



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 assigned ID No:

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

Authorized Individual:

Mailing Street Address:

City: State: Zip Code:

Daytime Telephone: Email:

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

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

Confirmed release(s):

- 14 day report
90 day report/initial site characterization report (ISCR)
Site characterization report (SCR)
Periodic site status report (PSSR)
Revised CAP
Corrective action completion report (LUST closure request)
Corrective action completion report (alternative groundwater LUST closure request)
Other (describe):
Free product report
LUST site classification form
Revised SCR
Corrective action plan (CAP)
Tier 3 risk evaluation

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) ADEQ assigned ID No: _____

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

Authorized Individual (include Mr. or Ms.): _____

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Email: _____

UST Operator Information (if different than Person Responsible for Submitting Document) ADEQ assigned ID No: _____

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

Authorized Individual (include Mr. or Ms.): _____

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Email: _____

Property Owner Information (if different than Person Responsible for Submitting Document) ADEQ assigned ID No: _____

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

Authorized Individual (include Mr. or 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) 90 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

- Suspected release (**You must also complete Attachment A**) pursuant to Arizona Administrative Code (A.A.C.) R18-12-251(F)
- Confirmed release (**You must also complete Attachment B**) pursuant to A.A.C. R18-12-261(D)

3) Nature of the suspected or confirmed release

a) Source¹ (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: _____

¹Please 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.

b) Cause² (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. Add additional space 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) Have the results of any tightness tests conducted 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 suspected or confirmed release)

²Please 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".

Attachment B Confirmed Release Information

1) Volume of fuel released

a) Are UST records available (such as inventory records) to estimate volume released?

- Yes (provide an estimate in gallons: _____ and skip to #1c)
 No (continue to #1b)

b) Is there analytical data available?

- Yes (provide an estimate of gallons released³: _____; refer to the *Early Cleanup Technology Deployment Guidance* if assistance is needed for estimating volume, which is available on our website <http://www.azdeq.gov/>)
 No

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

d) Date of release (if known): _____

e) Elapsed time over which the release occurred (if known): _____

2) The initial response, abatement, 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) ⁴ |
| <input type="checkbox"/> Replaced leaking component(s) ⁴ | <input type="checkbox"/> Initiated early cleanup ⁵ |
| <input type="checkbox"/> Conducted initial site characterization | |
| <input type="checkbox"/> Investigated for presence of and initiated removal of free product | |

3) Provide additional details about your initial response, abatement, and corrective actions taken to date. Please add additional space as needed.

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/>.

8) Current occupancy and use of the facility

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9) Current occupancy and use of the properties immediately adjacent to the facility. Add additional rows as needed.

Direction from facility (example: S, NW)	Adjacent Property Name	Adjacent Property Use

10) Attach laboratory analytical results of the samples analyzed and received as of the date of the report

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

- a) The facility property boundaries
- b) The release location(s)
- c) The sample location(s)
- d) Identified receptors
- e) Known sewer and utility lines, basements, and other artificial subsurface structures on and immediately adjacent to the facility

12) Attach a map that identifies all well locations within a quarter mile of the facility.

13) Attach a current LUST site classification form (A blank form is available on the ADEQ website).

14) Was free product discovered?

- a) Yes (Attach information required under A.A.C. R18-12-261.02)
- b) No