

UST-LUST MEETING REQUEST

****DO NOT USE THIS FORM TO REQUEST AN APPEAL****

If you would like to request a meeting with ADEQ UST-LUST staff, please provide the following information:

Today's Date: _____

Your Name: _____ Phone Number: _____

Email Address: _____

Your Role (check all that apply): owner operator property owner

Signature of Individual requesting meeting: _____
Responsible Party's (RP) or Individual employed in RP's Company/Corporation and/or RP's Legal Representation

Role relative to UST Owner, Operator or Property Owner, RP: _____

ADEQ-assigned underground storage tank (UST) facility identification number(s): 0-0 _____

ADEQ-assigned leaking UST (LUST) number(s): _____

Do you plan on having an attorney attend? no yes *If yes, please provide attorney's name, phone number and email address:

Do you plan on having an environmental professional attend? no yes *If yes, please provide professional's name, phone number and email address: _____

Reason for meeting request

(Identify all that are applicable -if additional space is needed, please attach on another page):

UST (New)

<input type="checkbox"/> New UST owner/operator – I would like to discuss regulatory requirements <input type="checkbox"/> New UST owner/operator – I would like to discuss financial responsibility requirements <input type="checkbox"/> New UST owner/operator – I would like to discuss (describe):

(Ongoing)

<input type="checkbox"/> Operating UST system – I would like to discuss regulatory requirements *if there are specific requirements you would like to discuss, please identify them:
<input type="checkbox"/> Operating UST system – I believe my system may be leaking and would like to discuss <input type="checkbox"/> Operating UST system – I would like to discuss change in source <input type="checkbox"/> Operating UST system – I would like to discuss how to bring my UST system back into service <input type="checkbox"/> Operating UST system – I would like to discuss how to temporarily or permanently close my UST system <input type="checkbox"/> Operating UST system – I would like to discuss financial responsibility requirements

Leaking Underground Storage Tank

LUST Release – I would like to discuss regulatory requirements and current conceptual site model (CSM): Attach current CSM data information if available

LUST Release – I would like to discuss a release and clean up options for my site

LUST Release – I would like to learn more about the State Lead Program

LUST Release – I would like to discuss the Preapproval Program

To prepare for this meeting, visit www.azdeq.gov/node/1397 for eligibility requirements

LUST Release – I would like to discuss closure options Tier 1 Risk-Based Closure

LUST Release – I would like to discuss (describe):

Noncorrective Action (NCA) & Tank Site Improvement Program (TSIP) Combined

I would like assistance with the application process for:

Combining NCA & TSIP for the removal of the tanks and installation of new UST system.

To prepare for this meeting visit www.azdeq.gov/UST/tips for application steps and meeting topics.

If you need additional information, contact the UST Outreach Coordinator at 602-771-2225 or usttsi@azdeq.gov

Tank Site Improvement Program (TSIP)

I would like assistance with the application process (check the type of application)

Underground Storage Tank (UST) System Upgrade

Baseline Assessment

Underground Storage Tank Removal

Suspected Release Confirmation

To prepare for this meeting, visit www.azdeq.gov/TSIPProgram for application steps and meeting topics. If you need additional information, contact the UST Outreach Coordinator at 602-771-2225 or usttsi@azdeq.gov

Meeting Location: Unless otherwise agreed upon, this meetings will be held at:
1110 W. Washington St., Phoenix, AZ in Conference Room 1010B. We will send you the date and time.

For this meeting I need to request Requesting Teleconference

Please list attendees below:

Name	Firm/Role	Email	If Attending Telephonically (please provide phone number)

Please Note: It is the requestor’s responsibility to inform all attendees of date and time, of this meeting.

To submit electronically: Email this completed form to ustadmin@azdeq.gov (you may need to copy & past this email address into the send field of your email. Please remember to CC your Case Manager (CM) when submitting this requests.

To submit by fax: Fax to 602-771-4272