



## UNDERGROUND STORAGE TANK (UST) TANK SITE IMPROVEMENT PROGRAM (TSIP) REIMBURSEMENT REQUEST FORM

**This form is to be used by Applicants who have a preapproved TSIP application and wish to request reimbursement upon completion of the preapproved scope of work.** Work must be completed within one year from the date the TSIP application was approved in order to be eligible for reimbursement. The Applicant may request reimbursement for eligible, actual costs up to the maximum amount allowable under Arizona Revised Statutes § 49-1071.

**Important:** Submittal of a complete and accurate reimbursement request form allows for more timely review of your submittal. ADEQ may request further information or clarification of the information received in order to process the reimbursement request. A complete reimbursement request includes:

- ☐ **Reimbursement Request Form** with signed certification statements (pages 2 through 6)
- ☐ **Attachment A:** Invoices Requested for Reimbursement
- ☐ **Attachment B:** Invoice Ledger
- ☐ **Attachment C:** Proof of Payment from TSIP Applicant
- ☐ **Attachment D:** Over-excavation Cost Request Form (applicable to UST removal applications only)
- ☐ **Attachment E:** UST Replacement Supporting Documents (applicable to UST replacement applications only)

If you have questions on how to complete the reimbursement request form, please contact ADEQ at 602-771-2000 or email us at [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov).

### HOW TO SUBMIT:

You may submit the reimbursement request electronically or hard copy.

For electronic submittals, email the reimbursement request form and all attachments to [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov).

For hard copy submittals, mail or hand-deliver the reimbursement request form and all attachments to the below address:

Attention: UST - TSI Program  
Arizona Department of Environmental Quality  
1110 West Washington Street  
Phoenix, AZ 85007

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



**UNDERGROUND STORAGE TANK (UST)  
TANK SITE IMPROVEMENT PROGRAM (TSIP)  
REIMBURSEMENT REQUEST FORM**

ADEQ received stamp:

**Section 1 – General Information**

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

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

TSI Application ID# \_\_\_\_\_

This reimbursement request is for:

☐ UST Removal for Permanent Closure or Replacement

☐ UST Replacement

☐ UST Suspected Release Confirmation

☐ UST Baseline Assessment

**Section 2 – Change in Contact Information**

**If there was a change in the Authorized Individual or contact information from the preapproved TSIP application, complete the information below, otherwise skip this section.**

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

Authorized Individual Title: \_\_\_\_\_

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

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

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

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

If the Authorized Individual changed from the preapproved application, attach documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application.

If the contact information changed, attach a completed substitute W-9 form with the new contact information. The link to this form is: <https://gao.az.gov/afis/vendor-information>. The W-9 form should be submitted to ADEQ with the TSIP application.

### Section 3 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: APPLICANT

*This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

**Certification:**

I hereby certify all of the following:

I have reviewed the attached invoices in the amount of \$\_\_\_\_\_.\_\_\_\_\_ and I have paid the invoices in full to \_\_\_\_\_ (company name).

I have reviewed the attached invoices in the amount of \$\_\_\_\_\_.\_\_\_\_\_ and I have paid the invoices in full to \_\_\_\_\_ (company name).

I have reviewed the attached invoices in the amount of \$\_\_\_\_\_.\_\_\_\_\_ and I have paid the invoices in full to \_\_\_\_\_ (company name).

I am requesting reimbursement from ADEQ for \$\_\_\_\_\_.\_\_\_\_\_.

I affirm that all work was done in accordance with the TSI program approval, industry standards, and manufacturer's certifications.

None of the costs included in this reimbursement request are costs that have been previously reimbursed by the state.

I hereby certify, through the undersigned authorized individual, agent, or representative, that my consultant, representative, or any previous owner, have not been reimbursed by insurance or another financial responsibility mechanism for the costs related to this requested activity.

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

To the best of my knowledge, information, and belief, all invoices submitted result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred by me for performance of such eligible activities.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Relationship to Applicant  
(if applicable)

Sworn to and subscribed this: \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature \_\_\_\_\_

My commission expires: \_\_\_\_\_

#### Section 4 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: ENVIROMENTAL CONSULTANT

*This certification statement is required for the following categories of work: UST removal, baseline assessment, and suspected release confirmation. This certification statement, in its entire ADEQ prescribed form, must be signed by the environmental consultant. This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

Environmental Consultant Name (Company): \_\_\_\_\_

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

AZ BTR Registration No. for the Registered Professional: \_\_\_\_\_

#### **Certification:**

I hereby declare under penalty of perjury that the qualifying individual identified above managed, supervised and/or performed the work that is the subject of this reimbursement request.

To the best of my knowledge and belief, all invoices submitted by me or my company and/or others result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred for performance of such eligible activities.

