



ADEQ received stamp:

APPLICATION FOR STATE LEAD PROGRAM
UNDERGROUND STORAGE TANK (UST)
NONCORRECTIVE ACTION (A.R.S. § 49-1017.02)
FOR BASELINE ASSESSMENT

Mail or hand deliver this completed form to:
ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
Attention: UST State Lead Program
1110 W Washington St, Mail Code 4415B-3
Phoenix, AZ 85007

Eligibility is limited to UST owners, operators and property owners. Funding is not available for USTs owned by the state of Arizona, the federal government or those located in Indian Country.

ADEQ requires submittal of a hard copy with an original signature; however, we encourage you to also submit the form electronically to: uststatelead@azdeg.gov. Submittal of a complete and accurate application form may allow for more timely review of your submittal.

\*NOTE: this application cannot be processed unless ADEQ receives a completed Access Agreement with the original signature of the property owner. It is the Applicant's responsibility to submit this form.

For instructions on how to submit electronic files, see Appendix A. If you choose to submit your submittal electronically, the submittal date of the application will be the date the department receives the hard copy (wet signature) of the access agreement, not the electronic copy. The electronic submittal will not take the place of a hard copy of the submittal.

I, \_\_\_\_\_ am the applicant requesting ADEQ to conduct a baseline
(Print Name)

assessment under 49-1017.02 and state that the information submitted by me in this application is true and correct to the best of my knowledge.

Please complete the following:

How did you find out about this program? \_\_\_\_\_

Why are you requesting a baseline assessment? \_\_\_\_\_

Are you currently in compliance with financial responsibility (FR) requirements? [ ] Yes [ ] No

Do you currently rely on UST insurance to meet FR requirements? [ ] Yes [ ] No

Does your UST insurance require prior notification for environmental sampling? [ ] Yes [ ] No

Note: Your successful participation can be jeopardized if you don't comply with your UST insurance notification requirements.

If you are requesting a Baseline Assessment to get an earlier retroactive date from an insurance company, ADEQ recommends that you confirm that they will give you one upon completion.

Are there any site specific details that may impact the requested actions? \_\_\_\_\_

Example: restricted access areas

**Applicant Information:**

Check all that apply to Applicant:  UST Owner  UST Operator  Property Owner

Note: If Applicant is not the property owner, the applicant will be required to have the property owner complete the attached site access agreement.

I am applying as:  An Individual  Company or Corporation  Other (describe: \_\_\_\_\_)

If Applicant is an individual – Provide Full Legal Name: \_\_\_\_\_

If Applicant is not an individual - please provide the name of the Company and identify the Authorized Individual who has the authority to represent the Company (**Note: Provide documentation demonstrating that the Authorized Individual is a bona fide employee of the Company or their legal representative. The Company name must match the information provided on the Arizona Corporation Commission (ACC) website.**):

Name of Applicant (Company Name): \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**This application cannot be processed unless ADEQ receives a completed Access Agreement with the original signature of the property owner. It is the Applicant’s responsibility to submit this form.**

Property Owner Name: \_\_\_\_\_

If Property Owner is a business, identify contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Facility Information:**

ADEQ assigned Facility ID Number: 0-00 \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Facility Contact Person  Check if same as applicant, if not - complete information below:

Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner and Operator Information:**

Owner Name (if different from Applicant identified above): \_\_\_\_\_

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

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

Operator Name (if different from Applicant identified above): \_\_\_\_\_

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

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

Unknown

**Financial Responsibility (FR) Requirements:**

You paid for UST insurance. Don't waste it!

As the tank owner and/or operator YOU are responsible for cleaning up contamination associated with your UST system. We want you to be aware that your insurance policy may require you to provide them PRIOR notice of certain tank-related activities.

For most UST owners and operators in Arizona, your financial assurance mechanism is UST insurance. To preserve your rights to make a claim if contamination is found, you must comply with all the conditions in your policy. For example: you may be required to notify your insurance company prior to UST removal or there may be strict time limits on when you must notify them if contamination is discovered. Don't take the risk that you will have to pay for clean-up because you did not know your policy requirements.

If you rely upon UST insurance to demonstrate compliance with financial responsibility requirements, please provide the following:

\_\_\_\_\_  
Insurance Provider Company Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Provider Contact Name

\_\_\_\_\_  
Provider Contact Phone Number

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**Financial Resources of State Lead Applicant:**

I understand that information about my financial resources is a factor that may be considered in determining the priority of my request.

- I am not requesting a financial need evaluation.       I am requesting a financial need evaluation.

