



TANK SITE IMPROVEMENT PROGRAM (TSIP)
ARIZONA REVISED STATUTES § 49-1071
UST REMOVAL AND REPLACEMENT
APPLICATION FORM

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

If you are requesting funding **for UST removal only, do not use this form**: Complete the “UST Removal Only” application available at <https://azdeq.gov/TSIPProgram>

Checklist for TSIP UST Removal and Replacement 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-center>).

- ☐ Section 1 - General Information
- ☐ Section 2 - Applicant Information
- ☐ Section 3 - Consultant and UST Service Provider Information
 - ☐ Cost Summary for UST Removal Bid
 - ☐ Cost Summary for UST Replacement Bid
- ☐ Section 4 - Prioritization Worksheet
- ☐ Section 5 - Applicant Certification Statement
- ☐ Section 6 - Environmental Professional Consultant Certification Statement
- ☐ Section 7 - UST Service Provider Certification Statements
- ☐ 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 - UST Removal (Decommissioning)
- ☐ Attachment D - Facility Site Plan for Proposed Work - UST Replacement (Installation)

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>
- UST Permanent Closure Assessment Report Form: https://static.azdeq.gov/forms/ust_pc_assessment.pdf
- Analytical Data Information for Sample Analyses: 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**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 – CONSULTANT AND UST SERVICE PROVIDER INFORMATION

To ensure the proposed scope of work is conducted to satisfy all applicable regulatory requirements, the Cost Summary for Bids must be completed by both the environmental consultant possessing current registration with the Arizona Board of Technical Registration (AZ BTR) and an UST Service Provider certified by ADEQ for decommissioning, installation, and retrofit activities, designated below.

UST REMOVAL (DECOMMISSIONING)**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) Full Legal Name: _____

AZ Board of Technical Registration License Number: _____ Expiration Date: _____

Project Lead Name: _____ Phone: _____ Email: _____

3.2. 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

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: _____

3.3. WORK SUMMARY FOR UST REMOVAL (DECOMMISSIONING) BID

Note: UST Removal Site Plan provided must include the detail identified for a complete site plan in Attachment C. It must be legible and clearly identify all sampling locations that meet regulatory requirements (Arizona Administrative Code (A.A.C.) R18-12-272).

3.3.1. Are all USTs being removed? ☐ Yes ☐ No, explain below (attach information if additional space is needed)

3.3.2. Number of USTs to be removed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Other (identify): _____

3.3.3. Tanks will be emptied, rinsed/cleaned, inerted or purged, and measured for oxygen measurements:

☐ Yes ☐ No (if "No", attach documentation describing procedure and include reference to applicable standards)

3.3.4. UST Product Stored – Include ALL historical products stored (select all that apply):

☐ 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): _____

3.3.5. Samples will be collected and analyzed in accordance with A.A.C. R18-12-272, R18-12-280, and applicable guidance.

☐ Yes ☐ No (if "No", attach documentation describing procedure and reference to applicable standards)

3.3.6. Identify Analytical Methods that will be used to address ALL historical products stored (select all that apply):

Information analytical requirements is available at http://static.azdeq.gov/ust/analytical_data.pdf.

- ☐ EPA Method 8260B – Volatile Organic Compounds (VOCs) & Tentatively Identified Compounds (TICs)
☐ EPA Method 8011 - Ethylene dibromide/1,2-dibromoethane (EDB)
☐ EPA Method 8310 and/or ☐ EPA Method 8270C-SIM – Polycyclic Aromatic Hydrocarbons (PAHs)
☐ California HML-939M, EPA Method 8270D-SIM, or equivalent – Tetraethyl Lead
☐ EPA Method 6010 (RCRA 8 Metals)
☐ Other 1 (Identify): _____ ☐ Other 2 (Identify): _____

If additional space and explanation is required, please attach in Attachment C - FACILITY SITE PLAN FOR PROPOSED WORK – UST REMOVAL (DECOMMISSIONING)

Laboratories used must be licensed by the Arizona Department of Health Services (ADHS) to perform analytical test methods that are approved in accordance with A.A.C. Title 9, Chapter 14, Article 6, with the exception of specialty analytical methods. Verify by contacting the ADHS Laboratory Licensure Section at 602.364.0720 or by clicking the following link: <https://app.azdhs.gov/BFS/LABS/ELBIS/ArizonaCertifiedLabs/LabSearchContentPage.aspx>.

