



**EXPEDITED UNDERGROUND STORAGE  
TANK (UST) PREAPPROVAL PROGRAM  
(A.R.S. § 49-1051(K))  
Eligibility Screening Form**

**General Eligibility Requirements –**

Complete and submit current Preapproval Program Eligibility Screening Packet

Date submitted: \_\_\_\_\_

[Visit ADEQ website for detailed information on the preapproval program](#)

**Expedited preapproval requires rapid initiation of corrective actions. If one of the selections below is not applicable, please follow the standard preapproval process.**

**Check one:**

Newly confirmed release requires urgent action

Existing confirmed release – contamination represents an imminent threat to human health and the environment (this must be demonstrable to ADEQ)

**BASIS FOR REQUESTING EXPEDITED PREAPPROVAL**

Describe (please attach additional information in **Attachment B** if needed):

FAC ID: \_\_\_\_\_

## **Preapproval Program Checklist**

Please use the following checklist to track the required documents need as part of each step.

### **Application and Supporting Documents**

Page Facility and Applicant Information (Page 3)  
Eligibility Path Worksheet (Page 4-6)  
UST Release Information (Page 8-10)  
Applicant Certification Statement (Page 11-12)  
Consultant Certification Statement (Page 13)  
UST Insurance Policy (*for insurance mechanism*)  
Insurance Claim (*for insurance mechanism*)  
Denial Letter OR Evidence of Continued Pursuit of Coverage (*for insurance mechanism*)  
Financial Assurance Mechanism Documentation (*for any other mechanism*)

### **Work and Cost Approval**

Detailed Scope of Work  
Schedule of Work  
Cost Sheets  
Other Documents to Show Work and Cost

### **Request for Reimbursement**

Proof of Payment by Applicant (*not via financial assurance mechanism*)  
Proof of Completed Work and Associated Backup (*i.e. itemized receipts, subcontractor invoices, etc.*)

## SECTION 1 – FACILITY AND APPLICANT

### INFORMATIONSECTION 1.1 – FACILITY

#### INFORMATION

ADEQ assigned Facility ID Number: \_0-0 \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SECTION 1.2 – APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

*Name of Applicant must match the information provided on the Arizona Corporation Commission (ACC) Website.*

ACC File Number: \_\_\_\_\_

Name/Title of Applicant's Authorized Individual (leave blank if same as above):

\_\_\_\_\_

*Verification of Authority: Unless the applicant is an individual - Please attach **(Attachment A)** documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application. The consultant conducting corrective actions is not eligible to be the Authorized Individual. The Authorized Individual must be able to legally represent the Applicant.*

Applicant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check all that apply to Applicant:    UST Owner                      UST Operator

Is the Applicant also the Property Owner?    Yes                      No

### SECTION 2 – PREAPPROVAL ELIGIBILITY CATEGORY

Please refer to Arizona Revised Statutes (A.R.S.) § 49-1006.02(A), (B) and (C). Select the option that corresponds to your eligibility paths.

The following table will help in determining the applicable regulatory requirements for the release(s).

Identify applicable leaking UST release number(s) for selected evaluation:

**If the following criteria are met;**

Criteria for Eligibility under Statute ARS 49-1006.02 (A): <b>UST INSURANCE Mechanism, Deductible Less Than 50K</b>
UST insurance was relied upon as a financial assurance mechanism at the time of the release;
The insurance policy deductible was <b>less</b> than \$50,000;
A timely claim for coverage was filed with the insurance company; and
The claim is being pursued or a coverage determination has been issued by the insurance.

**The documents below are required:**

Complete Policy	Notice of Claim Acceptable Documents (Only Need One from this column)	Continued Pursuit of Correspondence (Only need one from this column)
Is typically over thirty pages, that is comprised of the <b>Declarations Page, Insuring Agreement, Definitions, Exclusions, and Conditions.</b>	Acknowledgement of claim from insurance company; <b>or</b> Claim form completed by insured; <b>or</b> Email from insured requesting claim be	Email between insured and insurance company in regards to the claim <b>or</b> Claim Denial Letter from the insurance company.

**If the following criteria are met;**

Criteria for Eligibility under Statute 49-1006.02 (B): <b>UST INSURANCE MECHANISM, Deductible Greater than 50K</b>
UST insurance was relied upon as a financial assurance mechanism at the time of the release;
The insurance policy has a deductible of \$50,000 or greater;
A timely claim for coverage was filed with the insurance company; and
The claim is being pursued or a coverage determination has been issued by the insurance.
<b>Important-</b> Subject to a cost-sharing obligation by payment of the first \$50,000 per facility for corrective action work conducted on or after January 1, 2016

**The following documents are required:**

<b>Complete Policy</b>	<b>Notice of Claim Acceptable Documents (Only Need One from this column)</b>	<b>Continued Pursuit of Correspondence (Only need one from this column)</b>
Is typically over thirty pages, that is comprised of the <b>Declarations Page, Insuring Agreement, Definitions, Exclusions,</b>	Acknowledgement of claim from insurance company; <b>or</b> Claim form completed by insured; <b>or</b> Email from insured	Email between insured and insurance company in regards to the claim <b>or</b> Claim Denial Letter from the insurance company.

