



# **UNDERGROUND STORAGE TANK STATE LEAD PROGRAM APPLICATION**

**March 2018**

# TABLE OF CONTENTS

Introduction

State Lead Program Application

Appendix A: Arizona State Lead Statutes

Appendix B: Application for Settlement (Financial Need Evaluation)

Appendix C: State Lead Program Acknowledgement for UST Owners or Operators

Appendix D: State Lead Program Acknowledgement for Property Owners

# INTRODUCTION

The Arizona Revised Statutes (A.R.S.) § 49-1017 (see Appendix A) enables the Underground Storage tank (UST) State Lead Program to conduct leaking UST (LUST) investigations and cleanups (i.e. corrective actions). This application contains information an UST owner, operator or a property owner (who is not a UST owner/operator) must submit to ADEQ before they can be determined to be eligible for the State Lead Program. When completed, the application, the applicable acknowledgement form and any required documentation should be sent to:

**Mail or hand deliver this completed form to:**  
**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Attention: State Lead Program**  
**1110 W Washington St, Mail Code 4415B-3**  
**Phoenix, AZ 85007**

ADEQ requires submittal of a hard copy with an original signature; however, we encourage you to also submit the form electronically to: [uststatelead@azdeq.gov](mailto:uststatelead@azdeq.gov). Submittal of a complete and accurate application form may allow for more timely review of your submittal.

ADEQ will review the submitted application and may request additional information before making a decision regarding whether the LUST site is eligible for the State Lead Program. Subsequent to ADEQ's review of the submitted application, one of the following will occur:

- ADEQ will send you a letter accepting the LUST site into the State Lead Program ADEQ will then start the procurement process and select a state contractor who will perform the State Lead corrective actions.
- ADEQ will send you a letter accepting the LUST site into the State Lead Program but stating that ADEQ can not immediately begin perform the corrective actions. ADEQ will include an explanation of why the work must wait. ADEQ's inability to immediately start the corrective action process is usually caused by the lack of state or federal funding or because other State Lead sites have a higher priority.
- ADEQ will send you a letter explaining why the LUST site has not been accepted into the State Lead Program.

# STATE LEAD PROGRAM APPLICATION

UST FACILITY ID: \_\_\_\_\_ LUST CASE FILE(S) #: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Fax Number: \_\_\_\_\_

5. Are you a (check one):  UST Owner  UST Operator  Property Owner <sup>1</sup>

6. Active Service Station  Yes  No

7. If you are a UST Owner/Operator, do you have current Financial Responsibility (i.e. UST Insurance)? Submit a complete copy with application.

Yes  No

8. **Are you claiming to be technically or financially incapable of performing the work?**

(Pick one)  Technically incapable  Financially incapable  Not applicable

- If you claim to be financially incapable of conducting the work, please include the information described in Appendix B.

9. Are there any other known persons or organizations that may have owned or operated the USTs in the past?

Yes  No  Not applicable

If yes, please identify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

10. Have you included and signed the applicable Acknowledgement Form (Appendix C or D)?

Yes  No

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<sup>1</sup> Check this box only if you are the property owner and not the UST owner or operator.

# APPENDIX A

# ARIZONA STATE LEAD STATUTES

The State Lead statutory sections of the Arizona Revised Statutes (A.R.S.) referenced below can be found in Chapter 6: Underground Storage Tank Regulation within the Arizona State Legislature website at:

<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=49>

## **A.R.S. § 49-1017. Powers of director; corrective actions**

A. The director may take corrective action with respect to a release of a regulated substance that is petroleum into the environment from an underground storage tank if the director determines that action is necessary to protect human health, safety or the environment and any of the following conditions exist:

1. The department cannot locate, within ninety days or a shorter period necessary to protect human health or the environment, a person who is all of the following:

(a) An owner or operator of the tank concerned.

(b) Subject to the corrective action requirements of section 49-1005.

