



**UNDERGROUND STORAGE TANK (UST) CORRECTIVE
ACTION PREAPPROVAL PROGRAM APPLICATION**
Arizona Revised Statutes (A.R.S.) § 49-1051
SMALL OWNERS ONLY

Eligible applicants who can demonstrate their status as “SMALL OWNERS” are required to use this form to apply for Preapproval Program funding. “SMALL OWNER” is defined as an owner that owns fewer than 20 UST facilities in Arizona. If you own 20 or more UST facilities in Arizona, use the *Other (Not Small) Owner Application Form* located at:

<https://azdeq.gov/forms?title=Underground%20Storage%20Tank>

Preapproval Program Applicants are required to provide documentation required for prioritization.

IMPORTANT: Until Preapproval Program eligibility has been confirmed, an Application will not be accepted for processing; therefore, potential applicants should **establish eligibility prior to submitting a Preapproval Application.**

The eligibility screening form is available at:

<https://azdeq.gov/forms?title=Underground%20Storage%20Tank>

To apply, eligible Applicants must submit the current Application, including all certification statements and attachments. The attachments include:

Attachment A - Documentation for Authorized Individual

Attachment B - Detailed Scope Of Work Documentation

Attachment B1 - Facility Site Plan(s) For Proposed Work

Attachment B2 - Standard Operating Procedures (SOPs)

Attachment B3 - Additional Supporting Documentation

Attachment C - Cost Sheet

Attachment D - Implementation Schedule

Attachment E - Corrective Action Priority Evaluation (Information on corrective action priority is located at <https://azdeq.gov/ust-preapproval-program-faqs>)

Attachment F - Balance Sheet

Attachment G - Non-Profit Supporting Documentation

Attachment H - LUST Site Classification Form (LSCF)

SECTION 1 – GENERAL INFORMATION

UST Facility ID: 0-0 _____ Facility Name: _____

UST Facility Address: _____ City: _____

UST Facility ID and address may be verified at http://legacy.azdeg.gov/databases/ustsearch_drupal.html

UST Facility Status: USTs are onsite and in-use/temporarily closed
 No USTs are onsite (all USTs removed/permanently closed)

Leaking UST (LUST) Release Information:

Complete the following information for currently open release(s) at the facility

Release No. (format: XXXX.OX)	Release Confirmation Date	FR Mechanism At Time of Release	If UST Insurance, provide deductible amount	If UST Insurance, provide claim status

Release number and confirmation date may be verified at https://static.azdeg.gov/ust/leaking_ust_list.xlsx

SECTION 2 – APPLICANT INFORMATION

2.1. Applicant – Full Legal Name: _____

Use the appropriate legal name on file with the Internal Revenue Service (IRS) or Arizona Corporate Commission (ACC) (<https://ecorp.azcc.gov/EntitySearch/Index>) for the business entity or individual.

NOTE: The Applicant Name provided will be verified with the name on file with ADEQ. Variations will cause a delay in processing and may result in a determination of ineligibility.

2.2. Confirm the Applicant – Full Legal Name is the same as provided in the Preapproval Program Eligibility Screening Form (link on first page): Yes No

2.3. Identify an Authorized Individual (*if the Applicant is an individual, skip this section and go to Section 2.4*)
The Authorized Individual listed below has the authority to bind the Applicant for not only processing of the Preapproval Program documentation; but also, the conditions and requirements (including compliance requirements) that are included within the certification statement.

The individual must be authorized by the eligible Applicant, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the entity.

Provide documentation demonstrating the Authorized Individual has the authority to represent the Applicant as **Attachment A**.

Authorized Individual – Full Legal Name Authorized Individual’s Title/Role Relative to Applicant

2.4. Applicant/Authorized Individual Contact Information

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2.5. Arizona Procurement Portal (APP) Supplier Number: IV _____

NOTE: The name on the APP account must match the Applicant Name provided in **Section 2.1**. For registration assistance, contact APP’s Help Desk Number: 602-542-7600 or step-by-step registration guides at:

- Step 1: <https://spo.az.gov/sites/default/files/documents/files/New%20Supplier%20Registration.pdf>
- Step 2: <https://spo.az.gov/sites/default/files/documents/files/Supplier%20Enrollment.pdf>

2.6. “SMALL OWNER” Applicability

Identify the number of UST facilities owned in Arizona: _____

If you own more than 19 facilities in Arizona, you are not considered a “SMALL OWNER”.

The link to the *Other (Not Small) Owner Application Form* is located at the top of the first page.

SECTION 3 – ENVIRONMENTAL PROFESSIONAL (CONSULTANT) INFORMATION

To ensure the proposed scope of work is conducted to satisfy all applicable regulatory requirements, corrective action work must be completed by a consultant possessing current registration with the Arizona Board of Technical Registration (AZ BTR), designated below.

Consultant Company Name - Full Legal Name: _____

AZ Registered Professional (Individual) Full Legal Name: _____

AZ Board of Technical Registration License Number: _____ Expiration Date: _____

Project Lead Name: _____ Phone: _____ Email: _____

NOTE: The Company and Individual names must match the names on file with AZ BTR (<https://btr.az.gov>) and have active status. In addition, the Company must also be active with ACC (<https://ecorp.azcc.gov/EntitySearch/Index>).

