



**TANK SITE IMPROVEMENT PROGRAM (TSIP)**  
**ARIZONA REVISED STATUTES § 49-1071**  
**BASELINE ASSESSMENT**  
**APPLICATION FORM**

**ONLY THIS FORM WILL BE ACCEPTED FOR SUBMITTALS FROM  
 SEPTEMBER 1, 2023 THROUGH 5:00 PM SEPTEMBER 29, 2023**

**Checklist for TSIP Baseline Assessment Application:**

ADEQ recommends using the checklist and the additional resources listed below to ensure your application is complete and correct prior to submission. **Incomplete and/or incorrect submittals will not be eligible.** You can confirm your information by conducting a file review (<https://azdeq.gov/records-center>).

- Section 1 - General Information
- Section 2 - Applicant Information
- Section 3 - Consultant Information
  - Cost Summary for Baseline Assessment Bid
- Section 4 - Prioritization Worksheet
- Section 5 - Applicant Certification Statement
- Section 6 - Environmental Professional Consultant Certification Statement
- Attachment A - Documentation for Authorized Individual, as applicable
- Attachment B - Supporting Documentation for Prioritization
  - AZ UST Locator Tool Report
  - Any additional supporting documentation, if applicable
- Attachment C - Facility Site Plan for Proposed Work

**Resources for Section 4 - Prioritization:**

- AZ UST Locator online tool: <https://azdeq.gov/ust/resources> under “Leak Prevention” section

**Additional Resources:**

- TSIP Frequently Asked Questions – New applicants: <https://azdeq.gov/node/8695>
- TSIP Frequently Asked Questions – Returning applicants: <https://azdeq.gov/node/5327>
- Examples of Ineligible Costs for Reimbursement: <https://azdeq.gov/node/5325>
- Guidance Documents on Leak Prevention Projects & Sampling Information: <https://azdeq.gov/node/5815>
- UST Baseline Assessment Report Form: [https://static.azdeq.gov/forms/ust\\_baseline\\_assesment.pdf](https://static.azdeq.gov/forms/ust_baseline_assesment.pdf)
- 24-Hour Suspected Release Notification Form: <https://azdeq.gov/mydeq>
- Arizona Procurement Portal (APP): <https://app.az.gov>
  - APP’s Help Desk Number: 602-542-7600
  - Step-by-step registration guides:
    - Step 1: <https://spo.az.gov/sites/default/files/documents/files/New%20Supplier%20Registration.pdf>
    - Step 2: <https://spo.az.gov/sites/default/files/documents/files/Supplier%20Enrollment.pdf>

**SECTION 1 – GENERAL INFORMATION**

UST Facility ID: 0-0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

UST Facility Address: \_\_\_\_\_ City: \_\_\_\_\_

UST Facility ID and address may be verified at [http://legacy.azdeq.gov/databases/ustsearch\\_drupal.html](http://legacy.azdeq.gov/databases/ustsearch_drupal.html)

**Note: If you do not have an ADEQ-assigned UST Facility ID number, you are not eligible for this program.**

**SECTION 2 – APPLICANT INFORMATION**

2.1. Applicant Role(s) (select all that apply):

- UST Owner (A.R.S. § 49-1001.01)     UST Operator (A.R.S. § 49-1001)
- Property Owner (do NOT select this option if you are a lessee and do not actually own the property)  
 UST owner/operator may be verified using the AZ UST Locator online tool (see “Additional Resources” on page 1).

**Note: If you do not meet the criteria to be designated as one of the options above, you are not eligible for this program.**

2.2. Applicant – Full Legal Name: \_\_\_\_\_

Trade Name, if applicable: \_\_\_\_\_

Arizona Corporation Commission Entity ID: \_\_\_\_\_

Use the appropriate legal name on file with the Internal Revenue Service (IRS) or Arizona Corporate Commission (ACC) (<https://ecorp.azcc.gov/EntitySearch/Index>) for the business entity or individual. **Note: The Applicant Name provided will be verified with the name on file with ADEQ under the selected Applicant Role(s) (Section 2.1). Variations will cause a delay in processing and may result in a determination of ineligibility.**

2.3. Is the Applicant an individual person (not a company, partnership, trust, etc.)?

- Yes (if “Yes”, skip 2.4)     No (if “No” – complete 2.4)

2.4. The Authorized Individual listed below has the authority to bind the Applicant (UST owner or operator or the current owner of the property) for not only processing of the TSIP application; but also, the conditions and requirements included within the certification statement.

