



TIME-BARRED CLAIMS PROGRAM APPLICATION

This form is required if you are requesting state funding reimbursement under section 25 of Arizona House Bill (H.B.) 2636 approved in 2015.

Mail or hand-deliver one original and all attachments to the below address:

Attention: Time-barred Claims Program
Arizona Department of Environmental Quality
1110 West Washington Street, Mail Code 4415B-3
Phoenix, AZ 85007

Additionally, please email the excel version of your completed spreadsheets (“TB_TABLES_4.2_5.2”) for items 4.2 (Invoice Ledger) and 5.2 (Technical Summary Tables) to: usttimebarredclaims@azdeq.gov. **Submittal of a complete and accurate excel file in addition to the hard copy may allow for more timely review of your submittal.**

Failure to complete all applicable portions of this packet will result in denial of your submittal.

SECTION 1	<input type="checkbox"/> Facility Information <input type="checkbox"/> Applicant Information/Verification of Authority
SECTION 2	<input type="checkbox"/> 2.1 - LUST Release/Financial Responsibility (FR) Table <input type="checkbox"/> 2.2 - Financial Assurance Mechanism Reference Table <input type="checkbox"/> Documentation of FR at the time of the release <input type="checkbox"/> Documentation of FR for currently operating USTs (if applicable) <input type="checkbox"/> Documentation of any payments or denials from financial assurance mechanism
SECTION 3	<input type="checkbox"/> Facility Funding Summary
SECTION 4	<input type="checkbox"/> 4.1 - Report References <input type="checkbox"/> 4.2 - Invoice Ledger <input type="checkbox"/> 4.3 – Supporting Invoices <input type="checkbox"/> 4.4 - Proof of Payment
SECTION 5	<input type="checkbox"/> 5.1 - Costs per Phase Summary Table <input type="checkbox"/> 5.2 - Technical Summary Tables: <ul style="list-style-type: none"> ○ Site Specific Data ○ ISC - Initial Site Characterization ○ SC - Site Characterization/Risk Evaluation ○ TDI – Remediation Testing/Design/Installation ○ O&M – Remediation Operation and Maintenance ○ GW – Groundwater Monitoring (Monitored Natural Attenuation or non-O&M related) ○ CL – LUST Closure
SECTION 6	<input type="checkbox"/> 6.1 - Applicant Certification Statement <input type="checkbox"/> 6.2 - Primary Service Provider Certification Statement <input type="checkbox"/> 6.3 - Application Preparer Certification Statement



SECTION 1

FACILITY INFORMATION

ADEQ assigned Facility ID Number: 0-00

Facility Name:

Facility Address:

City: State: Zip Code:

APPLICANT INFORMATION

Name of Applicant:

Name of Applicant must match the information provided on the Arizona Corporation Commission (ACC) Website

ACC File Number:

Name/Title of Applicant's Authorized Individual (leave blank if same as above):

Verification of Authority: Please attach documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application.

If that documentation is not available, complete the following:

I am the at and authorize to
(Title of Responsible Officer) (Name of Applicant) (Name of Designee)

act for in applying for eligible funds for the facility identified in this application.
(Name of Applicant)

x x x x
(Signature) (Date)

Applicant Address:

City: State: Zip Code:

Primary Phone: Secondary Phone:

Email:

Check all that apply to Applicant: [] UST Owner [] UST Operator

A. Owner Name (if different from Applicant identified above):

Address:



City: _____ State: _____ Zip Code: _____ Primary Phone: _____

SECTION 1 – CONTINUED:

B. Operator Name (if different from Applicant identified above): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

Was this Application prepared by the Applicant listed above? Yes No

If no, please complete the following:

Preparer Company Name: _____

Preparer Contact Name: _____

Phone: _____ Email: _____

SECTION 2 – FINANCIAL RESPONSIBILITY (FR)

In accordance with House Bill (H.B.) 2636, Section 25(8):

“An owner or operator is not eligible to receive payment from the department of environmental quality unless the owner or operator is in compliance with the financial responsibility obligations under 40 Code of Federal Regulations (C.F.R.) part 280.”