SECTION 4 – CORRECTIVE ACTION PRIORITY EVALUATION

The point summary below is an estimate based on the information provided in this submittal. The priority score listed below is subject to change based on ADEQ’s review. ADEQ will evaluate priority based on information reported or known to ADEQ at the time of review. For more information on how the corrective action priority will be determined, see <https://azdeq.gov/ust-preapproval-program-faqs>.

Financial Need Points	_____
Reimbursement Delay Points	_____
Risk Points	_____
Pre-Existing Contamination Points	_____
ESTIMATED CORRECTIVE ACTION PRIORITY SCORE (MAX = 100 POINTS)	_____

The point summary above will populate based on the information provided in **Attachments E through H**.

SECTION 5 - PREAPPROVAL APPLICATION CERTIFICATION STATEMENT – APPLICANT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual verified in Section 2. Complete all fields below:

AS THE APPLICANT, I HEREBY CERTIFY:

I have reviewed the information provided in this Application and the attachments and to the best of my knowledge, information, and belief, and based on my inquiry of the person or people who are responsible for gathering and evaluating the information, all facts and statements set forth are true and correct. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

- I am requesting preapproval of up to \$ _____ for the anticipated corrective action costs in this submittal.
- I understand that I am responsible for paying for all work prior to requesting reimbursement from ADEQ.
- I understand that I am responsible for costs associated with applying for reimbursement and these costs are not reimbursable as corrective actions.
- I understand that costs for work conducted prior to the Preapproval Program funding approval date are not eligible for reimbursement.
- I am responsible for assuring that all work conducted will meet regulatory requirements, current industry standards, applicable guidance, and the preapproved scope of work. I understand that even if corrective actions are preapproved, if the work is not conducted in accordance to regulatory requirements, costs may not be reimbursed.
- I understand that regulatory requirements, including compliance deadlines, are not affected by my participation in this program.
- I understand that participation in the Preapproval Program does not change my liability as the responsible party for the contamination that is the subject of this Application.
- I am responsible for notifying ADEQ if the preapproved scope of work cannot be implemented as approved. I understand that if any work is done prior to ADEQ approval, it will not be eligible for reimbursement.
- I am responsible for notifying ADEQ if I change the environmental professional (consultant) during implementation of this work.
- I certify that none of the costs included in this submittal have been previously paid by or submitted to ADEQ for payment or reimbursement.
- I certify that neither my consultant, representative, agent, nor I have been reimbursed by insurance or any another financial assurance mechanism for the corrective action activities that are the subject of this Application.
- I understand that I am required to remit to ADEQ within thirty days any amounts that have been paid to me, my consultant, representative, or agent by ADEQ that have also been recovered from insurance, my financial responsibility mechanism, or any settlement for the corrective action costs included in this Application.
- I understand that ADEQ may compel the production of documents to determine the existence, amount, and type of insurance or alternative coverage available and to whom payment was made or may be made, and that I must report to ADEQ any payment of corrective actions costs through insurance and alternative mechanisms.
- I understand that ADEQ reserves the right to request an audit of financial information and statements provided as necessary.
- I understand that I must be able to demonstrate a current ability to conduct business in Arizona to be eligible for potential reimbursement from ADEQ.
- I certify that I meet the definition of “SMALL OWNER” (an owner that owns fewer than 20 UST facilities in Arizona).

(CONTINUED ON NEXT PAGE)

SECTION 5 - PREAPPROVAL APPLICATION CERTIFICATION STATEMENT – APPLICANT

(CONTINUED FROM PRIOR PAGE)

Check the statement below that is applicable for your submittal:

[UST insurance with a deductible less than \$50,000]

- I certify, in accordance with A.R.S. § 49-1006.02(A), that I have filed a timely claim with my insurer and I am pursuing the claim.
- I understand that if the claim was not timely, I do not qualify for the Preapproval Program.
- I understand I am required to pursue the insurance claim to remain eligible for this program.
- I understand if I fail to pursue the claim, I am no longer eligible for this program.

[UST insurance with a deductible of \$50,000 or greater]

- I certify, in accordance with A.R.S. § 49-1006.02(B), that I have filed a timely notice with my insurer under a policy that had at least a \$50,000 deductible on April 1, 2015.
- I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended at least \$50,000 of eligible corrective action costs (cost sharing obligation) for this facility for work conducted on or after January 1, 2016.
- I understand that the cost sharing obligation is not eligible for reimbursement.

[Alternative financial responsibility mechanism]

- I certify, in accordance with A.R.S. § 49-1006.02(B) that I satisfied financial responsibility requirements through an alternative financial responsibility mechanism.
- I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended at least \$50,000 of eligible corrective action costs (cost sharing obligation) for this facility for work conducted on or after January 1, 2016.
- I understand that the cost sharing obligation is not eligible for reimbursement.

[UST insurance used for release(s) reported between July 1, 2006 and December 31, 2015]

- I certify, in accordance with A.R.S. § 49-1006.02(C) that I relied upon insurance to satisfy financial responsibility requirements for a release reported between July 1, 2006 and December 31, 2015.
- I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended at least \$50,000 of eligible corrective action costs (cost sharing obligation) for this facility for work conducted on or after January 1, 2016.
- I understand that the cost sharing obligation is not eligible for reimbursement.

