



UST-LUST Section  
 1110 West Washington Street  
 Phoenix, Arizona 85007  
 (602) 771-7604

[USTNotificationFormSubmittal@azdeq.gov](mailto:USTNotificationFormSubmittal@azdeq.gov)

ADEQ Use Only  
 Facility ID \_\_\_\_\_  
 Owner ID \_\_\_\_\_  
 Operator ID \_\_\_\_\_  
 Reviewer's Initials \_\_\_\_\_

## NOTIFICATION FOR UNDERGROUND STORAGE TANKS

1 TYPE OF NOTIFICATION	
<input type="checkbox"/> New Facility	<input type="checkbox"/> Amendment
<input type="checkbox"/> Permanent Closure	
2 LOCATION OF UNDERGROUND STORAGE TANK (UST) FACILITY	
Facility Name:	Parcel #:
Street Address:	
City:	County: Zip Code:
If the facility does not have an address, describe the directions to the facility (from the nearest city, highways, mile markers, roads, etc):	
3 UST OWNER INFORMATION	4 UST OPERATOR INFORMATION (if different than UST Owner)
Date of UST owner change:	Date of UST owner change:
Person or Business Name:	Person or Business Name:
AZ Corp. Comm. File No. (if applicable):	AZ Corp. Comm. File No. (if applicable):
Name of Contact Person:	Name of Contact Person:
Email Address:	Email Address:
Telephone: Fax:	Telephone: Fax:
Mailing Address:	Mailing Address:
City: State: Zip Code:	City: State: Zip Code:
Note: if there is a lease agreement in place, <b>include</b> a redacted copy of lease agreement	
5 TYPE OF UST OWNER	
<input type="checkbox"/> Business Entity	<input type="checkbox"/> Individual
<input type="checkbox"/> County Government	<input type="checkbox"/> City Government
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Other _____	
6 PROPERTY OWNER	7 BILLING CONTACT
<input type="checkbox"/> Same as Tank Owner	<input type="checkbox"/> Same as Tank Owner
<input type="checkbox"/> Same as Tank Operator	<input type="checkbox"/> Same as Tank Operator
Person or Business Name:	Person or Business Name:
Name of Contact Person:	Name of Contact Person:
Email Address:	Email Address:
Telephone: Fax:	Telephone: Fax:
Mailing Address:	Mailing Address:
City: State: Zip Code:	City: State: Zip Code:
8 PREVIOUS UST OWNER INFORMATION	
Person or Business Name:	
AZ Corp. Commission File No. (if applicable):	
Name of Contact Person:	
Email Address:	
Telephone: Fax:	
Mailing Address:	
City: State: Zip Code:	

9 TYPE OF FACILITY					
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Auto Repair	<input type="checkbox"/> School	<input type="checkbox"/> Hospital		
<input type="checkbox"/> Airport	<input type="checkbox"/> Hangar	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Vacant Land		
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> County Government	<input type="checkbox"/> City Government		
<input type="checkbox"/> Industry/Factory	<input type="checkbox"/> Utility	<input type="checkbox"/> Residential	<input type="checkbox"/> Farm		
<input type="checkbox"/> Other (describe) _____					
10 UNDERGROUND STORAGE TANK SYSTEM					
Description of UST System and Usage Information					
UST Identification Number (ex: 1, 2A, 2B, 3, etc.)					
A) Date of UST Installation					
B) Total Capacity (Gallons)					
11 SUBSTANCE CURRENTLY OR LAST STORED					
Gasoline (Unleaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Premium/Super)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Mid-Grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (No Ethanol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Leaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethanol Flex Fuel (E_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red/Dyed Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel (type_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel (type_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antifreeze/Ethylene Glycol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance (specify CERCLA Name or CAS Number)					
Other (describe)					
Unidentified/Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 UST – MATERIAL					
Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt-Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel Wrapped with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)					
13 UST – CONSTRUCTION					
Singled Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)					

14 UST – CORROSION PROTECTION					
UST Identification Number (ex: 1, 2A, 2B, 3, etc.)					
Cathodically Protected (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Installed					
Cathodically Protected (Sacrificial Anode)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Installed					
Interior Lining (first)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining Material (first)					
Date Installed (first)					
Interior Lining (second)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining Material (second)					
Date Installed (second)					
Interior Lining (third)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining Material (third)					
Date Installed (third)					
If UST was repaired, indicate date of repair					
15 SPILL PROTECTION					
Spill Device Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spill Device Installed					
Size of Spill Device					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 OVERFILL PROTECTION					
Overfill Device Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Overfill Device Installed					
Ball Float	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Shutoff Device (Flapper Valve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 CONTAINMENT SUMPS					
Submersible Turbine Pump (STP) Sump Contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STP Sump Not Contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under-Dispenser Containment (UDC) Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date UDC Installed					
18 PIPING – MATERIAL					
Date of Piping Installation					
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare or Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Aboveground Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)					

