



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

**ONLY THIS FORM WILL BE ACCEPTED FOR SUBMITTALS FROM**  
**MARCH 1, 2024 THROUGH 5:00 PM MARCH 29, 2024**

**Checklist for TSIP UST Modification Application:**

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

- ☐ Section 1 - General Information
- ☐ Section 2 - Applicant Information
- ☐ Section 3 - UST Service Provider Information
  - ☐ Cost Summary for UST Modification Bid
- ☐ Section 4 - Prioritization Worksheet
- ☐ Section 5 - Applicant Certification Statement
- ☐ Section 6 - UST Service Provider 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
- ☐ Attachment D - Scope of Work Description
- ☐ Attachment E - UST Equipment Installation List
- ☐ Attachment F - Automatic Tank Gauge Sensor Print Out, if applicable

**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: <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>
- Analytical Data Information for Sample Analyses: [http://static.azdeq.gov/ust/analytical\\_data.pdf](http://static.azdeq.gov/ust/analytical_data.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)**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:** \_\_\_\_\_

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 (including compliance requirements) that are 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 – UST SERVICE PROVIDER 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 UST Service Provider certified by ADEQ for installation and retrofit activities, designated below.

#### 3.1. ADEQ-CERTIFIED UST SERVICE PROVIDER INFORMATION

ADEQ-Certified UST Service Provider Name (Company) - Full Legal Name: \_\_\_\_\_

Note: The company name must match what is on file with ADEQ for the individual name (below) and ACC. The company name on file with ADEQ may be verified at [https://legacy.azdeq.gov/databases/ustproviderssearch\\_drupal.html](https://legacy.azdeq.gov/databases/ustproviderssearch_drupal.html)

ADEQ-Certified UST Service Provider Individual Full Legal Name: \_\_\_\_\_

ADEQ UST Service Provider Decommissioning Certification No.: \_\_\_\_\_

Certification Approval Date: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

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

#### 3.2. WORK SUMMARY FOR UST MODIFICATION BID

**The modified UST system must meet all regulatory requirements for a new system installation, including compatibility.** Note: For many UST equipment warranties to be valid, the UST components must have been installed by a qualified installer with a record of training by the manufacturer.

Attach documentation that details the scope of work to be completed (e.g. copy of the complete bid) and a copy of the UST equipment list to be installed/replaced as Attachment D.

##### 3.2.1. Does the scope of work include the replacement of tanks?

- ☐ Yes **(do not use this form; use the UST removal & replacement application)**  
☐ No, all existing tanks are double walled

##### 3.2.2. Does the scope of work include the installation/replacement of overfill protection?

- ☐ Yes (Note: Ball floats do not meet regulatory requirements and are not eligible)  
☐ No, all tanks use either a flapper valve/automatic shut off or audible alarm as the method of overfill protection

##### 3.2.3. Does the scope of work include the replacement of product lines/pipe with double walled product lines/pipe?

- ☐ Yes **(requires replacement of all product lines/pipe)**  
☐ No, all existing product lines/pipe are double walled

##### 3.2.4. Does the scope of work include the installation of interstitial monitoring sensors for all tanks?

- ☐ Yes  
☐ No, tank interstitial monitoring sensors exist for all tanks (Attach a current automatic tank gauge print out in Attachment E)

##### 3.2.5. Does the scope of work include the installation of interstitial monitoring sensors for all product lines/pipe (located in the submersible turbine pump sump/tank top sump)?

- ☐ Yes  
☐ No, interstitial monitoring sensors exist for all product lines/pipe (Attach a current automatic tank gauge print out in Attachment E)

##### 3.2.6. Does the scope of work include the installation of under-dispenser containment (UDC) for all dispensers?

- ☐ Yes  
☐ No, all existing dispensers have UDCs  
☐ Not applicable, explain below

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**3.2.7.** Is there going to be a change in product(s) to be stored?☐ Yes☐ No

If "Yes", identify the product(s) to be stored in the modified system:

☐ Gasoline – Leaded (Applicable for ALL USTs storing gasoline installed prior to 1996)☐ Gasoline – Unleaded (includes regular and premium)☐ Diesel☐ Bio-diesel (B>5%): B \_\_\_\_\_☐ Waste Oil☐ New Oil☐ Aviation Fuel☐ Other Substance (Identify): \_\_\_\_\_☐ Other Substance (Identify): \_\_\_\_\_

Note: Attach additional information if needed. **ONLY USTs storing regulated substances are eligible for this program.**

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**ATTENTION**

If field observations indicate the presence of a release during the proposed modification work for the UST system, a suspected release must be reported to ADEQ within 24 hours of discovery (<https://azdeq.gov/mydeg>).

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**3.2.8. COST SUMMARY FOR UST MODIFICATION 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, such as dispensers (see ADEQ TSIP website, for example, ineligible costs).
- Costs associated with tanks that are not regulated are not eligible.

<b>UST MODIFICATION (ACTIONS CONDUCTED BY ADEQ-CERTIFIED UST SERVICE PROVIDER)</b>	<b>Cost</b>
Permitting	
Plan Review preparation and submittal	
Total UST equipment purchase cost <i>(whether billed directly to the Applicant or through the UST Service Provider)</i> . <i>ONLY include purchasing costs.</i> <b>Note: Equipment must be new. Used/refurbished equipment is not eligible for reimbursement.</b>	
Installation of spill protection and overfill prevention equipment	
Installation of product lines/pipe, submersible turbine pumps (STPs), STP sumps, and UDCs	
Installation of leak detection equipment (includes automatic tank gauge (ATG) console, tank probes, tank and product lines/pipe interstitial sensors, etc.)	
UST system tightness testing for the tanks, product lines/pipe, sumps, etc.	
Backfill activity and material	
Resurfacing activity and material	
Electrical installation and material	
UST component disposal	
Excavated soil transport	
Excavated soil disposal	
<b>List other eligible tasks below</b>	
Total UST Modification Cost	
<b>Total Amount Requested for ADEQ Funding Approval (maximum \$200,000 per facility)</b> <b>NOTE: Costs in excess of amount allowable under A.R.S. § 49-1071 are not eligible under TSIP</b>	

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.

