

# ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

## Underground Storage Tank Program

1110 West Washington Street, Phoenix, Arizona 85007  
(602) 771-4316 ♦ (800) 234-5677, extension 771-4316



**STATE USE ONLY**

Facility ID No \_\_\_\_\_  
 Owner ID No \_\_\_\_\_  
 Reviewer/s Initial \_\_\_\_\_  
 Data Entry Initial \_\_\_\_\_  
 Date Entered \_\_\_\_\_

### NOTIFICATION FOR UNDERGROUND STORAGE TANKS FORM

(PLEASE TYPE OR PRINT IN BLACK INK)

**1a. TYPE OF NOTIFICATION** (Please check one box and describe the specific reason(s) for this Notification in 1b)

New Facility
  Amendment of Previous Notification
  Closure at a Facility

**1b. DESCRIBE** (e.g. change of contact info, address change, etc.):

**2. OWNERSHIP INFORMATION** (Mark as appropriate)

UST Owner
  Property Owner
  Other  
 Date became UST Owner: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone/Fax Number/Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. OPERATOR INFORMATION**

Date became UST Operator: \_\_\_\_\_

Person or Business Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone/Fax Number/Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<sup>1</sup> If you are not the "Tank Owner" or "Property Owner" but hold "Indicia of Ownership" or a "Fiduciary" pursuant to Arizona Revised Statutes (A.R.S.) § 49-1001.01, mark "Other" in Part 2 and describe the type of relationship to the UST(s) in Part 5.

**4. LOCATION OF UNDERGROUND STORAGE TANKS (UST) FACILITY (physical location)**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City		Arizona (ZIP)	Parcel No.			
County		Township	Range		Section	
Latitude	(°)   (')	(")	Longitude	(°)	(')	(")

Contact Person's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Direction to the Facility: (from the nearest city, roads, streets, highways):

**5. TYPE OF OWNER (mark all that apply)**

COMMERCIAL
  FEDERAL GOVERNMENT
  INDIAN COUNTRY
  LOCAL GOVERNMENT  
 PRIVATE
  STATE GOVERNMENT
  OTHER (please describe) \_\_\_\_\_

**6. TYPE OF FACILITY (mark all that apply)**

AIRPORT
  FARM
  GAS STATION
  HOSPITAL  
 INDUSTRY/FACTORY
  LOCAL GOVERNMENT
  PETROLEUM DISTRIBUTOR  
 RESIDENTIAL
  RAILROAD
  UTILITY  
 OTHER (Please Specify) \_\_\_\_\_

**7. FINANCIAL RESPONSIBILITY REQUIREMENTS<sup>2</sup>** - Mark the boxes which describe the financial assurance mechanisms used.

COMMERCIAL INSURANCE
  GUARANTEE
  LETTER OF CREDIT
  RISK RETENTION GROUP
  SELF-INSURANCE  
 SURETY BOND
  TRUST FUND
  OTHER METHOD ALLOWED (specify): \_\_\_\_\_

<sup>2</sup> Submit necessary documentation in support of the financial assurance indicated above.

<b>8. UNDERGROUND STORAGE TANK SYSTEM</b>							
Description of system and usage information							
TANK IDENTIFICATION NUMBER (e.g. 1, 2, 3, etc.)							
a) Number of compartments in tank							
b) Date of tank installation							
c) Date tank was placed in operation							
d) Total capacity (gallons)							
e) Substance currently or last stored							
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygenated Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-85	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antifreeze/Ethylene Glycol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown							
<b>9. TANK</b>							
Material and structural arrangement (mark all that apply)							
a. Steel Tank:	Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fiberglass Tank:	Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Composite (steel/fiberglass)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unknown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. TANK CORROSION PROTECTION</b>							
(Mark all that apply if corrosion protection needed)							
	Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of Cathodic Protection (Indicate if Sacrificial Anode or Impressed Current)						
	Dates Installed						
	Lined interior (for upgraded UST Systems only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dates Lined						
	Polyethylene tank jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Additional corrosion protection not required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If tank was repaired, indicate date of last repair						

