



UNDERGROUND STORAGE TANK (UST) BASELINE ASSESSMENT REPORT FORM

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
 1110 West Washington Street, Phoenix, Arizona 85007
 (602) 771-0333 · USTCAS@azdeq.gov

UST OWNER INFORMATION					
Company Name					
Address					
City		State		Zip Code	
Contact Name			Email		
Office Phone			Cell Phone		
Owner Type	<input type="checkbox"/> Private or Corporation <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School <input type="checkbox"/> State <input type="checkbox"/> Federal				
UST OPERATOR INFORMATION (leave blank if same as UST owner listed above)					
Company Name					
Address					
City		State		Zip Code	
Contact Name			Email		
Office Phone			Cell Phone		
Owner Type	<input type="checkbox"/> Private or Corporation <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School <input type="checkbox"/> State <input type="checkbox"/> Federal				
FACILITY INFORMATION					
Facility Name			ADEQ Facility ID #	0-00	
Site Address					
City		State		Zip Code	
Tank Use	<input type="checkbox"/> Retail Fuel Sale <input type="checkbox"/> Non-Retail Sale <input type="checkbox"/> Government <input type="checkbox"/> Farm/Residential <input type="checkbox"/> Emergency Generator				
Facility is	<input type="checkbox"/> Always staffed <input type="checkbox"/> Always Unstaffed <input type="checkbox"/> Staffed only during operating hours				
REGISTERED/CERTIFIED PROFESSIONAL INFORMATION					
Company Name					
Professional's Name					
Registration Number			Email		
Office Phone			Cell Phone		
UST SYSTEM INFORMATION					
Tank ID #					
Total Tank Capacity (gallons)					
Compartmentalized Tank	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"/>
Compartment Sizes (gallons)					
Product	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Product (Second Compartment)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Tank Material	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Tank Construction	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Tank Manufacturer (if known)					
Tank Model (if known)					

Attach an additional sheet if needed.

2 ADDITIONAL UST INFORMATION

Are UST(s) currently in use (operating)? Yes No (If "No" provide date of last use_____)

Piping Material: Fiberglass Reinforced Plastic Steel Flexible Unknown

Piping Construction: Single Walled Double Walled Date of Piping Installation: _____ Unknown

3 SITE PLAN

A site plan, to a scale of or about 1 inch = 10 feet including a North arrow, should be included as Appendix A to this Baseline Assessment Report Form. Do not use an aerial photograph of the facility as the site plan.

Are all USTs, piping runs and fuel dispensers shown on the site plan? Yes No

If no, explain why not: _____

Are all sampling locations shown on the site plan? Yes No

If no, explain why not: _____

Are all major features, e.g. buildings, canopies, fence lines shown on the site plan? Yes No

If no, explain why not: _____

Are any underground utilities within the boundaries or adjacent to the facility shown on the site plan? Yes No

If no, explain why not: _____

Were any additional soil/soil vapor samples collected at previously unknown release area(s) in an effort to define the vertical extent of the soil contamination? Yes No

If yes, describe results: _____

Were any of the soil/soil vapor samples referenced in this Baseline Assessment Report Form collected in previously identified LUST release areas at this facility? Yes No *If yes, please indicate which samples on Table 1*

4 SOIL INVESTIGATION PROCEDURES

Were all soil samples collected using methanol extraction, an EnCore™, or a Terra Core™ sampler and collected per the Sampling Guidelines the ADEQ Site Investigation Guidance Manual? Yes No
Document available at: https://www.azdeq.gov/environ/waste/download/SI_Guidance_Manual_Final.pdf

If no, describe why not and the alternative sampling collection and preservation methods used:

Were all soil/soil vapor or groundwater samples analyzed for the appropriate compounds as required by the ADEQ Analytical Data Information document? Yes No

Document available at: http://static.azdeq.gov/ust/analytical_data.pdf
If no, explain why not:

Attach the boring logs for this Baseline Assessment Report Form as Appendix B.