I affirm that all work was done in accordance with the TSI program approval, industry standards, and manufacturer's certifications.

All of the costs requested for reimbursement were paid by the Applicant.

I hereby certify that I have reviewed the attached invoices in the amount of \$\_\_\_\_\_.\_\_\_\_\_ and that I have been paid in full by \_\_\_\_\_ (Applicant).

|   |
|---|
| _____<br>Environmental Consultant Signature |
| _____<br>Printed Name                       |
| _____<br>Company Name                       |

|   |
|---|
| Sworn to and subscribed this: ____ day of _____, 20____ |
| Notary Public Signature _____                           |
| My commission expires: _____                            |
| County of _____, State of _____                         |

## Section 5 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: UST SERVICE PROVIDER

*This certification statement is required for the following categories of work: UST removal and UST replacement. This certification statement, in its entire ADEQ prescribed form, must be signed by the UST service provider. This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

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

ADEQ Certified UST Service Provider Individual Name: \_\_\_\_\_

ADEQ Certification No(s). \_\_\_\_\_

### **Certification:**

I hereby declare under penalty of perjury that the qualifying individual identified above managed, supervised and/or performed the work that is the subject of this reimbursement request.

To the best of my knowledge and belief, all invoices submitted by me or my company and/or others result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred for performance of such eligible activities.

I affirm that all work was done in accordance with the TSI program approval, industry standards, and manufacturer's certifications.

All of the costs requested for reimbursement were paid by the Applicant.

I hereby certify that I have reviewed the attached invoices in the amount of \$\_\_\_\_\_. and that I have been paid in full by \_\_\_\_\_ (Applicant).

|   |  |
|---|--|
| <p>_____<br/>UST Service Provider Signature</p> <p>_____<br/>Printed Name</p> <p>_____<br/>Company Name</p> | <p>Sworn to and subscribed this: ____ day of _____, 20____</p> <p>Notary Public Signature _____</p> <p>My commission expires: _____</p> <p>County of _____, State of _____</p> |
|---|--|

## Section 6 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: OTHERS PAID BY APPLICANT

*This certification statement is required if all of the following apply:*

- *The invoice is not from the environmental consultant or the UST service provider*
- *The Applicant paid the invoice directly*
- *The Applicant is requesting reimbursement for the invoice*

*This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

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

### **Certification:**

I hereby declare under penalty of perjury that the qualifying individual identified above managed, supervised and/or performed the work that is the subject of this reimbursement request.

To the best of my knowledge and belief, all invoices submitted by me or my company and/or others result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred for performance of such eligible activities.

I affirm that all work was done in accordance with the TSI program approval, industry standards, and manufacturer's certifications.

All of the costs requested for reimbursement were paid by the Applicant.

I hereby certify that I have reviewed the attached invoices in the amount of \$\_\_\_\_\_.\_\_\_\_\_ and that I have been paid in full by \_\_\_\_\_ (Applicant).

|  |  |
|--|--|
| <p>_____<br/>Signature</p> <p>_____<br/>Printed Name</p> <p>_____<br/>Company Name</p> | <p>Sworn to and subscribed this: ____ day of _____, 20____</p> <p>Notary Public Signature _____</p> <p>My commission expires: _____</p> <p>County of _____, State of _____</p> |
|--|--|

# Attachment A

## Invoices Requested for Reimbursement

All associated actual invoices and receipts from your vendor, subcontractor costs and receipts, and per diem items such as lodging and meals must be submitted to ADEQ for costs requested for reimbursement.

- Invoices must be for work that has actually been completed and must include itemized detail
- Proposals or estimates are not acceptable as invoices.
- Any hourly charges specified in the invoice must be the number of hours actually worked.
- If there are items/costs on an invoice that are not being requested for reimbursement, please strike through those items to indicate that they are not being requested.
- Markup is only permitted for subcontracted work and must be clearly identified on the invoice.
- Reimbursement for mileage, lodging, and meals are limited to the state's set rate schedule found in the State of Arizona Accounting Manual at <https://gao.az.gov/publications/saam/saam-page>.
- The invoice should include a unique invoice number and the facility address where the work was conducted. This will alleviate any confusion that may arise during the reimbursement process for that particular claim.

# Attachment B

## Invoice Ledger

Complete the Invoice Ledger with information for ALL invoices billed to the Applicant in the columns under “Invoices Billed to Applicant”. If the invoices billed to the Applicant also include subcontractor costs, input the supporting invoice information to the right of the related invoice that was billed to the Applicant. If there are multiple supporting invoices for one invoice billed to the Applicant, input information for all supporting invoices prior to the next invoice billed to the Applicant. See the Example Invoice Ledger for this scenario.