(c) Financially or technically capable of properly carrying out the corrective action required by section 49-1005. If the owner or operator and the department jointly determine that the owner or operator is not financially or technically able to carry out the corrective action, the department and the owner may enter into a contract under which the department acts as manager of the corrective action on behalf of the owner or operator. The existence of a management contract with the department does not relieve the owner of any liability for costs that are not payable by the department under this chapter.

2. Corrective action costs at a facility exceed the amount of coverage required by section 49-1006 and expenditures from the underground storage tank revolving fund are necessary to ensure effective corrective action.

B. In determining whether to take a corrective action pursuant to subsection A of this section, the director shall consider and make written findings regarding all of the following factors:

1. The physical and chemical characteristics of the type of petroleum released, including its toxicity, persistence and potential for migration.

2. The hydro geologic characteristics of the site where the underground storage tank is located and the surrounding area.

3. The proximity, quality and current and future uses of nearby surface water and groundwater.

4. The potential effects of residual contamination on nearby surface water and groundwater.

5. The degree of exposure.

6. The need for financial assistance.

C. If direct costs are incurred by the director for undertaking corrective action with respect to a release of a regulated substance that is petroleum, the owner and operator are liable to this state for these direct costs. Liability imposed pursuant to this subsection is strict. For the purposes of this subsection, "direct costs" means the cost of the corrective actions, investigations, enforcement and litigation except for those amounts that are not allocated to the owner or operator pursuant to subsection D of this section.

D. If there is more than one responsible person, liability under this section shall be equitably allocated on a case-by-case basis according to section 49-1016, subsection F, and using the following factors as those factors are appropriate under the circumstances:

1. The duration and percentage of ownership or operation of the underground storage tank during a release of regulated substances from the tank.

2. The amount and nature of the regulated substances released.

3. The degree of care exercised by each person with respect to the regulated substances released.
  4. The ability to distinguish between the respective releases of more than one responsible person.
  5. Other factors that are appropriate under the circumstances.
- E. The allocation of liability under this section shall be promptly determined by one or more mediators who shall be selected by the responsible persons within sixty days after the responsible persons are identified by the director. The director may select a mediator and convene a mediation on the failure of the responsible persons to select one or more mediators. The mediator shall not have a conflict of interest with the responsible persons. A mediation convened by the director shall be held within sixty days after the mediator being selected. The director shall provide notice to the responsible persons of the time and place for the mediation and the name of the mediator or mediators. This notice shall be provided at least forty-five days prior to the date scheduled for mediation. Costs of mediation shall be eligible for payment and shall be allocated to participants in the mediation in the same proportion as the costs of corrective action. Nothing in this section shall excuse the obligations of an owner or operator to take timely and adequate action in response to a release of regulated substances as required in this chapter. Nothing in this section shall diminish the right of any person to bring an action against any other person as provided in section 49-1019 for contribution or reimbursement for the reasonable costs of corrective action that person has been allocated pursuant to this section.
- F. The director may take a corrective action with respect to a release of a regulated substance that is not petroleum only as a remedial action subject to chapter 2, article 5 of this title, and the rules adopted pursuant to that article. If the director takes a corrective action for the release of a regulated substance that is not petroleum, all of the rights, duties and responsibilities of a person associated with the release shall be determined pursuant to that article.
- G. An owner, operator or other person that meets the requirements of section 49-1016, subsection C may request that the department conduct corrective action under this section. Subject to the availability of monies allocated and the priority assigned to the site pursuant to subsection B of this section, the department may conduct the corrective action.
- H. A request for corrective action pursuant to subsection G of this section shall be on a form provided by the department and shall contain sufficient information related to the site and the factors prescribed in subsection B of this section to allow the director to make a determination of priority for that request.