5 LABORATORY INFORMATION

Laboratory Name		ADHS License #	
Laboratory Contact Name		Contact Phone #	

Attach the complete analytical laboratory results for the environmental samples along with Quality Assurance and Quality Control (QA/QC) and chain-of-custody documentation as Appendix C.

Enter laboratory test results that are at or greater than the UST Release Confirmation Levels in bold font. UST Release Confirmation Levels can be found at <http://static.azdeq.gov/policy/ustreleaseconfi092016.pdf> .

VOCs	Sample Name							
Benzene								
Ethylbenzene								
Toluene								
MTBE								
1,2,4-Trimethylbenzene								
1,3,5-Trimethylbenzene								
Naphthalene								
Xylenes (total)								
n-Butylbenzene								
sec-Butylbenzene								
tert-Butylbenzene								
Carbon Disulfide								
Isopropylbenzene								
n-Propylbenzene								
1,2-Dichloroethane								
n-Hexane								
p-Isopropyltoluene								
1,2-Dibromoethane								
1,3-Butadiene								
Cyclohexane								
4-Ethyltoluene								
Methyl Cyclohexane								
Propylene (Propene)								
Dicyclopentadiene								
PAHs								
Acenaphthene								
Anthracene								
Benzo(a)anthracene								
Benzo(b)fluoranthene								
Benzo(k)fluoranthene								
Benzo(a)pyrene								
Chrysene								
Dibenzo(a,h) anthracene								
Fluoranthene								
Fluorene								
Indeno(1,2,3-c,d) pyrene								
Napthalene								
Pyrene								

ADDITIONAL LABORATORY TEST RESULTS

VOCs	Sample Name								
Benzene									
Ethylbenzene									
Toluene									
MTBE									
1,2,4-Trimethylbenzene									
1,3,5-Trimethylbenzene									
Naphthalene									
Xylenes (total)									
n-Butylbenzene									
sec-Butylbenzene									
tert-Butylbenzene									
Carbon Disulfide									
Isopropylbenzene									
n-Propylbenzene									
1,2-Dichloroethane									
n-Hexane									
p-Isopropyltoluene									
1,2-Dibromoethane									
1,3-Butadiene									
Cyclohexane									
4-Ethyltoluene									
Methyl Cyclohexane									
Popylene (Propene)									
Dicyclopentadiene									
PAHs									
Acenaphthene									
Anthracene									
Benzo(a)anthracene									
Benzo(b)fluoranthene									
Benzo(k)fluoranthene									
Benzo(a)pyrene									
Chrysene									
Dibenzo(a,h) anthracene									
Fluoranthene									
Fluorene									
Indeno(1,2,3-c,d) pyrene									
Napthalene									
Pyrene									

6 VISUAL ASSESSMENT

Were any of the following conditions observed during the baseline assessment at the facility?

- Petroleum Stained Soil: Yes No
 Petroleum Odor in Soil: Yes No
 Sheen or Free Product on Water: Yes No

If free product is discovered, a free product report must be submitted to the department within 45 days of discovery.

A checklist is available at: http://www.azdeq.gov/environ/waste/ust/download/free_product_rpt.pdf

The Free Product Report form is available at: <http://www.azdeq.gov/environ/waste/ust/lust/rbca/appcpr.pdf>.

If you answered "yes" to any of the items above, please note for the appropriate sample in Table 1

7 POTENTIAL RISK CONSIDERATIONS:

Complete this section if the information in this Baseline Assessment Report Form confirms one or more unknown LUST release areas at this facility.