**Estimated  
Points**

a) Does the UST Locator Report identify an "on-going" release at this facility?

☐ Yes (only answer "Yes" if the UST Locator identifies an ongoing release at this facility) ☐ No

b) Will the proposed TSIP work assist in addressing the confirmed release? ☐ Yes, explain below ☐ No  
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):

(if additional space is needed, include it in Attachment B)

3) What is the estimated depth to groundwater at this facility (in feet below ground surface)?

[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.]

☐ 0 to 24 feet    ☐ 25 to 49 feet    ☐ 50 to 99 feet    ☐ 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?

[Report Section: Soils and Groundwater Data]

☐ Soils with sands and/or gravels   ☐ Soils without sands and/or gravels   ☐ Bedrock/unknown

5) Are any of the below listed human receptors present within 0.25 mi of this facility? (limited to the listed receptors) [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)]

☐ Yes, at least one of the above human receptors are present ☐ No

6) Are there any exempt or non-exempt wells within 0.25 mi of this facility? [\[Report Sections: Well Registry 55\]](#)

☐ Yes    ☐ No

7) Are there any streams, rivers, or lakes within 0.25 mi of this facility?

[Report Sections: Rivers and Streams, Lakes]

☐ Yes    ☐ No

8) What is the age of the oldest tank(s) that are open or temporarily closed at this facility?

[Report Section: UST Tanks]

☐ Between 20 to 29.9 years old☐ Between 10 to 19.9 years old☐ Less than 10 years old

9) What is the construction of the tanks at this facility? [Report Section: UST Tanks]

☐ Single walled or no data available/unknown ☐ Double walled

10) How many operating UST facilities does this TSIP applicant have in Arizona? [\[Report Section: UST Owner Counts\]](#)

☐ 19 or less operating UST facilities☐ 20 or more operating UST facilities☐ 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 \$200,000 for UST modification.

I am requesting ADEQ funding approval of up to:

\$\_\_\_\_\_ UST modification

*(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 for UST system performance standards for new installations and modifications (including Arizona Revised Statutes § 49-1009 and A.A.C. R18-12-220 and 221), 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 – UST SERVICE PROVIDER CERTIFICATION STATEMENT***Complete all fields below:*

ADEQ-Certified UST Service Provider Name (Company) - Full Legal Name: \_\_\_\_\_

ADEQ-Certified UST Service Provider Individual - Full Legal Name: \_\_\_\_\_

ADEQ UST Service Provider Installation and Retrofit Certification No.: \_\_\_\_\_

Certification Approval Date: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

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

I confirm the amount of \$\_\_\_\_\_ for UST modification represents the anticipated actual costs for the work conducted by me (my company) and \$\_\_\_\_\_ represents the anticipated UST equipment purchase cost. *Note: this amount should correspond to the amounts shown for UST service provider actions and costs in the subsection 3.2.8. COST SUMMARY FOR UST MODIFICATION BID.*

I confirm that work will be conducted by me, and by the named company, and will not be subcontracted to another party.

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 § 49-1009 and Arizona Administrative Code R18-12-220 and R18-12-221), industry standards, and applicable guidance.

I certify that all work will be conducted in accordance with any manufacturer's written installation instructions.

I certify that all UST system equipment to be installed is compatible with the fuel to be stored in accordance with Arizona Administrative Code R18-12-232.

I certify that I will be a qualified installer trained by the manufacturer at the time the UST equipment is installed. In addition, all work listed in the manufacturer's installation checklists will be completed and a copy of the associated documentation will be submitted to ADEQ.

I certify that I meet the requirements detailed in Arizona Administrative Code, Title 18, Chapter 12, Article 8, and will be certified at the time this work will be conducted.

**I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment. I understand that if work is not conducted in accordance with regulatory requirements, my ADEQ certification may be subject to suspension and costs may not be reimbursed.**

ADEQ-Certified UST Service Provider 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 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.
- The authorized individual is required to have 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 (including compliance requirements) that are included within the certification statement.

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

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

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 (the scale is expected to represent the actual dimensions)
- Facility property boundaries
- Adjacent street names
- Locations of current UST systems, including all tanks, 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
  - Onsite wells
  - Any additional pertinent infrastructure information
- Clearly identify proposed locations of new UST system equipment, including all product lines/pipe and containment sumps

## **ATTACHMENT D**

### **SCOPE OF WORK DESCRIPTION**

Provide documentation that details the scope of work to be completed (e.g. copy of complete bid).

The completed modifications must result in a UST system that meets new installation and modification requirements and standards and is compatible with the fuel to be stored in accordance with Arizona Revised Statutes § 49-1009 and Arizona Administrative Code R18-12-220 and R18-12-221.

**ATTACHMENT E**  
**UST EQUIPMENT INSTALLATION LIST**

List all of the UST equipment to be installed for the proposed scope of work.

**ATTACHMENT F**  
**AUTOMATIC TANK GAUGE (ATG) SENSOR PRINT OUT**  
**(IF APPLICABLE)**

Attach an ATG print out for facilities that rely on interstitial monitoring sensors for the tanks and/or product lines/pipe.

## TSIP APPLICATION SUBMITTAL INSTRUCTIONS

Submit the form and all attachments electronically to [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov). **Only complete, correct, and legible submittals will be eligible.**

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.