



UST-LUST
1110 West Washington Street
Phoenix, Arizona 85007
USTCAS@azdeq.gov

ADEQ use only

DOCUMENT SUBMITTAL FORM

Do not submit reports in a three ring binder.

Person Responsible for Submitting Document – check all that apply:

- UST Owner, UST Operator, Property Owner, Political Subdivision, ADEQ State Lead

Company Name (same as AZ Corp. Commission filing):

UST owner/operator ID No: Authorized Individual: Mr. Ms.

Mailing Street Address:

City: State: Zip Code:

Daytime Telephone: Email:

Identify the Submitted Document(s) – check all that apply

Suspected release(s): 14 day report, 90 day report, Other (describe):

Confirmed release(s):

- 14 day report, 90 day report/initial site characterization report (ISCR), Site characterization report (SCR), Periodic site status report (PSSR), Revised CAP, Corrective action completion report (LUST closure request), Corrective action completion report (alternative groundwater LUST closure request), Other (describe):

UST: UST Closure Report, Baseline Assessment Report, Other (describe):

Release Information

Assigned LUST number (if not available, put the date the release was reported to ADEQ):

Facility Information

ADEQ Facility ID: 0-0 Facility Name:

Facility Street Address:

City: Zip Code: County:

UST Owner Information (if different than Person Responsible for Submitting Document)

Company Name (same as AZ Corp. Commission filing): _____
UST owner/operator ID No: _____ Authorized Individual: Mr. Ms. _____
Mailing Street Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Email: _____

UST Operator Information (if different than Person Responsible for Submitting Document)

Company Name (same as AZ Corp. Commission filing): _____
UST owner/operator ID No: _____ Authorized Individual: Mr. Ms. _____
Mailing Street Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Email: _____

Property Owner Information (if different than Person Responsible for Submitting Document)

Company Name (same as AZ Corp. Commission filing): _____
UST owner/operator ID No: _____ Authorized Individual: Mr. Ms. _____
Mailing Street Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Email: _____

Seal of Arizona Professional Registrant (required for submittals that include professional judgment, design, analysis, or conclusions, including original plans, drawings, maps, plats, reports, written opinions, specifications, and calculations):

Certification Statement of UST Owner, UST Operator, or Property Owner (under A.R.S. § 49-1016.C)

"I hereby certify, under penalty of law, that this submittal and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."

Signature of Authorized Individual

Title

Date