The individual must be authorized by the entity owning or operating the UST, or the current owner of the property, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership, or other governing documents for the entity.

Provide documentation demonstrating the Authorized Individual has the authority to represent the Applicant as Attachment A.

|   |  |
|---|--|
| Authorized Individual – Full Legal Name | Authorized Individual’s Title/Role Relative to Applicant |
|---|--|

2.5. Applicant/Authorized Individual Contact Information

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

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

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

2.6. Arizona Procurement Portal (APP) Supplier Number (register at <https://app.az.gov/>): IV \_\_\_\_\_

Note: The name on the APP account must match the Applicant Name provided in Section 2.2. For registration assistance, see “Additional Resources” on page 1.

**SECTION 3 – CONSULTANT INFORMATION**

To ensure the proposed scope of work is conducted to satisfy all applicable regulatory requirements, the Cost Summary for Bid must be completed by an environmental consultant possessing current registration with the Arizona Board of Technical Registration (AZ BTR), designated below.

**3.1. ENVIRONMENTAL CONSULTANT INFORMATION**

Environmental Consultant Name (Company) - Full Legal Name: \_\_\_\_\_

Note: The company name must match AZ BTR (<https://btr.az.gov>) and ACC.

AZ Registered Professional (Individual) Name: \_\_\_\_\_

AZ Board of Technical Registration License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Project Lead Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3.2. WORK SUMMARY FOR BASELINE ASSESSMENT BID**

Note: The site plan included in Attachment C must include the detail identified for a complete site plan and must clearly identify all sampling locations that meet regulatory requirements (Arizona Revised Statutes § 49-1052).

- 3.2.1.** What type of drill rig will be used:  Direct Push/Geoprobe  Hollow-Stem Auger  
 Hollow-Stem Auger (Limited Access)  Air Rotary  Rotosonic

Justification for drill rig type: \_\_\_\_\_

Note: Attach additional information if needed

**3.2.2.** Number of vertical borings: \_\_\_\_\_ Total feet/boring: \_\_\_\_\_ Number of samples/boring: \_\_\_\_\_

**3.2.3.** Number of angle borings: \_\_\_\_\_ Total feet/boring: \_\_\_\_\_ Number of samples/boring: \_\_\_\_\_

**3.2.4.** Will temporary wells be installed?  No  Yes (if “Yes”, how many? \_\_\_\_\_)

**3.2.5.** Samples will be collected in accordance with Arizona Revised Statutes § 49-1052, Arizona Administrative Code R18-12-280, and applicable guidance.

- Yes  No (if “No”, attach documentation describing procedure and reference to applicable standards)

**ADDITIONAL SAMPLING INFORMATION**

- USTs in operation prior to 1996 that contained gasoline must include analysis for tetraethyl lead. Information on ADEQ’s sample analytical requirements is available at [http://static.azdeq.gov/ust/analytical\\_data.pdf](http://static.azdeq.gov/ust/analytical_data.pdf).
- Samples must also be collected at any location where there is evidence that a release may have occurred, such as stained soils, odors or vapors, or free product
- ADEQ recommends analyzing soil samples collected at multiple depths to assist in determining the extent of a potential release. This information will be useful if a release is confirmed.

**3.2.6. COST SUMMARY FOR BASELINE ASSESSMENT BID**

- To be eligible for reimbursement, tasks described in the table below must have an associated cost. Do not sum all costs under one task. Only tasks and costs listed below will be reviewed for approval.
- Do not include ineligible costs (see ADEQ TSIP website for example ineligible costs).