[Release(s) requiring corrective actions pre-dated FR requirements]

- I certify that the release that is the subject of this Preapproval Application occurred prior to my applicable group financial responsibility requirements.

Name: Authorized Individual

Name: Applicant

Signature: Authorized Individual

Date

SECTION 6 - PREAPPROVAL APPLICATION CERTIFICATION STATEMENT - ENVIRONMENTAL PROFESSIONAL (CONSULTANT)

This certification statement, in its entire ADEQ prescribed form, must be signed by the consultant. All signatures must be original.

Consultant Company Name - Full Legal Name: _____

AZ Registered Professional (Individual) Full Legal Name: _____

AZ Board of Technical Registration License Number: _____ Expiration Date: _____

I HEREBY CERTIFY:

I have reviewed the information provided in this Application and the attachments and to the best of my knowledge, information, and belief, and based on my inquiry of the person or people who are responsible for gathering and evaluating the information, all facts and statements set forth are true and correct. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

- The detailed scope of work, implementation schedule, cost sheet, and applicable attachments were prepared under my direction or supervision by qualified personnel responsible for properly gathering and evaluating the information submitted.
- I confirm the amount of \$ _____ represents the anticipated corrective action costs for the work conducted by me (my company and contracted subcontractors).
- I understand as the Arizona registered environmental professional that I will use professional judgement in implementing the preapproved scope of work.
- All work will be conducted in accordance with regulatory requirements, industry standards, and applicable guidance.
- Corrective action work will be conducted by me or by someone under my direct supervision.
- I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

Name: AZ Registered Environmental Professional

Name: Consultant Company

Signature: AZ Registered Environmental Professional

Date

ATTACHMENT A (SECTION 2) DOCUMENTATION FOR AUTHORIZED INDIVIDUAL

The individual must be authorized by the Applicant, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the Applicant.

Provide the following documentation demonstrating the Authorized Individual has the authority to represent the Applicant, such as:

- Documents from the Arizona Corporation Commission (ACC) identifying the individual and their role with the company
- Written authorization identifying the individual and their authority to bind the company on company letterhead, signed by a party identified in documents from the Arizona Corporation Commission
 - The name on the company letterhead should be the same as the Applicant Name.
 - If the name on the company letterhead is not the same as the Applicant Name, provide additional documentation demonstrating the legal business relationship.
- The individual must be authorized by the Applicant, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the Applicant.
- The authorized individual is required to have the authority to bind the Applicant for not only processing of the Preapproval Program documentation; but also, the conditions and requirements (including compliance requirements) that are included within the certification statement.

For reference, the information below is from information provided in **Section 2** – Applicant Information:

Applicant – Full Legal Name: _____

Authorized Individual – Full Legal Name: _____

Authorized Individual’s Title/Role Relative to Applicant: _____

ATTACHMENT B

DETAILED SCOPE OF WORK DOCUMENTATION

Complete the following to document the “detailed scope of work” required under A.R.S. § 49-1051(A): Preapproval Applications must include a detailed scope of work that conforms to the requirements of A.R.S. §§ 49-1005 and 49-1053.

DESCRIPTION OF THE SUBTASKS INCLUDED: *Identify the phases of work below related to each subtask included in the detailed scope of work.*

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Soil Borings & Well Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Groundwater Monitoring & Sampling*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Evaluation & Soil Vapor Survey		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remediation System Testing, Design, & Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Remediation System Operation & Maintenance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
ISCO Remediation			<input type="checkbox"/>	<input type="checkbox"/>	
Remedial Excavation	<input type="checkbox"/>		<input type="checkbox"/>		
Decommissioning & Abandonment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Preapproval Meeting**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* All proposed work for Monitored Natural Attenuation (MNA) should be included under the "Groundwater Monitoring & Sampling" subtask

**If the Preapproval Application is approved and Applicant will be requesting reimbursement: Costs for the initial preapproval meeting can only be requested in the first reimbursement request for the facility

For every subtask you’ve identified above, provide all applicable standard operating procedures (SOPs) in **Attachment B2**.

NOTE: The proposed work must be implemented in accordance with regulatory requirements, and current industry standards based on site-specific conditions. In the event that a conflict exists between the proposed scope of work and the site conditions at the time the work is performed, the registered environmental professional shall use professional judgement to ensure that the project goals and objectives are met.

Provide the detailed scope of work in the applicable subtasks below. The **base** scope of work should include what you anticipate to be required to meet the work objectives and the rationale. The **contingency** scope of work should include reasonably anticipated additional work that may be required to meet the work objectives and the rationale. If additional space is needed to describe specific objectives and rationale of all activities included in a subtask, provide it in **Attachment B3**.

If you have additional documentation that supports the proposed scope of work, identify the title of the document (example: Corrective Action Plan) and document date. If not previously submitted to ADEQ, provide it in **Attachment B3**.

Example of Specific Objectives

Below is a typical example of descriptions for specific objectives and rationale of a subtask.

Well Installation - Base: Determine lateral delineation of the groundwater contamination by installation of 4 groundwater monitoring wells

Well Installation - Contingency: If the base scope of work does not allow for full delineation of groundwater contamination, up to 4 additional groundwater monitoring step-out wells may be required.

