STATE OF MISSISSIPPI **CHANGE IN OWNERSHIP FOR UNDERGROUND STORAGE TANKS** For Miss. Dept. of Environmental Quality (For state use only) Return ID #: **USTs** Completed Office of Pollution Control - UST Branch in Form P. O. Box 2261 Miss. Date Recorded: To: Jackson, MS 39225-2261 Instructions Please type or print in ink all items except "signature" in Section V. This form must be completed and submitted within 30 days of acquiring ownership of a UST. The new owner's signature is required in Section V. for this form to be valid. I. Facility Information II. Ownership of UST(s) New Owner's Name: (Please type or print) MDEQ Facility ID No.: (if known): Facility Purchase Date: Mailing Address: Previous Owner's Name: NOTE: If any changes to the UST system have occurred, you must complete a Notification for City: \_\_\_\_\_ Underground Storage Tanks form. State: \_\_\_\_ ZIP Code: \_\_\_\_ Would you like information about the UST Telephone: (\_\_\_\_)\_\_\_\_ Compliance Assistance Program? 

Yes 

No Facsimile: (\_\_\_\_)\_\_\_\_ Would you like information about how to attend a e-mail: UST compliance workshop? ☐ Yes ☐ No III. Location of Tanks IV. Financial Responsibility Location Name or Company Site Identifier (as applicable): Select a method showing how you have met the financial responsibility requirements in accordance with 40 CFR 280 Street Address: (Post Office Box is not acceptable.) Subpart H.

met the financial responsibility requirements in accordance with 40 CFR 280 Subpart H.

City:

State:

ZIP:

County:

Description:

The financial responsibility requirements in accordance with 40 CFR 280 Subpart H.

Subpart H.

State Trust Fund (motor fuel tanks only)

Self Insurance

Other

## V. Certification (Read and sign after completing all sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, 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.

Name and Official Title of new UST Owner (print)

Telephone No.: ( )

Signature of new UST Owner

**Date Signed** 

If Other, Specify: