



UST-LUST
1110 West Washington Street
Phoenix, Arizona 85007
USTCAS@azdeq.gov

ADEQ use only

DOCUMENT SUBMITTAL FORM

Do not submit reports in a three ring binder.

Person Responsible for Submitting Document – check all that apply:

☐ UST Owner ☐ UST Operator ☐ Property Owner ☐ Political Subdivision ☐ ADEQ State Lead

Company Name (same as AZ Corp. Commission filing): _____

UST owner/operator ID No: _____ Authorized Individual: ☐ Mr. ☐ Ms. _____

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Email: _____

Identify the Submitted Document(s) – check all that apply

Confirmed release(s):

- | | |
|--|--|
| <input type="checkbox"/> 14 day report | <input type="checkbox"/> Free product report |
| <input type="checkbox"/> 90 day report/initial site characterization report (ISCR) | <input type="checkbox"/> LUST site classification form |
| <input type="checkbox"/> Site characterization report (SCR) | <input type="checkbox"/> Revised SCR |
| <input type="checkbox"/> Periodic site status report (PSSR) | <input type="checkbox"/> Corrective action plan (CAP) |
| <input type="checkbox"/> Revised CAP | <input type="checkbox"/> Tier 3 risk evaluation |
| <input type="checkbox"/> Corrective action completion report (LUST closure request)
eCSM update | |
| <input type="checkbox"/> Corrective action completion report (alternative groundwater
LUST closure request) | |
| <input type="checkbox"/> Other (describe): _____ | |

UST: ☐ UST Closure Report ☐ Baseline Assessment Report ☐ Other (describe): _____

Release Information

Assigned LUST number: _____

Facility Information

ADEQ Facility ID: 0-0 _____ Facility Name: _____

Facility Street Address: _____

City: _____ Zip Code: _____ County: _____

UST Owner Information (if different than Person Responsible for Submitting Document)		
Company Name (same as AZ Corp. Commission filing): _____		
UST owner/operator ID No: _____ Authorized Individual: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____		
Mailing Street Address: _____		
City: _____	State: _____	Zip Code: _____
Daytime Telephone: _____	Email: _____	
UST Operator Information (if different than Person Responsible for Submitting Document)		
Company Name (same as AZ Corp. Commission filing): _____		
UST owner/operator ID No: _____ Authorized Individual: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____		
Mailing Street Address: _____		
City: _____	State: _____	Zip Code: _____
Daytime Telephone: _____	Email: _____	
Property Owner Information (if different than Person Responsible for Submitting Document)		
Company Name (same as AZ Corp. Commission filing): _____		
UST owner/operator ID No: _____ Authorized Individual: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____		
Mailing Street Address: _____		
City: _____	State: _____	Zip Code: _____
Daytime Telephone: _____	Email: _____	
Seal of Arizona Professional Registrant (required for submittals that include professional judgment, design, analysis, or conclusions, including original plans, drawings, maps, plats, reports, written opinions, specifications, and calculations):		
Certification Statement of UST Owner, UST Operator, or Property Owner (under A.R.S. § 49-1016.C)		
<p>"I hereby certify, under penalty of law, that this submittal and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."</p>		
Signature of Authorized Individual	Title	Date



Underground Storage Tank (UST) 90 Day Report

Please submit an electronic copy to USTCAS@azdeq.gov

Also, please submit a HARD COPY to

ADEQ
Attention: UST-LUST Section
1110 West Washington Street
Phoenix, AZ 85007

1) Report date: _____ ADEQ Facility ID: 0-0 _____ LUST No. (if applicable): _____

2) Type of report

Confirmed release (**You must also complete Attachment B**) pursuant to A.A.C. R18-12-261(D)

3) Nature of confirmed release. Provide details about how the suspected or confirmed release was discovered, the source(s), and the cause(s). Add additional space as needed.

List all sources and causes related to the suspected or confirmed release¹.

- a) Source: _____ Cause: _____
i) Source details (if known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- b) Source: _____ Cause: _____
i) Source details (if known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- c) Source: _____ Cause: _____
i) Source details (if known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- d) Source: _____ Cause: _____
i) Source details (if known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____
- e) Source: _____ Cause: _____
i) Source details (if known, otherwise write "unknown")
Identify manufacturer: _____ model: _____ Date installed: _____

f) Media Impacted (check all that apply):

☐ Soil ☐ Groundwater ☐ Vapor ☐ Surface water ☐ Not applicable

4) Regulated substance suspected or confirmed to be released (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Unleaded gasoline | <input type="checkbox"/> Mid-grade unleaded gasoline |
| <input type="checkbox"/> Premium unleaded gasoline | <input type="checkbox"/> Ethanol flex fuel (E_____) |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Biodiesel (B_____) |
| <input type="checkbox"/> Used oil | <input type="checkbox"/> New oil |
| <input type="checkbox"/> Jet fuel (specify: _____) | <input type="checkbox"/> Aviation fuel |
| <input type="checkbox"/> Other (specify: _____) | <input type="checkbox"/> Unknown |

5) Have the results of any tightness tests conducted related to the release been previously submitted?

- ☐ Yes (Date submitted: _____)
- ☐ No (Attach a copy of the results)
- ☐ Not applicable (Tightness tests were not performed in relation to the confirmed release)

¹Please identify the source component that is the root cause of the release. For example, if the release was initially discovered due to a failed ATG result and after further investigation the result was due to a faulty ATG probe, the source should be noted as the ATG probe, not the failed ATG result.

Please identify the root cause for why the source component malfunctioned. For example, if the ATG probe stopped working because the floats became corroded and could not work properly, the cause should be noted as "corrosion".

Attachment A

Confirmed Release Information

1) General information

a) Number of estimated gallons of fuel released²: 1-500 501-1,000 1,001-5,000 5,001-10,000

 If >10,000 provide estimate: _____

 For assistance in calculating a numerical estimate, UST inventory records may help or you can refer to the *Early Cleanup Technology Deployment Guidance*, which is available on our website at:

http://static.azdeq.gov/ust/lust_early_cleanup_tech.pdf

b) Date UST owner/operator was notified of the release: _____

c) Date of release (if known, otherwise write "unknown"): _____

d) Elapsed time over which the release occurred (if known, otherwise write "unknown"):

2) The initial response, abatement, and corrective actions taken to date (check all that apply)

☐ Emptied fuel from UST(s)

☐ Repaired leaking component(s)³

☐ Replaced leaking component(s)³

☐ Initiated early cleanup⁴

☐ Conducted initial site characterization

☐ Investigated for presence of and initiated removal of free product

3) Provide additional details about your initial response, abatement, and corrective actions taken to date.

Please add additional space as needed.

²The estimate provided on this form may change over time as the conceptual site model is updated.

³If any UST components have been repaired or replaced, attach the repair/replacement documentation if not previously sent in accordance with A.A.C. R18-12-234(C).

⁴Initiating early cleanup as soon as possible may help to prevent the spread of contamination and decrease the time and costs required to complete cleanup activities and expedite closure. Please refer to the *Early Cleanup Technology Deployment Guidance* for more information. Before cleanup begins, please submit a *UST Cleanup Notice Form*. Both documents are available on our website at <http://www.azdeq.gov/>.

4) Site-specific geology. Add additional rows as needed.

Depth range in feet (example: 0 – 15)	Lithology type (example: silty sand)

The above information is ☐ estimated ☐ known

Depth to bedrock in feet: _____ ☐ estimated ☐ known

Source of above information: _____

Date of above information: _____

5) Site-specific hydrology

Depth to groundwater in feet: _____ ☐ estimated ☐ known

Groundwater flow direction (example: N, SSW): _____ ☐ estimated ☐ known

Groundwater quality: ☐ potable ☐ naturally non-potable ☐ artificially non-potable

Source of above information: _____

Date of above information: _____

6) Receptors (other than wells) within a quarter mile of the facility. Add additional rows as needed.

Distance from facility (feet)	Direction from facility (example: S, NW)	Receptor Name	Receptor Type (example: school, residential)

7) Current occupancy and use of the facility

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8) Current occupancy and use of the properties immediately adjacent to the facility. Add additional rows as needed.

Direction from facility (example: S, NW)	Adjacent Property Name	Adjacent Property Use

9) Attach laboratory analytical results of the samples analyzed and received as of the date of the report

10) ☐ Attach a site plan with an established scale and North arrow that must include the locations of:

- a) The facility property boundaries
- b) The release location(s)
- c) The sample location(s)
- d) Identified receptors
- e) Known sewer and utility lines, basements, and other artificial subsurface structures on and immediately adjacent to the facility

11) ☐ Attach a map that identifies all well locations within a quarter mile of the facility.

12) ☐ Attach a table that includes the location, use, and identification number of all registered ADWR wells on and within a quarter mile of the facility.

13) ☐ Complete the attached LUST site classification form.

14) Was free product discovered?

- a) ☐ Yes (Complete and submit the *Free Product Report* located at <http://azdeq.gov/forms?title=UST>)
- b) ☐ No

15) ☐ An electronic copy of this report has been submitted to USTCAS@azdeq.gov.



Underground Storage Tank (UST) – Leaking UST Section
1110 West Washington Street
Phoenix, Arizona 85007
USTCAS@azdeq.gov

LUST SITE CLASSIFICATION FORM

In accordance with A.A.C. R18-12-261.01, this form is required to be filled out in its entirety.
If applicable, please attach additional information.

UST Facility Name: _____ Assigned UST Facility ID: 0-0 _____
Name of UST Owner or Operator responsible for submittal: _____ UST Owner/Operator ID: _____
Role of submitter (check all that apply): ☐ Owner ☐ Operator ☐ Property Owner ☐ ADEQ State Lead
Name of Professional who completed evaluation in accordance with A.A.C. R18-12-264(B): _____

Assigned LUST release ID: _____ Are there other LUSTs at this facility? ☐ Yes ☐ No (if yes, fill out a form for each release)
Regulated substance released: ☐ E10 ☐ Gasoline (unleaded with MTBE) ☐ Gasoline (unleaded without MTBE) ☐ Gasoline (leaded) ☐ Diesel
☐ Used oil ☐ Jet fuel ☐ Other: _____
Source of release: ☐ Tank ☐ Piping ☐ Spill ☐ Overfill ☐ Submersible turbine pump ☐ Delivery problem Location of component (source): _____
Cause of release: ☐ Physical/mechanical damage ☐ Install problems ☐ Spill ☐ Overfill ☐ Unknown ☐ Other: _____
Estimated loss (in gallons): ☐ 1-500 ☐ 501-1,000 ☐ 1,001-5,000 ☐ 5,001-10,000 ☐ if >10,000 provide estimate _____

Factors Considered in Determining LUST Site Classification – Part 1:

MEDIA IMPACTED:

	Extent of contamination defined		Contamination on-site		Contamination extends off-site		Date of most recent analytical data
	Yes	No	Yes	No	Yes	No	
Soil Vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Groundwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surface water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Free Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*If Free Product is encountered – please review A.A.C. R18-12-261.02 for details on required Free Product reporting

GROUNDWATER QUALITY:

☐ Potable ☐ Naturally non-potable ☐ Artificially non-potable, regional ☐ Artificially non-potable, locally

STATUS OF CORRECTIVE ACTION ACTIVITIES ON DATE FORM IS SUBMITTED:

☐ Initial Response ☐ Initial Abatement ☐ Site Characterization ☐ Remediation (O&M) ☐ Requesting closure

Previous Site Classification: ☐ Not applicable ☐ 1 ☐ 2 ☐ 3 ☐ 4

Name of Preparer: _____

Date Prepared: _____

ADEQ use only

DATE RECEIVED:

LUST SITE CLASSIFICATION FORM

Factors Considered in Determining LUST Site Classification – Part 2:

Risk based corrective action (RBCA) factors are used to determine LUST site classification as required by A.A.C. R18-12-261.01

INSTRUCTIONS: Check mark the applicable criteria status for each factor. The site classification is determined by the column farthest to the left for which **ANY** criterion was check marked.

FACTORS	CRITERIA			
Explosive vapor levels in buildings	<input type="checkbox"/> Yes	<input type="checkbox"/> Potential		
Explosive vapor levels in subsurface conduits	<input type="checkbox"/> Yes	<input type="checkbox"/> Potential		
Vapor levels causing acute health effects in building	<input type="checkbox"/> Yes	<input type="checkbox"/> Potential		
Vapor levels causing acute health effects outdoors	<input type="checkbox"/> Yes	<input type="checkbox"/> Potential		
Free product visible or identified by analytical data in groundwater or soil	<input type="checkbox"/> Yes			
Free product visible or identified by analytical data in subsurface utilities	<input type="checkbox"/> Yes			
Contaminated surficial soils (0-15 feet)		<input type="checkbox"/> Yes but the R* <500 ft	<input type="checkbox"/> Yes but the R* >500 ft	
Contaminated subsurface soils (>15 feet)			<input type="checkbox"/> CoCs are leachable	<input type="checkbox"/> CoCs are not leachable
Plume migration to an active drinking water well (well screened in same interval as plume)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes to the R* < 2 years**	<input type="checkbox"/> Yes to the R* > 2 years**	
Plume migration to an active drinking water well (well screened in different interval as plume)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plume migration to an active non-potable use groundwater well (well screened in same interval as plume)		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes to the R* > 2 years**	<input type="checkbox"/> No
Plume migration to an active non-potable use groundwater well (well screened in different interval as plume)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free product visible in or identified by analytical data in surface	<input type="checkbox"/> Yes			
Surface water (potable water intakes) impacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <500 ft	<input type="checkbox"/> Yes 501-1500 ft	
Surface water impacted or other sensitive ecological targets present?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <500 ft	<input type="checkbox"/> Yes 501-1500 ft	
Current LUST Site Classification	<input type="checkbox"/> 1 Immediate threat	<input type="checkbox"/> 2 Short term threat	<input type="checkbox"/> 3 Long term threat	<input type="checkbox"/> 4 No threat or unclassifiable
Remedial responses needed based on LUST Site Classification	Corrective Action Plan. Evacuate occupants if applicable, mitigate free product, mitigate vapor migration, minimize extent of impact	Corrective Action Plan. Remove vapor and other source(s) or mitigate, remove contaminated soil or limit contact to it, monitor groundwater	Define extent of groundwater contamination, monitor groundwater contamination, define contaminated soil extent	No remedial response needed/Evaluate data for potential release closure

NOTES:

- * 'R' denotes receptor as defined in A.A.C. R18-12-101; persons, enclosed structures, subsurface utilities, waters of the state, or water supply wells and well-head protection areas.
- ** Time refers to plume migration to the well; if no site specific data is available, assume a migration rate equivalent to groundwater flow velocity.