



UST-LUST
1110 West Washington Street
Phoenix, Arizona 85007
USTCAS@azdeq.gov

ADEQ use only

DOCUMENT SUBMITTAL FORM

Do not submit reports in a three ring binder.

Person Responsible for Submitting Document – check all that apply:

☐ UST Owner ☐ UST Operator ☐ Property Owner ☐ Political Subdivision ☐ ADEQ State Lead

Company Name (same as AZ Corp. Commission filing): _____

UST owner/operator ID No: _____ Authorized Individual: ☐ Mr. ☐ Ms. _____

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Email: _____

Identify the Submitted Document(s) – check all that apply

Confirmed release(s):

- | | |
|---|--|
| <input type="checkbox"/> 14 day report | <input type="checkbox"/> Free product report |
| <input type="checkbox"/> 90 day report/initial site characterization report (ISCR) | <input type="checkbox"/> LUST site classification form |
| <input type="checkbox"/> Site characterization report (SCR) | <input type="checkbox"/> Revised SCR |
| <input type="checkbox"/> Periodic site status report (PSSR) | <input type="checkbox"/> Corrective action plan (CAP) |
| <input type="checkbox"/> Revised CAP | <input type="checkbox"/> Tier 3 risk evaluation |
| <input type="checkbox"/> Corrective action completion report (LUST closure request) | |
| <input type="checkbox"/> eCSM update | |
| <input type="checkbox"/> Corrective action completion report (alternative groundwater LUST closure request) | |
| <input type="checkbox"/> Other (describe): _____ | |

UST: ☐ UST Closure Report ☐ Baseline Assessment Report ☐ Other (describe): _____

Release Information

Assigned LUST number: _____

Facility Information

ADEQ Facility ID: 0-0 _____ Facility Name: _____

Facility Street Address: _____

City: _____ Zip Code: _____ County: _____

UST Owner Information (if different than Person Responsible for Submitting Document)		
Company Name (same as AZ Corp. Commission filing): _____		
UST owner/operator ID No: _____ Authorized Individual: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____		
Mailing Street Address: _____		
City: _____	State: _____	Zip Code: _____
Daytime Telephone: _____	Email: _____	
UST Operator Information (if different than Person Responsible for Submitting Document)		
Company Name (same as AZ Corp. Commission filing): _____		
UST owner/operator ID No: _____ Authorized Individual: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____		
Mailing Street Address: _____		
City: _____	State: _____	Zip Code: _____
Daytime Telephone: _____	Email: _____	
Property Owner Information (if different than Person Responsible for Submitting Document)		
Company Name (same as AZ Corp. Commission filing): _____		
UST owner/operator ID No: _____ Authorized Individual: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____		
Mailing Street Address: _____		
City: _____	State: _____	Zip Code: _____
Daytime Telephone: _____	Email: _____	
Seal of Arizona Professional Registrant (required for submittals that include professional judgment, design, analysis, or conclusions, including original plans, drawings, maps, plats, reports, written opinions, specifications, and calculations):		
Certification Statement of UST Owner, UST Operator, or Property Owner (under A.R.S. § 49-1016.C)		
<p>"I hereby certify, under penalty of law, that this submittal and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."</p>		
Signature of Authorized Individual	Title	Date



Underground Storage Tank (UST) 14 Day Report

Please submit an electronic copy to USTCAS@azdeq.gov

Also, please submit a HARD COPY to:

ADEQ
Attention: UST-LUST Section
1110 West Washington Street, Mail Code 4415B-3
Phoenix, AZ 85007

1) Report date: _____ ADEQ Facility ID: 0-0_____ LUST No. (if applicable): _____

2) Type of report

☐ Confirmed release (**You must also complete Attachment A**) pursuant to A.A.C. R18-12-260(C)

3) Nature of the confirmed release. Provide details about how the confirmed release was discovered, the source(s), and the cause(s). Add additional space as needed.

List all sources and causes related to the suspected or confirmed release¹.

- a) Source: _____ Cause: _____
i) Source details (if known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- b) Source: _____ Cause: _____
i) Source details (in known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- c) Source: _____
i) Source details (in known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- d) Source: _____
i) Source details (in known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- e) Source: _____
i) Source details (in known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____

f) Media Impacted (check all that apply):

☐ Soil Groundwater ☐ Vapor ☐ Surface water ☐ Not applicable

4) Regulated substance suspected or confirmed to be released (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Unleaded gasoline | <input type="checkbox"/> Mid-grade unleaded gasoline |
| <input type="checkbox"/> Premium unleaded gasoline | <input type="checkbox"/> Ethanol flex fuel (E_____) |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Biodiesel (B_____) |
| <input type="checkbox"/> Used oil | <input type="checkbox"/> New oil |
| <input type="checkbox"/> Jet fuel (specify: _____) | <input type="checkbox"/> Aviation fuel |
| <input type="checkbox"/> Other (specify: _____) | <input type="checkbox"/> Unknown |

5) Attach a site plan with an established scale and North arrow that shows the location of:

- a) ☐ The approximate suspected or confirmed release location(s)
b) ☐ The sample location(s) (if collected)

¹Please identify the root cause for why the source component malfunctioned. For example, if the ATG probe stopped working because the floats became corroded and could not work properly, the cause should be noted as "corrosion". If at this time you do not know the root cause of the release, choose "unknown".

Attachment A

Confirmed Release Information

1) General information

a) Number of estimated gallons of fuel released³: 1-500 501-1,000 1,001-5,000 5,001-10,000

If >10,000 provide estimate: _____

For assistance in calculating a numerical estimate, UST inventory records may help or you can refer to the *Early Cleanup Technology Deployment Guidance*, which is available on our website at:

http://static.azdeq.gov/ust/lust_early_cleanup_tech.pdf

b) Date UST owner/operator was notified of the release: _____

c) Date of release (if known, otherwise write "unknown"): _____

d) Elapsed time over which the release occurred (if known, otherwise write "unknown"):

2) The initial response and corrective actions taken to date (check all that apply)

☐ Emptied fuel from UST(s)

☐ Repaired leaking component(s)⁴

☐ Replaced leaking component(s)⁴

☐ Initiated early cleanup⁵

☐ Investigated for presence of and initiated removal of free product

3) Provide additional details about your initial response and corrective actions to date. Add additional space as needed.

4) If previously indicated that this confirmed release would be investigated through State Lead CA or Preapproval, has an application to that program been submitted to ADEQ?

Yes

No

N/A

³The estimate provided on this form may change over time as the conceptual site model is updated.

⁴If any UST components have been repaired or replaced, attach the repair/replacement documentation if not previously sent in accordance with A.A.C. R18-12-234(C).

⁵Initiating early cleanup as soon as possible may help to prevent the spread of contamination and decrease the time and costs required to complete cleanup activities and expedite closure. Please refer to the *Early Cleanup Technology Deployment Guidance* for more information. Before cleanup begins, please submit a *UST Cleanup Notice Form*. Both documents are available on our website at <http://www.azdeq.gov/>.

- 4) ☐ Provide details about your anticipated actions to be taken within the first 90 days. Please complete and attach the *Initial Corrective Action Work Schedule* located at: azdeq.gov/node/5430.
- 5) Have the results of any tightness tests performed related to the release been previously submitted?
- ☐ Yes (Date submitted: _____)
- ☐ No (Attach a copy of the results)
- ☐ Not applicable (Tightness tests were not performed in relation to the release)
- 6) Have the laboratory analytical results of samples demonstrating the release confirmation been previously submitted?
- ☐ Yes (Date submitted: _____)
- ☐ No (Attach a copy of the results)