



# UST PLAN REVIEW FORM INSTALLATION

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



Date Plan Review Submitted						
Estimated Pre-Burial Inspection Date						
<b>FIRE DEPARTMENT / BUILDING AUTHORITY NOTIFICATION</b>						
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		
Local Building Authority				Date Contacted		
<b>FACILITY INFORMATION</b>						
Facility Name			ADEQ Facility ID #	0-0		
Facility Address						
City			State	Arizona	Zip Code	
Tank Usage	<input type="checkbox"/> Retail Fuel <input type="checkbox"/> Non-Retail <input type="checkbox"/> Government <input type="checkbox"/> Farm/Residential <input type="checkbox"/> Emergency					
<b>UST OWNER, UST OPERATOR, OR PROPERTY OWNER INFORMATION</b>						
Company Name			Affiliation to UST	UST Operator	UST Owner	Property Owner
Mailing Address						
City			State		Zip Code	
Contact Name			Email			
Office Phone			Cell Phone			
<b>UST SERVICE PROVIDER INFORMATION</b>						
Company Name			Service Provider Name			
Office Phone			ADEQ Certification #			
Cell Phone			Email			
<b>INSTALLATION INFORMATION</b>						
Backfill Material	Choose an item.		Top of Tank Depth			
Bedding Depth			Burial Depth			
Cover	Choose an item.		Thickness			
Excavation Liner	Y <input type="checkbox"/> N <input type="checkbox"/>		Will Excavation Cover be Subject to Traffic		Y <input type="checkbox"/> N <input type="checkbox"/>	
Tank Pit Monitoring Wells	Y <input type="checkbox"/> N <input type="checkbox"/>	Number of Wells	Well Location(s)			
<b>TANK INFORMATION</b>						
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 Manufacturer						
Tank Model						
Tank Diameter (ft)						
Tank Length (ft)						
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.	
Corrosion Protection	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
Product Stored	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
If Hazardous Substance, specify CERCLA Name or CAS Number						
Manifolded 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"/>	
If Manifolded, identify primary and secondary tanks						
Anchorage Method	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	

Fill Cap / Adapter Manufacturer & Model					
Riser Cap / Adapter Manufacturer & Model					
<b>PIPING INFORMATION</b>					
New Piping	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"/>
Repair or Replacement Pipe	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"/>
Total Piping Length (ft)					
Piping Type	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Piping System Type	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Piping Material	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Piping Construction	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Piping Manufacturer					
Piping Model/Mfr. Part #					
Adhesive Manufacturer					
Adhesive Model					
Thread Sealant Manufacturer					
Thread Sealant Model					
<b>SUBMERSIBLE TURBINE PUMP (STP) INFORMATION</b>					
STP Piping Connector	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
STP Containment Mfr.					
STP Containment Model					
STP Turbine Manufacturer					
STP Turbine Model					
STP Corrosion Protection	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>SPILL &amp; OVERFILL INFORMATION</b>					
Spill Containment Manufacturer					
Spill Containment Model					
Spill Cotainment Size					
Spill Containment Construction	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Overfill Prevention Method	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Overfill Prevention Mfr.					
Overfill Prevention Model					
<b>RELEASE DETECTION</b>					
Automatic Tank Gauge (ATG)	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"/>
ATG Type	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
ATG Manufacturer					
ATG Model					
ATG Probe Manufacturer					
ATG Probe Manufacturer					
Tank IM Type	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Tank IM Sensor Manufacturer					
Tank IM Sensor Model					
Other Tank Release Detection Method	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Line Leak Detector Type	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Line Leak Detector Mfr.					
Line Leak Detector Model					
Piping Leak Detector Method	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
STP Sump Sensor Manufacturer					
STP Sump Sensor Model					
Piping IM	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"/>
Piping IM Type	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Piping IM Sensor Mode					

Dispenser and Underdispenser Containment (UDC) Information					
New Dispenser	Y <input type="checkbox"/>	N <input type="checkbox"/>	Blender Dispensers	Y <input type="checkbox"/>	N <input type="checkbox"/>
UDC Corrosion Protection		Y <input type="checkbox"/> N <input type="checkbox"/>			
Number of Dispensers		UDC Piping Connector - Dispenser	Choose an item.	UDC Piping Connector Model	
Dispenser Manufacturer		Dispenser Model			
UDC Manufacturer		UDC Model			
UDC Construction		UDC Material			
UDC Sensor Manufacturer		UDC Sensor Model			
Shear Valve Manufacturer		Shear Valve Model			
Check Valve Manufacturer		Check Valve Model			

FINANCIAL RESPONSIBILITY	
The UST owner or operator plans to satisfy financial responsibility in accordance with 18 ACC 12, Article 3 using:	Choose an item.

TANK OWNER OR OPERATOR 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 Tank Owner or Authorized Representative	Tank Owner or Authorized Representative Signature	Date Signed

UST SERVICE PROVIDER CERTIFICATION		
I certify under penalty of State law the following:		
<ul style="list-style-type: none"> <li>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.</li> <li>I have personally verified that all UST system components to be installed are compatible with the fuels that will be stored.</li> <li>The UST system will be installed according to manufacturer's instructions and the applicable installation standards and codes of practice in R18-12-220 and R18-12-281.</li> <li>My UST Service Provider Certification is current under Arizona Administrative Code Title 18, Chapter 12, Article 8 and will be during the UST installation activities.</li> </ul>		
UST Service Provider Name (Printed)	UST Service Provider Signature	Date Signed

**Required Attachments:**

- Detailed installation plans showing the site drawn to scale, piping layouts, electrical service, and stating that the tanks will be installed according to the manufacturer's instructions, and the applicable installation standards and codes of practice in R18-12-220 and R18-12-281;

Submit completed forms to [USTPlanReview@azdeq.gov](mailto:USTPlanReview@azdeq.gov).