



AZ DEPT OF ENVIRONMENTAL QUALITY
 UST COORDINATION UNIT
 1110 WEST WASHINGTON STREET
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UNDERGROUND STORAGE TANK (UST) PERMANENT CLOSURE ASSESSMENT REPORT FORM

1 UST FACILITY INFORMATION

UST Facility Name	UST Facility ID #
Street Address (or Directions if Address Unknown)	County Parcel #
City	County
	Zip Code

2 CONTRACTOR, LABORATORY & CONSULTANT INFORMATION

Contractor		Contact Phone #	
Consultant		Contact Phone #	
UST Service Provider		Contact Phone #	
Laboratory Name		ADHS License #	
Laboratory Contact Name		Contact Phone #	

3 SITE INFORMATION

Number of active* USTs at facility prior to closure or change-in-service (CIS): _____ <small>(*do not include previously closed USTs)</small>
Number of USTs being closed or undergoing CIS: _____
New USTs installed: YES NO
If yes, how many: _____
Installation Date: _____
Depth to Groundwater (if known)
Source: _____
Date: _____

4 SITE PREPARATION

Date and time UST(s) emptied of all product Date: _____ Time: _____
Date and time inerting or purging Date: _____ Time: _____
Method of inerting or purging: _____
Date of closure or CIS: _____
If UST is undergoing CIS, type of inert solid material used Sand Foam Concrete Other: _____

5 DIMENSION OF UST EXCAVATION(S)

Excavation 1 (measurements in feet)	Excavation 3
Length Width Depth	Length Width Depth
Excavation 2	Excavation 4
Length Width Depth	Length Width Depth

6 UST INFORMATION

Total Gallon Capacity	UST - Material of Construction	Contents Stored	Holes in UST (Yes or No)	Holes in Piping (Yes or No)	Proposed Unregulated Substance (for USTs undergoing CIS)

7 VISUAL EXCAVATION ASSESSMENT

Were any of the following conditions observed at the excavation site:

Petroleum Stained Soil:	Yes	No	Evidence of UST Overfill(s):	Yes	No
Petroleum Odor in Soil:	Yes	No	Sheen or Free Product on Water:	Yes	No
Free Product on the Soil:	Yes	No	Water in Excavation: If Yes, Source of the Water:	Yes	No

8 SOIL INVESTIGATION PROCEDURES

- Were all soil samples collected using methanol extraction or EnCore™ subcoreing per the Sampling Guidelines in the [UST Permanent Closure Guidance Document](#)? Yes No
If no, describe why not and the alternative mode used: _____

- Were all soil samples preserved at approximately 4 degrees Centigrade prior to delivery to the laboratory? Yes No If no, explain why not: _____

NOTE – Excavated soil should be tested to determine if it is petroleum-contaminated soil (PCS) that must be disposed properly.

9 SITE PLAN

A site plan to a scale of or about 1 inch = 10 feet including a North arrow must be provided as an attachment to this report form. Do not use an aerial photograph of the facility as the site plan.

Are all USTs, dispensers and associated piping shown on the site plan? Yes No
If no, explain why not: _____

Are all excavations, piping trenches, and stockpiles, including stockpiled PCS, shown on the site plan? Yes No
If no, explain why not: _____

Are all sampling locations and areas of contamination shown on plan? Yes No
If no, explain why not: _____

Are all cross streets and major structures (ex. buildings) near the excavation zones identified on the site plan? Yes No
If no, explain why not: _____

10 EXCAVATED SOIL

If the USTs were removed from the ground, what was done with the excavated soil produced during the removal of the UST?

Soil remains stockpiled on-site

Soil was returned to the tank excavation

The soil was disposed of off-site

Other, please explain: _____

11 QUESTIONS

Are the apparent leaking UST (LUST) area(s) identified in this report not within the jurisdiction of ADEQ's UST Programs?

Unknown

Yes

No

If no or unknown, explain why: _____

Were any of the soil samples referenced in this report collected in previously identified LUST release areas at this facility?

Unknown

Yes

No

If yes or unknown, explain why: _____

12 ADDITIONAL COMMENTS

13 CERTIFICATION STATEMENT

I hereby certify, under penalty of law, that this submittal and all attachments were prepared under my direction and supervision, and that the information submitted is true, accurate, and complete to the best of my knowledge.		
UST Owner or Authorized Agent Signature	Printed Name	Date
Agent's Company Name (if applicable)	Email Address	Phone Number

14 REGISTRANT'S SEAL

When registration is required by the Board of Technical Registration, please affix seal below.
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