

Permittee Information Form for ADDITIONS

to existing AREAWIDE, FACILITYWIDE, or PROJECTWIDE AUTHORIZATIONS

Submit completed forms to:

Arizona Dept. of Environmental Quality, DMGP Program, 1110 West Washington Street, 5415A-1, Phoenix AZ 85007

AZPDES De Minimis Discharge Authorization Number: AZDGP-Á_____

Name of Area, Facility, or Project: _____

Name of signer on Notice of Intent (NOI) submitted to ADEQ: _____

Business / Agency: _____

Contact for this submittal: _____ Position / Title: _____

Business / Agency: _____ Phone: _____

email:Á_____

Please complete and enclose one or both of the following forms as applicable for your additions. Check the corresponding blank(s) below to indicate which form(s) you are submitting. Include a summary of your addition(s) in the space provided. Attach additional sheets if needed.

_____ [Discharge Information - Table 1: Description of Specified Discharge Locations](#)

Additions made: _____

_____ [Discharge Information - Table 2: Description of Unspecified Discharge Locations](#)

Additions made: _____

CERTIFICATION (See signatory requirements, De Minimis General Permit (AZG2016-001), Part V.K.1.)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, I believe the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2016-001 issued by the Director."

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Business / Agency: _____

Mailing Address: _____

City: _____ State: |__| |__| Zip Code: _____