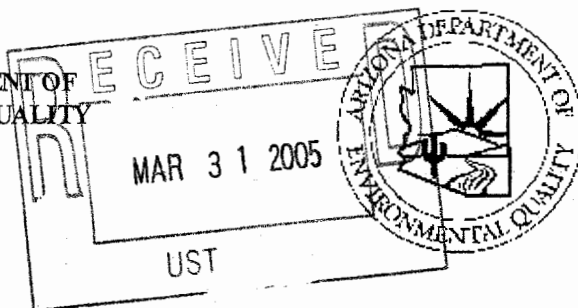


ARIZONA DEPARTMENT OF
ENVIRONMENTAL QUALITY

UST Section
1110 W. Washington St.
Phoenix, AZ 85007
(602) 771-4255
In-state toll-free (800) 234-5677



State Use Only

Fac.# 10052 Owner I.D. 8126
Reviewer's Initials: MA
REF#: 05-0005121
FAC#: _____ INITIALS: _____
Date Received: _____

NOTIFICATION FOR UNDERGROUND STORAGE TANKS FORM

Please type or print in black ink

Revised: April 2003

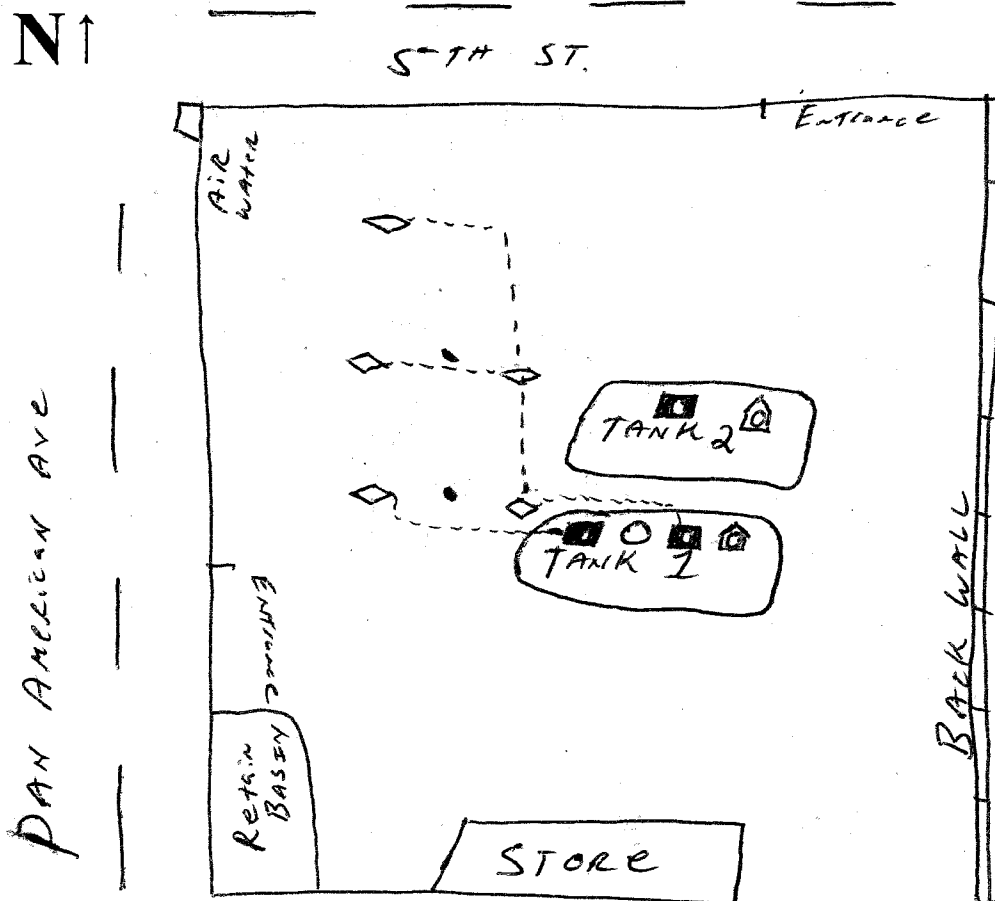
1. TYPE OF NOTIFICATION (Please check one)								
☒ a. New Facility	☐ b. Amendment to an Existing Facility	☐ c. Closure at a Facility						
2. OWNERSHIP OF TANK(S)		3. OPERATOR OF TANK(S)						
Owner Name <u>FERNANDEZ HOLDINGS LLC</u>		Corporation or Business Name <u>CF Enterprises INC</u>						
Mailing Address <u>P.O. Box 1175</u>		Contact Person <u>Carlos Fernandez</u>						
City <u>Douglas</u>		Job Title <u>Owner</u>						
State <u>AZ</u>		Mailing Address <u>P.O. Box 1175</u>						
Zip Code <u>85608</u>		City <u>Douglas</u>						
County <u>Cochise</u>		State <u>AZ</u>						
Telephone Number (include Area Code) <u>520-364-8500</u>		Zip Code <u>85608</u>						
Telephone Number (include Area Code) <u>520-364-8500</u>		Telephone Number (include Area Code) <u>520-364-8500</u>						
4. LOCATION OF TANK(S) (P.O. Boxes NOT acceptable)								
Facility Name & Company Site I.D. (if applicable)								
<u>ARIZONA Fuel</u>								
Parcel Number								
<u>461 Pan American Ave</u>								
Physical Address (P.O. Box numbers NOT acceptable)								
<u>Douglas</u>								
<u>AZ</u>								
<u>85607</u>								
City								
<u>Cochise</u>								
State								
Zip Code								
County								
5. TYPE OF OWNER (Mark all that apply)								
<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"> ☐ Federal Government </td> <td style="width: 33%; text-align: center;"> ☐ State Government </td> </tr> <tr> <td style="text-align: center;"> ☐ Local Government (i.e., City, County, Public Schools) </td> <td style="text-align: center;"> ☐ Commercial </td> </tr> <tr> <td style="text-align: center;"> ☒ Private </td> <td style="text-align: center;"> ☐ Indian Country (Within boundaries of Indian Country) </td> </tr> </table>			☐ Federal Government	☐ State Government	☐ Local Government (i.e., City, County, Public Schools)	☐ Commercial	☒ Private	☐ Indian Country (Within boundaries of Indian Country)
☐ Federal Government	☐ State Government							
☐ Local Government (i.e., City, County, Public Schools)	☐ Commercial							
☒ Private	☐ Indian Country (Within boundaries of Indian Country)							
6. TYPE OF FACILITY (Mark all that apply)								
☒ Gas Station	☐ Railroad	☐ Trucking/Transport						
☐ Petroleum Distributor	☐ Federal: Non-Military	☐ Farm*						
☐ Air Taxi (Airline)	☐ Federal: Military	☐ Residential*						
☐ Utilities	☐ Industrial	☐ Other (explain):						
☐ Automobile Dealership	☐ Contractor							

