



UST PLAN REVIEW FORM MODIFICATION (LINING)



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
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Date Plan Review Submitted		Estimated Date of Modification	
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	<input type="checkbox"/> Private or Corporation <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> School <input type="checkbox"/> Indian Trust Land		
FACILITY INFORMATION			
Facility Name		ADEQ Facility ID #	
Site Address			
City		Zip Code	
Tank Usage	<input type="checkbox"/> Retail Fuel Sale <input type="checkbox"/> Non-Retail Sale <input type="checkbox"/> Government <input type="checkbox"/> Farm/Residential <input type="checkbox"/> Emergency Generator		
Facility Status	<input type="checkbox"/> Always Staffed <input type="checkbox"/> Always Unstaffed <input type="checkbox"/> Staffed Only During Operating Hours		
UST SERVICE PROVIDER INFORMATION			
Company Name			
Service Provider Name			
ADEQ Certification #		Email	
Office Phone		Cell Phone	
UST & LINING INFORMATION			
Map Attached Depicting UST Locations Intended to be Relined		Y <input type="checkbox"/> N <input type="checkbox"/>	
ADEQ UST Tank ID #			
Tank Gallon Capacity			
Compartmentalized Tank	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Compartment Sizes			
Installation Date			
Tank Manufacturer			
Tank Model			
Tank Diameter & Length			
Serial #			
Tank Material			
Tank Construction			
Product Stored (Post Lining)			
Tank Compatible with Product	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Reline Allowed by Manufacturer	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Manifolded Tank	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Intended Lining Material			
Reason for Lining			