| <b>ENVIRONMENTAL PROFESSIONAL CONSULTANT</b>  |             |
|---|-------------|
| <b>Task</b>   | <b>Cost</b> |
| Total labor cost (including HASP and field oversight)   |             |
| Field sampling equipment  |             |
| PID   |             |
| Permit(s)   |             |
| Field supplies  |             |
| Reporting   |             |
| <i>List other eligible tasks below</i>  |             |
|   |             |
|   |             |
|   |             |
|   |             |
| <b>Subtotal 1</b>   |             |
| <b>SUBCONTRACTORS</b>   |             |
| <b>Task</b>   | <b>Cost</b> |
| Utility locating  |             |
| Driller bid   |             |
| Sample laboratory analyses  |             |
| IDW sampling and disposal   |             |
| <i>List other eligible tasks below</i>  |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
| <b>Subtotal 2</b>   |             |
| Total Baseline Assessment Cost (Subtotal 1 + Subtotal 2)  |             |
| <b>Total Amount Requested for ADEQ Funding Approval (maximum \$40,000)</b>                          |             |
| <b>Note: Costs in excess of amount allowable under A.R.S. § 49-1071 are not eligible under TSIP</b> |             |

## SECTION 4 - PRIORITIZATION WORKSHEET

The Department will review the AZ UST Locator report and additional documentation provided to determine the ADEQ prioritization score.

Use the steps below to complete the prioritization worksheet and estimate the prioritization score:

- Generate and review the AZ UST Locator report (see “Additional Resources” on page 1) for the facility. Provide the report in Attachment B.
- Use the AZ UST Locator report and additional facility-specific information to answer the questions below. [The items in brackets \[\] identify the applicable sections in the AZ UST Locator report.](#)
- If there is additional information that may impact the prioritization score and is not in the AZ UST Locator report, provide the documentation in Attachment B.

- |  | <b>Estimated Points</b> |
|--|-------------------------|
| 1) Does this facility have an open, confirmed Leaking UST release? <a href="#">[Report Section: UST Confirmed Releases]</a><br><input type="checkbox"/> Yes (ADEQ-assigned release number(s): _____) <input type="checkbox"/> No (skip 1a and 1b)  | _____                   |
| a) Does the UST Locator Report identify an “on-going” release at this facility?<br><a href="#">[Report Section: On-going Release Site]</a><br><input type="checkbox"/> Yes ( <b>only answer “Yes” if the UST Locator identifies an ongoing release at this facility</b> ) <input type="checkbox"/> No  | _____                   |
| b) Will the proposed TSIP work assist in addressing the confirmed release? <input type="checkbox"/> Yes, explain below <input type="checkbox"/> No<br>If “Yes”, provide specific details about how and why the proposed TSIP scope of work will assist (example: UST removal will allow for over-excavation of source contamination for release identified above in #1):<br><br>_____<br>(if additional space is needed, include it in Attachment C)   | _____                   |
| 2) Is there a building on this facility property that people regularly occupy? <input type="checkbox"/> Yes <input type="checkbox"/> No  | _____                   |
| 3) What is the estimated depth to groundwater at this facility (in feet below ground surface)?<br><a href="#">[Report Sections: GWSI, Soils and Groundwater Data, Well Registry 55. Use the most current and applicable data available within approximately 0.25 mi of this facility.]</a><br><input type="checkbox"/> 0 to 24 feet <input type="checkbox"/> 25 to 49 feet <input type="checkbox"/> 50 to 99 feet <input type="checkbox"/> Greater than 100 feet/unknown                                   | _____                   |
| 4) What is the anticipated or known soil type at this facility from 0 to 15 feet below ground surface?<br><a href="#">[Report Section: Soils and Groundwater Data]</a><br><input type="checkbox"/> Soils with sands and/or gravels <input type="checkbox"/> Soils without sands and/or gravels <input type="checkbox"/> Bedrock/unknown  | _____                   |
| 5) Are any of the below listed human receptors present within 0.25 mi of this facility? ( <b>limited to the listed receptors</b> ) <a href="#">[Report Sections: Child Care Facility, Schools, Long-Term Care Facility, Group Home for Developmentally Disabled, Medical Facility, Hospitals, Residential Assisted Living/Behavioral Health (does not include residential housing)]</a><br><input type="checkbox"/> Yes, at least one of the above human receptors are present <input type="checkbox"/> No | _____                   |
| 6) Are there any exempt or non-exempt wells within 0.25 mi of this facility? <a href="#">[Report Sections: Well Registry 55]</a><br><input type="checkbox"/> Yes <input type="checkbox"/> No   | _____                   |
| 7) Are there any streams, rivers, or lakes within 0.25 mi of this facility?<br><a href="#">[Report Sections: Rivers and Streams, Lakes]</a><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | _____                   |
| 8) What is the age of the oldest tank(s) that are open or temporarily closed at this facility?<br><a href="#">[Report Section: UST Tanks]</a><br><input type="checkbox"/> Greater than 30 years old <input type="checkbox"/> Between 20 to 29.9 years old<br><input type="checkbox"/> Between 10 to 19.9 years old <input type="checkbox"/> Less than 10 years old   | _____                   |
| 9) What is the construction of the tanks at this facility? <a href="#">[Report Section: UST Tanks]</a><br><input type="checkbox"/> Single walled or no data available/unknown <input type="checkbox"/> Double walled   | _____                   |
| 10) How many operating UST facilities does this TSIP applicant have in Arizona? <a href="#">[Report Section: UST Owner Counts]</a><br><input type="checkbox"/> 19 or less operating UST facilities <input type="checkbox"/> 20 or more operating UST facilities<br><input type="checkbox"/> Applicant is solely the property owner, not an UST owner or operator   | _____                   |