*Please check Glossary in Instruction Manual to determine if tanks are required to be registered

7. FINANCIAL RESPONSIBILITY REQUIREMENTS - Mark the boxes which describe the financial assurance mechanism being used to satisfy responsibility requirements.

☐	Self Insurance	☐	Guarantee	☐	State Assurance Fund
☒	Commercial Insurance	☐	Surety Bond	☐	Trust Fund
☐	Risk Retention Group	☐	Letter of Credit	☐	Other Method Allowed (specify):

8. MAP AND DIAGRAM - Be sure to include buildings and cross streets in the facility drawing.



Legend - Use all symbols that apply

- | | | |
|--------------|---|----------------|
| ○ Fill Tubes | ■ Manway to Suction Pump | - - - - = pipe |
| ● Vent Lines | ▲ Vapor Monitoring Wells | |
| ◆ Dispensers | * Groundwater Monitoring Wells | |
| Piping | △ Manway to Automatic Tank Gauging | |
| Tank | Manway to Submersible Pump and Line Leak Detector | |
- (Tank numbering must match with Sections 9 & 10)

9. DESCRIPTION OF UNDERGROUND STORAGE TANK(S)

Tank Identification Number

(Assign sequential numbers, e.g., 1, 2, 3,...)

Tank No. 1

Tank No. 2

Tank No. _____

Tank No. _____

Tank No. _____

a) Date of Installation

b) Total Gallon Capacity

c) Substance Currently or Last Stored:

Gasoline

☒
☒
☐
☐
☐

Diesel

☒
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Kerosene

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Heating Oil

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Used Oil

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New Oil

☐
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Other (please specify)

☐
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Hazardous Substance

☐
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☐

CERCLA Name and/or

☐
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☐

CAS Number

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Mixture of Substances

☐
☐
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☐
☐

Please specify

☐
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d) Material of Construction (Tank)

Mark all that apply

Asphalt-coated or Bare Steel

☐
☐
☐
☐
☐

Cathodically Protected Steel

☐
☐
☐
☐
☐

Epoxy-coated Steel

☐
☐
☐
☐
☐

Composite (Steel with Fiberglass)