SOIL BORINGS & WELL INSTALLATION

ADEQ expects soil borings and well installation to be completed in a manner that accomplishes the stated objectives and prevents cross-contamination.

If soil lithological data is available, provide a cross-section showing an accurate representation of the subsurface soil lithology and proposed screen intervals in **Attachment B3**.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Soil Borings & Well Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Provide specific objectives and rationale of all activities included in this subtask:

Base Scope of Work	SOIL BORINGS	
	WELL INSTALLATION	

Provide specific objectives and rationale of all activities included in this subtask, including proposed criteria for implementing contingency:

Contingency Scope of Work	SOIL BORINGS	
	WELL INSTALLATION	

Soil Borings		
Scope Item	Base	Contingency
Number of Borings		
Permit(s) Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling Method		
Total Anticipated Depth per Boring (ft)		
Expected Depth to Groundwater (ft)		
Sample Collection Intervals		
Analytical Methods Included in Cost Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)
Is a Traffic Control Plan Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Well Installation		
<i>NOTE: A well construction diagram may satisfy some of the requirements listed below (Attachment B3)</i>		
Scope Item	Base	Contingency
Number of Wells		
Permit(s) Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling Method		
Total Anticipated Depth per Well (ft)		
Expected Depth to Groundwater (ft)		
Sample Collection Intervals		
Analytical Methods Included in Cost Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)
Casing & Screen Diameter		
Proposed Depth of Screened Interval		
Is a Traffic Control Plan Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Remedial Wells: Surface and Intermediate Seal Specifications		

Describe how investigation-derived waste (IDW) will be managed, including estimated volumes/quantities, waste profiling, storage method, disposal method, etc.

GROUNDWATER MONITORING & SAMPLING

ADEQ expects groundwater monitoring and sampling to be completed in a manner that accomplishes the stated objectives and ensures data integrity.

NOTE: All proposed work for Monitored Natural Attenuation (MNA) should be included in this subtask. ADEQ expects that MNA is implemented in accordance with US EPA OSWER Directive 9200.4-17P (1999) and nationally-recognized practices.

The activities in this subtask represent MNA as the proposed remedial approach: Yes No

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Groundwater Monitoring & Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide specific objectives and rationale of all activities included in this subtask:

Base Scope of Work	GROUNDWATER MONITORING	
	GROUNDWATER SAMPLING	

Provide specific objectives and rationale of all activities included in this subtask, including proposed criteria for implementing contingency:

Contingency Scope of Work	GROUNDWATER MONITORING	
	GROUNDWATER SAMPLING	

Scope Item	Base	Contingency
Number of Wells		
Number of Events		
Frequency		
Purge Method		
Sample Collection Method		
Analytical Methods Included in Cost Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)
Is a Traffic Control Plan Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how investigation-derived waste (IDW) will be managed, including estimated volumes/quantities, waste profiling, storage method, disposal method, etc.

RISK EVALUATION & SOIL VAPOR SURVEY

ADEQ expects the risk evaluation to include all human health exposure pathways and be conducted in a manner consistent with nationally recognized standards and practices.

Soil vapor surveys must be conducted conforming to the ADEQ Substantive Policy “Soil Vapor Sampling Guidance” located at <https://www.azdeq.gov/substantive-policy-statement-listing>.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Risk Evaluation & Soil Vapor Survey		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide specific objectives and rationale of all activities included in this subtask:

Base Scope of Work	RISK EVALUATION	
	SOIL VAPOR SURVEY	

Provide specific objectives and rationale of all activities included in this subtask, including proposed criteria for implementing contingency:

Contingency Scope of Work	RISK EVALUATION	
	SOIL VAPOR SURVEY	

Soil Vapor Probe Installation & Sampling Information		
<i>NOTE: A well construction diagram may satisfy some of the requirements listed below (Attachment B3)</i>		
Scope Item	Base	Contingency
Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Permit(s) Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling/Installation Method		
Number of Probes		
Total Anticipated Depth per Probe (ft)		
Number of Samples		
Analytical Methods Included in Cost Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if “No”, provide rationale in Attachment B3)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if “No”, provide rationale in Attachment B3)

Describe how investigation-derived waste (IDW) will be managed, including estimated volumes/quantities, waste profiling, storage method, disposal method, etc.

REMEDIATION SYSTEM TESTING, DESIGN, & INSTALLATION

ADEQ expects that the proposed remedial activities in this subtask meet or when completed will meet the requirements of A.R.S. §§ 49-1005 and 49-1053, including:

- The need for remediation has been demonstrated
- The remedial approach is appropriate based on known or anticipated site-specific conditions
- The proposed remedial technology is the most cost effective and/or appropriate

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Remediation System Testing, Design, & Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PILOT TESTING

Provide a brief narrative of the pilot testing to be conducted and the data types to be determined:
Example: Soil vapor extraction pilot-testing by the step-test and constant-rate procedures in the vadose zone interval targeting the source area to determine the well efficiencies and effective radius of influence.

Scope Item	Base	Contingency
Type of Pilot Test		
Identify the Remedial Wells to be Tested*		

*NOTE: If remedial test wells need to be installed, include them in the Soil Borings & Well Installation subtask

Is testing methodology SOP provided in **Attachment B2**?

