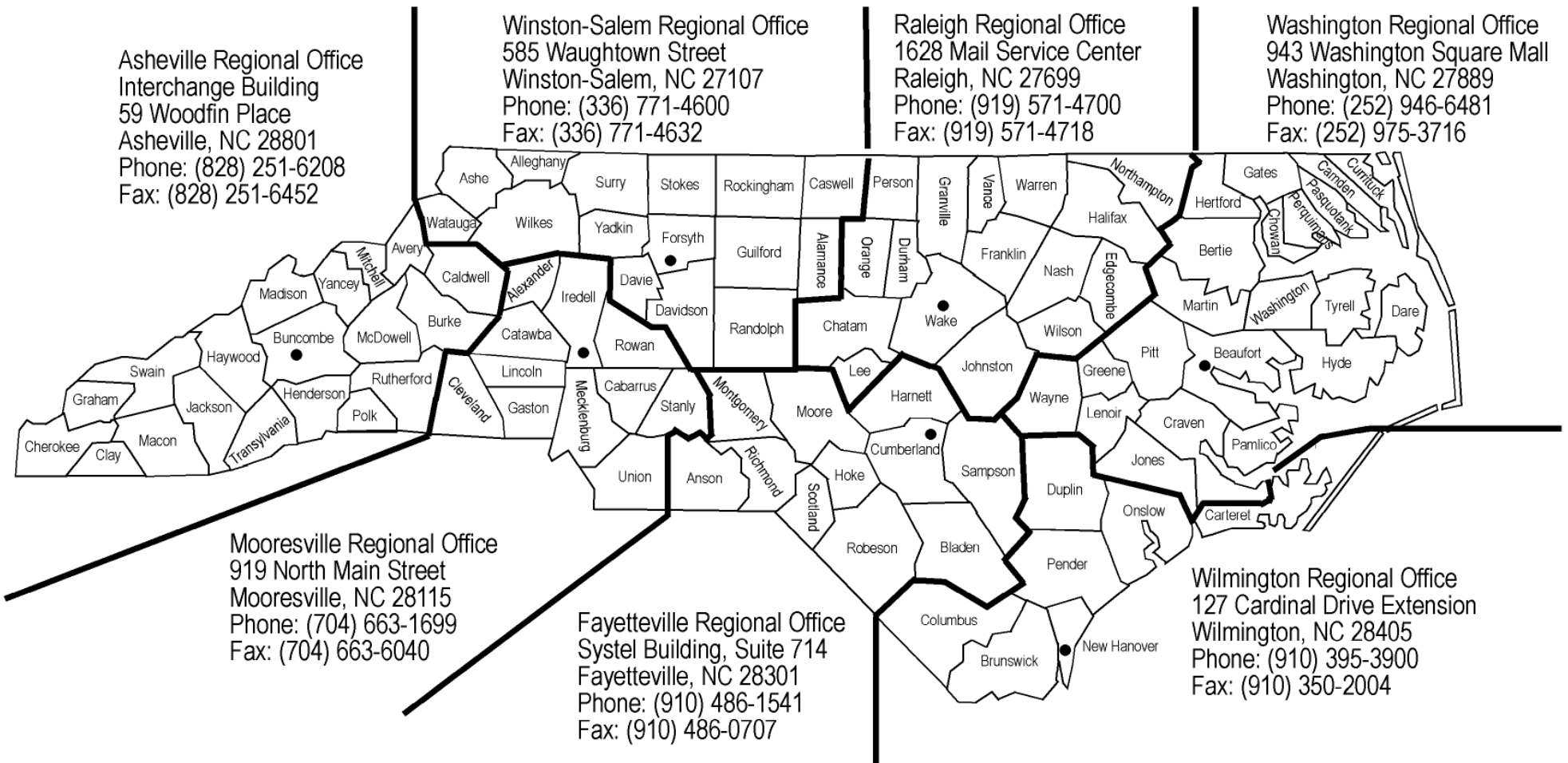
Date Submitted: _____

*If scheduled installation date changes, notify your appropriate Regional Office forty-eight (48) hours prior to the originally scheduled date.

REGIONAL OFFICE LOCATION MAP



North Carolina Department of Environment and Natural Resources
 Division of Waste Management
 UST Section Central Office
 1637 Mail Service Center
 Raleigh, NC 27699-1637
 (919) 733-8486 FAX (919) 733-9413



● Regional Office Location