**A.R.S. § 49-1017.01. Settlement authority; participation; financial information; process; payment; notice**

A. The director shall consider any offer by an owner or operator who is potentially liable for direct costs incurred by the director pursuant to section 49-1017, subsection C, without regard to the extent of that owner's or operator's liability, if the owner or operator is unable to pay for the direct costs. An owner or operator whose liability for direct costs arose from a criminal act is not eligible to enter into a settlement agreement pursuant to this section. An owner's or operator's decision to enter into a settlement agreement pursuant to this section is not an admission in a judicial proceeding as to the fact or extent of that owner's or operator's liability with respect to releases or threatened releases that are covered by the settlement. An owner or operator who is a party to a settlement pursuant to this section is not required to participate in allocation proceedings pursuant to section 49-1017, subsections D and E. Any settlement approved by the department does not release the owner or operator from any responsibility

or duty imposed pursuant to this chapter other than liability for direct costs incurred pursuant to section 49-1017, subsection C.

B. Any settlement approved by the department does not increase the liability of any other owner or operator pursuant to this chapter and does not create any liability for the department or this state.

C. The director shall consider all of the following factors in considering an owner's or operator's ability to pay for the direct costs:

1. The financial resources of the owner or operator, including available financial assurance mechanisms other than the underground storage tank revolving fund.

2. The amount of coverage available to the owner or operator from the underground storage tank revolving fund for the direct costs. As a condition of settlement, the owner or operator shall apply to the underground storage tank revolving fund and any applicable grant program for coverage of the direct costs before requesting settlement pursuant to this section.

3. The owner's or operator's ability to continue in business after payment of the owner's or operator's liability for direct costs as defined in section 49-1017, subsection C.

4. Whether payment of the owner's or operator's liability for direct costs as defined in section 49-1017, subsection C would require the owner or operator to seek protection under the federal bankruptcy law or render the owner or operator insolvent.

5. The financial resources of all concerns in which the owner or operator maintains ownership, control or management.

D. An owner or operator seeking settlement pursuant to subsection A of this section shall submit a letter requesting a financial hardship settlement and shall include the owner's or operator's tax returns and all schedules, financial statements, balance statements and other information concerning the owner's or operator's gross income and net worth for the five years immediately preceding the date of the application. Within ninety days after the receipt of the application, the director may require additional information to verify the owner's or operator's eligibility for settlement pursuant to subsection A of this section. The owner or operator may provide any additional information the owner or operator believes to be relevant to the application. The director shall keep confidential any financial information submitted by the owner or operator pursuant to this subsection. If the director or the attorney general disputes a claim of confidentiality, the director or the attorney general shall provide written notice that the claim is disputed to the owner or operator claiming the confidentiality. The information shall be made available to the public if the owner or operator claiming confidentiality does not file an action for declaratory relief in superior court within thirty days after receiving the notice.

E. The owner or operator shall cooperate with the director in providing reasonable access and information for the director to carry out the requirements of this section as a condition of the settlement.

F. If the director verifies that the owner or operator is unable to pay the direct costs incurred by the director pursuant to section 49-1017, subsection C, the director shall enter into a settlement within ninety days after receipt of the application and any other information required pursuant to this section. The director shall allow the settlement amount to be paid over a period of time that does not exceed ten years. Settlement payments over a period of time are subject to the payment of interest at the rate of six percent a year, except that payments are not subject to interest if the entire settlement amount is paid within five years. The owner or operator may file a petition with the director to modify the payment schedule on a showing of good cause that the payment schedule cannot be met.

G. The director may require that notice of the terms of the settlement agreement be provided to the public to allow for comment for a period of thirty days before the department enters into a settlement agreement. Any interested person may comment on the settlement



agreement in writing to the director. The director may withdraw from a settlement agreement after considering the comments.