<b>11.</b>	<b>PRODUCT PIPING</b>											
	Material and construction type (mark all that apply)											
Tank Identification Number from Section 8												
a. Fiberglass reinforced plastic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Steel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Flexible Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (please specify)												
<b>12.</b>	<b>PRODUCT PIPING</b>											
	Application type (mark only one)											
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction – check valve at the dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction – check valve at the tank top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction - foot valve inside the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If piping was repaired, indicate date of last repair												
<b>13.</b>	<b>RELEASE DETECTION OF TANKS/PIPING</b>											
	(mark all that apply)											
Tank Identification Number from Section 8												
	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe
Manual tank gauging (tanks of 550 gallons or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing with manual gauging (tanks of 550 through 2000 gallons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing with inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring (double-walled tank/piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring (secondary containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify other methods allowed by ADEQ (e.g. SIR)												
EMERGENCY GENERATOR (Mark box if tank stores fuel solely for use by an emergency power generator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**16. INSTALLATION INFORMATION & CERTIFICATION**

(to be completed by ADEQ-certified Service Provider)

Tank Identification Number from Section 8						
<b>a) Installation (mark all that apply)</b>						
(1) Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Installation inspected by an ADEQ-certified installer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Another method allowed by ADEQ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) Spill and Overfill protection</b>						
(1) Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed						
(2) Type of Overfill device installed						
Overfill Activation Level						
Date installed						
<b>c) Release Detection installed</b>						
Date installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) Corrosion Protection (CP) installed</b>						
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Impressed Current (IC)	Tank (T), Piping (P),	T/P/FC	T/P/FC	T/P/FC	T/P/FC	T/P/FC
Sacrificial Anode (SA)	Flexible Connector (FC)	IC/SA	IC/SA	IC/SA	IC/SA	IC/SA
Date Installed						

**CERTIFICATION:** I certify under penalty of State law that the information contained in this section is true to the best of my belief and knowledge.

INSTALLER  
 VERIFIER  
 SPILL PROTECTION  
 OVERFILL PROTECTION  
 CORROSION PROTECTION  
 I am a Tank Service Provider Certified by ADEQ. My ADEQ Certification No. is: \_\_\_\_\_ Expires On: \_\_\_\_\_

Signature		Title		Date	
Name		Company Name			

INSTALLER  
 VERIFIER  
 SPILL PROTECTION  
 OVERFILL PROTECTION  
 CORROSION PROTECTION  
 I am a Tank Service Provider Certified by ADEQ. My ADEQ Certification No. is: \_\_\_\_\_ Expires On: \_\_\_\_\_

Signature		Title		Date	
Name		Company Name			

INSTALLER  
 VERIFIER  
 SPILL PROTECTION  
 OVERFILL PROTECTION  
 CORROSION PROTECTION  
 I am a Tank Service Provider Certified by ADEQ. My ADEQ Certification No. is: \_\_\_\_\_ Expires On: \_\_\_\_\_

Signature		Title		Date	
Name		Company			

NOTE: Arizona Revised Statutes (A.R.S.), Title 49, Chapter 6, Section 49-1002 requires owners of underground storage tanks (USTs) to notify the Arizona Department of Environmental Quality (ADEQ) of their USTs on forms prescribed by the Department. The Notification for Underground Storage Tank Form is designed to serve two purposes: 1) To register the USTs located at a specific facility, and 2) To inform ADEQ of any changes (amendments) at an UST facility, (e.g. installation, closure, method of release detection, change in ownership or change-in-service). Owners and operators of USTs are required to notify ADEQ of all changes at a facility within thirty (30) days of that change.

PENALTIES: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000.00 for each tank for which notification is not given or for which false information is submitted.

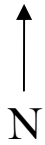
17.

### MAP AND DIAGRAM OF THE UST LOCATION

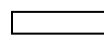







Draw or attach a site map. Include buildings and major cross streets around the facility where the UST system is located. If there are no major streets/roads near the facility (e.g. in a rural area), show the direction to the facility and approximate distance from the nearest street/road/highway or any other landmark.

Facility street address: \_\_\_\_\_ City: \_\_\_\_\_ Arizona \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Directions to the facility (in rural locations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LEGEND:** Use all symbols that apply

- |  |  |  |  |  |
|--|--|--|--|--|
|  Tank           |  Piping                           |  Fill Tube        |  Dispensers   |  Groundwater Monitoring |
|  Manway to Sump |  Manway to Automatic Tank Gauging |  Vapor Monitoring |  Vent Lines |  |