



Office of Land Revitalization
and Sustainable Materials
Management

Change of Property Owner: Properties & Land Containing Active LUST Sites

The purpose of this form is to notify DEM of changes in ownership of property and/or land containing current or former leaking underground storage tank (LUST) or tank facilities that are actively undergoing remediation or monitoring. This form must be completed and submitted to DEM each time the ownership of property and/or land changes or there are significant changes to the contact information of the owner. Completion of this form will not change the responsibility party for the release and does not indicate a change in responsible party, rather, it will only notify DEM of a the new property owner in order to facilitate remediation of the property and ensure property owners are included in the decision making process. If a LUST release was issued a no further action letter by the Office of Waste Management - Underground Storage Tank Program then the action is considered closed and you are not required to notify DEM of changes in property ownership.

Office of Land Revitalization and Sustainable Materials Management- UST Program
235 Promenade Street
Providence, RI 02908-5767

I. Property Information:

Facility Name: LUST Facility ID:

Street Address:

City: State Zip Code:

Effective Date of Transfer:

II. New Facility Owner Information:

Owner Name:

Mailing Address:

City: State: Zip Code:

Phone #: Fax #: E-mail address:

Primary Contact Name: Primary Contact Phone:

II. Certification:

I understand that as the owner of the property I am ultimately responsible for all activities that occur at the site and I am required to make reasonable accommodations to allow the responsible party to complete any applicable remediation or monitoring of the property as dictated by the DEM Project Manager and Corrective Action Plan agreed to by the Responsible Party until such a time a DEM determines no further action is required. I understand that, depending on the current or future use of the property, I may need to conduct additional corrective action(s) and am responsible for fully complying with all applicable sections of the State of Rhode Island Rules and Regulations for Underground Storage Facilities Used for Regulated Substances and Hazardous Materials. I understand that I must make reasonable accommodations to comply with ongoing remediation and monitoring efforts, and that any actions that hinder remediation or monitoring of this property may result in enforcement action by DEM.

Owner's Name: (Printed): Date:

Owner's Signature: