



**TANK SITE IMPROVEMENT PROGRAM (TSIP)**  
**ARIZONA REVISED STATUTES § 49-1071**  
**SUSPECTED RELEASE CONFIRMATION**  
**APPLICATION FORM**

**CHECKLIST FOR TSIP SUSPECTED RELEASE CONFIRMATION APPLICATION**

Please consider using this checklist and the additional resources listed below to ensure your application is complete prior to submission.

- ☐ Section 1 – General Information
- ☐ Section 2 – Applicant Information
- ☐ Section 3 – Consultant Information
  - ☐ Cost Summary for Suspected Release Confirmation Bid
- ☐ Section 4 – Tank Site Improvement Program Applicant Certification Statement
- ☐ Section 5 – Tank Site Improvement Program Environmental Consultant Certification Statement
- ☐ Attachment A – Documentation for Authorized Individual, as applicable
- ☐ Attachment B – Facility Site Plan for Proposed Work

**Additional Resources:**

- TSIP Frequently Asked Questions – New applicants: [Getting Started FAQs | Tank Site Improvement Program | ADEQ Arizona Department of Environmental Quality](#)
- TSIP Frequently Asked Questions: <https://azdeq.gov/node/5327>
- Guidance Documents on Leak Prevention Projects & Sampling Information: <https://azdeq.gov/node/5815>
- 24-Hour Confirmed Release Notification Form: [https://static.azdeq.gov/forms/lust\\_24hr\\_release\\_notif\\_cont.pdf](https://static.azdeq.gov/forms/lust_24hr_release_notif_cont.pdf)
- Arizona Procurement Portal (APP): <https://app.az.gov>



**TANK SITE IMPROVEMENT PROGRAM (TSIP)**  
**APPLICATION FOR SUSPECTED RELEASE CONFIRMATION**  
**ARIZONA REVISED STATUTES (A.R.S.) § 49-1071**

## Section 1 – General Information

UST Facility ID: 0-0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

UST Facility Address: \_\_\_\_\_ City: \_\_\_\_\_

**Note: If you do not have an ADEQ-assigned UST Facility ID number, you are not eligible for this program.**

Date suspected release was reported to ADEQ \_\_\_\_\_. **The suspected release must be reported to ADEQ prior to submitting this TSIP application and open at the time of submittal.**

## Section 2 – Applicant Information

**2.1. Applicant Role (select all that apply):**

- ☐ UST Owner (A.R.S. § 49-1001.01)    ☐ UST Operator (A.R.S. § 49-1001)  
☐ Property Owner (do NOT select this option if you are a lessee and do not actually own the property)

**Note: If you do not meet the criteria to be designated as one of the options above, you are not eligible for this program.**

**2.2. Applicant Name:** \_\_\_\_\_

**Use the appropriate legal name** (including Trade Name, if applicable) on file with the Internal Revenue Service (IRS) or Arizona Corporate Commission (ACC) for the business entity or individual. **Note: The Applicant Name provided will be cross-referenced with the name on file with ADEQ under the selected Applicant Role (section 2.1). Variations will cause a delay in application processing and require a clarification to resolve the inconsistency.**

**2.3. Is the Applicant an individual person (not a company, partnership, trust, etc.)?**

- ☐ Yes (if “Yes”, skip 2.4)                      ☐ No (if “No” – complete 2.4)

**2.4. The Authorized Individual** listed below has authority to bind the Applicant (UST owner or operator) for not only processing of the TSIP application; but also, the conditions and requirements included within the certification statement.

The individual must be authorized by the entity owning or operating the UST as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the entity.

**Provide documentation demonstrating that the Authorized Individual has the authority to represent the Applicant as Attachment A.**

**Name and Title of Applicant’s Authorized Individual:**

\_\_\_\_\_  
 Name of Authorized Individual

\_\_\_\_\_  
 Authorized Individual’s Title/Role with Applicant

**2.5. Contact Information**

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2.6. Arizona Procurement Portal (APP) Supplier Number** (register at <https://app.az.gov/>): IV \_\_\_\_\_

**Note: Account information will be verified to ensure it matches the Applicant Name provided.**

### Section 3 – Consultant Information

To ensure the proposed scope of work is conducted to satisfy all applicable regulatory requirements, the Cost Summary for Bid must be completed by an environmental consultant possessing current registration with the Arizona Board of Technical Registration (AZ BTR), designated below.