**If the following criteria are met;**

Criteria for Eligibility under Statute ARS 49-1006.B: <b>Alternative Financial Responsibility Mechanism</b>
A Financial Assurance Mechanism other than UST insurance was relied upon at the time of the release;
<b>Important</b> - Subject to a cost-sharing obligation by payment of the first \$50,000 per facility for corrective action work conducted on or after January 1, 2016

**The documents below are required:**

Alternative Financial Responsibility Mechanism <i><b>E.g. Financial test of self-insurance, Trust Fund, Guarantee, Surety Bond, Letter of Credit, Certificate of deposit, bond rating test, bond financial test, local government fund.</b></i> <i><b><a href="https://www.azdeq.gov/node/5127">https://www.azdeq.gov/node/5127</a>;<a href="https://www.azdeq.gov/node/5128">https://www.azdeq.gov/node/5128</a></b></i>
For example for a corporate guarantee, ADEQ would require the guarantee agreement.

**If the following criteria are met;**

Criteria for Eligibility under Statute ARS 49-1006.02 (C): <b>UST INSURANCE MECHANISM [Time Frame Specific]</b>
UST insurance was relied upon as a financial assurance mechanism at the time of the release;
The UST release was reported between <b>[July 1, 2006 and December 31, 2015]</b>
<b>Important</b> - Subject to a cost-sharing obligation by payment of the first \$50,000 per facility for corrective action work conducted on or after January 1, 2016

**The documents below are required:**

**If the following criteria are met;**  
Complete Policy dated between 2006 through 2015

Is typically over thirty pages, that is comprised of the **Declarations Page, Insuring Agreement, Definitions, Exclusions, and Conditions.**

### SECTION 3 – UST RELEASE INFORMATION

#### SECTION 3.1 – RELEASE ASSOCIATED WITH EXPEDITED REQUEST

RELEASE NUMBER	RELEASE CONFIRMATION DATE	RELEASE REPORTED DATE	MEDIA IMPACTED (Select all that apply)
			<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Vapor <input type="checkbox"/> Other (describe) _____

Are there additional open releases at this facility? ☐ Yes, complete the table below      ☐ No

RELEASE NUMBER	RELEASE CONFIRMATION DATE	RELEASE REPORTED DATE	MEDIA IMPACTED (Select all that apply)
			<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Vapor <input type="checkbox"/> Other (describe) _____
			<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Vapor <input type="checkbox"/> Other (describe) _____
			<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Vapor <input type="checkbox"/> Other (describe) _____
			<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Vapor <input type="checkbox"/> Other (describe) _____
			<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Vapor <input type="checkbox"/> Other (describe) _____

**SECTION 3.2 – ANALYTICAL RESULTS (attach and complete table(s) below)**

Attach (**Attachment B**) complete laboratory report(s) and site map(s). Provide summary details below for results that are being relied upon to demonstrate applicability for expedited preapproval process. An example table template is located here: [https://static.azdeq.gov/forms/ust\\_etables.xlsm](https://static.azdeq.gov/forms/ust_etables.xlsm)

**Soil:**

Chemicals of Concern (Identify)				VOCs	PAHs
Sample ID #	Location of Sample	Depth (bgs)	Soil Type	mg/kg (ppm)	mg/kg (ppm)

**Water:**

If water has documented impacts – please summarize below:

☐ Surface Water - describe: \_\_\_\_\_

☐ Groundwater – Depth to water: \_\_\_\_\_

☐ Grab sample(s)

☐ Compliance sample(s)

*Chemicals of Concern (list with concentration(s) in µg/L (ppb)):*

Sample ID #	Chemicals of Concern (Identify)	Chemicals of Concern (Identify)	Chemicals of Concern (Identify)



**Receptors:**

Known receptor impact - identify receptor(s): \_\_\_\_\_

Recommendation: Attach a copy of the AZ UST Locator Report (<https://azdeq.gov/ust/resources>). For instructions on how to create a AZ UST Locator Report, refer to the step-by-step guide at <https://static.azdeq.gov/ust/how-to-az-ust-locator-tsip.pdf>.

**SECTION 4 – PROPOSED EXPEDITED CORRECTIVE ACTIONS****SECTION 4.1 – PROPOSED EXPEDITED CORRECTIVE ACTION SCHEDULE (Attachment C)**

Expedited preapproval requires rapid initiation of corrective actions. Therefore, the proposed schedule is an important part of this submittal.

**SECTION 4.2 – PROPOSED EXPEDITED COST SHEET**

Complete the Preapproval Application Cost Sheet (sample image below) to identify proposed actions and costs: [https://static.azdeq.gov/forms/ust\\_preapproval\\_app\\_costsheets.xlsx](https://static.azdeq.gov/forms/ust_preapproval_app_costsheets.xlsx)

**Soil Borings and Monitoring Wells**

Borings that become wells are accounted for in the monitoring wells section only.

For example, if 6 borings were drilled and 4 were completed as wells, the table below would show 2 borings and 4 monitoring wells.

