



UST-LUST Section
 1110 West Washington Street
 Phoenix, Arizona 85007
 (602) 771-7604

USTNotificationFormSubmittal@azdeq.gov

ADEQ Use Only
 Facility ID _____
 Owner ID _____
 Operator ID _____
 Reviewer's Initials _____

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

Use this form for UST owner/operator updates only or update to UST status (in use or temporary closure)

1 LEASE INFORMATION			
Is there currently an existing lease at the property? <input type="checkbox"/> Yes (include a redacted copy of lease agreement) <input type="checkbox"/> No			
2 LOCATION OF UNDERGROUND STORAGE TANK (UST) FACILITY			
Facility Name:		Parcel #:	
Street Address:			
City:		County:	Zip Code:
If the facility does not have an address, describe the directions to the facility (from the nearest city, highways, mile markers, roads, etc):			
3 CURRENT UST OWNER INFORMATION		4 CURRENT UST OPERATOR INFORMATION (if different than UST Owner)	
Date of UST owner change:		Date of UST operator change:	
Person or Business Name:		Person or Business Name:	
AZ Corp. Comm. File No. (if applicable):		AZ Corp. Comm. File No. (if applicable):	
Name of Contact Person:		Name of Contact Person:	
Email Address:		Email Address:	
Telephone:	Fax:	Telephone:	Fax:
Mailing Address:		Mailing Address:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
5 TYPE OF UST OWNER			
<input type="checkbox"/> Business Entity	<input type="checkbox"/> Individual	<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> County Government	<input type="checkbox"/> City Government	<input type="checkbox"/> Other _____	
6 PROPERTY OWNER		7 BILLING CONTACT	
<input type="checkbox"/> Same as UST Owner	<input type="checkbox"/> Same as UST Operator	<input type="checkbox"/> Same as UST Owner	<input type="checkbox"/> Same as UST Operator
Person or Business Name:		Person or Business Name:	
Name of Contact Person:		Name of Contact Person:	
Email Address:		Email Address:	
Telephone:	Fax:	Telephone:	Fax:
Mailing Address:		Mailing Address:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
8 PREVIOUS UST OWNER INFORMATION			
Person or Business Name:			
AZ Corp. Commission File No. (if applicable):			
Name of Contact Person:			
Email Address:			
Telephone:		Fax:	
Mailing Address:			
City:	State:	Zip Code:	

9 TYPE OF FACILITY					
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Auto Repair	<input type="checkbox"/> School	<input type="checkbox"/> Hospital		
<input type="checkbox"/> Airport	<input type="checkbox"/> Hangar	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Vacant Land		
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> County Government	<input type="checkbox"/> City Government		
<input type="checkbox"/> Industry/Factory	<input type="checkbox"/> Utility	<input type="checkbox"/> Residential	<input type="checkbox"/> Farm		
<input type="checkbox"/> Other (describe) _____					
10 UNDERGROUND STORAGE TANK SYSTEM					
Description of UST System and Usage Information					
UST Identification Number (ex: 1, 2A, 2B, 3, etc.)					
A) Date of UST Installation					
B) Total Capacity (Gallons)					
11 SUBSTANCE CURRENTLY OR LAST STORED					
Gasoline (Unleaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Premium/Super)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Mid-Grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (No Ethanol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (Leaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethanol Flex Fuel (E_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red/Dyed Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel (type_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel (type_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antifreeze/Ethylene Glycol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance (specify CERCLA Name or CAS Number)					
Other (describe)					
Unidentified/Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 UST STATUS					
UST Identification Number (ex: 1, 2A, 2B, 3, etc.)					
A) Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Temporary Closure of UST System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Temporary Closure					
UST Emptied to Less Than 1 inch of Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release Detection Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Request to Extend Temporary Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	COMMENTS
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14	FINANCIAL RESPONSIBILITY REQUIREMENTS
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<input type="checkbox"/> Financial Test of Self-Insurance	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Local Government Bond Rating Test
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Local Government Financial Test
<input type="checkbox"/> Standby Trust	<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Local Government Guarantee
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Local Government Fund	<input type="checkbox"/> Risk Retention Group
<input type="checkbox"/> Commercial Insurance		
Name of Insurance Company _____		Policy Number _____

15	UST OWNER OR OPERATOR CERTIFICATION
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I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this Notification Form and all attached documents, and that based either on direct knowledge or on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I further certify that I am in compliance with the financial responsibility requirements under 18 AAC 12, Article 3.

Printed Name of UST Owner or Authorized Representative	UST Owner or Authorized Representative Signature	Date Signed

WHO MUST COMPLETE THE NOTIFICATION FOR UNDERGROUND STORAGE TANKS FORM?

Arizona Revised Statutes (A.R.S.), Section 49-1002 requires owners or operators of underground storage tanks (USTs) to notify the Arizona Department of Environmental Quality (ADEQ) of their USTs on a form prescribed by the Department. ADEQ has two forms for this. The Notification for Underground Storage Tanks form (Long Form) must be used to register USTs, and to inform ADEQ of any tank system modifications, such as a change to a method of release detection, or an update to UST status (temporary closure, permanent closure) etc. In the case where tank ownership changes or an update to UST status (in use or temporary closure) , a shorter form may be used: Notification for Underground Storage Tanks Form (Ownership Notification Form). UST owners or operators are now required to notify ADEQ of a newly installed UST system at least thirty (30) days before it is brought into operation. UST owners are required to notify ADEQ of other changes relating to an UST system within thirty (30) days of that change.