H. If the director determines that the owner or operator does not qualify for a settlement pursuant to this section, the director shall notify the owner or operator in writing within ninety days after the receipt of all information required pursuant to this section stating the reasons for ineligibility. The application for settlement is deemed denied if the director does not notify the owner or operator within ninety days after the director's receipt of all applicable information. A denial of a settlement application under this subsection constitutes an appealable agency action as defined in section 41-1092. In any administrative appeal hearing conducted pursuant to title 41, chapter 6, article 10, the documents submitted by the owner or operator pursuant to this section are not confidential. Any appeal is limited to the owner's or operator's eligibility for a financial hardship settlement pursuant to this section and the owner's or operator's ability to pay the direct costs incurred by the director pursuant to section 49-1017, subsection C.

**A.R.S. § 49-1056. Lien rights; unrecovered corrective action costs**

If the department or this state incurs unrecovered corrective action costs from a corrective action undertaken on behalf of a volunteer, a property owner, a person other than the underground storage tank owner or an owner or operator that did not have the required financial responsibility mechanism at the time the release is discovered or the claim is filed, the department has a lien on the property for the unrecovered corrective action costs, or, by agreement with the responsible party, may obtain a lien on any other property or other financial responsibility mechanism of the responsible party.

# **APPENDIX B**

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
UNDERGROUND STORAGE TANK  
STATE LEAD PROGRAM**

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**REQUEST FOR SETTLEMENT & FINANCIAL NEED EVALUATION  
FOR OWNERS AND OPERATORS OF LEAKING UNDERGROUND STORAGE TANKS  
(A.R.S. § 49-1017.01)**

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Mail or hand deliver this completed form and all attachments to the address below:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
Mail Code 4415B-3  
1110 West Washington Street  
Phoenix, AZ 85007**

ADEQ received stamp:

**NOTE:** The Director of ADEQ may require additional information to verify the eligibility for settlement pursuant to subsection A of A.R.S. § 49-1017.01

**SECTION I –APPLICANT INFORMATION:**

A. Full Legal Name (or Business Name) of Applicant: \_\_\_\_\_

B. Type of Owner or Operator (Individual; Sole Proprietor, Partnership, S-Corporation; C-Corporation; LP, LLP, LLC; not for profit corporation; professional association; political subdivision):  
\_\_\_\_\_

C. Mailing address: \_\_\_\_\_  
(street, city, state, zip code)

D. Telephone No.: \_\_\_\_\_ Telefax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

E. ADEQ Assigned Identification (Owner ID) No.: \_\_\_\_\_

F. Applicant Status (check all that apply):

LUST Owner - A.R.S. § 49-1001.01

Fiduciary – A.R.S. § 49-1001(6)

LUST Operator - A.R.S. § 49-1001(11)

Political Subdivision - A.R.S. § 49-1052 (H)

G. Applicant contact person (if different from the SL Applicant identified above):

1. Name and Relationship to the SL Applicant: \_\_\_\_\_

2. Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Mailing address: \_\_\_\_\_  
(street, city, state, zip code)

ADEQ UNDERGROUND STORAGE TANK (UST)  
STATE LEAD PROGRAM REQUEST FOR SETTLEMENT APPLICATION

**SECTION II - FACILITY INFORMATION**

- A. ADEQ assigned facility identification no.: 0-0
- B. Facility name: \_\_\_\_\_
- C. Facility address: \_\_\_\_\_
- D. LUST<sup>1</sup> file no.: \_\_\_\_\_ Release Number(s)<sup>2</sup>: \_\_\_\_\_

Footnotes for Section II:

1: LUST file number – Leaking Underground Storage Tank (LUST) file number, this refers to the ADEQ assigned four digit number associated with the release(s) confirmed at the site.

2: Release number(s) – refers to the ADEQ assigned numbers that follow the four digit LUST number (ex: .01)

**SECTION III - FINANCIAL INFORMATION**

A Attach the following documents in accordance with A.R.S. § 49-1017.01:

1. A letter requesting a financial hardship settlement which includes an explanation of the exact reason(s) for hardship and lists a dollar amount settlement offer.

Include offer amount here: \$ \_\_\_\_\_.

