

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 LEASE INFORMATION

Check the box which indicates if there is a lease in effect at the property at which the USTs are located. If yes, 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.

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.

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. 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.

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 TYPE OF FACILITY

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

9 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.

9A 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.

9B 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.

10 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.

11 UST STATUS

Currently In Use - If an UST system is currently storing and dispensing regulated product, check the box for each applicable UST.

13 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.

14 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 UST operator or Authorized Representative ONLY. No consultant, contractor, convenience store employee, or person other than the UST owner or UST operator or Authorized Representative is allowed to sign the certification.



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

USTNotificationFormSubmittal@azdeq.gov

ADEQ Use Only
 Facility ID _____
 Owner ID _____
 Operator ID _____
 Reviewer's Initials _____

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Use this form for UST owner/operator updates only

1 LEASE INFORMATION			
Is there currently an existing lease at the property? <input type="checkbox"/> Yes (include a redacted copy of lease agreement) <input type="checkbox"/> No			
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)	
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:
5 TYPE OF UST OWNER			
<input type="checkbox"/> Business Entity		<input type="checkbox"/> Individual	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> City 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 TYPE OF FACILITY			
<input type="checkbox"/> Gas Station		<input type="checkbox"/> Auto Repair	
<input type="checkbox"/> Airport		<input type="checkbox"/> Hangar	
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Industry/Factory		<input type="checkbox"/> Utility	
<input type="checkbox"/> Other (describe) _____		<input type="checkbox"/> School	
		<input type="checkbox"/> Petroleum Distributor	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> Residential	
		<input type="checkbox"/> Hospital	
		<input type="checkbox"/> Vacant Land	
		<input type="checkbox"/> City Government	
		<input type="checkbox"/> Farm	

9 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)					
10 SUBSTANCE CURRENTLY OR LAST STORED					
Gasoline	<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"/>
Gasoline (Leaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Unleaded)	<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 (Premium/Super)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethanol Flex Fuel (specify E____)					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel (specify B____)					
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"/>
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"/>
Jet Fuel (specify type)					
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified/Unknown	<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)					
11 UST STATUS					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 COMMENTS					
13 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 _____				

UST OWNER OR OPERATOR CERTIFICATION

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 UST Owner or UST Operator or Authorized Representative	UST Owner or UST Operator or Authorized Representative Signature	Date Signed

Electronic Submittal Instructions

To submit the form electronically:

1) Click the “Save” button below and then name the application using the following specifications. The file name should start with the date (yyyy.mm.dd), facility number, and form name.

Example: 2016.09.20.FAC0-001234.NotificationForm(short)

2) Print the signature page only, sign it, and scan it. **Please do not print and scan the entire Notification Form.**

3) Click the “Submit” button located below.

4) Attach the scanned signature page and send the email.