



UST PLAN REVIEW FORM MODIFICATION

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



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	
Local Building Authority Name		Date Contacted	

UST MODIFICATION PLAN INFORMATION

Date Plan Review Submitted		Estimated Date of Modification	
Type of Modification			
Emergency Request	<input type="checkbox"/> N <input type="checkbox"/> Y (Service Work that Must Occur Within the Next 48 Hours)		
Describe Reason for Modification & Intended Action(s) to Occur			

FACILITY INFORMATION

Facility Name		ADEQ Facility ID #	
Facility Address			
City		Zip Code	
Facility Contact Email		Facility Phone #	
Tank Usage	<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 Status	<input type="checkbox"/> Always Staffed <input type="checkbox"/> Always Unstaffed <input type="checkbox"/> Staffed Only During Operating Hours		

UST OWNER INFORMATION

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"/> State <input type="checkbox"/> Federal <input type="checkbox"/> School <input type="checkbox"/> Indian Trust Land		

UST SERVICE PROVIDER INFORMATION

Company Name			
Service Provider Name			
ADEQ Certification #		Email	
Office Phone		Cell Phone	

DISPENSER INFORMATION

Check if Section Not Applicable

Number of Existing Dispensers		Number of New Dispensers to be Installed	N/A <input type="checkbox"/>
Number of Existing Dispensers to be Modified		Existing Dispenser Modification Above Shear Valve	Y <input type="checkbox"/> N <input type="checkbox"/>
Dispenser Manufacturer & Model			
UDC Manufacturer & Model			
UDC Piping Connector		UDC Corrosion Protection	Y <input type="checkbox"/> N <input type="checkbox"/>

PIPING REPAIR OR REPLACEMENT

Check if Section Not Applicable

Map Attached Depicting UST & Piping Modification Locations			Y <input type="checkbox"/> N <input type="checkbox"/>		
Tank Gallon Capacity & Product Stored					
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					
Total Piping Length					
Piping Type					
Piping System Type					
Piping Material					
Piping Construction					
Piping Manufacturer					
Adhesive (Glue) Brand					
Piping Compatible with Product	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"/>
Shear Valve Manufacturer & Model					
STP Piping Connector					
STP Containment Model					
STP Turbine Manufacturer					
STP Turbine Model					
STP Corrosion Protection					
STP Equipment Compatible with Product	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"/>

SPILL AND/OR OVERFILL REPAIR OR REPLACEMENT

Check if Section Not Applicable

Tank Gallon Capacity & Product Stored					
New Spill Bucket	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"/>
Spill Bucket Size					
Manufacturer & Model					
New Overfill Device	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"/>
Overfill Device Type					
Manufacturer & Model					

MAP OR PHOTOS

If Applicable, Utilize This Space for a Map and/or Photos Depicting the Situation