19 PIPING – CONSTRUCTION										
UST Identification Number (ex: 1, 2A, 2B, 3, 4 etc.)										
Singled Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other (describe)										
20 PIPING - CORROSION PROTECTION										
Cathodically Protected (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Date Installed										
Cathodically Protected (Sacrificial Anode)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Date Installed										
21 PIPING – APPLICATION TYPE										
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Suction – Check Valve at the Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Suction – Check Valve on Top of the UST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Manway to Submersible Pump Sealed/Bolted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If Piping Repaired, Indicate Repair Date										
22 RELEASE DETECTION - USTS & PIPING										
	UST	Piping	UST	Piping	UST	Piping	UST	Piping	UST	Piping
Manual Tank Gauging (tanks of 550 gallons or less)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank Tightness Testing with Manual Gauging (tanks of 550 through 2000 gallons)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank Tightness Testing with Inventory Controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Tank Gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Electrical Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line Tightness Testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other Method Allowed by ADEQ										
EMERGENCY GENERATOR (Check box if UST system is connected to an emergency generator)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

23	UST STATUS				
UST Identification Number (ex: 1, 2A, 2B, 3, 4 etc.)					
A) Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Temporary Closure of UST System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Temporary Closure					
UST Emptied to Less Than 1" Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release Detection Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Request to Extend Temporary Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Permanent Closure of UST System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date UST Last Used					
Date of Closure by Removal from Ground					
Date of Closure in Place					
Closure Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Change-in-Service (change the use of an UST from the storage of a regulated substance to a non-regulated substance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Change-in-Service					
Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	COMMENTS				
25	FINANCIAL RESPONSIBILITY REQUIREMENTS				
<input type="checkbox"/> Financial Test of Self-Insurance	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Local Government Bond Rating Test			
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Local Government Financial Test			
<input type="checkbox"/> Standby Trust	<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Local Government Guarantee			
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Local Government Fund	<input type="checkbox"/> Risk Retention Group			
<input type="checkbox"/> Commercial Insurance					
Name of Insurance Company _____	Policy Number _____				

<b>26 TANK OWNER OR OPERATOR CERTIFICATION</b>		
I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this Notification Form and all attached documents, and that based either on direct knowledge or on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I further certify that I am in compliance with the financial responsibility requirements under 18 AAC 12, Article 3.		
Printed Name of Tank Owner or Authorized Representative	Tank Owner or Authorized Representative Signature	Date Signed
<b>27 UST SERVICE PROVIDER CERTIFICATION</b> (To be completed for new installations or upgrades only)		
I certify the following: 1) Installation of UST system under A.A.C. R18-12-220(E), and/or 2) cathodic protection of steel tanks and piping under A.A.C. R18-12-220(B) and (C), or R18-12-221 (B) through (D), and/or 3) spill and overfill protection under A.A.C. R18-12-220(D) or R18-12-221(E), and/or 4) release detection under A.A.C. R18-12-240 through 245.		
UST Service Provider Name (Printed)	UST Service Provider Signature	Date Signed

## MAP AND DIAGRAM OF THE UST FACILITY

### Draw or Attach Site Map

The map should display UST locations, manways, vent lines, piping lines/runs, dispensers and any buildings or structures in the vicinity of the UST(s). Additionally, the map should display a reference to the major streets that surround the UST facility. If there are no major streets near the facility, please use the space below to provide directions to the UST facility from the nearest highway; please include the approximate distance from the nearest street, highway or any other landmark.

N



### WHO MUST COMPLETE THE NOTIFICATION FOR UNDERGROUND STORAGE TANKS FORM?

Arizona Revised Statutes (A.R.S.), Section 49-1002 requires owners or operators of underground storage tanks (USTs) to notify the Arizona Department of Environmental Quality (ADEQ) of their USTs on a form prescribed by the Department. ADEQ has two forms for this. The Notification for Underground Storage Tanks form (Long Form) must be used to register USTs, and to inform ADEQ of any tank system modifications, such as a change to a method of release detection, or an update to UST status (temporary closure, permanent closure) etc. In the case where only tank ownership changes, a shorter form may be used: Notification for Underground Storage Tanks Form (Ownership Notification Form). UST owners or operators are now required to notify ADEQ of a newly installed UST system at least thirty (30) days before it is brought into operation. UST owners are required to notify ADEQ of other changes relating to an UST system within thirty (30) days of that change.

