



# KICKOFF MEETING SETUP FORM

Today's Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Four Digit Leaking UST Number: \_\_\_\_\_

Cost Sheet Number: \_\_\_\_\_

Primary Service Provider (PSP) Name: \_\_\_\_\_

PSP Email Address: \_\_\_\_\_ PSP Primary Phone: \_\_\_\_\_

Meeting options:  In person  eMeeting/Telephonic  Request ADEQ financial and eligibility attendance

Unless otherwise agreed upon, meetings will be held at: 1110 W. Washington St., Phoenix, AZ in Conference Room 1010B. You will receive an email with possible scheduling options.

Please list attendees below:

#	Name	Firm & Role	Email	If Attending Telephonically (provide phone number)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**\*\*It is the requestor's responsibility to inform all attendees of the meeting date and time\*\***

Please email form to [ustpreapproval@azdeq.gov](mailto:ustpreapproval@azdeq.gov) .

Use the following Subject line format: [Date]\_[Four-Digit Leaking UST #]\_[Cost Sheet #]\_Preapproval Kickoff Meeting  
 "YYYY.MM.DD\_XXXX\_COX\_Preapproval Kickoff Meeting"

Save form with the following file naming convention:

[Date]\_[Four-Digit Leaking UST #]\_[Cost Sheet #]\_[Submittal Description]  
 "YYYY.MM.DD\_XXXX\_COX\_Kickoff Meeting Setup Form"

Please mark the phases of work to be discussed during the Kickoff Meeting and be prepared to present a plan for moving forward with the project.

- Initial Site Characterization (ISC)
- Site Characterization/Risk Evaluation (SC)
- Remediation Testing/Design/Installation (TDI)
- Remediation Operation and Maintenance (O&M)
- LUST Closure (CL)