

Arizona Department of Environmental Quality
 UST Inspections and Compliance Unit
 3033 North Central Avenue
 Phoenix, Arizona 85012
 (602)-207-4255
 In-State toll-free (800) 234-5677 ext. 4255



NOTIFICATION OF UPGRADING UNDERGROUND STORAGE TANKS

1. FACILITY INFORMATION

Facility Number _____ Facility Name _____
 Facility Address _____ City _____ State _____ Zip Code _____

2. CORROSION PROTECTION INFORMATION

A. TANK SYSTEM INFORMATION

Tank	Size(gal)	Product	Material of Construction		Interior Lining Applied	Cathodic Protection					Piping Dimensions * Length (ft), Dia (in)	
			Existing			Tank	Piping	Flex	Connectors			
			Tank	Piping					IC**	Gal†		IC Gal
1	_____	_____	_____	_____	<input type="checkbox"/>	_____						
2	_____	_____	_____	_____	<input type="checkbox"/>	_____						
3	_____	_____	_____	_____	<input type="checkbox"/>	_____						
4	_____	_____	_____	_____	<input type="checkbox"/>	_____						
5	_____	_____	_____	_____	<input type="checkbox"/>	_____						

* Answer only if cathodically protected. **Impressed Current. † Galvanic.

B. TANK ASSESSMENT METHOD

Internal Inspection Video Camera Robot Statistical Analysis Other Methods , Specify _____
 ADEQ Method or Procedure Certification Number (Not Applicable for Internal Inspection) _____

C. CATHODIC PROTECTION (if applicable)

Soil Resistivity (Ohm-cm) _____ Current Requirement (Amperes) _____ Coating Efficiency (%) _____ Design Life(yrs) _____
 Anode Material _____ Anode Diameter (in) _____ Anode Length (in) _____ Anode Weight(lb) _____
 Backfill Type _____ Backfill Diameter (in) _____ Backfill Length (in) _____ Backfill Weight (lb) _____
 Number of Anodes _____ Anode Current Density (Amperes/ft²) _____ Anode Position: Horizontal Vertical
 Anode Groundbed: Conventional Deep Distributed
 Wire Size (AWG, (MCM)) _____ Wire Length (ft) _____ Wire Resistance (Ohms/1000ft) _____
 Shape Function _____ Paralleling Factor _____ Total Resistance (Ohms) _____
 Rectifier Voltage Rating (Volts) _____ Rectifier Current Rating (Amperes) _____ Standards or Codes of Practice Used _____
 Installer's Name _____ ADEQ Certification Number _____
 Corrosion Expert's Name _____ Company Name _____ Telephone Number _____
 NACE International Category of Licensing _____ and License Number _____

OR

Continued

Arizona Professional Engineer* Category of Licensing _____ and License Number _____

* Professional engineers, other than professional metallurgical engineers under R4-30-221 (A)(12), must include certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks.

CORROSION EXPERT CERTIFICATION

I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this and all attached documents regarding the design of the cathodic protection system and that the submitted information is true, accurate and complete.

Signature: _____

Date: _____

D. INTERIOR LINING (if applicable)

Product Manufacturer _____ Name of Material _____ LOT Number _____

Model Number _____ Standards or Codes of Practice Used _____

Full White Metal Blast (mils) _____ Reinforcing Plates Installed (Y/N) _____ Total Product Used (gal) _____

Maximum Thickness (mils) _____ Minimum Thickness (mils) _____ Full Holiday Test Passed (Y/N) _____

Number of Holes _____ Number of Welding Cracks _____

Company Name _____ Certified Installer's Name _____

INTERIOR LINER CERTIFICATION

I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this and all attached documents regarding the installation of interior lining and that the submitted information is true, accurate and complete. I understand that any false or misleading information may result in revocation of my certification.

Signature: _____

ADEQ Certification Number: _____

Date: _____

3. SPILL AND OVERFILL PREVENTION EQUIPMENT AND PIPING REPLACEMENT INFORMATION

Tank	Spill Device Size (Gallons)	Overfill Device Type and Activation Level (90% , 95%)	If Piping is Replaced Provide Material of Construction
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Company Name _____ Certified Installer's Name _____

INSTALLER CERTIFICATION

I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this and all attached documents regarding the installation of spill and overfill devices and the replacement of piping if indicated above and that the submitted information is true, accurate and complete. I understand that any false or misleading information may result in revocation of my certification.

Signature: _____

ADEQ Certification Number: _____

Date: _____

For Facilities with more than five USTs, submit additional forms completing only sections 1, 2A, and 3.