3.3.7. UST excavation will be backfilled, compacted, and restored in accordance with regulatory requirements and applicable standards. [Download TSIP Soil Excavation Estimation Tool >](#)

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

Planned excavation dimensions (ft): Length _____ x Width _____ x Depth _____

Estimated excavated soil volume: _____ cubic yards / _____ tons

Number of proposed stockpile samples: _____

3.3.8. Stockpiled soil will not be returned to the excavation.

- ☐ Yes ☐ No (if “No”, attach documentation describing procedure and conformance with applicable requirements)

3.3.9. Remnant fuel will be disposed of in accordance with regulatory requirements.

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

3.3.10. Removed USTs will be disposed of in accordance with regulatory requirements and industry standards and will not be re-used.

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

3.3.11. Excavated soil will be sampled in accordance with regulatory requirements for petroleum contaminated soils (PCS) and/or hazardous waste (documentation required to be provided)

Note: Additional information on PCS is available at https://static.azdeq.gov/legal/subs_pcs_fs.pdf and PCS sampling at https://static.azdeq.gov/legal/subs_pcssamplingplan_fs.pdf

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

3.3.12. Excavated soil will be profiled, transported, and disposed of in accordance with regulatory requirements for PCS and/or hazardous waste (documentation required to be provided)

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

REQUIREMENTS FOR REIMBURSEMENT OF OVER-EXCAVATION COSTS

If field screening identifies a suspected release of petroleum in the soil and it is possible to excavate the associated soil during UST removal, TSIP allows reimbursement of up to \$15,000 per facility (if funding is available) for this work.

NOTE: Over-excavation costs associated with increasing the size of the excavation to accommodate new tanks are not eligible under UST removal.

The following is required:

- Collect evidence of a suspected release that was identified during UST removal actions based on field screening (stained and/or odorous soil, petroleum vapors)
 - Submit the 24 Hour Suspected Release Notification form to ADEQ
 - Over-excavate the contaminated media to the extent possible
 - Collect additional laboratory samples at the bottom and side walls of the excavation (after over-excavation); and of stockpiled material
 - Provide a site plan that clearly identifies the dimensions and boundaries of the planned excavation and also identifies the dimensions and boundaries of the over-excavated area
 - Provide the estimated volume of over-excavated media
 - Provide laboratory sample analysis reports that clearly identify over-excavation samples
 - Provide transportation and disposal manifests
-

3.3.13. COST SUMMARY FOR UST REMOVAL (DECOMMISSIONING) 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.
- Provide information and costs separately for UST service provider and environmental consultant
 - The “UST REMOVAL (ACTIONS CONDUCTED BY ADEQ-CERTIFIED UST SERVICE PROVIDER)” section should not include tasks and costs conducted by the professional environmental consultant.
 - The “ENVIRONMENTAL PROFESSIONAL OVERSIGHT, SAMPLING & REPORTING (ACTIONS CONDUCTED BY THE ENVIRONMENTAL PROFESSIONAL CONSULTANT)” section should include consultant tasks and costs – whether billed directly to the Applicant or to the UST Service Provider.
- Do not include ineligible costs (see ADEQ TSIP website for example ineligible costs).

UST REMOVAL (ACTIONS CONDUCTED BY ADEQ-CERTIFIED UST SERVICE PROVIDER)	
Task	Cost
Permitting	
Plan Review preparation and submittal	
Utility locating	
Removal and disposal of construction debris (not including USTs)	
Preparation of USTs for removal (defueling, inerting, triple rinsing, etc.)	
Removal of UST system (tanks, piping, etc.)	
UST disposal	
Excavated soil transport	
Excavated soil disposal	
<i>List other eligible tasks below</i>	
Subtotal 1	
ENVIRONMENTAL PROFESSIONAL OVERSIGHT, SAMPLING & REPORTING (ACTIONS CONDUCTED BY ENVIRONMENTAL PROFESSIONAL CONSULTANT)	
Task	Cost
Field oversight and sampling (includes labor, PID, field supplies, etc.)	
Excavation (tank basin, piping, containment sump, etc.) laboratory sampling and analysis	
Excavated soil (stockpile) laboratory sampling and analysis	
Excavated soil transport (Note: if this is done through the UST Service Provider, enter in section above)	
Excavated soil disposal (Note: if this is done through the UST Service Provider, enter in section above)	
Reporting	
<i>List other eligible tasks below</i>	
Subtotal 2	
Total UST Removal Cost (Subtotal 1 + Subtotal 2)	
Number of USTs to be removed (___ from Section 3) x \$25,000 (maximum approvable per tank)	
Total Amount Requested for ADEQ Funding Approval	
Costs in excess of amount allowable under A.R.S. § 49-1071 are not eligible under TSIP	