The numbers below correspond to the numbered parts on the Short Notification Form.

1 LEASE INFORMATION

Check the box which indicates if there is a lease in effect at the property at which the USTs are located. If yes, submit a copy of the most recent lease with this Notification Form so that ADEQ may verify UST ownership and determine which party *may be responsible for other tank related issues at the property*. Financial and other confidential information on the lease may be redacted.

2 LOCATION

This information should describe where the tanks are located and should include the facility name, if applicable, property address, and parcel number.

3 CURRENT UST OWNER INFORMATION

The tank owner must be identified in this Section. Include the UST owner's name (individual, corporation, government agency, etc.), name of contact person, current mailing address, email address, telephone & fax number, etc.

If the UST owner is a corporation, then the UST owner name must match information provided on the Arizona Corporation Commission (ACC) Website.

Please note that the UST owner is not always the same as the property owner. (See part 6 of the Notification form.) An UST owner may be the property owner, or a tenant, subtenant or another entity. For more information, UST owner is defined in A.R.S. § 49-1001.01.

In the event that there is a change in UST ownership, the seller must notify the new UST owner that an amended Notification Form must be submitted to ADEQ.

4 CURRENT UST OPERATOR INFORMATION

The UST operator must be identified in this Section if different from the owner. The operator is the person in control of, or having responsibility for, the day-to-day operation of an underground storage tank and can be an individual, a business entity or a government agency. Include the UST operator's name, the name of contact person, current mailing address, email address, telephone & fax number, etc. In the event that there is a change in UST operator status, the UST owner or operator must submit an amended Notification Form notifying ADEQ of the change of operator status.

If the UST operator is a corporation, then the UST operator name must match information provided on the Arizona Corporation Commission (ACC) Website.

5 TYPE OF OWNER

Check the box which indicates the type of owner. If not listed, describe the facility type next to 'Other'.

6 PROPERTY OWNER

This is the owner of the land on which the tank or tanks are located.

7 BILLING CONTACT

List this person if ADEQ should send the annual tank fee invoice to someone different than the owner. However, both the owner and operator are responsible for the fee being paid.

8 PREVIOUS UST OWNER

The previous UST owner must be identified in this Section. Include the previous UST owner's name (individual, corporation, government agency, etc.), name of contact person, current mailing address, email address, telephone & fax number, etc.

If the previous UST owner is a corporation, then the previous UST owner name must match information provided on the Arizona Corporation Commission (ACC) Website.

9 TYPE OF FACILITY

Check the box which indicates the type of facility. If not listed, describe the facility type next to 'Other'.

10 UNDERGROUND STORAGE TANK SYSTEM – DESCRIPTION OF UST SYSTEM & USAGE INFORMATION

This section is used to provide pertinent information for each UST system at the facility. The Notification Form provides space for five UST systems; if a facility has more than five UST systems, utilize additional applicable pages in order to provide the pertinent UST system information.

If an UST has been divided into two or more compartments, indicate each number of compartments and what each compartment is storing in separate columns. For compartmentalized UST systems, use a number and letter scheme to identify each compartment; for example 1A, 1B, 2, 3, 4A, 4B.

10A Date of UST Installation – indicate the date that each UST system was installed. For newly installed UST systems, use the final inspection date which appears on the Fire Authority Installation Inspection Report.

10B Total Capacity (Gallons) – Indicate the maximum gallon capacity of each UST; do not provide the amount of regulated substance being stored. For compartmentalized USTs, indicate the maximum gallon capacity for each compartment.

11 SUBSTANCE CURRENTLY OR LAST STORED – Check the box which identifies the regulated substance currently or last stored. For compartmentalized USTs, make sure to check each product stored in each compartment.

12 UST STATUS

12A Currently In Use - If an UST system is currently storing and dispensing regulated product, check the box for each applicable UST.

12B Temporary Closure of UST System (see R18-12-270)– If an UST system has ceased being used on a daily basis but remains in the ground either empty or containing regulated product, check the

temporary closure box for each applicable UST. Provide the date that the UST system was last used on a daily basis in the space labeled 'Date of Temporary Closure'. Be advised that if the UST stores less than 1" of product, release detection is not required. Provide a response to confirm if:

- i. The UST has been emptied to less than 1" of product;
- ii. If release detection is being maintained (if applicable); and
- iii. If cathodic protection is being maintained (if applicable).

12C Temporary closure can be extended beyond one year if the owner requests an extension before 11 months in temporary closure. If an UST system is approaching one year in temporary closure and the UST owner has timely requested extension of temporary closure, check the box for each applicable UST. Note: A Site Assessment is required to be completed in association with the temporary closure request.

13 COMMENTS

This section is optional. You may provide any additional information about the facility.

14 FINANCIAL RESPONSIBILITY REQUIREMENTS

Check the box for the type of financial responsibility (FR) mechanism(s) that is used for the UST system(s). Submit the necessary documentation to demonstrate compliance with FR requirements. The most common FR mechanism used to demonstrate FR compliance is insurance and you may submit a copy of the certificate of insurance with the tank schedule. Please note that ACORDs, Declarations, or Binders are not acceptable forms of financial responsibility. For further information, please contact the WPD Financial Responsibility Coordinator at ustfr@azdeq.gov.

15 OWNER OR OPERATOR CERTIFICATION

This certification statement must be completed for every type of Notification Form submittal. This section is to be signed by the UST owner or Authorized Representative ONLY. No consultant, contractor, convenience store employee, or person other than the UST owner or Authorized Representative is allowed to sign the certification.