

UST FACILITY MEETING REQUEST FORM

If you would like to request a facility meeting with ADEQ UST and/or Corrective Action staff, please provide the following information:

Today's Date: _____

Your Name: _____ Phone Number: _____

Email Address: _____

Your Role (check all that apply): ☐ owner ☐ operator ☐ property owner

Signature of Individual requesting meeting: _____

****Responsible Party's (RP) or Individual employed in RP's Company/Corporation and/or RP's Legal Representation****

Role relative to UST Owner, Operator or Property Owner, RP: _____

ADEQ-assigned underground storage tank (UST) facility identification number(s): 0-0 _____

ADEQ-assigned leaking UST (LUST) number(s): _____

Do you plan on having an attorney attend? ☐ no ☐ yes *If yes, please provide attorney's name, phone number and email address: _____

Do you plan on having an environmental professional attend? ☐ no ☐ yes *If yes, please provide professional's name, phone number and email address: _____

Reason for meeting request

(Identify all that are applicable -if additional space is needed, please attach on another page):

UST (New)

- ☐ New UST owner/operator – I would like to discuss regulatory requirements
☐ New UST owner/operator – I would like to discuss financial responsibility requirements
☐ New UST owner/operator – I would like to discuss (describe):

(Ongoing)

- ☐ Operating UST system – I would like to discuss regulatory requirements *if there are specific requirements you would like to discuss, please identify them:

- ☐ Operating UST system – I believe my system may be leaking and would like to discuss
☐ Operating UST system – I would like to discuss change in source
☐ Operating UST system – I would like to discuss how to bring my UST system back into service
☐ Operating UST system – I would like to discuss how to temporarily or permanently close my UST system
☐ Operating UST system – I would like to discuss financial responsibility requirements

LUST

- ☐ LUST Release – I would like to discuss regulatory requirements and current conceptual site model (CSM): Attach current CSM data information if available
- ☐ LUST Release – I would like to discuss a release and clean up options for my site
- ☐ LUST Release – I would like to learn more about the State Lead program
- ☐ LUST Release – I would like to discuss closure options ☐ Tier 1 ☐ Risk-Based Closure
- ☐ LUST Release – I would like to discuss (describe):

Program staff you would like available:

- ☐ UST Inspections and Compliance ☐ UST Financial Responsibility
- ☐ LUST Corrective Actions ☐ LUST State Lead program (Corrective Actions)
- ☐ LUST Enforcement Program

Unless otherwise agreed upon, meetings will be held at: 1110 W. Washington St., Phoenix, AZ in Conference Room 1010B. We will send you a time and date.

☐ Requesting Teleconference

Please list attendees below:

Name	Firm/Role	Email	If Attending Telephonically (please provide phone number)

****It is the requestor's responsibility to inform all attendees of the meeting date and time****

Please email or fax this form back to Margaret Frantz, ADEQ, Waste Programs Division, UST Corrective Action Section, email Frantz.margaret@azdeq.gov, fax number (602) 771-4246.