

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
UNDERGROUND STORAGE TANK PROGRAM

## Periodic Site Status Report

<b>DATE FORM COMPLETED:</b> _____(mm/dd/yy) Site classification form attached?            yes    no Required attachments submitted?        yes    no    NA	<b>ADEQ use only</b> Date Received: _____
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**FACILITY ID:**   0-00              **LUST NUMBER:** \_\_\_\_\_            **OTHER LUST(S) AT FACILITY:** \_\_\_\_\_

1. Has the ADEQ approved the site characterization report for the subject release?             YES     NO  
 If you checked "yes" include date of ADEQ approval and proceed to #2 below.            DATE: \_\_\_\_\_  
 If you checked "no" stop here, corrective action status information is not required at this time.

2. Has a corrective action plan (CAP) been requested?             YES     NO  
 If you checked "no" proceed to #3 below.  
 If you checked "yes" are you proceeding with remedial corrective actions prior to CAP approval?             YES     NO  
 If you are proceeding, include date ADEQ was notified in accordance with A.A.C. R18-12-263.02(E)            DATE: \_\_\_\_\_

3. Type(s) of remedial corrective action technology currently being performed. For each system in use, enter the date the system became operational.

Soil	Date	Groundwater	Date
Over-excavation		Natural attenuation (monitored)	
Vapor extraction		Air sparging	
Thermal desorption		Extract and treat	
Bioremediation		Free product recovery	
Land farming (on site)		Bioremediation	
Other (describe below)		Other (describe below)	

If "Other" please describe (include dates the systems became operational - attach additional pages as necessary):

4. Provide the results of monitoring and laboratory analysis of collected samples for each contaminated medium received since the last report was submitted to the Department. Please also include a short narrative summarizing this information, and the purpose/rationale of this investigation. Please also provide a summary of any findings of this investigation.

5. For each of the remedial corrective action technologies checked in #3 above, attach any monitoring and laboratory results collected since submittal of the last status report form.

6. For the remedial corrective action technologies checked in #3 above, attach a site plan showing their locations and any monitoring and sample collection locations, if not previously submitted.

7. Check the time frame that most accurately estimates when the response activities, including remediation and verification monitoring, will demonstrate that the concentration of each chemical of concern is projected to be at or below the applicable corrective action standard.

If 0 - 2 years, estimated year complete: \_\_\_\_\_   
  2 - 5 years   
  5 - 10 years   
  greater than 10 years

8. Attach the *LUST Site Classification Form* as required and described under R18-12-261.01.

If you have any questions regarding this form, contact the UST Help Desk at (602) 771-4303, or toll free within Arizona at 800-234-5677 extension 4303.