The numbers below correspond to the numbered parts on the Long Notification Form.

1 TYPE OF NOTIFICATION

Check the box which indicates the reason for submitting the Notification Form.

2 LOCATION

This information should describe where the tanks are located and should include the facility name, if applicable, property address, and parcel number.

3 UST OWNER INFORMATION

The tank owner must be identified in this Section. Include the UST owner's name (individual, corporation, government agency, etc.), name of contact person, current mailing address, email address, telephone & fax number, etc.

If the UST owner is a corporation, then the UST owner name must match information provided on the Arizona Corporation Commission (ACC) Website.

Please note that the UST owner is not always the same as the property owner. (See part 6 of the Notification form.) An UST owner may be the property owner, or a tenant, subtenant or another entity. If there is a lease in effect at the property at which the USTs are located, submit a copy of the most recent lease with this Notification Form so that ADEQ may verify UST ownership and determine which party *may be responsible for other tank related issues at the property*. Financial and other confidential information on the lease may be redacted. For more information, UST owner is defined in A.R.S. § 49-1001.01.

In the event that there is a change in UST ownership, the seller must notify the new UST owner that an amended Notification Form must be submitted to ADEQ.

4 UST OPERATOR INFORMATION

The UST operator must be identified in this Section if different from the owner. The operator is the person in control of, or having responsibility for, the day-to-day operation of an underground storage tank and can be an individual, a business entity or a government agency. Include the UST operator's name, the name of contact person, current mailing address, email address, telephone & fax number, etc. In the event that there is a change in UST operator status, the UST owner or operator must submit an amended Notification Form notifying ADEQ of the change of operator status.

If the UST operator is a corporation, then the UST operator name must match information provided on the



Arizona Corporation Commission (ACC) Website.

5 TYPE OF OWNER

Check the box which indicates the type of owner. If not listed, describe the facility type next to 'Other'.

6 PROPERTY OWNER

This is the owner of the land on which the tank or tanks are located.

7 BILLING CONTACT

List this person if ADEQ should send the annual tank fee invoice to someone different than the owner. However, both the owner and operator are responsible for the fee being paid.

8 PREVIOUS UST OWNER

The previous UST owner must be identified in this Section. Include the previous UST owner's name (individual, corporation, government agency, etc.), name of contact person, current mailing address, email address, telephone & fax number, etc.

If the previous UST owner is a corporation, then the previous UST owner name must match information provided on the Arizona Corporation Commission (ACC) Website.

9 TYPE OF FACILITY

Check the box which indicates the type of facility. If not listed, describe the facility type next to 'Other'.

10 UNDERGROUND STORAGE TANK SYSTEM – DESCRIPTION OF UST SYSTEM & USAGE INFORMATION

This section is used to provide pertinent information for each UST system at the facility. The Notification Form provides space for five UST systems; if a facility has more than five UST systems, utilize additional applicable pages in order to provide the pertinent UST system information.

If an UST has been divided into two or more compartments, indicate each number of compartments and what each compartment is storing in separate columns. For compartmentalized UST systems, use a number and letter scheme to identify each compartment; for example 1A, 1B, 2, 3, 4A, 4B.

10A Date of UST Installation – indicate the date that each UST system was installed. For newly installed UST systems, use the final inspection date which appears on the Fire Authority Installation Inspection Report.

10B Total Capacity (Gallons) – Indicate the maximum gallon capacity of each UST; do not provide the amount of regulated substance being stored. For compartmentalized USTs, indicate the maximum gallon capacity for each compartment.

11 SUBSTANCE CURRENTLY OR LAST STORED – Check the box which identifies the regulated substance currently or last stored. For compartmentalized USTs, make sure to check each product stored in each compartment.

12 UST – MATERIAL

Check one box which indicates the material of which the UST is constructed. If not listed, describe the material of construction type next to 'Other'.

13 UST – CONSTRUCTION

Check one box which indicates the material of which the UST is constructed. If not listed, describe the material of construction type next to 'Other'.