Risk Considerations

Location of Nearest Receptor	Distance from UST Facility in miles
Municipal well	
Irrigation well	
Private well	
Nearby school or daycare center	
Surface Water	

Hydrogeologic Characteristics:

Indicate the scenario that most closely matches subsurface site conditions:

- Alternating silt/sand/gravel
- Depth to bedrock <15 (estimate depth to bedrock in feet: _____)
- Depth to bedrock >15 (estimate depth to bedrock in feet: _____)
- Depth to groundwater <50 feet below ground surface (estimate depth to groundwater in feet: _____)
- Depth to groundwater >50 feet below ground surface (estimate depth to groundwater in feet: _____)

8 TIGHTNESS TESTING

According to Arizona Revised Statute (A.R.S.) § 49-1052 (E)(2), unless documentation is provided to the department that demonstrates that the operating UST system is not the source of the release, the department shall require tightness testing.

Based on information available to you, is the operating UST system the source of the release? Yes No

If no, explain rationale:

If yes, attach the tightness testing as Appendix D.

Summarize Tightness Testing Findings

9 UNKNOWN RELEASE DETERMINATION

Release confirmation is defined as “free product discovery, or reported laboratory analytical results of samples collected and analyzed in accordance with the sampling requirements of R18-12-280 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 14, Article 6 which indicates a release of a regulated substance from the UST system.” For leaking UST (LUST) release determinations, compare the laboratory analytical results to ADEQ’s UST Release Confirmation Levels as of September 1, 2016 available at http://static.azdeq.gov/policy/ustreleaseconfi092016.pdf.

If the information in this UST Baseline Assessment Report Form and its attachments confirms one or more LUST release areas at this facility, according to A.R.S. § 49-1004(A), the tank owner or operator is required to report a confirmed LUST release to ADEQ as soon as practicable, but no later than 24 hours after the confirmed release or suspected release is detected. To notify ADEQ about a suspected or confirmed UST release, submit the UST Release 24 Hour Notification/Release Notification (24 hour notice) to ADEQ, using the form available at http://www.azdeq.gov/forms.

In accordance with A.R.S. § 49-1052(D), the registered or certified professional is required to provide their interpretation regarding confirmation of an unknown release and evaluation of potential risk for the purpose of prioritizing corrective actions.

Registered or Certified Professional’s Interpretation

In my professional opinion, data collected during this baseline assessment

- checkbox does not indicate the presence of an unknown release.
checkbox indicates a suspected release (follow process for reporting a suspected release).
checkbox confirms the presence of an unknown release.

If a release is confirmed, provide information on the potential risk associated with the release in accordance with A.A.C. R18-12-261.01. Identify the applicable LUST site classification:

- checkbox 1. Classification 1: immediate threats;
checkbox 2. Classification 2: short term threats from impacts that are reasonably foreseeable at or within two years;
checkbox 3. Classification 3: long term threats from impacts that are reasonably foreseeable after two years; or
checkbox 4. Classification 4: contamination exists, but no demonstrable long term threat has been identified, or information indicates the site cannot be otherwise classified under this subsection.

If applicable, attach additional documentation to explain your interpretation.

This statement shall be signed by the Registered or Certified Professional.

As the Professional of record for this activity, I [SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:
directly oversaw and supervised all of the referenced baseline assessment activities,
and/or personally reviewed and accepted all of the referenced baseline assessment activities presented herein.

I believe that the information contained herein, and including all attached documents, is true, accurate and complete. It is my independent professional judgment and opinion that the information, as reflected in this submission to the Department, conforms to, and is consistent with, regulatory requirements and industry standards.

Name of Company: _____

Registered or Certified Professional Printed Name: _____

Signature: _____ Date: _____

Attach seal:

10 OWNER/OPERATOR CERTIFICATION STATEMENT

I hereby certify, under penalty of law, that this submittal and all attachments were prepared under my direction and that the information submitted is true, accurate, and complete to the best of my knowledge.

UST Owner/Operator or Authorized Agent Signature	Printed Name	Date
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Agent's Company Name (if applicable)	Email Address	Phone Number
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Appendix A
Baseline Assessment Site Plan

Appendix B
Baseline Assessment Boring Logs

Appendix C
Baseline Assessment Analytical Laboratory Results

Appendix D
Baseline Assessment Tightness Testing