- Yes
- No, identify industry standard: _____

DESIGN AND INSTALLATION

For fixed-based systems only, identify the engineer responsible for the design:

Professional Engineer Name: _____

AZ Board of Technical Registration License Number: _____ Expiration Date: _____

ADEQ's expectation is that the final design will incorporate the results from the pilot testing in preparation of a design package that includes relevant drawings, specifications, and a design narrative that addresses the contamination in all media.

If this is not what is being proposed, explain below:

Scope Item	Base	Contingency
Type of Remediation System to be Used	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile
Type of Remedial Technology to be Used		
Total Number of Remedial Wells*		

**NOTE: If additional remedial wells need to be installed, include them in the Soil Borings & Well Installation subtask.*

Provide specifications for the proposed remedial equipment and rationale for its selection:
Example: 500 cfm thermal oxidizer due to elevated VOC concentrations (>15,000 ppm)

Describe additional anticipated contingencies for this subtask:

REMEDIATION SYSTEM OPERATION & MAINTENANCE

ADEQ expects that the remedial equipment is operated in a manner that achieves maximum effectiveness (optimized performance) and is maintained for continuous operation.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Remediation System Operation & Maintenance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

The proposed scope of work includes (check all that apply):

- Startup
- Continued Operation (identify the title and date of the document that supports the continued operation. If not previously submitted, provide it in **Attachment B3**: _____)

- Free Product Recovery

Identify recovery method: _____

Scope Item	Base	Contingency
Type of Remediation System to be Used	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile
Number of Months of Operation		
Monitoring Frequency		
Sample Collection Frequency		
Number of Samples		
Analytical Methods Included in Cost Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)

Describe how investigation-derived waste (IDW) will be managed, including estimated volumes/quantities, waste profiling, storage method, disposal method, etc.

ISCO REMEDIATION

ADEQ expects that all ISCO implementation plans will demonstrate through site-specific testing and supporting citation of scientific literature, as appropriate, that:

- The selected oxidant has sufficient oxidation power for reaction with all target chemicals of concern
- Application of the oxidant will not result in detrimental effects, by products, or conditions (e.g. mobilization of metals, infrastructure damage); and
- The proposed delivery method can achieve sufficient contact with contaminant mass throughout the defined target treatment zone

**NOTE: Remedial wells (any well used for oxidant delivery) may not be used for groundwater compliance sampling after application of the oxidant.*

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
ISCO Remediation			<input type="checkbox"/>	<input type="checkbox"/>	

Provide the site-specific objectives related to ISCO Remediation (additional documentation and figures can be provided in **Attachment B3**):
Examples: source zone treatment, plume control, spot treatment, etc.

ISCO TESTING (BENCH- & PILOT-SCALE)

Provide a brief narrative of the ISCO testing to be conducted:
Examples: demonstrating oxidant chemistry efficacy, determining natural oxidant demand, evaluation of oxidant delivery method(s) and effective radius of influence, etc.

Scope Item	Base	Contingency
Oxidant Type		
Oxidant Delivery Method	<input type="checkbox"/> Pressurized Injection <input type="checkbox"/> Other (specify _____)	<input type="checkbox"/> Pressurized Injection <input type="checkbox"/> Other (specify _____)
Quantity of Oxidant (include units)		
Identify the Remedial Wells to be Tested*		

**NOTE: If remedial test wells need to be installed, include them in the Soil Borings & Well Installation subtask.*

Is testing methodology SOP provided in **Attachment B2**?

- Yes
- No, identify industry standard: _____

DESIGN AND IMPLEMENTATION

Provide a narrative description summarizing the ISCO implementation plan. *Example: areal injection by direct push of persulfate to saturate a target treatment zone centered around the source area.*

Scope Item	Base	Contingency
Oxidant Type		
Oxidant Delivery Method	<input type="checkbox"/> Pressurized Injection <input type="checkbox"/> Other (specify _____)	<input type="checkbox"/> Pressurized Injection <input type="checkbox"/> Other (specify _____)
Quantity of Oxidant (include units)		
Number of Remedial Wells to be Used*		

**NOTE: If additional remedial wells need to be installed, include them in the Soil Borings & Well Installation subtask.*

Describe additional anticipated contingencies for this subtask:

Describe how investigation-derived waste (IDW) will be managed, including estimated volumes/quantities, waste profiling, storage method, disposal method, etc.

REMEDIAL EXCAVATION

ADEQ expects that the proposed remedial excavation is appropriate for the known/anticipated site-specific conditions and the overall remedial approach per A.R.S. §§ 49-1005 and 49-1053.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Remedial Excavation	<input type="checkbox"/>		<input type="checkbox"/>		

Provide the site-specific objectives related to remedial excavation:

Scope Item	Base	Contingency
Excavation Dimensions (Length x Width x Depth)	_____ ft x _____ ft x _____ ft _____ ft x _____ ft x _____ ft _____ ft x _____ ft x _____ ft	_____ ft x _____ ft x _____ ft _____ ft x _____ ft x _____ ft _____ ft x _____ ft x _____ ft
Anticipated Excavation Quantity for Disposal	_____ tons	_____ tons
Anticipated Excavation Quantity for Backfill	_____ tons	_____ tons
Identify Source of Backfill*		
Analytical Methods Included in Cost Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", provide rationale in Attachment B3)
Number of Sidewall Samples		
Number of Base (Floor) Samples		
Number of Waste Characterization Samples**		
Will ORC be Placed in the Excavation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES:

*Compaction of soil backfill must meet industry standards otherwise costs will not be eligible for reimbursement.

