



UST-LUST Section
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USTCAS@azdeq.gov

UST CLEANUP NOTICE FORM

Pursuant to Arizona Administrative Code R18-7-210, an entity who plans to conduct soil remediation must submit this form. The form must be submitted before beginning remediation or while soil remediation continues after an immediate and substantial endangerment has been abated.

1) Facility Information

ADEQ Facility ID #: 0-0
ADEQ LUST ID:
Facility Name:
Street Address:
City:
Zip Code + 4:
County:
Parcel Number(s) (if known):
Current Property Use: Residential Non-Residential
Post-Remediation Property Use: Residential Non-Residential

2) Entity Conducting Remediation Information

Check all that apply: UST Owner UST Operator
Company Name (same as AZ Corp. Commission):
Contact First Name:
Contact Last Name:
Contact Title:
Mailing Address:
City:
State:
Zip Code + 4:
Contact Phone Number:
Contact Fax Number:
Contact Email Address:

3) Property Owner Information

Same as #2 (if yes, skip to #4)
Company Name (same as AZ Corp. Commission):
Contact First Name:
Contact Last Name:
Contact Title:
Mailing Address:
City:
State:
Zip Code + 4:
Contact Phone Number:
Contact Fax Number:
Contact Email Address:

4) Released Substance(s) Information

Substance(s) Released (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Aviation Fuel | <input type="checkbox"/> New Oil |
| <input type="checkbox"/> Biodiesel (B _____) | <input type="checkbox"/> Other (_____) |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Premium Gasoline |
| <input type="checkbox"/> Ethanol Flex Fuel (E _____) | <input type="checkbox"/> Unleaded Gasoline |
| <input type="checkbox"/> Jet Fuel (_____) | <input type="checkbox"/> Used Oil |

Estimated gallons released: _____

5) Remediation Information

Media to be cleaned up: Soil only Soil and groundwater

Remediation Method(s)

Selected method(s) (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Air Sparge (AS) | <input type="checkbox"/> Dual/Multi Phase Extraction |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Groundwater (GW) Pump and Treat |
| <input type="checkbox"/> <i>In Situ</i> Chemical Oxidation (specify chemical: _____) | |
| <input type="checkbox"/> Other (specify: _____) | <input type="checkbox"/> Soil Vapor Extraction (SVE) |

System Start-up Date(s): _____

Remediation Infrastructure

Number of AS Wells _____	Number of Monitoring Wells _____
Number of GW Extraction Wells _____	Number of SVE Wells _____
Number of Injection Wells _____	

Rationale for Selected Remediation Method(s)

(This area is intentionally left blank for providing the rationale for the selected remediation method(s).)