**Excavation**

Over-excavation initiated under the Tank Site Improvement Program is only eligible for expedited preapproval to the extent that reasonable and necessary costs exceed the amount allowable under the Tank Site Improvement program.

Additionally, samples must be collected from the investigation derived waste at appropriate intervals to document the claimed soil disposal volume accurately represents the volume of contaminated soil that required removal and disposal.

**Remediation**

If expedited actions include remediation activities – demonstrate how the selected remedial method was determined (next, plan for continued remedial efforts - outside of expedited process).

*If you believe additional site-specific information directly related to completion of this section is necessary for the technical evaluator to consider, please attach (**Attachment D**) to the submittal and identify which actions and costs may be impacted by this information.*

## SECTION 5 – CERTIFICATION STATEMENTS

### 5.1 – APPLICANT CERTIFICATION STATEMENT

*This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. Please fill in costs and check boxes to confirm understanding.*

#### **Applicant Certification:**

All facts and statements set forth in this application are true and correct;

Under penalty of perjury, I hereby certify that I have reviewed the proposed corrective action work and costs in the amount of \$\_\_\_\_\_. The amount requested for expedited preapproval is

\$\_\_\_\_\_. To the best of my knowledge, information, and belief:

Conducting corrective actions outside of the standard preapproval process is necessary to address newly discovered contamination that is currently a risk to public health and the environment.

I believe that these actions meet the requirements for expedited preapproval and I understand the importance of quick response to address this contamination.

I understand that the Department may conduct site visits and I have confirmed with the on-site property owner and any off-site property owners, if applicable, that ADEQ is permitted access to the sites.

I understand that if the preapproved scope of work cannot be implemented as approved, I am required to receive approval from the Department through a change notice prior to implementing the change notice.

I understand that I am responsible for paying for all work prior to requesting reimbursement from the Department.

I certify that neither my consultant, representative, agent nor I have been reimbursed by insurance or another financial assurance mechanism for the corrective action activities that are the subject of this Application.

I certify none of the costs included in this submittal have been previously paid by or submitted to the Department for payment or reimbursement.

I understand that I am required to remit to the Department within thirty days any amounts that have been paid to me, my consultant, representative or agent by the Department that have also been recovered from insurance, my financial responsibility mechanism, or any settlement for the corrective action costs included in this Application.

I understand that the Department may compel the production of documents to determine the existence, amount and type of insurance or alternative coverage available and to whom payment was made or may be made, and that I must report to the Department any payment of corrective actions costs through insurance and alternative mechanisms.

## SECTION 5 – CERTIFICATION STATEMENTS (continued)

### 5.1 – APPLICANT CERTIFICATION STATEMENT (continued)

*This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. Please fill in costs and check boxes to confirm understanding.*

#### **Applicant Certification (continued):**

**Check the statement below that is applicable for your submittal:**

I certify, in accordance with A.R.S. 49-1006.02.A, that I have filed a timely claim with my insurer, and that I am pursuing the claim. I understand that if I fail to pursue an insurance claim, I am no longer eligible for this program.

I certify, in accordance with A.R.S. 49-1006.02.B, that I have filed a timely notice with my insurer under a policy that had at least a \$50,000 deductible before April 1, 2015. I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended or become responsible for at least \$50,000 of eligible corrective action costs per facility for work conducted on or after January 1, 2016. I understand that the \$50,000 is not eligible for reimbursement from the UST Revolving Fund.

I am applying under A.R.S. 49-1006.02.B and I have relied upon a mechanism other than insurance to satisfy financial responsibility requirements. I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended or become responsible for at least \$50,000 of eligible corrective action costs per facility for work conducted on or after January 1, 2016. I understand that the \$50,000 is not eligible for reimbursement from the UST Revolving Fund.

I am applying under A.R.S. 49-1006.02.C and the UST release occurred between July 1, 2006 and December 31, 2015. I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended or become responsible for at least \$50,000 of eligible corrective action costs per facility for work conducted on or after January 1, 2016. I understand that the \$50,000 is not eligible for reimbursement from the UST Revolving Fund. I understand that reimbursement is limited to \$500,000 per facility.

I am applying for a release that occurred when financial responsibility was not required.

---

Applicant/Authorized Individual Signature

---

Printed Name/Title

---

Company Name

---

Date

## 5.2 – CONSULTANT CERTIFICATION STATEMENT

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

AZ professional registration is required. Certification/Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, the Primary Service Provider, am responsible for preparing the proposed scope of work and costs and declare that I will be responsible for the management and supervision of the corrective actions included in this application.

I affirm that the included activities will be conducted in accordance with A.R.S. § 49-1005 and 18 A.A.C. 12, Article 2.

Conducting urgent corrective actions outside of the standard preapproval process is necessary to address contamination that is currently a risk to public health and the environment.

The proposed corrective actions meet the requirements for expedited preapproval and I understand the importance of quick response to address this contamination.

I do not believe that the costs included in this submittal have been previously paid by or submitted to the Department for payment or reimbursement.

Neither I nor this company have been reimbursed by insurance for the corrective actions that are the subject of this application.

\_\_\_\_\_  
Applicant/Authorized Individual Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date