



UST PLAN REVIEW FORM MODIFICATION (REPAIR/RETROFIT)



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
1110 West Washington Street, Phoenix, Arizona 85007
(602) 771-4273 · USTPlanReview@azdeq.gov

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| Date Plan Review Submitted | | | | | |
| Estimated Date of Modification | | | | | |
| Type of Modification | <input type="checkbox"/> Spill Bucket Repair <input type="checkbox"/> Spill Bucket Replacement <input type="checkbox"/> Overfill Device Repair <input type="checkbox"/> Overfill Device Replacement <input type="checkbox"/> Piping Replacement <input type="checkbox"/> Existing Piping Repair <input type="checkbox"/> Other (see 'Equipment Repair or Replacement' below) | | | | |
| 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 | | |
| SPILL AND/OR OVERFILL REPAIR OR REPLACEMENT | | | | | |
| <input type="checkbox"/> Check if Section Not Applicable | | | | | |
| ADEQ UST Tank ID | | | | | |
| Tank Gallon Capacity | | | | | |
| New Spill Bucket | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Spill Bucket Size | | | | | |
| Manufacturer & Model | | | | | |
| New Overfill Device | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Overfill Device Type | | | | | |
| Manufacturer & Model | | | | | |
| Reason for Repair or Replacement & Intended Actions to Occur | | | | | |

EQUIPMENT REPAIR OR REPLACEMENT

Check if Section Not Applicable

| | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Repair or Replacement | <input type="checkbox"/> Replace Turbine <input type="checkbox"/> Replace Leak Detector <input type="checkbox"/> Replace a Containment <input type="checkbox"/> Repair/Replace Ancillary Equipment that Requires Sump Wall Penetration |
| Reason for Repair or Replacement | |
| Intended Actions to Occur | |

PIPING REPAIR OR REPLACEMENT

Check if Section Not Applicable

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|-------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| Map Attached Depicting UST & Piping Modification Locations | | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| ADEQ UST Tank ID | | | | | |
| Tank Gallon Capacity | | | | | |
| New Piping | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Repair or Replacement Pipe | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Total Piping Length | | | | | |
| Piping Type | | | | | |
| Piping System Type | | | | | |
| Piping Material | | | | | |
| Piping Construction | | | | | |
| Piping Manufacturer | | | | | |
| Adhesive (Glue) Brand | | | | | |
| Piping 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"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Shear Valve Manufacturer & Model | | | | | |
| STP Piping Connector | | | | | |
| STP Containment Model | | | | | |
| STP Turbine Manufacturer | | | | | |
| STP Turbine Model | | | | | |
| STP Corrosion Protection | | | | | |
| STP Equipment 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"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Reason for Repair or Retrofit and Intended Actions to Occur | | | | | |