UST REPLACEMENT (INSTALLATION)

The replacement UST system must meet all regulatory requirements for a new system installation. 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.

3.3.14. ADEQ-CERTIFIED UST SERVICE PROVIDER – UST INSTALLATION

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

ADEQ-Certified UST Service Provider Individual Full Legal Name: _____

ADEQ UST Service Provider Installation and Retrofit Certification No.: _____

Certification Approval Date: _____ Certification Expiration Date: _____

Project Lead Name: _____ Phone: _____ Email: _____

3.3.15. WORK SUMMARY FOR UST REPLACEMENT (INSTALLATION) BID

3.3.16. Number of USTs to be installed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Other (identify): _____

(ONLY USTs storing regulated substances are eligible for this program)

3.3.17. USTs - Secondary Containment: All tanks will have secondary containment (e.g. double walled) with interstitial monitoring ☐ Yes ☐ No (if "No" – scope of work is not eligible and will not meet regulatory standards)

3.3.18. USTs - Identify material type:

☐ Fiberglass Reinforced Plastic (FRP) ☐ Composite ☐ Other (identify): _____

☐ Steel – Identify method(s) of corrosion protection:

☐ Sacrificial Anode ☐ Impressed Current ☐ Other (identify): _____

3.3.19. Piping - Secondary Containment: All piping will have secondary containment (e.g. double walled) with interstitial monitoring ☐ Yes ☐ No (if "No" – scope of work is not eligible and will not meet regulatory standards)

3.3.20. Piping - Identify material type:

☐ Fiberglass Reinforced Plastic (FRP) ☐ Flexible ☐ Other (identify): _____

☐ Steel – Identify method(s) of corrosion protection:

☐ Sacrificial Anode ☐ Impressed Current ☐ Other (identify): _____

3.3.21. Product(s) to be stored in the newly-installed USTs

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

☐ Gasoline – Unleaded (includes regular and premium)

☐ Diesel

☐ Bio-diesel (B>5%): B _____

☐ Waste Oil

☐ New Oil

☐ Other Substance1 (Identify): _____

☐ Other Substance2 (Identify): _____

3.3.22. Number of under-dispenser containment (UDC) sumps to be installed: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ Other (identify): _____

3.3.23. Type of overfill prevention to be installed: ☐ Automatic shutoff (i.e. flapper valve) ☐ Audible/Visual Alarm

Note: Ball floats are not eligible and will not meet regulatory standards

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

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.

- | | Estimated Points |
|---|-------------------------|
| 1) Does this facility have an open, confirmed Leaking UST release? [Report Section: UST Confirmed Releases]
<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?
[Report Section: On-going Release Site]
<input type="checkbox"/> Yes (only answer “Yes” if the UST Locator identifies an ongoing release at this facility) <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
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):

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> (if additional space is needed, include it in Attachment B) | _____ |
| 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)?
[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.]
<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?
[Report Section: Soils and Groundwater Data]
<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? (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)]
<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? [Report Sections: Well Registry 55]
<input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7) Are there any streams, rivers, or lakes within 0.25 mi of this facility?
[Report Sections: Rivers and Streams, Lakes]
<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?
[Report Section: UST Tanks]
<input type="checkbox"/> Greater than 30 years old <input type="checkbox"/> Between 20 to 29.9 years old
<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? [Report Section: UST Tanks]
<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? [Report Section: UST Owner Counts]
<input type="checkbox"/> 19 or less operating UST facilities <input type="checkbox"/> 20 or more operating UST facilities
<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 \$25,000 per tank for UST removal and up to \$200,000 for UST replacement/new installations.

