



**UNDERGROUND STORAGE TANK (UST)
TANK SITE IMPROVEMENT PROGRAM (TSIP)
REIMBURSEMENT REQUEST FORM FOR **UST REMOVAL**
ARIZONA REVISED STATUTES § 49-1071**

**THIS FORM IS APPLICABLE FOR REQUESTS SUBMITTED AFTER AUGUST 31, 2022
NO OTHER FORMS WILL BE ACCEPTED**

For ADEQ to process your reimbursement, make sure your submittal includes all the requirements listed below. Failure to include the required documents will result in delays in processing your reimbursement request. If you have questions about reimbursement, please contact ADEQ at 602-771-4351 or usttsi@azdeg.gov.

Before you submit your request, make sure ADEQ has received the following documents:

- UST permanent closure report (https://static.azdeg.gov/forms/ust_pc_assessment.pdf) has been submitted to ADEQ
- Notification Form has been submitted to ADEQ (<https://azdeg.gov/mydeg>)

The reimbursement request needs to include the following attachments:

- Notarized Applicant Certification Statement
- Notarized Environmental Consultant Certification Statement
- Notarized UST Service Provider Certification Statement
- Notarized Certification Statement for any Others Paid Directly by Applicant (example: environmental laboratory)
- Invoice from Environmental Consultant and/or UST Service Provider to Applicant
- Invoice from Others Paid Directly by Applicant
- Invoice Ledger
- Proof of Payment from Applicant to Environmental Consultant and/or UST Service Provider
Acceptable proof of payment includes copies of cancelled checks or bank statements. Payments must be from the Applicant. Invoices paid by the Authorized Individual or other entities will not be acceptable.
- Proof of Payment from Applicant to Others Paid Directly by Applicant

Note: You do not need to submit supporting documentation for costs not being requested for reimbursement.

For reimbursement requests that also include over-excavation activities required due to contamination:

Suspected release number: _____ Date reported: _____

Over-excavation work conducted includes removal and disposal of stained/petroleum-contaminated soil that was found in the tank basin and/or piping trenches during UST removal to expedite cleanup of a release.

Before you submit your request, make sure ADEQ has received the following document:

- 24-hour suspected release notification form has been submitted to ADEQ (<https://azdeg.gov/mydeg>)

The reimbursement request needs to include the following attachments:

- Invoice(s) from Environmental Consultant and/or UST Service Provider to Applicant identifying costs specific to over-excavation
- Invoices related to over-excavation are included on the Invoice Ledger
- Proof of payment from Applicant to Environmental Consultant and/or UST Service Provider related to over-excavation (if not previously included in proof of payment for UST Removal)
- Documentation of over-excavation activities, including:
 - Site plan (**Complete Attachment D**)
 - Data justifying the need for over-excavation activities (e.g. elevated PID readings or stained soil observations in UST permanent closure report or UST closure inspection report)

ADEQ recommends that applicants sign up for the direct deposit option (Automated Clearing House) for faster payment: <https://gao.az.gov/publications/forms> (Form GAO-618).

REMINDER: If you did not sign up for direct deposit, verify your “Remit To” address is correct in the Arizona Procurement Portal (<https://app.az.gov>). This address will be used to mail your reimbursement.

How to Submit for Fastest Processing:

Submit the reimbursement request, including all required attachments, to the TSIP email box at usttsi@azdeg.gov. In the subject line, include the following information:

*TSIP reimbursement request for [category of work] at ADEQ UST Facility ID 0-0#####
Example: TSIP reimbursement request for UST removal and over-excavation at ADEQ UST Facility ID 0-001234*

Note: The UST Facility ID can be found on TSIP application correspondence.

If you are not able to email your reimbursement request, you may submit to the below address:

Arizona Department of Environmental Quality
Attention: UST - TSIP
1110 W. Washington St.
Phoenix, AZ 85007

Note: A hard copy of your reimbursement request is not required if you submit by email.

Section 1 – General Information

UST Facility ID: 0-0_____ Facility Name: _____

UST Facility Address: _____ City: _____

Section 2 - 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. Enter "N/A" if any fields are not applicable.

I hereby certify all of the following:

I am requesting reimbursement from ADEQ for _____ related to the preapproved UST removal work and _____ related to the contingent over-excavation work due to contamination.

I have reviewed the attached invoices in the amount of _____ related to the preapproved UST removal work and contingent over-excavation work due to contamination (if applicable). I have paid these invoices in full to _____ (environmental consultant).

I have reviewed the attached invoices in the amount of _____ related to the preapproved UST removal work and contingent over-excavation work due to contamination (if applicable). I have paid these invoices in full to _____ (UST service provider company name).

I have reviewed the attached invoices in the amount of _____ related to the preapproved UST removal work and contingent over-excavation work due to contamination (if applicable). I have paid these invoices in full to _____ (company name of others directly paid by Applicant).

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.

I affirm that all work was done in accordance with the underground storage tank regulatory requirements in the Arizona Revised Statutes Title 49, Chapter 6 and Arizona Administrative Code Title 18, Chapter 12.

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

I understand if work was not conducted in accordance with TSI program approval, industry standards, manufacturer's certifications, or regulatory requirements, funds requested may not be reimbursed.

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

None of the costs included in this reimbursement request are costs that have been previously reimbursed by the state or have been/will be requested for reimbursement through another state financial assistance program.

Myself, 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.

<p>_____ Applicant Name</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Signature of Authorized Individual</p> <p>_____ Date</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>
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Section 3 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: ENVIRONMENTAL CONSULTANT

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 Company Name: _____

AZ BTR Registered Professional (Individual) Name: _____ Registration No. _____

I hereby certify all of the following:

I have reviewed the attached invoices in the amount of _____ related to the UST removal work and contingent over-excavation work due to contamination (if applicable).