Additionally, under H.B. 2636, Section 25(6), Costs covered by a financial assurance mechanism are not eligible for reimbursement.

2.1 – Financial Assurance Mechanism Reference Table

(For more information on FR requirements, please refer to Arizona Administrative Code (A.A.C.) R18-12-300 through R18-12-323 and 40 C.F.R. § 280, subpart H.)

UST Insurance Coverage	40 C.F.R. § 280.97	A.A.C. R18-12-307
Risk Retention Group Coverage	40 C.F.R. § 280.97	A.A.C. R18-12-307
Financial Test of Self-Insurance	40 C.F.R. § 280.95	A.A.C. R18-12-305
Guarantee	40 C.F.R. § 280.966	A.A.C. R18-12-306
Surety Bond	40 C.F.R. § 280.98	A.A.C. R18-12-308
Letter of Credit	40 C.F.R. § 280.99	A.A.C. R18-12-309
Trust Fund	40 C.F.R. § 280.102	A.A.C. R18-12-312
Standby Trust Fund	40 C.F.R. § 280.103	A.A.C. R18-12-313
Certificate of Deposit	40 C.F.R. § 281.37	A.A.C. R18-12-310
Local Government Bond Rating Test	40 C.F.R. § 280.104	A.A.C. R18-12-314
Local Government Financial Test	40 C.F.R. § 280.105	A.A.C. R18-12-315
Local Government Guarantee	40 C.F.R. § 280.106	A.A.C. R18-12-316

Identify the financial assurance mechanism(s) relied upon for compliance with Arizona Revised Statutes (A.R.S.) 49-1006 (as applicable to the release(s) included in this submittal). *If you need to include more*



information than is available below, please attach a summary that includes the table items.

2.2 - LUST Release/FR Table

(For more information on FR requirements, please refer to Arizona Administrative Code (A.A.C.) R18-12-300 through R18-12-323 and 40 C.F.R. § 280, subpart H.)

ADEQ-assigned LUST Number (first four digits): _____

Release ID No.	Release Reported Date	Release Closure Date	Type of Financial Assurance Mechanism (from table 2.1)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
Primary Phone:			Email:		

Release ID No.	Release Reported Date	Release Closure Date	Type of Financial Assurance Mechanism (from table 2.1)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
Primary Phone:			Email:		

Release ID No.	Release Reported Date	Release Closure Date	Type of Financial Assurance Mechanism (from table 2.1)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
Primary Phone:			Email:		



ADEQ UNDERGROUND STORAGE TANK (UST)
TIME-BARRED CLAIMS PROGRAM APPLICATION FORM

Release ID No.	Release Reported Date	Release Closure Date	Type of Financial Assurance Mechanism (from table 2.1)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
Primary Phone:			Email:		

Release ID No.	Release Reported Date	Release Closure Date	Type of Financial Assurance Mechanism (from table 2.1)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
Primary Phone:			Email:		

SECTION 2 – continued

ATTACH THE FOLLOWING AS APPLICABLE:

- Documentation of the financial assurance mechanism(s) relied upon to demonstrate FR compliance at the time of the release(s)

Examples:

- Certificate of Insurance
- Copy of Insurance Policy

Note: an ACORD does not qualify as proof of FR

Correspondence with Insurance Provider

For financial assurance mechanisms other than UST insurance, provide applicable documentation

- Do you currently own or operate USTs at this facility? Check appropriate answer below:
 - No
 - Yes – if yes, identify the financial assurance mechanism(s) relied upon for compliance with A.R.S. 49-1006. Please fill out the following and attach documentation demonstrating current compliance with FR requirements.

FR Provider Name: _____ Contact Name: _____
 Primary Phone: _____ Email: _____

Tank Number	Type of Financial Assurance Mechanism (from Table 2.1)	FR Policy Number	Effective Date of FR Policy

- Documentation of any payments or denials from your financial assurance provider.

