Reset Form

NOTICE OF INTENT TO PURCHASE UST AND REINSTATE ELTF ELIGIBILITY

State Form 48079 (R2 / 11-14)

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY, UST SECTION
100 N. Senate Avenue
Indianapolis, IN 46204-2251
UST: (317) 234-4112 Release Reporting: (317) 232-8900

:Facility ID Number

INSTRUCTIONS:
- *To be completed by current owner.*
- *If the scheduled purchase date is postponed, you must resubmit this form at least sixty (60) days prior to the revised closing unless the closing occurs.*
- *A new UST Notification Form must be submitted within thirty (30) days of closing.*
- *Submitting this form, insuring UST fees are paid and having financial responsibility is a requirement for ELTF.*

A UST FACILITY INFORMATION

Name of Facility		Lust Incident Number(s) Attributed to this Site	Status of Cleanup
Address *(number and street)*			
City	County		
ZIP Code	UST Fees Fully Paid for this Facility ☐ Yes ☐ No		
Number of USTs at this Site	Telephone Number		

B CURRENT UST OWNER INFORMATION

Name of Current Owner *(must match current registration)*			Dates of Ownership *(month / day / year)* From To	Owner ID Number
Address of Current Owner *(number and street - must match Secretary of State filing, if applicable)*				COFA ID Number
City	State	ZIP Code	Telephone Number	E-mail Address

I swear or affirm under penalty of perjury, to the best of my knowledge and belief, that these statements are true and accurately represent the conditions around the site in question. I understand that pursuant to Indiana Code 13-23-14-2, IC 13-30-4-1 and IC 13-30-6-1 I may be subject to criminal and civil penalties for submitting false and/or inaccurate information on this application. *(Drivers License Number only required for non-incorporated persons.)*

Name of Current Owner or Authorized Representative	Title	COFR Attached ☐ Yes ☐ No
Signature	Drivers License Number	Date *(month / day / year)*

C NEW UST OWNER INFORMATION

Scheduled closing date must be at least sixty (60) days after the Indiana Department of Environmental Management receives this form.

Name of New Owner *(must match future registration)*			Scheduled Date of Closing *(month / day / year)*	Owner ID Number
Address of New Owner *(number and street - must match Secretary of State filing, if applicable)*				COFA ID Number
City	State	ZIP Code	Telephone Number	E-mail Address

I swear or affirm under penalty of perjury, to the best of my knowledge and belief, that these statements are true and accurately represent the conditions around the site in question. I understand that pursuant to Indiana Code 13-23-14-2, IC 13-30-4-1 and IC 13-30-6-1 I may be subject to criminal and civil penalties for submitting false and/or inaccurate information on this application. *(Drivers License Number only required for non-incorporated persons.)*

Name of New Owner or Authorized Representative	Title	COFR Attached ☐ Yes ☐ No
Signature	Drivers License Number	Date *(month / day / year)*