



UST-LUST  
1110 West Washington Street  
Phoenix, Arizona 85007  
[USTCAS@azdeq.gov](mailto: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): \_\_\_\_\_

ADEQ assigned 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

**Suspected release(s):**    14 day report    90 day report (suspected release closure request)

**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"/> Corrective action completion report (alternative groundwater LUST closure request) |  |
| <input type="checkbox"/> Other (describe): _____  |  |

Release Information

Assigned LUST number (if not available, put the date the release was reported to ADEQ): \_\_\_\_\_

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): \_\_\_\_\_  
ADEQ assigned ID No: \_\_\_\_\_ Authorized Individual:  Mr.  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): \_\_\_\_\_  
ADEQ assigned ID No: \_\_\_\_\_ Authorized Individual:  Mr.  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): \_\_\_\_\_  
ADEQ assigned ID No: \_\_\_\_\_ Authorized Individual:  Mr.  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); **must also include registration expiration date:**

Certification Statement of UST Owner, UST Operator, or Property Owner (under A.R.S. § 49-1016.C)

"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."

Signature of Authorized Individual

Title

Date



# Underground Storage Tank (UST) 14 Day Report

Please submit an electronic copy to [USTCAS@azdeq.gov](mailto: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

Suspected release (**You must also complete Attachment A**) pursuant to Arizona Administrative Code (A.A.C.) R18-12-251(E)

*Note: If the suspected release is confirmed to be a release within the 14 day period, the 14 day report requirement is satisfied when the 14 day report for the confirmed release is submitted.*

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

3) Nature of the suspected or confirmed release

a) Source<sup>1</sup> (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Tank – Unknown portion   | <input type="checkbox"/> Tank – Ullage portion                     |
| <input type="checkbox"/> Tank – Sometimes wetted portion (portion may be ullage or wetted depending on fuel levels) |  |
| <input type="checkbox"/> Tank – Wetted portion  | <input type="checkbox"/> Tank – Bottom                             |
| <input type="checkbox"/> Piping run   | <input type="checkbox"/> Piping – Tank joint                       |
| <input type="checkbox"/> Piping – Piping joint/elbow/connector  | <input type="checkbox"/> Dispenser – Impact/shear valve            |
| <input type="checkbox"/> Dispenser – Under-dispenser containment  | <input type="checkbox"/> STP – Flex connector                      |
| <input type="checkbox"/> Submersible turbine pump (STP)   | <input type="checkbox"/> Delivery problem – Spill/overflow at tank |
| <input type="checkbox"/> STP – Line leak detector   | <input type="checkbox"/> Other – Spill bucket                      |
| <input type="checkbox"/> STP – STP sump   | <input type="checkbox"/> Other – Vent line                         |
| <input type="checkbox"/> Other – Fill pipe  | <input type="checkbox"/> Unknown                                   |
| <input type="checkbox"/> Other: _____   |  |

i) Source details (if known, otherwise write “unknown”)

Identify the manufacturer: \_\_\_\_\_

Identify the model/construction: \_\_\_\_\_

Date installed: \_\_\_\_\_

<sup>1</sup>Please identify the component that is the root cause of the release. For example, if the release was initially discovered due to a failed ATG result and after further investigation the result was due to a faulty ATG probe, the source should be noted as the ATG probe not the failed ATG result. If at this time you do not know which component was the source of the release, choose “unknown”.

b) Cause<sup>2</sup> (check all that apply)

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Corrosion                                   | <input type="checkbox"/> Spill                         | <input type="checkbox"/> Overfill |
| <input type="checkbox"/> Installation problem                        | <input type="checkbox"/> Vehicle damage                | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Physical/Mechanical (P/M) damage – Puncture | <input type="checkbox"/> P/M damage – Loose fittings   |                                   |
| <input type="checkbox"/> P/M damage – Splitting/separation           | <input type="checkbox"/> P/M damage – Swelling         |                                   |
| <input type="checkbox"/> P/M damage – Delamination                   | <input type="checkbox"/> P/M damage – Broken component |                                   |
| <input type="checkbox"/> P/M damage – Elongation                     | <input type="checkbox"/> Other: _____                  |                                   |

c) Provide details about how the suspected or confirmed release was discovered, the source(s), and the cause(s). If there are multiple sources, provide the cause for each source. Attach additional information as needed.

d) 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)

<sup>2</sup>Please 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

## Suspected Release Information

1) Initial response(s) to the suspected release (Check all that apply)

- Tightness test ( Tank  Line  Other: \_\_\_\_\_)
- Emptied fuel from UST(s)  Repaired leaking component(s)<sup>3</sup>
- Replaced leaking component(s)<sup>3</sup>  Recalibrated release detection equipment
- Site check (soil sampling)
- Shut down component(s) ( Tank  Line  Other: \_\_\_\_\_)

Provide additional details about your initial response to the suspected release. Add additional space as needed.

<sup>3</sup>If 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).

## Attachment B

### Confirmed Release Information

1) General information

a) Number of estimated gallons of fuel released<sup>4</sup>: \_\_\_\_\_

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](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)

- |   |   |
|---|---|
| <input type="checkbox"/> Emptied fuel from UST(s)   | <input type="checkbox"/> Repaired leaking component(s) <sup>3</sup> |
| <input type="checkbox"/> Replaced leaking component(s) <sup>3</sup>                         | <input type="checkbox"/> Initiated early cleanup <sup>5</sup>       |
| <input type="checkbox"/> 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.

<sup>3</sup>If 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).

<sup>4</sup>The estimate provided on this form may change over time as the conceptual site model is updated.

<sup>5</sup>Initiating 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/>.

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](http://azdeq.gov/node/5430).

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)

Have the laboratory analytical results of samples demonstrating the release confirmation been previously submitted?

Yes (Date submitted: \_\_\_\_\_)

No (Attach a copy of the results)