2. Copy(ies) of the most recent annual property tax summary(ies) which list the legal description, parcel number, and assessed value of all real estate owned by the SL Applicant.
3. Copy(ies) of loan agreements or deeds of trust (mortgage notes) payable or receivable by the SL Applicant which include the terms of payment and the remaining balance due for each.
4. If the SL Applicant has been the subject of any Court Judgments with amounts awarded to, due or owed by the SL Applicant within the past five (5) years, provide copies of each Judgment and the status of payments received or made thereto. If the SL Applicant is the subject of any unresolved ongoing litigation, attach copies of documents listing the docket numbers and describing the nature of litigation.
5. If the SL Applicant has ever been the subject of any proceedings under the provisions of the Federal Bankruptcy Act, provide documents indicating the Court Docket No. current disposition and date(s) of commencement, termination, and discharge.
6. If the SL Applicant is having funds held in escrow or in a trust by another person or business entity, attach copies of documents list the name and address of each such person or business, and the type and amount of the funds each person or business is holding for the SL Applicant.
7. If the SL Applicant transferred any assets *other than in the course of ordinary business* with an estimated current value of more than \$1,000 during the past five (5) calendar years, state to whom the assets were transferred, describe the asset(s), and any compensation paid by the recipient(s) to the SL Applicant.

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

8. If the SL Applicant or any of the SL Applicant's assets are covered under a durable Power of Attorney, attach copies of same.
9. If the SL Applicant is an **individual owner, sole proprietor or business partner (not a corporation)**, attach final, signed copies of the five (5) most recent years of the SL Applicant's state and federal annual tax returns including all supporting schedules and statements. Also, please complete and return the attached 6-pg. INDIVIDUAL ABILITY TO PAY CLAIM – Financial Data Request Form to report current individual gross income, net worth, assets, and debts to ADEQ.
10. If the SL Applicant is **a corporation**, attach copies of the five (5) most recent years of the SL Applicant's signed, final state and federal annual tax returns including all supporting schedules and statements.
11. If the SL Applicant is **a corporation**, also attach copies of any financial statements, auditor's reports, balance sheets, income statements, statements of cash flow and other financial information concerning the SL Applicant's gross income and net worth for the five (5) most recent fiscal years immediately preceding the date of the application. Please submit copies of audited documents, if available.
12. If the SL Applicant is a **corporation**, also attach copies of documents listing the salary draw, and the nature of any other compensation (stock options, pensions, profit sharing, royalties, or other deferred compensation rights) paid to each of the principals, directors, or managers of the corporation for each for the most recent five (5) taxable years.
13. If the SL Applicant is **a corporation that has issued or held stock**, attach copies of documents listing the name and the total number of shares currently owned by each of each principal stockholder, the total shares of each type of **stock issued**, the present market value per share of issued stock, the total outstanding shares of each type of **stock currently being held as treasury stock**, and the present market value per share of held treasury stock.
14. If the SL Applicant is **a corporation that maintains bank accounts**, attach copies of current statements listing any current balances in all checking accounts, savings accounts, trust accounts or other accounts.
15. If the SL Applicant is **a corporation that has an interest in commercial paper, notes or securities**, provide copies of statements identifying the current value of each paper, note or security and the SL Applicant's interest therein.
16. If the SL Applicant is **a corporation that has life insurance policies that have an insurable interest covering or paying some or all of the premium of one or more of the corporation's officers, directors, or "key" employees**, for each such policy provide a copy of the statement listing the insured's and the insurer's names, the type of policy, the face value and the yearly premium paid.

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

17. Documents relating to any other concerns (business entities, trusts, etc.) in which the SL Applicant maintains ownership, control or management.

(List all concerns. Attach tax returns and all schedules, financial statements, balance statements and other information concerning the concerns' gross income and net worth for the five (5) years immediately preceding the date of this application for settlement).