**Estimated Total Points (Maximum Points Available = 100)** \_\_\_\_\_

**SECTION 5 – APPLICANT CERTIFICATION STATEMENT**

Complete all fields below:

By signing below, I certify that I have read and understand the following:

Approval is subject to the availability of funding.

Arizona Revised Statutes § 49-1071 limits reimbursement to a maximum of \$300,000 per facility for all TSIP activities, including up to \$40,000 for baseline assessment.

I am requesting ADEQ funding approval of up to:

\$\_\_\_\_\_ baseline assessment

*(Note: The requested approval amount should not exceed the maximum amount allowable for the category of work and facility reimbursement limit).*

All costs must be paid by \_\_\_\_\_, as the Applicant identified on the application, and a complete and accurate reimbursement request must be submitted to receive payment. Only costs paid by the Applicant may be eligible for reimbursement.

Costs that exceed the TSIP preapproved amount are the Applicant’s responsibility and will not be eligible for reimbursement from ADEQ.

Costs for work conducted prior to the TSIP application funding approval date are not eligible for reimbursement.

Costs for work that takes place more than 545 days after the funding approval date are not eligible for reimbursement.

The actions and costs included in this submittal have not been and will not be covered by insurance or another financial responsibility mechanism, or another State program.

ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

I am responsible for notifying ADEQ for approval if there is a change to the preapproved scope of work, consultant, or UST service provider prior to the work being conducted. I understand that any changes that are not preapproved may result in non-payment.

I am responsible for assuring that all work conducted will meet regulatory requirements (including Arizona Revised Statutes § 49-1052), industry standards, and applicable guidance. I understand that if work is not conducted in accordance to regulatory requirements, costs may not be reimbursed.

Incomplete applications are not eligible for approval.

Compliance deadlines associated with regulatory requirements are not affected by my participation in this program.

I hereby certify that I have reviewed this submittal and all attachments.

I further declare under penalty of perjury that all facts and statements set forth as part of this submittal are true and complete to the best of my knowledge and belief.

**I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.**

\_\_\_\_\_  
Applicant – Full Legal Name

\_\_\_\_\_  
Authorized Individual – Full Legal Name

\_\_\_\_\_  
Authorized Individual’s Title/Role Relative to Applicant

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

\_\_\_\_\_  
Date

**SECTION 6 – ENVIRONMENTAL PROFESSIONAL CONSULTANT CERTIFICATION STATEMENT**

*Complete all fields below:*

Environmental Professional Consultant Name (Company) - Full Legal Name: \_\_\_\_\_

AZ Registered Professional (Individual) Name: \_\_\_\_\_

AZ Board of Technical Registration License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By signing below, I certify that I have read and understand the following:

I confirm the amount of \$ \_\_\_\_\_ for consultant actions required for baseline assessment represents the anticipated actual costs for the work conducted by me (my company). *Note: this amount should correspond to the amount shown for environmental professional actions and costs in the subsection 3.2.6. COST SUMMARY FOR BASELINE ASSESSMENT BID.*

I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

I certify under penalty of perjury that the cost summary and all attachments, if any, were prepared under my direction or supervision by qualified personnel responsible for properly gathering and evaluating the information submitted.