#### 3.1. ENVIRONMENTAL CONSULTANT

Environmental Consultant Name (Company): \_\_\_\_\_

AZ Registered Professional (Individual) Name: \_\_\_\_\_

AZ Board of Technical Registration License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Project Lead Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### 3.2. WORK SUMMARY FOR SUSPECTED RELEASE CONFIRMATION BID

**Note: UST Removal Site Plan included in Attachment C must include the detail identified for a complete site plan and must clearly identify all sampling locations**

3.2.1. What type of drill rig will be used: ☐ Direct Push/Geoprobe ☐ Hollow-Stem Auger  
☐ Hollow-Stem Auger (Limited Access) ☐ Air Rotary ☐ Rotosonic

Justification for drill rig type: \_\_\_\_\_

3.2.2. Number of vertical borings: \_\_\_\_\_ Total feet/boring: \_\_\_\_\_ Number of samples/boring: \_\_\_\_\_

3.2.3. Number of angle borings: \_\_\_\_\_ Total feet/boring: \_\_\_\_\_ Number of samples/boring: \_\_\_\_\_

3.2.4. Will temporary wells be installed? ☐ No ☐ Yes (if "Yes", how many? \_\_\_\_\_)

3.2.5. Samples will be collected in accordance with Arizona Administrative Code (A.A.C.) R18-12-251, R18-12-280, and applicable guidance.

☐ Yes ☐ No (if "No", attach documentation describing procedure and reference to applicable standards)

#### Sampling Information

Samples must be analyzed for all product types stored for the history of the UST system. Information on ADEQ's sample analytical requirements is here: [http://static.azdeq.gov/ust/analytical\\_data.pdf](http://static.azdeq.gov/ust/analytical_data.pdf).

Samples must also be collected at any location where evidence indicates that a release has occurred, such as:

- Stained soils
- Odors or vapors
- Free product

#### Multi-Depth Sampling

ADEQ strongly recommends collecting soil samples at multiple depths from each sampling location to assist in determining the extent of a potential release during this field event. The additional data may be used to evaluate if the release can be closed without requiring the time and increased cost of another investigative field event to collect additional samples. Field equipment, such as photoionization detectors (PIDs), may not always indicate the potential or extent of a release while conducting work in the field. Therefore, ADEQ highly recommends collecting soil samples at multiple depths from all soil sampling locations.

**3.2.6. COST SUMMARY FOR SUSPECTED RELEASE CONFIRMATION BID**

- All activities described in the scope of work must have an associated cost in a line item below.
- Do not include any ineligible costs (see ADEQ website for example ineligible costs).
- Proposed work must address the site identified in the TSIP application.
- Only costs listed below will be reviewed for approval.

ENVIRONMENTAL CONSULTANT	
Item Description	Cost
Total Labor Cost (including HASP, field oversight, and reporting)	
Field Sampling Equipment	
PID	
Permit(s)	
Field Supplies	
<i>List any other eligible costs</i>	
<b>Subtotal 1</b>	
SUBCONTRACTORS	
Item Description	Cost
Utility locating	
Driller bid	
Sample laboratory analyses	
IDW sampling and disposal	
<i>List other eligible subcontractor costs</i>	
<b>Subtotal 2</b>	
<b>Total Cost Amount (Subtotal 1 + Subtotal 2)</b>	
<b>Total Amount Requested for ADEQ Funding Approval (maximum \$20,000)</b>	
<b>NOTE: Costs in excess of amount allowable under A.R.S. § 49-1071 are not eligible under TSIP</b>	

**Section 4 – TSIP Applicant Certification Statement****By signing below, I certify that I have read and understand the following:**

Compliance deadlines associated with regulatory requirements are not affected by my participation in this program.

Arizona Revised Statutes § 49-1071 limits reimbursement to a maximum of \$300,000 per facility for all TSIP activities, including up to \$20,000 for suspected release confirmation.

I am requesting ADEQ funding approval of up to:

\$\_\_\_\_\_ for **suspected release confirmation**

*(NOTE: The requested approval amount should not exceed the maximum amount allowable for the category of work and facility reimbursement limit).*

All costs must be paid by me, as the Applicant identified on the application, and a complete and accurate reimbursement request must be submitted to receive payment. Only costs incurred by the Applicant may be eligible for reimbursement.

Costs incurred that exceed the ADEQ preapproved project amount are my responsibility and will not be eligible for reimbursement.

I am responsible for notifying ADEQ for approval if there is a change to the consultant prior to the work being conducted. I understand that a change in consultant could result in non-payment.