I am requesting ADEQ funding approval of up to:

\$ _____ UST removal (decommissioning)

\$ _____ UST replacement (installation)

\$ _____ Total amount requested

(Note: The requested approval amount should not exceed the maximum amount allowable for the category of work and facility reimbursement limit; this amount should not include over-excavation).

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 permanent closure (including Arizona Revised Statutes § 49-1008 and Arizona Administrative Code (A.A.C.) R18-12-271 and R18-12-272), UST system performance standards for new installations (including Arizona Revised Statutes § 49-1009 and A.A.C. R18-12-220), including notification under A.A.C. R18-12-219, 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 - UST REMOVAL (DECOMMISSIONING)

Complete all fields below:

Environmental Professional Consultant Name (Company) - Full Legal Name: _____

AZ Registered Professional Individual - Full Legal 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 UST removal 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 3.3.13. COST SUMMARY FOR UST REMOVAL (DECOMMISSIONING) 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 for UST system permanent closure (including Arizona Revised Statutes § 49-1008 and Arizona Administrative Code R18-12-272), 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 noncorrective 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: _____

SECTION 7 – ADEQ-CERTIFIED UST SERVICE PROVIDER CERTIFICATION STATEMENTS**7.1 UST SERVICE PROVIDER CERTIFICATION STATEMENT - UST REMOVAL (DECOMMISSIONING)**

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 Decommissioning 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 removal represents the anticipated actual costs for the work conducted by me (my company). *Note: this amount should correspond to the amount shown for UST service provider actions and costs in the subsection 3.3.13. COST SUMMARY FOR UST REMOVAL (DECOMMISSIONING) 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 for UST system permanent closure (including Arizona Revised Statutes § 49-1008 and Arizona Administrative Code R18-12-271), industry standards, and applicable guidance.

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: _____

7.2 UST SERVICE PROVIDER CERTIFICATION STATEMENT - UST REPLACEMENT (INSTALLATION)

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 replacement (installation) 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 3.3.24. COST SUMMARY FOR UST REPLACEMENT (INSTALLATION) 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 for UST installation (including Arizona Revised Statutes § 49-1009 and Arizona Administrative Code R18-12-219 and 220), 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 – UST REMOVAL (DECOMMISSIONING)

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 UST Removal (Decommissioning) 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 and will be used to verify proposed sample locations meet regulatory requirements)
- 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
 - ADWR-registered wells
 - Any additional pertinent infrastructure information
- Proposed sample locations - including tanks, piping, and dispenser areas:
 - Ensure sample locations meet requirements described in A.A.C. R18-12-272 for tanks and piping

From UST Permanent Closure Guidance Document:

- A minimum of two distinct soil samples shall be taken from native soils beneath each UST that has a capacity to hold greater than 550 gallons. Samples shall be collected in native soil two (2) or three (3) feet below the base of the UST excavation beneath each end of each UST. In cases where fiberglass USTs are being permanently closed or the fill pipe is located above the center of the UST(s), an additional sample shall be taken from beneath the center of the UST. If the capacity of the UST is 550 gallons or less, one (1) sample shall be taken from native soils beneath the center of the UST. Additional samples shall be collected in excavated areas that appear to have had a release.
- For UST system related piping that has been permanently closed (i.e., flushed then capped and closed-in-place or removed from the ground), distinct soil samples must be collected every twenty (20) linear feet beneath the piping in native soils. In addition, distinct soil samples shall be collected from native soils beneath elbows, joints, fittings, dispensers, ancillary equipment and areas of corrosion. If the dispensers and associated product piping being removed are located directly above the USTs, the samples specific to those dispensers and associated piping do not need to be collected; however, this needs to be documented in the closure form submittal.
- ADEQ recommends including proposed sample depths and collection of multi-depth samples

ATTACHMENT D

FACILITY SITE PLAN FOR PROPOSED WORK – UST REPLACEMENT (INSTALLATION)

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 UST Replacement (Installation) 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 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
- Proposed location of new UST system, including all tanks, product lines/piping, and containment sumps
 - Tank volume (gallons)
 - Tank dimensions – diameter and length (ft)

TSIP APPLICATION SUBMITTAL INSTRUCTIONS

Submit the form and all attachments electronically to 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.