These invoices have been paid in full by _____ (Payor name).

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 understand if work was not conducted in accordance with TSI program approval, industry standards, manufacturer’s certifications, or regulatory requirements, my registration may be subject to disciplinary action in accordance with A.R.S. § 32-128 and the Applicant may not be reimbursed for work conducted.

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

I affirm that all work was done in accordance with the underground storage tank regulatory requirements in the Arizona Revised Statutes (A.R.S.) Title 49, Chapter 6 and Arizona Administrative Code Title 18, Chapter 12.

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

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

Registered Professional Company Name

Registered Professional Printed Name

Registered Professional Signature

Date

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

Section 4 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: UST SERVICE PROVIDER

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 Certified UST Service Provider Company Name: _____

ADEQ Certified UST Service Provider Individual Name: _____ Cert No. _____

I hereby certify all of the following:

I have reviewed the attached invoices in the amount of _____ related to the UST removal work and contingent over-excavation work due to contamination (if applicable).

These invoices have been paid in full by _____ (Payor name).

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 understand if work was not conducted in accordance with TSI program approval, industry standards, manufacturer’s certifications, or regulatory requirements, my UST service provider certification may be suspended in accordance with A.A.C. R18-12-809 and the Applicant may not be reimbursed for work conducted that did not meet these standards.

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

I affirm that all work was done in accordance with the underground storage tank regulatory requirements in the Arizona Revised Statutes Title 49, Chapter 6 and Arizona Administrative Code (A.A.C.) Title 18, Chapter 12.

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

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

Certified UST Service Provider Company Name

Certified UST Service Provider Printed Name

Certified UST Service Provider Signature

Date

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

**SECTION 5 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: OTHERS PAID BY APPLICANT
NOT APPLICABLE FOR PARTIES PROVIDING OVERSIGHT OR MANAGEMENT OF WORK**

CATEGORY OF SERVICE PROVIDED (SELECT ONE): PURCHASE OF UST EQUIPMENT LABORATORY ANALYSIS

Each party must complete their own certification - This certification statement, in its entire ADEQ prescribed form, must be signed by others directly paid by the Applicant (example: invoices for laboratory analysis). This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.

Others Paid Company Name: _____

Others Paid Individual Name: _____

I hereby certify all of the following:

I have reviewed the attached invoices in the amount of \$_____.

These invoices have been paid in full by _____ (Payor name).

I hereby declare under penalty of perjury that the qualifying individual identified above provided material/supplies, and/or performed 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 represent the actual costs incurred.

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

_____ Others Paid Company Name
_____ Others Paid Printed Name
_____ Others Paid Signature
_____ Date

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

Attachment A

Invoices Requested for Reimbursement

All actual invoices from the contractor must be submitted to ADEQ for reimbursement.

- If there are items/costs on an invoice that are not being requested for reimbursement, please strike through those items.
- Invoices must be for work that has actually been completed.
- Proposals, estimates, or bids are not acceptable as invoices.
- The invoice should include a unique invoice number and the UST facility address.

If the Applicant is requesting reimbursement for over-excavation, ensure the invoices clearly identify which costs are associated with over-excavation.

Attachment B

Invoice Ledger

Complete the Invoice Ledger for ALL invoices paid by the Applicant. If Requested Amount is different than the Invoiced Amount, identify costs on the invoice that are not being requested for reimbursement. See below for an Example Invoice Ledger.

INVOICE LEDGER (Example)					
Identify Activity (UST removal, Over-excavation, or Both)	Billed From Company Name	Invoice Number	Invoice Date	Invoiced Amount	Requested Amount
Both	UST Service Provider LLC	759340	3/1/2021	\$20,000.00	\$19,000.00
Both	Environmental Consultant LP	46845	4/1/2021	\$10,000.00	\$10,000.00
Over-excavation	Environmental Consultant LP	46846	4/10/2021	\$5,000.00	\$4,800.00
Over-excavation	Disposal 1 Inc	8894	4/11/2021	\$9,000.00	\$8,000.00

INVOICE LEDGER (Actual)					
Identify Activity (UST removal, Over-excavation, or Both)	Billed From Company Name	Invoice Number	Invoice Date	Invoiced Amount	Requested Amount
Total					

Attachment C

Proof of Payment from TSIP Applicant

Only 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).

Payments must be from the Applicant. Invoices paid by the Authorized Individual or other entities is not acceptable.

Attachment D

Over-excavation Site Plan

Please review the required information below to ensure that you submit a complete site plan.

Reference data justifying the need for over-excavation activities (e.g. elevated PID readings or stained soil observations in UST permanent closure report, UST closure inspection report, and/or 24-hour suspected release notification form).

Missing information may delay processing of the reimbursement request.

Over-excavation Site Plan Requirements:

The Over-excavation Site Plan must be drawn to scale and include a diagram of the facility showing:

- North arrow
- Scale
- Facility property boundaries with street names
- Locations of current and any known former UST systems, including all tanks, piping, and dispensers
- Routes of access and any potential obstructions, including: natural or artificial barriers, canopies, buildings, utility infrastructure, and other structures
- Locations of any infrastructure at the facility to the extent known:
 - Buildings or other structures
 - Utilities, both above and below ground
 - ADWR registered wells
 - Any additional pertinent infrastructure information
- Locations of sample collection - including tanks, piping, dispenser, and over-excavation areas
 - It is helpful to also include sampling depths
- The excavation measurements (length, width, and depth) for the UST removal that were included in the preapproval
- The final excavation measurements after over-excavation of the petroleum contamination