- 14 UST – CORROSION PROTECTION  
If applicable, check one box which indicates the type of corrosion protection for each applicable UST system. If known, provide the date the corrosion protection type was installed. If the method of corrosion protection is ‘interior lining’, enter the type of lining material in the space provided for each lining applied. If the UST system was repaired, enter the date of the repair.
- 15 SPILL PROTECTION  
If spill protection has been installed, check the appropriate box. If known, provide the date the spill protection was installed. If known, provide the size of the spill bucket and if it is single walled or double walled.
- 16 OVERFILL PROTECTION  
If the overfill protection has been installed, check the appropriate box. If known, provide the date the overfill protection was installed. If known, provide the type of overfill device.
- 17 CONTAINMENT SUMPS  
Check the box which indicates if the STP sump is contained (there is a barrier between the equipment in the STP area and the earth/soil) or uncontained (there is no barrier between the equipment in the STP area and the earth/soil).
- 18 PIPING – MATERIAL  
If known, provide the date of piping installation. Check one box which indicates the material of which the piping is constructed. If not listed, describe the material of construction type next to ‘Other’.
- 19 PIPING – CONSTRUCTION  
Check one box which indicates the material of which the piping is constructed. If not listed, describe the construction type next to ‘Other’.
- 20 PIPING – CORROSION PROTECTION  
If applicable, check one box which indicates the type of corrosion protection for each applicable UST system. If known, provide the date the corrosion protection type was installed.
- 21 PIPING – APPLICATION TYPE  
Indicate the application type of product piping associate with each UST. If the piping has been repaired, indicate the date of the last repair in the space provided. If the piping has been replaced, indicate the date of the replacement in the space provided.
- 22 RELEASE DETECTION – USTS & PIPING  
Check the applicable boxes for the types of release detection associated with the UST and piping. If the UST system is exclusively for an emergency power generator, check the applicable box; be advised that release detection is not required for USTs and the associated piping.
- 23 UST STATUS
- 23A Currently In Use - If an UST system is currently storing and dispensing regulated product, check the box for each applicable UST.
- 23B Temporary Closure of UST System (see R18-12-270)– If an UST system has ceased being used on a daily basis but remains in the ground either empty or containing regulated product, check the temporary closure box for each applicable UST. Provide the date that the UST system was last used on a daily basis

in the space labeled 'Date of Temporary Closure'. Be advised that if the UST stores less than 1" of product, release detection is not required. Provide a response to confirm if:

- i. The UST has been emptied to less than 1" of product;
- ii. If release detection is being maintained (if applicable); and
- iii. If cathodic protection is being maintained (if applicable).

23C Request to Extend Temporary Closure – Temporary closure can be extended beyond one year if the owner requests an extension before 11 months in temporary closure. If an UST system is approaching one year in temporary closure and the UST owner has timely requested extension of temporary closure, check the box for each applicable UST. Note: A Site Assessment is required to be completed in association with the temporary closure request.

23D Permanent Closure of UST System – An "Intent to Close" letter must be submitted first. If an UST system has been permanently closed according to R18-12-271 by either removal from the ground or closed-in-place with an inert material, check the box for each applicable UST. If known, enter the date the UST was last used in the space provided. Enter the date the UST was permanently closed in the applicable space provided based on whether it was removed from the ground or closed-in-place. Note: A Site Assessment is required to be completed in conjunction with this activity.

23E Change-in-Service - A 'change-in-service' is defined as changing the use of an UST system from the storage of a regulated substance to the storage of a non-regulated substance. If an UST system has undergone this activity, check the box for each UST. Enter the date the change-in-service occurred in the space provided. Note: A Site Assessment is required to be completed in conjunction with this activity.

25 FINANCIAL RESPONSIBILITY REQUIREMENTS

Check the box for the type of financial responsibility (FR) mechanism(s) that is used for the UST system(s). Submit the necessary documentation to demonstrate compliance with FR requirements. The most common FR mechanism used to demonstrate FR compliance is insurance and you may submit a copy of the certificate of insurance with the tank schedule. Please note that ACORDs, Declarations, or Binders are not acceptable forms of financial responsibility. For further information, please contact the WPD Financial Responsibility Coordinator at [ustfr@azdeq.gov](mailto:ustfr@azdeq.gov).

26 OWNER OR OPERATOR CERTIFICATION

This certification statement must be completed for every type of Notification Form submittal. This section is to be signed by the UST owner or Authorized Representative ONLY. No consultant, contractor, convenience store employee, or person other than the UST owner or Authorized Representative is allowed to sign the certification.

27 UST SERVICE PROVIDER CERTIFICATION

This certification statement is only to be completed for new UST installations and UST systems that have been upgraded. This section is to be completed only by the UST Service Provider who is certified by ADEQ.