LIST EACH INDIVIDUAL CONCERN (BUSINESS ENTITY, TRUST, ETC.) (ATTACH SUPPLEMENTAL TABLE IF APPLICABLE)	IDENTIFY SL APPLICANT'S ROLE (OWNERSHIP, CONTROL, MANAGEMENT)

B. Please answer the following questions:

1. Will the SL Applicant be able to continue in business after payment of the SL Applicant's liability for direct costs?

**YES** (continue to item 2)

**NO** (provide explanation):

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2. Will payment of the SL Applicant's liability for direct costs require the SL Applicant to seek protection under federal bankruptcy law or render the SL Applicant insolvent?

**YES** (provide explanation):

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**NO** (continue to item 3)

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

3. Is the UST system associated with the release covered by property and casualty insurance or any financial assurance mechanism?

**YES** (Identify insurance and/or financial assurance mechanism(s) for the UST system(s) associated with the referenced release(s). Provide information regarding any and all claims filed. Attach documentation for any and all responses received from claims filed. If no claim has been filed – provide explanation)

IDENTIFY TYPE OF INSURANCE AND/OR MECHANISM	IDENTIFY MECHANISM PROVIDER	DATE CLAIM FILED (ATTACH COPY OF CLAIM)	RESPONSE TO CLAIMANT (ATTACH COPY OF RESPONSE)

(ATTACH SUPPLEMENTAL TABLE IF APPLICABLE)

**NO**  
If No, provide information regarding the financial assurance mechanism(s) used to demonstrate compliance with financial responsibility (A.R.S. 49-1006): \_\_\_\_\_

If you did not make a claim, describe why you failed to make a claim against the mechanism(s) identified above:

ADEQ may request further information or clarification of the information received. Failure to respond to the above requested information or subsequent request for information may result in a denial of the settlement request.

4. If yes to B.3. above, did you file a claim against any applicable property and casualty insurance or any financial assurance mechanism?

**YES** (Identify insurance and/or financial assurance mechanism(s) for the tank system(s) associated with the referenced release(s). Provide information regarding any and all claims filed. Attach documentation for any and all responses received from claims filed. If no claim has been filed – provide explanation)

IDENTIFY TYPE OF INSURANCE AND/OR MECHANISM	IDENTIFY MECHANISM PROVIDER	DATE CLAIM FILED (ATTACH COPY OF CLAIM)	RESPONSE TO CLAIMANT (ATTACH COPY OF RESPONSE)

(ATTACH SUPPLEMENTAL TABLE IF APPLICABLE)

**NO** (Describe why you failed to make a claim against the mechanism(s) identified above):

\_\_\_\_\_

\_\_\_\_\_

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

ADEQ may request further information or clarification of the information received. Failure to respond to the above requested information or subsequent request for information may result in a denial of the settlement request.

<b>INDIVIDUAL ABILITY TO PAY CLAIM (NOT TO BE COMPLETED FOR CORPORATIONS)</b> Financial Data Request Form	
<p>This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental cleanup. If you need more space for your answers, please attach additional sheets of paper. Note that further documentation may be requested of any of your responses. Any other information you wish to provide supporting your case is welcome, particularly if you feel your situation is not adequately described through the information requested here.</p>	
<u>Certification</u>	
<p>Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I may be subject to prosecution by the State of Arizona, Department of Environmental Quality to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.</p>	
<u>Signature:</u>	<u>Date:</u>

<u>Name:</u>		
<u>Spouse's Name:</u>		
<u>Names of Additional Household Members:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>County:</u>		

INDIVIDUAL ABILITY TO PAY CLAIM - Financial Data Request Form Page A



ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

Household Members' Income									
<i>List all income that household members earn <b>and</b> provide tax returns for last five (5) years.</i>						<i>For income period, specify either <u>Weekly</u>, <u>Monthly</u>, <u>Quarterly</u>, or <u>Yearly</u>.</i>			
Name									
Relationship to Applicant	self	spouse							
Age									
Gender									
Employer									
Years Employed									
Gross (Pre-Tax) Income						W	M	Q	Y
Wages/Salaries						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Commissions						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Income						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net Business Income						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Income						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (attach description)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUAL ABILITY TO PAY CLAIM - Financial Data Request Form Page B