Examples:

- Notice of Claim
- Letter of Acceptance
- Letter of Denial
- Letter indicating Approval in Whole or in Part
- Reservation of Rights Letter



SECTION 3 – FACILITY FUNDING SUMMARY

A. Applicable funding limit per facility based on financial assurance mechanism: \$_____ (A)

\$500,000 (for financial assurance mechanisms other than UST insurance)

OR

\$1,000,000 (if UST insurance was the applicable financial assurance mechanism)

B. Were State cleanup funds previously provided for this facility? **Yes*** **No**

Please verify with spreadsheet available on ADEQ's website.

*If yes, what is the total amount of state funding previously paid? \$_____ (B)

**TO DETERMINE THE REMAINING MAXIMUM POTENTIAL FUNDING AVAILABLE,
PLEASE CALCULATE THE FOLLOWING:**

(Total Amount from Line Item A) – (Total Amount from Line Item B) =

Remaining maximum potential funding for facility \$_____

Amount requested for reimbursement on this application: \$_____

(Note: the requested amount cannot exceed the remaining maximum potential funding for facility as calculated above.)

A maximum of 90% of this amount is eligible for reimbursement = \$ _____)



SECTION 4

4.1 - REPORT REFERENCE TABLE

To complete this section, you are required to provide information that links the invoices supporting the corrective action costs for which you are requesting reimbursement to documents on file with ADEQ that describe the corrective actions. The report reference table (4.1) identifies the regulatory reports submitted to ADEQ to document corrective actions. Use the report reference number below on the invoice ledger to identify which invoices are associated with the work documented in the referenced report.

Report Reference Number	Report Date	Report Name	Name of Consulting Firm	Date Report Submitted to ADEQ
1				
2				
3				
4				
5				
6				
7				



4.3 – SUPPORTING INVOICES

ATTACH DOCUMENTATION TO SUPPORT COSTS IDENTIFIED ON THE INVOICE LEDGER (4.2). Documentation must include invoices and receipts from your primary service provider as well as their subcontractors. Invoice detail should include: labor, expenses, and equipment.

4.4 – PROOF OF PAYMENT

ATTACH DOCUMENTATION TO SUPPORT COSTS IDENTIFIED ON THE INVOICE LEDGER (4.2).

Acceptable Documentation includes:

Copies of Cancelled Checks

Bank Statements

Invoice numbers must be referenced with each proof of payment document

Note - if any costs were paid by a Financial Assurance Mechanism, they are not eligible for reimbursement.

SECTION 5

Completion of the applicable tables provided in this section will be used in screening models to evaluate the activities and costs in this claim. Complete and accurate information will facilitate and expedite the processing of both the Financial and Technical evaluations.

5.1 – COST PER PHASE SUMMARY TABLE

Phase of Corrective Action for Which Costs are Being Requested in this Submittal	Referenced Phase Includes:	Does this Application Include All Costs Associated with the Phase of Work Identified Below? "Yes" or "No"	If known, total cost per phase	
			Costs included in this Application:	Costs submitted prior to July 1, 2010:
ISC - Initial Site Characterization	Initial Response Initial Abatement Initial Site Assessment Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SC - Site Characterization/Risk Evaluation	Site Characterization Risk Evaluation Risk Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TDI – Remediation Testing/Design/Installation	Remedial System Pilot Testing Remedial System Design Remedial System Installation Corrective Action Plan Remedial Excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
O&M – Remediation Operation and Maintenance	Active Remediation Remedial System Monitoring and Testing Groundwater Monitoring to evaluate system effectiveness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
GW - Groundwater Monitoring (Monitored Natural Attenuation or non-O&M related)	Groundwater monitoring that is not associated with active remediation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CL – LUST Closure	Release closure activities including: confirmation soil sampling, well abandonment, system decommissioning, site restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		

5.2 – TECHNICAL SUMMARY TABLES:

- Site Specific Data
- ISC - Initial Site Characterization
- SC - Site Characterization/Risk Evaluation
- TDI – Remediation Testing/Design/Installation
- O&M – Remediation Operation and Maintenance
- GW – Groundwater Monitoring (Monitored Natural Attenuation or non-O&M related)
- CL – LUST Closure

Insert applicable technical summary tables from excel spreadsheet “TB_TABLES_4.2_5.2” available at www.azdeq.gov

Applications received without table 5.2 will not be considered complete.