☐
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☐
☐
☐

Fiberglass Reinforced Plastic

☒
☒
☐
☐
☐

Lined Interior

☐
☐
☐
☐
☐

Double-Walled

☐
☐
☐
☐
☐

Polyethylene Tank Jacket

☐
☐
☐
☐
☐

Concrete

☐
☐
☐
☐
☐

Excavation Liner

☐
☐
☐
☐
☐

Unknown

☐
☐
☐
☐
☐

If not listed, please describe tank construction

☐
☐
☐
☐
☐

If tank has been repaired, indicate date of repair

☐
☐
☐
☐
☐

9. DESCRIPTION OF UNDERGROUND STORAGE TANK(S)

Tank Identification Number

(Assign sequential numbers, e.g., 1, 2, 3,...)

Tank No. 1

Tank No. 2

Tank No. _____

Tank No. _____

Tank No. _____

e) Material of Construction (Product Piping)

Mark all that apply

Bare Steel
Galvanized Steel
Fiberglass Reinforced Plastic
Copper
Cathodically Protected
Double Walled
Secondary Containment
Unknown

Other (please specify) _____

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f) Product Piping Type

Mark only one

Suction: No check valve at tank
Suction: Check valve at tank
Gravity Feed
Pressure

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Is manway to submersible pump sealed and/or bolted?

☒ Yes

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

If piping has been repaired, indicate date of repair _____

g) Release Detection

Mark all that apply

Manual Tank Gauging
(Only tanks of 550 gallons or less)
Tank Tightness Testing with Manual Tank Gauging
(Only tanks of 551 through 2,000 gallons)
Tank Tightness Testing with Inventory Controls
Automatic Tank Gauging
Vapor Monitoring
Groundwater Monitoring
Interstitial Monitoring (double walled tank/piping)
Interstitial Monitoring (secondary containment)
Automatic Line Leak Detectors
Line Tightness Testing
Other method allowed by ADEQ

Please Specify _____

Tank

Piping

Tank

Piping

Tank

Piping

Tank

Piping

Tank

Piping

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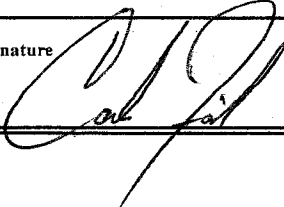
h) Emergency Generator

Mark box if tank is connected to an
Emergency Generator

☐
☐
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10. STATUS OF TANK(S)											
Tank Identification Number (Assign sequential numbers, e.g., 1, 2, 3....)		Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. _____		Tank No. _____		Tank No. _____	
a) Currently in Use		☒		☒		☐		☐		☐	
b) Temporary Closure of Tank		☐		☐		☐		☐		☐	
(1) Date of temporary tank closure _____											
(2) Request to extend temporary closure period beyond 12 months		☐		☐		☐		☐		☐	
Site assessment completed to extend temporary closure period? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
c) Permanent Closure of Tank		☐		☐		☐		☐		☐	
Date the tank was last used	_____										
Date of closure by removal from ground	_____										
Date of closure in ground	_____										
Specify Inert Material Used for In-Ground Closure	_____										
Closure site assessment completed? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
d) Change-in-Service		☐		☐		☐		☐		☐	
Date of change-in-service	_____										
Closure site assessment completed? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
e) Evidence of Release (leak)? (Indicate yes or no with checkmark)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

The space below is provided for your comments:

11. 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 and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		
Name and Official Title of Owner or Owner's Authorized Representative (print please)	Signature	Date Signed
CARLOS FERNANDEZ / OWNER		3-28-05

12. TANK INSTALLATION OR UPGRADE CERTIFICATION (To be completed by Installer)

Tank Identification Number (Assign sequential numbers, e.g., 1, 2, 3,...)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
a) Installation (Mark all that apply)					
(1) Installer certified by tank and piping manufacturers	☐	☐	☐	☐	☐
(2) Installation inspected by a registered engineer	☐	☐	☐	☐	☐
(3) Manufacturer's installation checklists have been completed	☐	☐	☐	☐	☐
(4) Another method allowed by ADEQ (please specify)					
b) Spill and Overfill Protection					
(1) Spill device installed	☐	☐	☐	☐	☐
Date installed					
(2) Overfill device installed	☐	☐	☐	☐	☐
Date installed					
c) Corrosion Protection					
Corrosion Protection installed	☐	☐	☐	☐	☐
Date installed					

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: Boyd Anderson _____
 Name Signature Date

Owner / 1-480-222-0995 A.T. MERIDIAN
 Position 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 Tanks* 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, (i.e., installation, closure, method of release detection, change in ownership). 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.