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

**Household Living Expenses**

*List household living expenses typical of last year, indicating if any are likely to change significantly in the current year. If you own an operating business, exclude any business expenses; instead, attach any available financial statements for your business.*

<u>Expense</u>	<u>Amount</u>	<u>Period</u>			
		W	M	Q	Y
Rent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home maintenance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (inc. auto maint.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home heating oil, gas, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water & sewer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing, personal care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical (other than premiums)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage payments (principal and interest only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car payments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card interest		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational loan payments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other debt payments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property taxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal income taxes (net of any refunds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State & local income taxes (net of any refunds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FICA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other taxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal or professional fees		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (attach description)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

**Net Worth**

*Provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; if you wish note such items with an E." If you are the sole proprietor of a business, please list business assets and liabilities to the extent that the information sought is not already provided in your tax returns, in addition to personal assets and liabilities. Mark these entries with a B"to identify them as business assets and liabilities.*

	<b>Assets</b>	<b>Liabilities</b>	<b>Comments</b>
<u>Bank Accounts</u>	<u>Balance</u>		
<i>Checking, NOW, Savings, Money Market, CDs etc.</i>			
<u>Financial Investments (stocks, bonds, etc.)</u>	<u>Market Value</u>		
<u>Retirement Funds and Accounts</u>	<u>Market Value</u>		
<i>IRA, 401(k), Keogh, vested interest in company retirement fund, etc.</i>			
<u>Life Insurance Policies (with cash value)</u>	<u>Cash Value</u>		
<i>Whole life, universal life, etc.</i>			
<u>Vehicles Used for Commuting</u>	<u>Market Value</u>	<u>Loan Balance</u>	
<i>Cars, trucks, motorcycles, etc.: list up to two vehicles used for commuting purposes.</i>			

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

	<b>Assets</b>	<b>Liabilities</b>	<b>Comments</b>
<u>Vehicles (other than for commuting)</u>	<u>Market Value</u>	<u>Loan Balance</u>	
<i>Cars, trucks, motorcycles, recreational vehicles, motor homes, boats, airplanes.</i>			
<u>Primary Residence</u>	<u>Market Value</u>	<u>Mortgage Balance</u>	
<u>Real Estate (other than primary residence)</u>	<u>Market Value</u>	<u>Mortgage Balance</u>	
<i>Lands, buildings, land with buildings.</i>			
<u>Personal Property</u>	<u>Market Value</u>	<u>Debt Balance</u>	
<i>Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc.; list only items with a value greater than \$500.</i>			
<u>Credit Cards and Lines of Credit</u>		<u>Balance Due</u>	
<u>Other Debts and/or Assets</u>	<u>Market Value</u>	<u>Debt Balance</u>	
<i>Any other assets and any debts on those assets, plus any other debts owed to individuals, fixed obligations, taxes owed, overdue alimony or child support, etc.</i>			

ADEQ UNDERGROUND STORAGE TANK (UST) PROGRAM  
STATE LEAD PROGRAM APPLICATION

<b>Additional Information</b>	
<i>For any question that you check off as applicable, provide additional information below or on separate pages.</i>	
Reason to believe financial situation will change during the next year?	<input type="checkbox"/>
Currently selling or purchasing any real estate?	<input type="checkbox"/>
Property held by other person/entity on applicant's behalf?	<input type="checkbox"/>
Party in pending lawsuit (other than this enforcement action)?	<input type="checkbox"/>
Any belongings repossessed in last five years?	<input type="checkbox"/>
Is applicant a Trustee, Executor, or Administrator?	<input type="checkbox"/>
Participant or beneficiary of estate or profit-sharing plan?	<input type="checkbox"/>
Declared bankruptcy in last seven years?	<input type="checkbox"/>
Receive any type of federal aid or public assistance?	<input type="checkbox"/>