**Pursuant to Arizona Administrative Code R18-13-1604, a generator of excavated Petroleum Contaminated Soils (PCS) must determine if the soil is special waste PCS, solid waste PCS, or non-regulated soil through laboratory analysis by an Arizona certified laboratory or by using generator knowledge. It is recommended that the generator manages the PCS as special waste until a proper waste determination has been conducted. See ADEQ's fact sheet on PCS:

https://static.azdeq.gov/legal/subs_pcs_fs.pdf

Describe additional anticipated contingencies for this subtask:

Describe how investigation-derived waste (IDW) will be managed, including estimated volumes/quantities, waste profiling, storage method, disposal method, etc.

DECOMMISSIONING & ABANDONMENT

ADEQ expects decommissioning and abandonment will be conducted in accordance with applicable permit requirements and local ordinances.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Decommissioning & Abandonment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The proposed scope of work includes (check all that apply):

System Decommissioning

Identify the remedial system to be decommissioned (choose one):

- Soil Vapor Extraction
- Air Sparge/Soil Vapor Extraction
- Biosparge
- Multi-Phase/Dual-Phase Extraction
- Pump and Treat
- Free Product Recovery System
- Other (specify _____)

Identify the method of system piping decommissioning (choose one):

- Removal
- Abandon in Place

Well Abandonment

Identify Wells to be Abandoned: _____

Unless included in the attached SOPs (**Attachment B2**), provide a description of well abandonment method and permits needed:

Describe additional anticipated contingencies for this subtask:

REGULATORY REPORTING

ADEQ expects all regulatory reports will meet respective requirements for approval.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Regulatory Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify specific regulatory reports to be submitted below.

Report Type	Proposed Submittal Date(s)	Number of Reports to be Submitted	
		Base	Contingency
45 Day Free Product Report			
90 Day/Initial Site Characterization Report			
Site Characterization Report (SCR)			
Corrective Action Plan (CAP)			
Tier 2 Evaluation (if not included in SCR, CAP, or CACR)			
Tier 3 Evaluation (if not included in CAP)			
Periodic Site Status Report			
Corrective Action Completion Report (CACR)			

ATTACHMENT B1

FACILITY SITE PLANS FOR PROPOSED WORK

Review the required information below to ensure that you submit complete site plans.

Incomplete site plans will cause a delay in processing and may result in the application not being eligible for approval.

The site plans must be legible, drawn to scale, and include a diagram of the facility showing all of the following:

- North arrow
- An accurate scale
- Facility property boundaries
- Adjacent street names
- Locations of confirmed release(s)
- Locations of current UST systems, including all tanks, piping, and dispensers
- Locations of any infrastructure/obstructions at the facility to the extent known:
 - Buildings or other structures
 - Utilities, both above and below ground
 - Natural or artificial physical features
 - Canopies
 - ADWR-registered wells
 - Any additional pertinent infrastructure information
- Information related to subtasks included in the Detailed Scope of Work (Attachment B)
 - **SOIL BORINGS & WELL INSTALLATION**
 - Identify approximate locations of the proposed soil borings and/or well locations
 - **GROUNDWATER MONITORING & SAMPLING**
 - Identify locations of the wells to be monitored and/or sampled
 - **SOIL VAPOR SURVEY**
 - Identify approximate locations of the proposed soil vapor probe locations
 - **REMEDIATION SYSTEM TESTING, DESIGN, & INSTALLATION**
 - Identify proposed system layout including remedial well locations and completion details
 - **REMEDIATION SYSTEM OPERATION & MAINTENANCE**
 - Identify system layout including remedial well locations
 - Identify sampling locations
 - **ISCO REMEDIATION**
 - Identify the treatment layout including injection well locations and completion details
 - **REMEDIAL EXCAVATION**
 - Identify the proposed excavation boundaries and dimensions
 - **DECOMMISSIONING & ABANDONMENT**
 - Identify remedial system(s) to be decommissioned and wells to be abandoned

ATTACHMENT B2 STANDARD OPERATING PROCEDURES (SOPs)

For each subtask included in this submittal, provide all applicable SOPs.

SOP	Provided in this Attachment?
Soil Boring & Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater Monitoring Well Installation & Associated Soil Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater Monitoring Well Development	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soil Vapor Probe Installation & Vapor Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation System Pilot Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation System Design & Installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remedial Well Installation & Associated Soil Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remedial Well Development	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation System Operation & Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation System Sampling Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISCO Remediation Pilot Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISCO Remediation Design & Implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remedial Excavation & Associated Soil Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation System Decommissioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well Abandonment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENT B3 ADDITIONAL SUPPORTING DOCUMENTATION

If additional space is needed to describe specific objectives and rationale of all activities included in a subtask, provide it in this attachment.

If you have additional documentation that supports the proposed scope of work, identify the title of the document (example: Corrective Action Plan) and document date. Provide a copy in this attachment if not previously submitted to ADEQ.

