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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **UST PLAN REVIEW FORM**  **INSTALLATION or MODIFICATION**  **ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**  **1110 West Washington Street, Phoenix, Arizona 85007**  **(602) 771-4273 ·** [**USTPlanReview@azdeq.gov**](mailto:USTPlanReview@azdeq.gov) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ADEQ Use Only  Facility ID \_\_\_\_\_\_\_\_\_  Owner ID \_\_\_\_\_\_\_\_\_  Operator ID \_\_\_\_\_\_\_  Reviewer’s Initials \_\_ | | | | | | |
| New UST Installation | | | | | | | | | | | | | | | | Tank and/or Piping Modification | | | | | | | | | | | | | | | | | | Dispenser Modification | | | | | | | | | | | | | | | |
| Estimated Pre-Burial Inspection Date: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FIRE DEPARTMENT / BUILDING AUTHORITY NOTIFICATION**  You may be required to obtain permits from local fire and building authorities in accordance with local fire code and building ordinances. Please indicate the local jurisdictions contacted and the date contact was made. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Fire Authority Name: | | | | | | | | | | | | | | | | | | | | | | | | | Date Contacted: | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Building Authority Name: | | | | | | | | | | | | | | | | | | | | | | | | | Date Contacted: | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | |  | | | | | | | | | | | | | | | | | | | | Affiliation to UST | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | |  | | | | | | | | | | | | | | | | | | | State | | | | | | | |  | | | | | | | | | | Zip Code | | | |  | | | | | |
| Contact Name | | |  | | | | | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Office Phone | | |  | | | | | | | | | | | | | | | | | | | Cell Phone | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **UST OWNER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | |  | | | | | | | | | | | | | | | | | | | State | | | | | | | |  | | | | | | | | | | Zip Code | | | |  | | | | | |
| Contact Name | | |  | | | | | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Office Phone | | |  | | | | | | | | | | | | | | | | | | | Cell Phone | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Owner Type | | | Private or Corporation  City  County  State  Federal  School  Indian Trust Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FACILITY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name | | | |  | | | | | | | | | | | | | | | | | | | ADEQ Facilty ID # | | | | | | | | | 0-00 | | | | | | | | | | | | | | | | | |
| Site Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | |  | | | | | | | | | | | | | | | | | | State | | | | | | | |  | | | | | | | | | | Zip Code | | | |  | | | | | |
| Tank Use | | | | Retail Fuel Sale  Non-Retail Sale  Government  Farm/Residential  Emergency Generator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility will be | | | | Always staffed  Always Unstaffed  Staffed only during operating hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UST SERVICE PROVIDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADEQ Certification # | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name | | | | |  | | | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Office Phone | | | | |  | | | | | | | | | | | | | | | | | Cell Phone | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **INSTALLATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Backfill Material | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | Top of Tank Depth | | | | | | | | | | |  | | | | | | | | | | |
| Bedding Depth | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Burial Depth | | | | | | | | | | |  | | | | | | | | | | |
| Cover | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | Thickness | | | | | | | | | | |  | | | | | | | | | | |
| Excavation Liner | | | | | | | | Y  N | | | | | | | | | | | | | | | | | | | | Will Excavation Cover be Subject to Traffic | | | | | | | | | | | | | | | | | | | | Y  N | |
| Tank Pit Monitoring Wells | | | | | | | | Y  N | | | | | | Number of Wells | | | | | | | | |  | | | | | Well Location(s) | | | | | | | | | | |  | | | | | | | | | | |
| **DISPENSER INFORMATION**  **Check for No Dispenser Modifications - Section Not Applicable** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Dispenser | | Y  N | | | | | | | | | Blender Dispensers | | | | | | | | | Y  N | | | | Under Dispenser Containment (UDC) | | | | | | | | | | | | | | | | | | Y  N | | | | | | | |
| Number of Dispensers | | | | | |  | | | | | UDC Piping Connector - Dispenser | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | UDC Corrosion Protection | | | | | | | | | | | | Y  N |
| Dispenser Manufacturer & Model | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meters Between Dispensers | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UDC Containment Manufacturer & Model | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPILL & OVERFILL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spill Device | | | | Manufacturer & Model | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | Size (Gallons) | | | | | | | |  | | | | | | | | |
| Overfill Device | | | | Manufacturer & Model | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Method | | | | | | | | Choose an item. | | | | | | | | |
| **UST SYSTEM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tank ID #** | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Tank Gallon Capacity | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Compartmentalized Tank | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | | |
| Compartment Sizes | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Tank Manufacturer | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Tank Model | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Tank Diameter | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Tank Length | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Serial # | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Tank Material | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | |
| Tank Construction | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | |
| Tank Corrosion Protection | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | |
| Product | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | |
| Product (Second Compartment) | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | |
| Tank Compatible with Product | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | | |
| Manifolded Tank | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | | |
| Anchorage Method | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | |
| Fill Cap / Adapter Manufacturer & Model | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Riser Cap / Adapter Manufacturer & Model | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **PIPING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tank ID #** | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| New Piping | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | |
| Repair or Replacement Pipe | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | |
| Total Piping Length | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| Piping Type | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | |
| Piping System Type | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | |
| Piping Material | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | |
| Piping Construction | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | |
| Piping Manufacturer | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| Adhesive (Glue) Brand | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| Piping Compatible with Product | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | |
| Shear Valve Manufacturer & Model | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| STP Piping Connector | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | |
| STP Containment Model | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| STP Turbine Manufacturer | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| STP Turbine Model | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| STP Corrosion Protection | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | |
| STP Equipment Compatible with Product | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | | Y  N | | | | |
| **RELEASE DETECTION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tank ID #** | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| Tank Interstitial Monitoring (IM) | | | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | Y  N | | | |
| Tank IM Type | | | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | |
| Tank IM Sensor Model | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| Automatic Tank Gauge (ATG) | | | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | Y  N | | | |
| ATG Type | | | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | |
| ATG Manufacturer & Model | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| ATG Probe Model | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| Other Tank Release Detection Method | | | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | |
| Piping Leak Detector Type | | | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | |
| Piping Leak Detector Method | | | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | |
| Piping IM | | | | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | Y  N | | | | | | | | | Y  N | | | | | | | | | Y  N | | | |
| IM Type | | | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | Choose an item. | | | |
| IM Sensor Model | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |