

UST PROGRAM NON-PREAPPROVED REIMBURSEMENT REQUEST UNDER ARIZONA REVISED STATUTES (A.R.S.) 49-1051(J)(3)

This form is required if you are requesting state funding reimbursement under Arizona House Bill (H.B.) 2704, Arizona Revised Statutes (A.R.S.) § 49-1051(J)(3).

Eligibility Requirements: Use the checklist below to see if you are eligible for this program

(If you are unable to confirm each of the items below for the subject site, you are not eligible for this process):

- Owner and Operator applicants must be able to demonstrate compliance with financial responsibility (FR) at the time of the release or that the release predated FR requirements
- Applicants who are property owners and not the UST owner or UST operator responsible for the release(s) will be subject to lien provisions under A.R.S. § 49-1056 if they receive reimbursement from ADEQ for corrective action costs
- Limited to costs for corrective actions completed from and after December 31, 2015 through December 31, 2018
- Costs must not have been previously reimbursed by ADEQ
- Costs must not be included in a reimbursement request submitted under A.R.S. § 49-1051(J)(1) or (J)(2)
- This reimbursement request must be submitted to ADEQ prior to January 1, 2020

NOTE: Corrective action costs that are being relied upon to meet the cost share requirements under A.R.S. § 49-1006.02(B) or (C) are not eligible for reimbursement.



SECTION 1.1 - FACILITY INFORMATION

ADEQ assigned Facility ID Number: 0-00

Facility Name:

Facility Address:

City: State: Zip Code:

1.2 - APPLICANT INFORMATION

Name of Applicant:

Name of Applicant must match the information provided on the Arizona Corporation Commission (ACC) Website

ACC File Number:

Name/Title of Applicant's Authorized Individual (leave blank if same as above):

Verification of Authority: Please attach documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application.

If that documentation is not available, complete the following:

I am the at and authorize to
(Title of Responsible Officer) (Name of Applicant) (Name of Designee)

act for in applying for eligible funds for the facility identified in this application.
(Name of Applicant)

x (Signature) x (Date)

Applicant Address:

City: State: Zip Code:

Primary Phone: Secondary Phone:

Email:

Check all that apply to Applicant: UST Owner UST Operator Property Owner

SECTION 1.3 – UST RELEASE INFORMATION

RELEASE NUMBER	RELEASE CONFIRMATION DATE	RELEASE REPORTED DATE	DATES OF CORRECTIVE ACTIONS INCLUDED IN SUBMITTAL

SECTION 2 – FINANCIAL RESPONSIBILITY (FR)

2.1 – FINANCIAL ASSURANCE MECHANISM REFERENCE TABLE

For more information on FR requirements, please refer to Arizona Administrative Code (A.A.C.) R18-12-300 through R18-12-323 and 40 C.F.R. § 280, subpart H.

Identify below all applicable financial assurance mechanism(s) relied upon for compliance with Arizona Revised Statutes (A.R.S.) 49-1006 (as applicable to the release(s) included in this submittal).

<input type="checkbox"/>	UST Insurance Coverage	40 C.F.R. § 280.97	A.A.C. R18-12-307
<input type="checkbox"/>	Risk Retention Group Coverage	40 C.F.R. § 280.97	A.A.C. R18-12-307
<input type="checkbox"/>	Financial Test of Self-Insurance	40 C.F.R. § 280.95	A.A.C. R18-12-305
<input type="checkbox"/>	Guarantee	40 C.F.R. § 280.966	A.A.C. R18-12-306
<input type="checkbox"/>	Surety Bond	40 C.F.R. § 280.98	A.A.C. R18-12-308
<input type="checkbox"/>	Letter of Credit	40 C.F.R. § 280.99	A.A.C. R18-12-309
<input type="checkbox"/>	Trust Fund	40 C.F.R. § 280.102	A.A.C. R18-12-312
<input type="checkbox"/>	Standby Trust Fund	40 C.F.R. § 280.103	A.A.C. R18-12-313
<input type="checkbox"/>	Certificate of Deposit	40 C.F.R. § 281.37	A.A.C. R18-12-310
<input type="checkbox"/>	Local Government Bond Rating Test	40 C.F.R. § 280.104	A.A.C. R18-12-314
<input type="checkbox"/>	Local Government Financial Test	40 C.F.R. § 280.105	A.A.C. R18-12-315
<input type="checkbox"/>	Local Government Guarantee	40 C.F.R. § 280.106	A.A.C. R18-12-316
<input type="checkbox"/>	Release predated FR requirements		



SECTION 2.2 – LUST RELEASE/UST INSURANCE TABLE

If you relied on UST insurance to demonstrate compliance with FR during the time the release was discovered – complete the following information. If you need to include more information than is available below, please attach a summary that includes the table items.

ADEQ-assigned LUST Number (first four digits): _____

Release predated FR requirements

Release ID No.	Release Reported Date	Release Closure Date	UST Insurance Provider (Name)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
UST Insurance Provider Contact Name:					
Primary Phone:			Email:		

Release predated FR requirements

Release ID No.	Release Reported Date	Release Closure Date	UST Insurance Provider (Name)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
UST Insurance Provider Contact Name:					
Primary Phone:			Email:		

Release predated FR requirements

Release ID No.	Release Reported Date	Release Closure Date	UST Insurance Provider (Name)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
UST Insurance Provider Contact Name:					
Primary Phone:			Email:		

SECTION 2.3 – PREAPPROVAL FR ELIGIBILITY CATEGORY (UST OWNER AND OPERATOR APPLICANTS)

Please refer to A.R.S. § 49-1006.02(A), (B) and (C)

- Category A: Financial assurance mechanism is UST insurance with a deductible less than \$50,000
Attach documentation demonstrating a timely claim was filed with your insurance provider
Attach correspondence between you and your provider
- Category B1: Financial assurance mechanism is UST insurance with a deductible of \$50,000 or more – requires \$50,000 cost share obligation
- Category B2: Reliance upon a financial assurance option other than UST insurance – requires \$50,000 cost share obligation
- Category C: Financial assurance mechanism is UST insurance with release reported prior to January 1, 2016 – requires \$50,000 cost share obligation
- Release predated FR requirements



SECTION 3

3.1 - REPORT REFERENCE TABLE

To complete this section, you are required to provide information that links the invoices supporting the corrective action costs for which you are requesting reimbursement to documents on file with ADEQ that describe the corrective actions. The report reference table (3.1) identifies the regulatory reports submitted to ADEQ to document corrective actions. Use the report reference number below on the invoice ledger to identify which invoices are associated with the work documented in the referenced report.

Report Reference Number	Report Date	Report Name	Name of Consulting Firm	Date Report Submitted to ADEQ
1				
2				
3				
4				
5				
6				
7				
8				
9				



3.3 – SUPPORTING INVOICES

ATTACH DOCUMENTATION TO SUPPORT COSTS IDENTIFIED ON THE INVOICE LEDGER (3.2). Documentation must include invoices and receipts from your primary service provider as well as their subcontractors. Invoice detail should include: labor, expenses, and equipment.

3.4 – PROOF OF PAYMENT

ATTACH DOCUMENTATION TO SUPPORT COSTS IDENTIFIED ON THE INVOICE LEDGER (3.2).

Acceptable Documentation includes:

Copies of Cancelled Checks

Bank Statements

Invoice numbers must be referenced with each proof of payment document

SECTION 4

Completion of applicable tables provided in this section will be used to evaluate activities and costs claimed. Complete and accurate information will facilitate processing of both Financial and Technical evaluations.

4.1 – COST PER SUBTASK SUMMARY TABLE

Site Characterization/Confirmation Soil Borings

Note: Borings that become wells are accounted for in the monitoring wells section only. For example, if 6 borings were drilled and 4 were completed as wells, the table below would show 2 borings and 4 monitoring wells.

Soil Borings and Sampling		Monitoring Wells	
Number of Borings		Number of Wells	
Total Depth		Total Depth	
Drilling Method		Drilling Method	
Sampling Interval		Casing/Screen Diameter	
Analytical Methods		Screened Interval	
Total Cost		Total Cost	

Groundwater Monitoring and Sampling

Number of Wells	
Depth to Water	
Number of Sampling Events	
Analytical Methods	
Purging Method	
Frequency	
Total Cost	



Remediation System Installation

Number of Wells (Separate by Well type, i.e. Air Sparge, SVE, etc.)	
Depth of Wells	
Casing/Screen Diameter	
Screened Interval	
Drilling Method	
Length of Pipe Runs (Trenching)	
Piping Diameter	
Total Length of Piping	
Utilities (Electric Only or Electric and Gas)	
Total Cost	

Operation and Maintenance of Remediation System

Number of Months of Operation	
Utilities (Electric Only or Electric and Gas)	
Treatment Type (Thermal, Catalytic, or GAC)	
IDW Disposal/Waste (Water from Knockout Drum, Free Product, etc.)	
Total Cost	

In Situ Chemical Oxidation (ISCO), Bio Amendments, and Carbon Based Injections (CBI)

Product Type	
Amount of Product	
Direct Injection into Formation or Injection into Existing Well	
Number of Injection Points	
Total Cost	

Excavation

Length (ft) * Width (ft) * Depth (ft)	
Cubic Yards for Disposal and Backfill	
Analytical Methods	
Number of Sidewall Samples and Base (Floor) Samples	
Total Cost	

Soil Vapor Survey

Number of Soil Vapor Sample Points	
Number of Samples	
Total Cost	



ADEQ UNDERGROUND STORAGE TANK (UST)
NON-PREAPPROVED REIMBURSEMENT REQUEST FORM

Well Abandonment/Decommissioning

Number of Wells to be Abandoned	
Average Depth of Wells	
Diameter of Wells	
Abandonment Method (Grout to Surface, Overdrill Upper 20 Feet, etc.)	
Remediation System Decommissioning (include description of work)	
Total Cost	

Reporting

Report Type	Number of Each Report Type	Total Cost for Each Report Type
90 Day/Initial Site Characterization Report		
Site Characterization Report		
Periodic Site Status Report		
Corrective Action Completion Report/Risk Assessment report		
Well Abandonment/Other Report		



SECTION 5

5.1 - APPLICANT CERTIFICATION STATEMENT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual verified in Section 1. This certification statement, signatures and notarization must all be on the same page. All signatures must be original. Reproduced or copied signatures will not be accepted.

Applicant Certification:

Under penalty of perjury, I hereby certify that I have reviewed the attached invoices in the total amount of \$ _____. The amount requested for reimbursement is \$ _____. To the best of my knowledge, information, and belief:

All facts and statements set forth in this application are true and correct;
(choose one of the following)

- I am an UST owner or operator that was in compliance with financial responsibility requirements at the time of the release
I am an UST owner or operator and I have demonstrated that the release predated financial responsibility requirements
I am a property owner, who is not the UST owner or UST operator responsible for the release(s), and I understand that I am subject to lien provisions under A.R.S. § 49-1056.

All costs submitted with this application are based directly on the actual performance of the eligible activities that are the subject of this application and represent the actual costs that were incurred by me, or by a previous owner and assigned to me, for performance of the eligible activities;

None of the costs claimed in this submittal have been previously paid by or submitted to the Department for payment or reimbursement;

I, or my consultant, representative, or any previous owner, have not been reimbursed by insurance for the corrective actions that are the subject of this application."

Signature of Applicant/Authorized Individual
Printed Name
Relationship to Applicant (if applicable)

Sworn to and subscribed this: ___ day of ____, 20__
Notary Public Signature
My commission expires
County of ____, State of ____



5.2 -PRIMARY SERVICE PROVIDER CERTIFICATION STATEMENT

A separate certification statement, in its entire ADEQ prescribed form, must be signed by each primary service provider available. All signatures must be original and notarized. Reproduced or copied signatures will not be accepted. This certification statement, signatures and notarization must all be on the same page.

Company Name: _____

Individual Name: _____

AZ professional registration is required. Certification/Registration No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Primary Service Provider Certification:

"I, the Primary Service Provider, hereby declare under penalty of perjury that I was responsible for the management and supervision of the corrective actions included in this application.

I affirm that the included activities were conducted in accordance with A.R.S. § 49-1005 and 18 A.A.C. 12, Article 2.

To the best of my knowledge, information and belief, all costs submitted for my company are based directly on the actual performance of the eligible activities and represent the actual costs that were incurred.

I further declare under penalty of perjury that I/my organization received payment from the above applicant as evidenced by the documents attached to this application, in the amount stated, and consistent with the attached invoices."

Signature
Printed Name/Title
Company Name

Sworn to and subscribed this: ___ day of ___, 20__
Notary Public Signature
My commission expires
County of ___, State of ___



5.3 - APPLICATION PREPARER CERTIFICATION STATEMENT (If applicable)

This certification statement, in its entire ADEQ prescribed form, must be signed by the person who prepared this application. All signatures must be original and notarized. Reproduced or copied signatures will not be accepted. This certification statement, signatures and notarization must all be on the same page.

Company Name: _____

Individual Name: _____

AZ professional registration is required. Certification/Registration No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Application Preparer Certification:

"I hereby declare under penalty of perjury that I prepared this application for the applicant, and that to the best of my knowledge, information and belief, the statements and costs set forth in this application are true and accurate.

Where the statements and costs in this application originate from work of any primary service provider who has not independently affirmed their truth and accuracy in this application form, I declare, to the best of my knowledge, information and belief, that all invoices submitted from other service providers with this Application result directly from the actual performance of the eligible activities that are the subject of this Application and represent the actual costs incurred for performance of such eligible activities."

Signature
Printed Name/Title
Company Name

Sworn to and subscribed this: ___ day of ___, 20__
Notary Public Signature
My commission expires
County of ___, State of ___



ADEQ UNDERGROUND STORAGE TANK (UST)
NON-PREAPPROVED REIMBURSEMENT REQUEST FORM

Application Submittal Instructions:

Mail or hand-deliver one original and all attachments to the below address:

Attention: UST Preapproval Program
Arizona Department of Environmental Quality
1110 West Washington Street
Phoenix, AZ 85007