Note: submittal of the application tables as excel files may expedite review of your application. We encourage you to email the excel version of completed tables to: usttimebarredclaims@azdeq.gov. For electronic submittals, follow these specifications for naming the file: naming must start with “TB”, “LUST”, the four digit LUST number, and the Applicant Name² (or initials) as shown: **TB_LUST_1234_ApplicantName**

If you believe additional site-specific information directly related to the completion of this section are necessary for the technical evaluator to consider with respect to table 5.2, please attach to the submittal and identify which items within the table may be impacted by this information.

² If the applicant is an individual - please provide the last name or initials of the individual. If the applicant is a company – please provide the name or initials of the company.



SECTION 6

6.1 - APPLICANT CERTIFICATION STATEMENT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual verified in Section 1. This certification statement, signatures and notarization must all be on the same page. All signatures must be original. Reproduced or copied signatures will not be accepted.

Applicant Certification:

“Under penalty of perjury, I hereby certify that I have reviewed the attached invoices in the total amount of \$ _____, and, to the best of my knowledge, information, and belief:

All facts and statements set forth in this application are true and correct;

The financial responsibility requirements under A.R.S. § 49-1006 for the release(s) included in this submittal were met by me or by a previous owner at the time of the release.

All costs submitted with this application are based directly on the actual performance of the eligible activities that are the subject of this application and represent the actual costs that were incurred by me, or by a previous owner and assigned to me, for performance of the eligible activities;

None of the costs claimed in this submittal have been previously paid by or submitted to the Department for payment or reimbursement;

I, or my consultant, representative, or any previous owner, have not been reimbursed by insurance or another financial responsibility mechanism for the corrective actions that are the subject of this application.”

Signature of Applicant/Authorized Individual

Printed Name

Relationship to Applicant (if applicable)

Sworn to and subscribed this: ___ day of _____, 20__

Notary Public Signature

My commission expires
County of _____, State of ____



6.2 –PRIMARY SERVICE PROVIDER CERTIFICATION STATEMENT

A separate certification statement, in its entire ADEQ prescribed form, must be signed by each primary service provider available. All signatures must be original and notarized. Reproduced or copied signatures will not be accepted. This certification statement, signatures and notarization must all be on the same page.

Company Name: _____

Individual Name: _____

AZ professional registration is required. Certification/Registration No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Primary Service Provider Certification:

“I, the Primary Service Provider, hereby declare under penalty of perjury that I was responsible for the management and supervision of the corrective actions included in this application. I affirm that the included activities were conducted in accordance with A.R.S. § 49-1005 and 18 A.A.C. 12, Article 2. To the best of my knowledge, information and belief, all costs submitted for my company are based directly on the actual performance of the eligible activities and represent the actual costs that were incurred. I further declare under penalty of perjury that I/my organization received payment from the above applicant as evidenced by the documents attached to this application, in the amount stated, and consistent with the attached invoices.”

Signature

Printed Name/Title

Company Name

Sworn to and subscribed this: ____ day of _____, 20__

Notary Public Signature

My commission expires
County of _____, State of ____



6.3 - APPLICATION PREPARER CERTIFICATION STATEMENT

This certification statement, in its entire ADEQ prescribed form, must be signed by the person who prepared this application. All signatures must be original and notarized. Reproduced or copied signatures will not be accepted. This certification statement, signatures and notarization must all be on the same page.

Company Name: _____

Individual Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Application Preparer Certification:

“I hereby declare under penalty of perjury that I prepared this application for the applicant, and that to the best of my knowledge, information and belief, the statements and costs set forth in this application are true and accurate. Where the statements and costs in this application originate from work of any primary service provider who has not independently affirmed their truth and accuracy in this application form, I declare, to the best of my knowledge, information and belief, that all invoices submitted from other service providers with this Application result directly from the actual performance of the eligible activities that are the subject of this Application and represent the actual costs incurred for performance of such eligible activities.”

Signature

Printed Name/Title

Company Name

Sworn to and subscribed this: ____ day of _____, 20__

Notary Public Signature

My commission expires
County of _____, State of ____