Documentation includes:

- Cross-sections showing an accurate representation of the subsurface soil lithology and proposed screen intervals/target treatment zones
- Sample analytical method rationale
- Proposed well construction diagram(s)
- Supporting documentation and figures for site-specific objectives related to a subtask

Title of the Document	Document Date	Provided in this Attachment?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENT C COST SHEET

Provide a completed Cost Sheet as a separate attachment to the submittal email and provide the complete file name below. The Cost Sheet is located at <https://azdeg.gov/forms?title=Underground%20Storage%20Tank>.

File Name: _____

ATTACHMENT D IMPLEMENTATION SCHEDULE

Provide a completed Implementation Schedule as a separate attachment to the submittal email and provide the complete file name below. The Implementation Schedule is located at <https://azdeg.gov/forms?title=Underground%20Storage%20Tank>.

File Name: _____

ATTACHMENT E (SECTION 4) CORRECTIVE ACTION PRIORITY EVALUATION

Provide the required information and attachments for determining the corrective action priority based on the criteria listed under A.R.S. § 49-1051(E). Attachments include:

- Attachment E - Corrective Action Priority Evaluation
- Attachment F - Balance Sheet
- Attachment G - Non-Profit Supporting Documentation
- Attachment H - LUST Site Classification Form

The points indicated in this attachment are an estimate based on the information provided in this submittal. The priority score listed is subject to change based on ADEQ's review. ADEQ will evaluate priority based on information provided or known to ADEQ at the time of review. For more information on how the corrective action priority will be determined, see <https://azdeq.gov/ust-preapproval-program-faqs>.

E.1 Financial Need [A.R.S. § 49-1051(E)(1)] - *The need for financial assistance, including the availability of coverage under insurance or other financial assurance mechanisms.**

Identify if you will be providing financial information to ADEQ for the corrective action priority evaluation.

- By checking this box, I am choosing to provide my financial information to ADEQ for review to determine financial points towards my total corrective action priority score (continue to **E.2**).
- By checking this box, I am choosing to not provide my financial information to ADEQ. I understand that this means I will not receive any financial points towards my total corrective action priority score (**sign below** and go to **E.6**).

Name: Authorized Individual

Name: Applicant

Signature: Authorized Individual

Date

E.2 Identify the Financial Assurance [Financial Responsibility (FR)] Mechanism Type:

Is your FR mechanism either self-insurance or corporate guarantee? Yes, go to **E.6*** No, go to **E.3**

*If your applicable financial assurance mechanism is self-insurance or a corporate guarantee, you will receive zero financial need points and zero reimbursement delay points. **You do not need to complete the following: Attachments E.3, E.4, E.5, F, and G.**

E.3 Identify the Applicant Type:

NOTE: Applicants that cannot demonstrate a current ability to conduct business in Arizona are not eligible for potential reimbursement from ADEQ.

Individual

Company

Arizona Corporation Commission (ACC) Entity ID: _____

NOTE: ACC Entity ID can be found at <https://ecorp.azcc.gov/EntitySearch/Index>

Status with ACC: Active

Inactive (reason: _____)

Trust

Partnership

Government Entity (City, Town, County)

School

Other (describe: _____)

E.4 Identify the applicable category for the Applicant identified in Section 2 and complete the information required. Leave blank if not applicable. The balance sheet (Attachment F) must be within 18 months of this submittal.

For-Profit Entities, Individuals, and Trusts:

- Complete 1 through 6
- Submit the balance sheet as **Attachment F**

Nonprofit or Not-for-profit Entities:

- Complete 1 through 7
- Submit the balance sheet as **Attachment F**
- Submit the letter from the Corporation Commission granting nonprofit or not-for-profit status as **Attachment G**
- *NOTE: The total tangible net worth, current assets, and current liabilities may be reduced by any reserved and designated fund balances.*

Local Governments and Schools:

- Complete 1, 2, 7, and 8
- Submit the balance sheet as **Attachment F**
- *NOTE: The current assets and current liabilities may be reduced by any reserved and designated fund balances.*

1. Current Assets \$ _____

Generally includes, but are not limited to, cash, cash equivalents, short-term investments and accounts receivable.

NOTE: For nonprofits, not-for-profits, local governments, and schools, this should account for any deductions related to any reserved and designated fund balances.

2. Current Liabilities \$ _____

Generally includes, but are not limited to, short-term debt accounts payable, accrued liabilities, and accounts payable.

NOTE: For nonprofits, not-for-profits, local governments, and schools, this should account for any deductions related to any reserved and designated fund balances.

3. Total Intangible Assets \$ _____
Generally includes, but are not limited to, include goodwill, patents, trademarks, copyrights.
4. Total Assets \$ _____
Generally includes, but are not limited to, current assets and long-term assets such as investments, fixed assets, other assets, and intangible assets.
5. Total Liabilities \$ _____
Generally includes, but are not limited to, current liabilities and long-term liabilities such as long-term debt, and other liabilities.
6. Tangible Net Worth \$ _____
Equals total assets minus total liabilities minus intangible assets
NOTE: For nonprofits, not-for-profits, this should account for any deductions related to any reserved and designated fund balances.
7. Current year-end reserved and designated fund balances \$ _____
8. Current year-end unreserved and undesignated fund balances \$ _____

Financial Need Summary

Estimated Points

Was financial information provided to ADEQ for review? Yes No _____

Was FR mechanism either self-insurance or corporate guarantee? Yes No _____

Was Tangible Net Worth (#6) greater than or equal to \$10M? Yes No N/A _____

What is the Current Assets/Current Liabilities ratio?