**UST Information:**

**Attach a site plan showing the location of the USTs.**

Are UST(s) currently in use (operating)?  Yes  No (If “No” provide date of last use \_\_\_\_\_)

**Complete the following for USTs that are on-site**

Tank No.	Size (gallons)	Installation Date	Construction	Material	Product Stored (throughout operation)
			<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled <input type="checkbox"/> Internal Lining <input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Unknown	<input type="checkbox"/> Unleaded (UL) Gasoline <input type="checkbox"/> UL Mid-grade Gasoline <input type="checkbox"/> UL Premium Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel (B____) <input type="checkbox"/> Used/Waste Oil <input type="checkbox"/> New Oil <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Jet Fuel (specify____) <input type="checkbox"/> Unknown
			<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled <input type="checkbox"/> Internal Lining <input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Unknown	<input type="checkbox"/> Unleaded (UL) Gasoline <input type="checkbox"/> UL Mid-grade Gasoline <input type="checkbox"/> UL Premium Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel (B____) <input type="checkbox"/> Used/Waste Oil <input type="checkbox"/> New Oil <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Jet Fuel (specify____) <input type="checkbox"/> Unknown
			<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled <input type="checkbox"/> Internal Lining <input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Unknown	<input type="checkbox"/> Unleaded (UL) Gasoline <input type="checkbox"/> UL Mid-grade Gasoline <input type="checkbox"/> UL Premium Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel (B____) <input type="checkbox"/> Used/Waste Oil <input type="checkbox"/> New Oil <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Jet Fuel (specify____) <input type="checkbox"/> Unknown

Piping Material:  Fiberglass Reinforced Plastic  Steel  Flexible  Unknown

Date of Piping Installation: \_\_\_\_\_  Unknown

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Additional UST Information (attach additional sheets if needed)

Tank No.	Size (gallons)	Installation Date	Construction	Material	Product Stored (throughout operation)
			<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled <input type="checkbox"/> Internal Lining <input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Unknown	<input type="checkbox"/> Unleaded (UL) Gasoline <input type="checkbox"/> UL Mid-grade Gasoline <input type="checkbox"/> UL Premium Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel (B____) <input type="checkbox"/> Used/Waste Oil <input type="checkbox"/> New Oil <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Jet Fuel (specify____) <input type="checkbox"/> Unknown
			<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled <input type="checkbox"/> Internal Lining <input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Unknown	<input type="checkbox"/> Unleaded (UL) Gasoline <input type="checkbox"/> UL Mid-grade Gasoline <input type="checkbox"/> UL Premium Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel (B____) <input type="checkbox"/> Used/Waste Oil <input type="checkbox"/> New Oil <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Jet Fuel (specify____) <input type="checkbox"/> Unknown
			<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled <input type="checkbox"/> Internal Lining <input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Unknown	<input type="checkbox"/> Unleaded (UL) Gasoline <input type="checkbox"/> UL Mid-grade Gasoline <input type="checkbox"/> UL Premium Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> E-85 <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel (B____) <input type="checkbox"/> Used/Waste Oil <input type="checkbox"/> New Oil <input type="checkbox"/> Aviation Fuel <input type="checkbox"/> Jet Fuel (specify____) <input type="checkbox"/> Unknown

Piping Material:  Fiberglass Reinforced Plastic  Steel  Flexible  Unknown

Date of Piping Installation: \_\_\_\_\_  Unknown

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Have you identified any locations within the UST system(s) that may be leaking?  Yes  No

If “Yes”, identified the locations below:

- |   |   |
|---|---|
| <input type="checkbox"/> Tank                                 | <input type="checkbox"/> Tank joint                           |
| <input type="checkbox"/> Piping                               | <input type="checkbox"/> Piping joint/elbow/connector         |
| <input type="checkbox"/> Dispenser (above shear/impact valve) | <input type="checkbox"/> Dispenser (below shear/impact valve) |
| <input type="checkbox"/> Metal flex connector                 | <input type="checkbox"/> Submersible turbine pump (STP)       |
| <input type="checkbox"/> Line leak detector                   | <input type="checkbox"/> Spill bucket                         |
| <input type="checkbox"/> Fill pipe                            | <input type="checkbox"/> Vent line                            |
| <input type="checkbox"/> Other (describe _____)               |   |

Current land use adjacent to the UST facility:  residential  non-residential

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**Additional Information that may influence the priority of your submittal:**

**Risk Considerations:**  Unknown (if “unknown” skip details below)

Location of nearest receptor	Distance from UST facility in miles
Municipal well	
Irrigation well	
Private well	
Surface water	
Nearby school or daycare center	

**UST NONCORRECTIVE ACTION PROGRAM SITE ACCESS AGREEMENT**

The Parties involved in this agreement include the Arizona Department of Environmental Quality (ADEQ) and the current "Property Owner". "Property Owner" is the person, who currently holds title to the property listed above, on which an Underground Storage Tank ("UST"), as defined by A.R.S. § 49-1001.21 is or was located.

**This Access Agreement (Agreement)** is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ (**Property Owner Name**) and ADEQ. The Property Owner and ADEQ are collectively referred to herein as the Parties. NOTE: The Property Owner name will be verified against information on file with the County Assessor. IF there is a discrepancy in these names, please attach a letter explaining the variation.