I am responsible for assuring that all work conducted will meet regulatory requirements (including Arizona Revised Statutes § 49-1004 and Arizona Administrative Code R18-12-251), industry standards, and applicable guidance. I understand that if work is not conducted in accordance to regulatory requirements, costs may not be reimbursed.

Incomplete applications are not eligible for approval.

Approval is subject to the availability of funding.

Costs for suspected release confirmation that were conducted prior to the TSIP application approval may be eligible for reimbursement and must be identified in the reimbursement request.

ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

**I hereby certify that I have reviewed this application and all attachments.**

I further declare under penalty of perjury that all facts and statements set forth as part of this application are true and complete to the best of my knowledge and belief.

I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

The actions and costs included in this submittal have not been and will not be covered by insurance or another financial responsibility mechanism, or another State program.

\_\_\_\_\_  
Applicant – Full Legal Name

\_\_\_\_\_  
Printed Name of Applicant/Authorized Individual

\_\_\_\_\_  
Signature of Applicant/Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

**Section 5 – TSIP Environmental Consultant Certification Statement**

**By signing below, I certify that I have read and understand the following:**

I confirm the amount of \$ \_\_\_\_\_ for consultant actions required for suspected release confirmation represents the anticipated actual costs for the work conducted by me (my company). *Note: this amount should correspond to the amount shown for total cost amount in the subsection 3.2.6. COST SUMMARY FOR SUSPECTED RELEASE CONFIRMATION BID.*

I certify under penalty of perjury that the cost summary and all attachments, if any, were prepared under my direction or supervision by qualified personnel responsible for properly gathering and evaluating the information submitted.

Based on my inquiry of the person or people who are responsible for gathering and evaluating the information, to the best of my knowledge and belief, the information submitted is true, accurate and complete.

I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

I certify that all work will be conducted in accordance with regulatory requirements (including Arizona Revised Statutes § 49-1004 and Arizona Administrative Code R18-12-251), industry standards, and applicable guidance.

I understand that if work is not conducted in accordance with regulatory requirements, costs may not be reimbursed.

I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

Environmental Consultant Name (Company): \_\_\_\_\_

AZ Registered Professional (Individual) Name: \_\_\_\_\_

AZ Board of Technical Registration License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AZ Professional Registrant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Attachment A (SECTION 2)**

### **Documentation for Authorized Individual**

The individual must be authorized by the entity owning or operating the UST as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the entity.

Provide information as described below:

- Documents from the Arizona Corporation Commission identifying the individual and their role with the company
- Written authorization identifying the individual and their authority to bind the company on company letterhead, signed by a party identified in documents from the Arizona Corporation Commission

NOTE: The authorizing individual (the party signing the authorization) should also include their contact information, including a valid email address

## **Attachment B**

### **Facility Site Plan for Proposed Work**

Complete Site Plan shall be drawn to scale and include a diagram of the facility showing:

- North arrow
- Scale
- Facility property boundaries with street names
- Locations of current and any known former UST systems, including all tanks, piping, and dispensers
- Routes of access and any potential obstructions, including: natural or artificial barriers, canopies, buildings, utility infrastructure, and other structures
- Locations of any infrastructure at the facility to the extent known:
  - Buildings or other structures
  - Utilities, both above and below ground
  - ADWR registered wells
  - Any additional pertinent infrastructure information
- Locations proposed for sample collection - including tanks, piping, and dispenser areas (if sampling locations are not anticipated in an area, provide a detailed explanation on the site plan)
  - It is helpful to also include proposed sampling depths (please remember, ADEQ strongly recommends collection of multi-depth sampling where possible)
- Location(s) of the suspected release



## TSIP APPLICATION SUBMITTAL INSTRUCTIONS

### Important:

- Submittal of a complete and eligible application is required for approval.
- ADEQ may request further information or clarification of the information received in order to process the application.
- A complete application includes:
  - ☐ **Completed Application Form** with signed certification statements (Sections 4 and 5)
  - ☐ **Attachment A:** Documentation for Authorized Individual
  - ☐ **Attachment B:** Facility Site Plan for Proposed Work

If you have questions on how to complete the application, please contact ADEQ at 602-771-4351 or email us at [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov).

### HOW TO SUBMIT:

ADEQ strongly encourages electronic submittal of the application. Please email the application and all attachments to [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov).

If you are not able to submit electronically, you may mail or hand-deliver the application and all attachments to the below address:

Arizona Department of Environmental Quality  
**Attention: UST - TSIP**  
1110 West Washington Street  
Phoenix, AZ 85007

Note: A hard copy is not required to be submitted to ADEQ if you submitted the application, all attachments, and signature pages by email.