Based on my inquiry of the person or people who are responsible for gathering and evaluating the information, to the best of my knowledge and belief, the information submitted is true, accurate and complete.

I certify that all work will be conducted in accordance with regulatory requirements (including Arizona Revised Statutes § 49-1052), industry standards, and applicable guidance.

I understand that if work is not conducted in accordance with regulatory requirements, costs may not be reimbursed.

I understand the work included in this application is considered non-corrective action and is not eligible for the Preapproval Program.

**I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.**

AZ Professional Registrant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT A (SECTION 2)**

**DOCUMENTATION FOR AUTHORIZED INDIVIDUAL**

The individual must be authorized by the entity owning or operating the UST, or the current owner of the property, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the entity.

Provide the following documentation demonstrating the Authorized Individual has the authority to represent the Applicant:

- Documents from the Arizona Corporation Commission identifying the individual and their role with the company
- Written authorization identifying the individual and their authority to bind the company on company letterhead, signed by a party identified in documents from the Arizona Corporation Commission
  - The name on the company letterhead should be the same as the Applicant Name.
  - If the name on the company letterhead is not the same as the Applicant Name, provide additional documentation demonstrating the legal business relationship.

The information below is from information provided in Section 2 – Applicant Information:

Applicant – Full Legal Name: \_\_\_\_\_

Trade Name, if applicable: \_\_\_\_\_

Arizona Corporation Commission Entity ID: \_\_\_\_\_

Authorized Individual – Full Legal Name: \_\_\_\_\_

Authorized Individual’s Title/Role Relative to Applicant: \_\_\_\_\_



**ATTACHMENT B (SECTION 4)**  
**SUPPORTING DOCUMENTATION FOR PRIORITIZATION**

**Required:**

- A copy of the report generated from the AZ UST Locator tool (“UST Locator Report”):  
<https://azdeq.gov/ust/resources>
  - The UST Locator Report should be set to a radius 0.25 miles from this facility location/address.

**Optional:**

- Additional documentation if you believe information in the UST Locator tool does not adequately describe known site-specific conditions. Examples of acceptable documentation include:
  - Copies of soil borings and/or well logs for the subject facility or an adjacent property
  - Location maps with identification of receptors that do not appear on the UST Locator Report
- Prioritization Worksheet Question 1b: Additional documentation if needed to provide specific details about how and why the proposed TSIP scope of work will assist in addressing the confirmed release.

## ATTACHMENT C

### FACILITY SITE PLAN FOR PROPOSED WORK

*Review the required information below to ensure that you submit a complete site plan.*

*Incomplete site plans will cause a delay in processing and may result in the application not being eligible for approval.*

The site plan must be legible, drawn to scale, and include a diagram of the facility showing all of the following:

- North arrow
- An accurate scale (this will be used to verify proposed sample locations meet regulatory requirements)
- Facility property boundaries
- Adjacent street names
- Locations of current and any known former UST systems, including all tanks, product lines/piping, and dispensers
- Locations of any infrastructure/obstructions at the facility to the extent known:
  - Buildings or other structures
  - Utilities, both above and below ground
  - Natural or artificial barriers
  - Canopies
  - ADWR-registered wells
  - Any additional pertinent infrastructure information
- Proposed sample locations - including tanks, piping, and dispenser areas:
  - Ensure sample locations meet requirements described in Arizona Revised Statutes § 49-1052
  - ADEQ recommends including proposed sample depths and collection of multi-depth samples

## TSIP APPLICATION SUBMITTAL INSTRUCTIONS

Submit the form and all attachments electronically to [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov).

If you are not able to submit electronically, you may mail or hand-deliver the submittal and all attachments to the address below:

Arizona Department of Environmental Quality

Attention: UST - TSIP

1110 West Washington Street

Phoenix, AZ 85007

Note: A hard copy is not required to be submitted to ADEQ if you submitted the form, all attachments, and signature pages by email.