

Notification for Underground Storage Tanks Change of Ownership by Former Owner Virginia DEQ Water Form 7530-3A (4/16)		STATE USE ONLY	
DEQ – UST Program Office of Spill Response and Remediation P.O. Box 1105 Richmond, VA 23218 (804) 698-4010		ID Number	
		Date Received	
		Date Entered	
		Entered By	
		Comments	
<p>Former tank owners may use this form to request that DEQ's registration records reflect a change of tank ownership when the new tank owner has failed to submit a notification to DEQ. The former tank owner must submit a copy of the legal documents conveying tank ownership to another entity in order for DEQ to review the request. Changes of ownership requested under this section must be approved by DEQ in order to be effective with respect to DEQ's compliance program.</p>			
PART I: CURRENT OWNERSHIP OF TANKS		PART II: LOCATION OF TANKS	
A. Current Owner Name		A. Facility Name	
B. Current Owner Address		B. Facility Street Address (P.O. Box not acceptable)	
C. City, State, Zip		C. City, Zip	D. County or Municipality
D. Name of Contact Person		E. Facility Contact Name	F. Facility Contact Title
E. Title of Contact Person		G. Contact Phone Number ()	H. Contact Fax Number ()
F. Phone Number ()	G. Fax Number ()	I. Facility Contact E-mail Address	
H. E-mail Address		J. Previous Name of Facility	
PART III: FORMER OWNERSHIP OF TANKS		PART IV: OWNERSHIP TRANSFER DOCUMENTATION	
A. Former Owner Name		(Check all that apply. Ownership transfer documentation must be submitted with form.) <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Purchase Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Articles of Merger <input type="checkbox"/> Other (specify below)	
B. Former Owner Address			
C. City, State, Zip			
D. Name of Contact Person			
E. Title of Contact Person			
F. Contact Phone Number ()	G. Contact Fax Number ()		
H. Contact E-mail Address			
PART V: FORMER OWNER 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. I warrant and represent that I am the former owner or that I have the authority to sign this certification on behalf of the former owner.			
_____		_____	
Name and Title		Signature	
		Date	

PART VI: DESCRIPTION OF TRANSFERRED TANKS Check all that apply

Owner Tank Identification Number										
DEQ Tank Identification Number										
Tank Status	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use	<input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use
Date of Tank Installation (MM/DD/YYYY)										
Date of Pipe Installation (MM/DD/YYYY)										
Date of Temporary Closure (MM/DD/YYYY)										
Tank Capacity (Gallons) (Compartments of a compartment tank are considered to be separate tanks and should be registered and treated as such.)										
Substance stored (if hazardous, include CERCLA name and/or CAS number)										
Material of Construction (✓ all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Fiberglass Reinforced Plastic	<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"/>
Double Walled	<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"/>
Secondary Containment	<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"/>
Polyflexible		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Coated and Cathodically Protected/sti-P3@	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Composite (Steel Clad with Fiberglass)/ACT-100@/ACT-100U@	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Polyethylene Tank Jacket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lined Interior	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impressed Current System	<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"/>
Asphalt Coated or Bare Steel	<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"/>
Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Cathodically Protected Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Copper		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
Has tank/piping been repaired?	<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"/>
Metal Piping Flex Connectors Installed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal Flex Connectors Isolated/Booted		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal Flex Connectors Cathodic Protected		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Safe Suction (No Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
U.S. Suction (Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pressure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Gravity Fed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Spill Containment & Overfill Prevention	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Spill Containment/Bucket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Automatic Shutoff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Ball Float Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

DEQ USE ONLY

Reviewed by: _____ **Ownership change adequately documented? Yes** _____ **No** _____

Comments: _____