Determination of Pollution Prevention (P2) Plan Filing Status

Please complete this form and return it via e-mail to any of the Arizona Department of Environmental Quality (ADEQ) P2 Program Staff: Jeanine (ji1@azdeq.gov); Farah (fm4@azdeq.gov) or Linneth (lal@azdeq.gov). Hard copies can be mailed to the attention of any P2 staff at ADEQ P2 Program, 1110 W. Washington Street, Phoenix, AZ 85007.

The questions below are to be answered using the previous year information; i.e. if you are in year 2014, then information should be for year 2013, etc.

FACILITY NAME: _____

LOCATION ADDRESS: _____

PRECEDING REPORTING YEAR: _____

YES	NO	QUESTION
○	○	1. My facility has a current P2 Plan on file with the ADEQ. If you answered yes, list the P2 Plan ID number assigned to your facility _____. [A.R.S. §49-963(A)]
○	○	2. During the preceding calendar year, the owner or operator of this facility was required to file an annual (EPA) Toxic Release Inventory form (TRI) for the facility. My facility filed _____ (Total # of Forms R + A). The facility TRI ID Number (if known) is: _____. [A.R.S. §49-962(A)(1)] Refer to EPA's TRI screening threshold tool to determine if your facility is required to file a TRI form http://www2.epa.gov/toxics-release-inventory-tri-program/tri-threshold-screening-tool
○	○	3. During the preceding calendar year, the facility generated or shipped offsite for purposes other than recycling an average of one kilogram per month of acutely hazardous waste. [A.R.S. §49.962(A)(2) and A.R.S. §49-493(B)] The EPA/Resource Conservation and Recovery Act (RCRA) ID # for this facility is _____.
○	○	4. During the preceding calendar year, the facility generated or shipped offsite for purposes other than recycling an average of one thousand kilograms per month of hazardous waste. [A.R.S. §49.962(A)(2) and A.R.S. §49-493(B)] The EPA/RCRA ID # for this facility is _____.
○	○	5. My facility used in excess of 10,000 pounds of a (TRI listed) toxic substance during the preceding calendar year.[A.R.S. §49-963(D)]
○	○	6. The toxic substances used at my facility were pesticides for agricultural application subject to reporting and record keeping requirements, or my facility has been issued an agricultural general permit. [A.R.S. §49-963(O)]
○	○	7. The toxic substances used at my facility during the preceding calendar year were materials used or produced in connection with a mining or metallurgical operation. [A.R.S. §49-963(A)]
○	○	8. The hazardous waste generated in the preceding calendar year was due to an episodic, accidental or remediation related release or occurrence. [A.R.S. §49-963(N)]
○	○	9. My facility is a household hazardous waste collection facility. [A.R.S. §49-961(2)]
○	○	10. My facility is primarily engaged in receiving waste from off-site and has a permit issued or plan approved by ADEQ for the storage, treatment or disposal of solid, special or hazardous waste. [A.R.S. §49-961(2)]
○	○	11. My facility caused a one time event in the preceding calendar year that generated hazardous waste or an acutely hazardous waste from an unused hazardous substance, and the unused hazardous waste cannot lawfully be used due to changes in statue or rule. [A.R.S. §49-963(M)]
○	○	12. My facility is located on tribal land.

13. Identify and list what this facility manufactures or handles and the major processes used. (Examples: painting, plating, welding, soldering, rinsing, grinding, melting, repackaging, etc.)

14. List the TRI toxic chemicals which were reported on the most recent TRI forms (Form R and/or A).

15. Describe the hazardous and acutely hazardous waste streams. Include **chemical names** in the streams and the **annual generation amount** for the previous calendar year which caused this facility to be a hazardous waste generator.

Hazardous Wastes

Acutely Hazardous Wastes

16. Describe what toxic chemicals are "used" in quantities in excess of 10,000 pounds/year. "Use" means any activity where a toxic substance is consumed, spent, or disposed; or is potentially or actually released to the environment. For the list of toxic substances refer to: http://www2.epa.gov/toxics-release-inventory-tri-program/tri-listed-chemicals

17. Describe toxic chemical emissions from the facility.

18. Does the facility have water conservation, energy management, and/or recycling plans? If so, indicate the annual amounts saved in gallons (water), kWh (electricity), Therms (natural gas), pounds (solid waste).

19. Please describe any Environmental Management System (EMS), or similar system at the facility.

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☐ I certify that the answers to statements 1 through 19 are true and correct to the best of my knowledge.

Technical Contact Name: _____ Date: _____

Email: _____ Phone: _____