



UST PLAN REVIEW FORM

PROPERTY OWNER/ORPHAN TANK CLOSURE



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
1110 West Washington Street, Phoenix, Arizona 85007
(602) 771-4273 · USTPlanReview@azdeg.gov

Date Plan Review Submitted			
Estimated Closure Date			
Type of Closure	<input type="checkbox"/> Removal <input type="checkbox"/> Closure-in-Place		
FIRE DEPARTMENT / BUILDING AUTHORITY NOTIFICATION			
You may be required to obtain permits from local fire and building authorities in accordance with local fire code and building ordinances. Please indicate the local jurisdictions contacted and the date contact was made.			
Local Fire Authority Name	Date Contacted	<input type="checkbox"/> Not Applicable	
Local Building Authority Name	Date Contacted	<input type="checkbox"/> Not Applicable	
INSPECTION INFORMATION			
The following closure activities are required and will need an ADEQ Inspector present: <ul style="list-style-type: none"> UST system removal or closure in place. Sampling of soils beneath USTs, piping, and dispensers. 			
FACILITY INFORMATION			
An Orphan Tank is considered a UST located on a property where a person who acquires ownership or control of property and the person has not placed regulated substances in the underground storage tank, has not dispensed regulated substances from the underground storage tank and where the most recent UST owner either is not known or no longer exists. For the purposes of this paragraph, dispensing does not mean emptying the underground storage tank for purpose of closure.			
Has the current property owner placed regulated substances in the tank(s)?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Has the current property owner dispensed regulated substances from the tank(s)?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Do the tank(s) being removed meet the Orphan Tank description above?	Y <input type="checkbox"/> N <input type="checkbox"/>		
How and when were the tank(s) discovered?			
Property Name			
Property Address	City		
County	State	Arizona	Zip Code
Required Attachment: Picture of tank(s) and components at discovery.			
PROPERTY OWNER INFORMATION			
Company Name	Affiliation to UST	<input type="checkbox"/> Property Owner	
Mailing Address			
City	State	Zip Code	
Contact Name	Email		
Office Phone	Cell Phone		
UST SERVICE PROVIDER INFORMATION			
Company Name	Service Provider Name		
Office Phone	ADEQ Certification #		
Cell Phone	Email		
SAMPLING CONSULTANT INFORMATION			
Environmental Company			
Company Address			
Consultant Name			
Consultant Email Address	Consultant Phone #		
Registered Professional Name	Certification # (P.E or P.G)		
SAMPLING INFORMATION			
Estimated depth to groundwater	Expected Soil Type		
Will PID be used during sampling?	Y <input type="checkbox"/> N <input type="checkbox"/>	Additional Comments	

Required Attachment: Sampling plan that includes site sketch or map showing proposed sampling locations and analytical methods. If applicable, include information on any open or closed suspected or confirmed releases.

Please note, if piping is found during removal, sampling must be completed in accordance with ADEQ UST closure regulations which are referenced in the UST Permanent Closure and Change-In-Service Guidance Document found here: [Link >](#)

UST SYSTEM INFORMATION

Tank No. must match map; use numbers and letters to identify compartmented tanks; ex: 1, 2A, 2B, 3, etc.

Tank ID #					
Compartmentalized Tank	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Tank Compartment Size (gal)					
Tank Material					
Tank Construction					
Product Stored					
Approximate Piping Length per Product Line for each Tank(ft)					
Number of Dispensers				Are Under-Dispenser Containment Sumps Present?	Y <input type="checkbox"/> N <input type="checkbox"/>

Required Attachment: Site sketch or map showing the fuel system (tanks, piping, dispensers).

PROPERTY OWNER CERTIFICATION

I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this Plan Review Form and all attached documents, and that based either on direct knowledge or on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Printed Name of Property Owner	Property Owner Signature	Date Signed

UST SERVICE PROVIDER CERTIFICATION

I certify under penalty of State law the following:

- I have personally examined and am familiar with the information submitted in this Plan Review Form and all attached documents, and that based either on direct knowledge or on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.
- The UST system will be permanently closed in accordance with Arizona Administrative Code R18-12-271 and applicable standards and codes of practice in Arizona Administrative Code R18-12-281.
- My UST Service Provider Certification is current under Arizona Administrative Code Title 18, Chapter 12, Article 8 and will be during the UST permanent closure activities.

Printed Name of UST Service Provider	UST Service Provider Signature	Date Signed