- Less than 100% (1) 100% (1) up to but not including 125% (1.25)
- 125% (1.25) up to but not including 150% (1.5) 150% (1.5) up to but not including 175% (1.75)
- 175% (1.75) up to but not including 200% (2) 200% (2) or more _____

What is the Requested Amount/Tangible Net Worth ratio (For-Profit, Individual, Trust, Nonprofit, or Not-for-profit) or Requested Amount/Unreserved and Undesignated Fund Balance ratio (Local Govt or School)?

- Tangible Net Worth is Negative 20% (0.2) or more
- 16% (0.16) up to but not including 20% (0.2) 12% (0.12) up to but not including 16% (0.16)
- 8% (0.08) up to but not including 12% (0.12) 4% (0.04) up to but not including 8% (0.08)
- Less than 4% (0.04) _____

Estimated Points
Financial Need Points

E.5 Delay In Reimbursement Affecting Corrective Actions [A.R.S. § 49-1051(E)(2)] - The extent to which a delay in reimbursement will affect the ability to conduct corrective actions.

Were points received for the Financial Need category? Yes No*

**If "No", Reimbursement Delay points are not applicable.*

Estimated Points
Reimbursement Delay Points

E.6 Risk [A.R.S. § 49-1051(E)(3)] - The risk to human health and the environment.

Choose one:

Name and date of the most recent report submitted with the LUST Site Classification Form (LSCF) included:

A copy of the current LSCF is provided in **Attachment H** (https://static.azdeg.gov/forms/lust_site_class.pdf).

Identify the current LUST site classification in accordance with Arizona Administrative Code R18-12-261.01.

- Classification 1: Immediate threat to human health, safety, or sensitive environmental receptors.
- Classification 2: Short-term (0 to 2 years) threat to human health, safety, or sensitive environmental receptors.
- Classification 3: Long-term (>2 years) threat to human health, safety, or sensitive environmental receptors.
- Classification 4: No demonstrable long-term threat to human health or safety or sensitive environmental receptors or information indicates the site cannot be otherwise classified.

Estimated Points
Risk Points

E.7 Pre-Existing Contamination [A.R.S. § 49-1051(E)(4)] - The presence of pre-existing contamination of groundwater by a hazardous substance as defined in A.R.S. § 49-281.

NOTE: From A.R.S. § 49-281(8) – "Hazardous substance" has the same meaning prescribed in section 49-201 but does not include petroleum as defined in section 49-1001, except to the extent that a constituent of petroleum is subject to section 49-283.02.

Are you aware of pre-existing contamination of groundwater by a hazardous substance as defined in A.R.S. § 49-281 or is the UST facility located within a WQARF/Superfund site area?

Yes No I don't know

Estimated Points
Pre-Existing Contamination Points

ESTIMATED CORRECTIVE ACTION PRIORITY SCORE (MAX = 100 POINTS) _____

ATTACHMENT F BALANCE SHEET

If you are choosing to not provide financial information or your applicable financial assurance mechanism is self-insurance or a corporate guarantee, you do not need to provide information for this attachment.

Otherwise, all Applicants must attach a balance sheet that is within 18 months of this submittal.

The balance sheet must include:

- Current assets
- Total assets
- Current liabilities
- Total liabilities
- Total intangible assets
- Current year end net worth
- If the applicant is a nonprofit, not-for-profit, or a local government, include:
 - Total year-end reserved and designated fund balances
 - Unreserved and undesignated fund balances

ATTACHMENT G NON-PROFIT SUPPORTING DOCUMENTATION

If you are choosing to not provide financial information or your applicable financial assurance mechanism is self-insurance or a corporate guarantee, you do not need to provide information for this attachment.

Otherwise, if the Applicant is a nonprofit or not-for-profit, attach the letter from the Corporation Commission granting nonprofit or not-for-profit status.

ATTACHMENT H LUST SITE CLASSIFICATION FORM (LSCF)

Provide a copy of the current LSCF if selected in **Attachment E.6**. The LSCF is located at:
https://static.azdeg.gov/forms/lust_site_class.pdf.

SUBMITTAL INSTRUCTIONS

Submit the form and all attachments electronically to ustpreapproval@azdeg.gov. **Only complete, correct, and legible submittals will be accepted for review.**

Use the following Subject line format:

[Date]_[UST Facility ID]_[Four-Digit Leaking UST Number]_Preapproval Application
"YYYY.MM.DD_0-0XXXXX_XXXX_Preapproval Application"

Submit documents with the following file naming convention:

[Date]_[UST Facility ID]_[Four-Digit Leaking UST Number]_[Submittal Description]

Examples:

"YYYY.MM.DD_0-0XXXXX_XXXX_Preapproval Application Form"

"YYYY.MM.DD_0-0XXXXX_XXXX_Preapproval Cost Sheet"

"YYYY.MM.DD_0-0XXXXX_XXXX_Preapproval Implementation Schedule"

If you are having issues submitting electronically, contact ADEQ at ustpreapproval@azdeg.gov or 602-771-2000.