INDIVIDUAL ABILITY TO PAY CLAIM - Financial Data Request Form Page F

**REQUEST FOR FINANCIAL NEED EVALUATION UNDER A.R.S. 49-1017.01**

**CERTIFICATION STATEMENT**

I hereby certify, under penalty of perjury, that:

1. I have reviewed this Request for Settlement Application, and all financial information attached to it for both the SL Applicant and for ALL concerns in which the application maintains ownership, control or management.
2. All financial information set forth on the attached Financial Statements and notes and schedules for the SL Applicant is compiled from financial records of the SL Applicant.
3. All financial information set forth on the attached Financial Statements and notes and schedules for other concerns is compiled from financial records from each and every concern in which the SL Applicant maintains ownership, control or management.
4. All facts and statements set forth as part of this Request for Settlement and all attachments are true, accurate and complete to the best of my information and belief.

_____ 1. Signature of Applicant/Authorized Individual
_____ Printed Name
_____ Relationship to Applicant (if applicable)
_____ 2. Signature of Applicant/Authorized Individual
_____ Printed Name
_____ Relationship to Applicant (if applicable)

# APPENDIX C

## STATE LEAD PROGRAM ACKNOWLEDGEMENT FOR UST OWNERS OR OPERATORS

**Please sign below to acknowledge that you have read the following information:**

If ADEQ has determined that you were the UST owner or operator at the time of the release, the existence of a corrective actions agreement with the department does not relieve you of any liability for the release. Additionally, the existence of a management contract with the department does not relieve you of any liability for costs. The owner or operator is liable for 100% of the direct costs associated with corrective actions, investigation, enforcement and litigation. If you are financially incapable of paying, the direct costs; ADEQ has the authority to negotiate a financial hardship settlement amount if applicable in accordance with A.R.S. § 49-1017.01.

ADEQ cannot predict when site work will be started or completed because of a number of factors including:

- 1) Availability of funding – The State Lead Program corrective actions are financed by state and federal funds that are allocated to the program. When the State Lead Program can start performing corrective actions at the LUST site depends upon the availability of these funds.
- 2) Risk prioritization- The State Lead Program uses public health and environmental risk factors when prioritizing the order in which the LUST sites are addressed (see A.R.S. § 49-1018). For example, a LUST sites with groundwater contamination that has affected a drinking water well would rank higher and be addressed prior to a site with minor soil contamination. Please note that the length of time a LUST site is on the list has no bearing on the site's ranking.
- 3) The location and magnitude of the release – A small UST release that is located in easily accessible shallow soil may be cleaned up in a few days, whereas a large UST release that has resulted in extensive groundwater contamination may take years to clean up.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_



# APPENDIX D

# STATE LEAD PROGRAM ACKNOWLEDGEMENT FOR PROPERTY OWNERS

**Please sign below to acknowledge that you have read the following information:**

ADEQ cannot predict when site work will be started or completed because of a number of factors including:

- 4) Availability of funding – The State Lead Program corrective actions are financed by state and federal funds that are allocated to the program. When the State Lead Program can start performing corrective actions at the LUST site depends upon the availability of these funds.
- 5) Risk prioritization- The State Lead Program uses public health and environmental risk factors when prioritizing the order in which the LUST sites are addressed (see A.R.S. § 49-1018). For example, a LUST sites with groundwater contamination that has affected a drinking water well would rank higher and be addressed prior to a site with minor soil contamination. Please note that the length of time a LUST site is on the list has no bearing on the site's ranking.
- 6) The location and magnitude of the release – A small UST release that is located in easily accessible shallow soil may be cleaned up in a few days, whereas a large UST release that has resulted in extensive groundwater contamination may take years to clean up.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_