"Property Owner" and ADEQ desire that noncorrective actions requested under A.R.S. § 49-1017.02, be carried out at the Property and that ADEQ take such action pursuant to this statute.

ADEQ desires to cooperate with the Property Owner, by establishing the terms and conditions under which it or its representatives will enter onto the Property to conduct the requested activity – a baseline assessment.

Note - activities may include groundwater sampling; groundwater well drilling and installation; soil sampling; enhanced leak detection; soil-gas sampling; or source area sampling within and beneath any facility building.

The Parties agree to the following:

- 1) The Property Owner grants permission to ADEQ or its representative to have access to the Property to undertake noncorrective actions. ADEQ agrees that reasonable notice will be given to the Property Owner prior to entrance onto the Property by ADEQ personnel or contractors.
- 2) The Property Owner agrees to cooperate with ADEQ and its duly authorized agents in the investigations and possible monitoring actions to be conducted upon the Property.
- 3) ADEQ agrees to perform all work in a safe and workmanlike manner, which shall conform to professional standards and practices consistent with generally accepted industry standards and shall comply with all applicable federal, state, and local laws, statutes, rules, regulations, ordinances, and orders. Such work shall be free from defects or damage, and that its representatives will take all reasonable measures and precautions to minimize disruption of each and any businesses at the Site at all times. ADEQ will coordinate onsite activities with Property Owner's operating business to minimize disruption. ADEQ is not financially responsible for business fluctuations during onsite activities.
- 4) Upon request, ADEQ will provide to Property Owner any information, not already provided, regarding sampling plans along with the analytical results of all samples taken and monitoring done, as well as any and all final reports generated by its representatives in reference to the Property.
- 5) ADEQ, or its representatives, will restore the Property to substantially the same conditions as existed prior to activities under this Agreement.
- 6) The Property Owner shall not be responsible for any theft of or damage to any property or equipment of ADEQ or its representatives unless resulting from the Property Owner's acts or omissions or the acts or omissions of its employees, agents, contractors, subcontractors or any other person acting on behalf of the Property Owner.
- 7) No Indemnity. Property Owner and ADEQ are responsible for only their own negligence in connection with the activities conducted on the property.

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8) If activities include installation of groundwater monitoring wells, the wells will be completed in below ground surface vaults capable of supporting automobile and truck traffic in order to prevent interference with the businesses at the Property. It is expressly understood that ADEQ shall retain ownership of any and all groundwater monitoring wells and be responsible for compliance with any required filings, including Department of Water Resources filings, with regard to the wells.

9) If the activities include permanent closure of the UST system, all associated system components and surface material will be removed and disposed at an appropriate waste facility.

10) This Agreement may be cancelled by the ADEQ Director pursuant to A.R.S. § 38-511.

11) In the event of a dispute, the Parties agree to use arbitration to the extent required by A.R.S. § 12-1518.

If there is more than one Property Owner, each Property Owner(s) must sign this agreement.

If the Property Owner is identified as a business entity, the signature below should be the Authorized Individual verified on page 1 of this Application.

Signatures and notarization must all be on the same page. All signatures must be original. Reproduced or copied signatures will not be accepted.

Site Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ PARCEL No. \_\_\_\_\_

<p>_____ 1. Signature of Property Owner/Authorized Individual</p> <p>_____ Printed Name</p> <p>_____ Relationship to Applicant (if applicable)</p> <p>_____ 2. Signature of Property Owner/Authorized Individual</p> <p>_____ Printed Name</p> <p>_____ Relationship to Applicant (if applicable)</p>	<div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"> <p>STAMP HERE</p> </div> <p>Sworn to and subscribed this: _____ day of _____, 20__</p> <p>_____ Notary Public Signature</p> <p>_____ My commission expires</p> <p>County of _____, State of _____</p>
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This Agreement shall be effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

BY: \_\_\_\_\_  
Pamela Nicola, Manager  
UST - LUST Section  
Waste Programs Division  
Arizona Department of Environmental Quality



### Appendix A: State Lead Application Submittal

A hard copy of all information requested on the State Lead application is required to be submitted for State Lead program eligibility.

Although ADEQ is not set up to accept only electronic submittals, we encourage you to submit your State Lead application electronically as well. Electronic submittals may allow for more timely review of your application.

**Note:** *If you choose to submit your submittal electronically, the submittal date of the application will be the date the department receives the hard copy, not the electronic copy. [The electronic submittal will not take the place of a hard copy \(wet signature\) of the access agreement submittal.](#)*

To submit the State Lead application form electronically:

- 1) Click the “Save” button below and then name the application using the following specifications:  
The file name for should start with the facility number, grant type, Applicant Name (or initials):  
FAC\_1234\_SLApp\_USTremoval\_ApplicantName

*For “Applicant Name”: If the applicant is an individual - please provide the last name or initials of the individual. If the applicant is a company – please provide the name or initials of the company.*

- 2) Click the “Submit” button located below.