List only ALLOWABLE costs. If Requested Amount differs from the Invoiced Amount, identify on the invoice any cost for which reimbursement is NOT requested.

| INVOICE LEDGER (Example)     |                |              |                 |                  |                                |                |              |                 |                  |
|------------------------------|----------------|--------------|-----------------|------------------|--------------------------------|----------------|--------------|-----------------|------------------|
| Invoices Billed to Applicant |                |              |                 |                  | Supporting Invoice Information |                |              |                 |                  |
| Billing Company Name         | Invoice Number | Invoice Date | Invoiced Amount | Requested Amount | Billing Company Name           | Invoice Number | Invoice Date | Invoiced Amount | Requested Amount |
| Primary Contractor LLC       | 759340578      | 3/1/2019     | \$20,000.00     | \$19,000.00      | Subdrilling Inc                | HI48465649     | 2/1/2019     | \$10,000.00     | \$10,000.00      |
|                              |                |              |                 |                  | Sublaboratory LLC              | S85564         | 2/28/2019    | \$5,000.00      | \$4,000.00       |
| UST Service Provider LLC     | 759340579      | 4/1/2019     | \$8,000.00      | \$8,000.00       |                                |                |              |                 |                  |



[illegible]

# **Attachment C**

## **Proof of Payment from TSIP Applicant**

Proof of payment documentation from the TSIP Applicant to the vendor(s) is required to support ALL costs requested for reimbursement.

Acceptable proof of payment includes copies of cancelled checks or bank statements. Proof of payment documents must identify who paid and must reference the invoice(s) covered by the payment (or a summary that links up the proof of payment documentation with the invoices must be provided).

**Important** – Payments must be from the Applicant. Invoices paid by the Authorized Individual or other entities will not be acceptable.

# Attachment D

## Over-excavation Cost Request Form

### (applicable to UST removal applications only)

House Bill 2704 allows reimbursement for over-excavation of petroleum contaminated media, such as soil, that is encountered during removal of the underground storage tank. You can request reimbursement for up to \$15,000 for over excavation. **None of the costs included in this reimbursement request can be for costs that were or will be reimbursed by insurance or another financial assurance mechanism, or another State program.**

Attach the following in addition to completing the tables below:

- ☐ 1) A copy of the waste manifest for the disposal of petroleum contaminated media.
- ☐ 2) A site map that identifies the boundaries of the over-excavated area.
- ☐ 3) Invoices that clearly identify costs directly related to the over-excavation identified in the invoice ledger below. These over-excavation costs may include extra labor, extra backfill, disposal of hazardous and non-hazardous waste, analysis of the additional environmental samples, extra equipment rental/usage, and extra resurfacing
- ☐ 4) Proof of payment documentation demonstrating that the Applicant incurred all costs requested for reimbursement.

| Category of Work  | Maximum Potentially Eligible for Reimbursement (\$) | Total Invoiced Amount (\$) | Amount Requested For Reimbursement (\$) |
|---|---|----------------------------|---|
| UST Removal for Permanent Closure or Replacement (per tank)                       | 25,000  |                            |   |
| Additional Funding for Over-excavation of Petroleum Contaminated Media (per Site) | 15,000  |                            |   |

| Billing Company Name | Invoice Number | Invoice Date | Invoiced Amount | Total Amount on Invoice For Over-excavation |
|----------------------|----------------|--------------|-----------------|---|
|                      |                |              |                 |   |
|                      |                |              |                 |   |
|                      |                |              |                 |   |
|                      |                |              |                 |   |
|                      |                |              |                 |   |
|                      |                |              |                 |   |
|                      |                |              |                 |   |

# **Attachment E**

## **UST Replacement Supporting Documents**

### **(applicable to UST replacement applications only)**

The following documents are required to be submitted when requesting reimbursement for UST replacement:

#### **Final Site Map**

The site map should include the actual locations of the tanks, piping, and dispensers, the current locations of buildings, and cross streets.

#### **TSIP Serial Number Form**

Completed form with the serial numbers or lot numbers for the UST components installed. The TSIP Serial Number Form can be found here: [http://static.azdeq.gov/ust/tsip\\_reimbursement\\_packet.zip](http://static.azdeq.gov/ust/tsip_reimbursement_packet.zip)

#### **Manufacturer Installation Checklists and Warranty Forms**

Completed manufacturer installation checklists and warranty forms for the UST components installed.

#### **UST System Testing Results**

Attach the following most recent test results for the UST equipment installed:

- ☐ Tank tightness test
- ☐ Overfill prevention test
- ☐ Automatic Tank Gauge maintenance and calibration certification (including tank and piping interstitial sensors)
- ☐ Line tightness test
- ☐ Automatic line leak detector test
- ☐ Hydrostatic testing of submersible turbine pump sumps
- ☐ Hydrostatic testing of under-dispenser containment