



P2 Plan Amendment Cover Page & Instructions

For faster processing, it is preferred that you email your completed amendment.

Send the completed amendment to your assigned reviewer listed below. If you do not know your assigned reviewer, or you do not know your P2 ID number, send an email to either of the staff members and one of them will respond with that information.

Jeanine Inman
ji1@azdeq.gov

or

Linneth Lopez
lal@azdeq.gov

Before you begin to complete this amendment, first determine the type of amendment

required. Please use the information below to determine the type of amendment you are submitting and check that box. One amendment may be submitted to cover more than one facility. Please note that multiple goals in any category require you to fill out multiple Section 4s, and may also require a new Section 3. If you are reviewing a new process (Section 3) and additional goals are developed, then attach a Goal Sheet (Section 4) for each goal.

How many facilities will be covered by this amendment?

Single Facility, Single Goal (One location, one goal.) - Fill out P2 Amendment Sections 1, 2, 3 and 4.

Single Facility, Multiple Goals (One location, more than one goal.) - Fill out P2 Amendment Sections 1, 2, 3 and 4. Include Section 3s for additional process areas and a Section 4 for each new goal.

Multiple Facilities, Non-Umbrella (Different locations and different sets of goals.) - Fill out Sections 1, 2, 3 and 4 for EACH location using "P2 Amendment Sections 1, 2, 3 and 4." Include Section 3s for additional process areas and a Section 4 for each new goal.

Umbrella Plan with Multiple Facilities, Same Goals (Different locations, all locations have same goals.) - Fill out Section 1 once, and Section 2 for EACH location. Include Section 3s for additional process areas and a Section 4 for each new goal.

Umbrella Plan with Multiple Facilities, Different Goals (Different locations, all with different goals.) - Fill out Section 1 once, and Section 2 for EACH location. Include Section 3s for additional process areas and a Section 4 for each new goal.

Below are the links for the various templates:

"P2 Amendment Sections 1, 2, 3 and 4" (complete set with instructions)

"P2 Amendment Section 1 Only"

"P2 Amendment Section 2 Only"

"P2 Amendment Section 3 Only"

"P2 Amendment Section 4 Only"

After completing all of the pieces of your amendment for each location:

Email all of the Sections in the proper sequence for each amendment that you are submitting (only include one copy of the cover/instruction page). Ensure Section 1 is hand signed by the Senior Management Official. Alternatively, you may mail the amendment documents to the address shown below.

ADEQ Permits Section
Sustainability Programs Unit, Attn: *(Insert Name of Reviewer)*
1110 W. Washington St.
Phoenix, AZ 85007

Pollution Prevention (P2) Amendment for

(Insert Company Name Here)

ADEQ P2 ID Number:

The Plan Time Frame is

FROM:

TO:

(The "From" date should be close to the submittal of this amendment. The "To" date should correspond with the longest scheduled goal in Box 2 of Section 4. The plan timeframe should be a minimum of two years).

If additional space is required for any section, please attach a separate sheet and reference the name of the sheet where the information can be found.

SECTION 1: General Information (A.R.S. §49-963-J.1, 2, 3 and 5)

Section 1 Instructions: ALL INFORMATION must be completed.

Name of Company: _____

Owner or Operator Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Description of the principal business activities:

P2 Technical Contact Information:

Name: _____ Phone Number: _____

E-mail Address: _____

Contact Information for Senior Official With Management Responsibility for this Plan:

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____

I certify that I have personally read this amendment. I believe, to the best of my knowledge, the information presented is true, accurate and complete. Also, management is committed to support and implement this amendment to achieve the Plan amendment goals.

Certifying Signature: _____

Title: _____ Date: _____

Instructions: This signature must be hand signed. Please print this page only after completing the entire document; then sign, date, scan and submit to the P2 program with the rest of the Amendment.

SECTION 2: Facility Information (A.R.S. §49-963-J.1; §49-963-I)

Section 2 Instructions: ALL INFORMATION must be completed; use NA if not applicable. If additional facilities are under this plan, please fill out an additional Section 2 document for each facility.

Facility Name: _____

Physical Address: _____

Primary NAICS Code (6 digits): _____ **Other NAICS Codes** (optional): _____

Resource Conservation and Recovery Act (RCRA) ID number (also known as EPA ID #):

(12 letters/digits) _____ (For example: AZD123456789. If none, enter "NA")

Toxic Release Inventory (TRI) Number (15 letters/digits) _____: (If none, enter "NA")

List any air permits:

Plan Requirement Threshold(s) Met

(Please check all P2 plan filing threshold(s) the facility met which requires it to file and maintain a P2 Plan). Update the dates below with the most recent calendar year.

Generated or shipped offsite for purposes other than recycling an average of 2,200 pounds (1,000 kg) per month of hazardous waste in 20____. List these hazardous waste streams: (e.g. chromium, lead etc.)

Generated or shipped offsite for purposes other than recycling an average 2.2 pounds (1 kg) per month of acutely hazardous waste in 20____. List these waste streams: (e.g. warfarin, sodium cyanide etc.)

Filed Toxic Release Inventory (TRI) form(s) (form R or A) in 20____. List TRI chemicals:

Used in excess of 10,000 pounds of a TRI listed toxic substance in 20____. List these TRI listed toxic substances:

This facility did not meet any Plan Requirement Threshold(s) but would like to:

File a voluntary P2 amendment

SECTION 3: Scope, Objectives, Analysis & Opportunity Identification (A.R.S §49-963-J.6 and 7)

Section 3 Instructions: Please review the following scenarios and check all that apply before completing Section 3.

- Process and chemicals stayed the same, but a new goal was identified** (Skip Section 3 and fill out Section 4.)
- Process stayed the same, but chemicals used have changed** (Fill out Section 3 and a Section 4 for each new goal identified.)
- Process is new or changed** (Fill out Section 3 and a Section 4 for each new goal identified.)

If you are required to complete Section 3, discuss the toxic substances used or hazardous waste generated which caused the facility to meet the P2 program thresholds, even if the facility does not have feasible opportunities for reducing them. Discuss process areas that can be analyzed to include natural resource conservation such as energy and water.

If multiple Section 3s are needed, see the Cover Page at the beginning of this document for the link to just Section 3.

Process Review

1. Process Area Name: _____

2. Process Information: Please describe the process area below. Use additional sheets if the process details cannot fit in the spaces provided below.

Describe the process steps.

Discuss the inputs (toxic substances etc.) used in the process.

Discuss the outputs (wastes and emissions) generated by the process. Include wastes and emissions due to spills, cleaning, maintenance, unused or expired raw materials, etc.

Describe what happens to each waste and emission. (Is it disposed, segregated, recycled, treated, incinerated, released to air, etc?)

Discuss whether raw material purchases produce packaging material that must be handled? (i.e. pallets, drums, bags, etc.) If so, describe what happens to this material?

Discuss the root cause of each waste generation, emission or toxic substance use.

3. Are there pollution prevention opportunities?

As a result of your P2 analyses, select all the boxes that apply below. Can any of the toxic substances, hazardous waste or non-toxic substances be:

- | | |
|---|---|
| <input type="checkbox"/> Eliminated? | <input type="checkbox"/> Replaced with a less toxic substitute? |
| <input type="checkbox"/> Used less? | <input type="checkbox"/> Recycled or reused? |
| <input type="checkbox"/> Reformulated to reduce toxicity? | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other _____ | |

4. Based on the results from item 3 above, describe the pollution prevention opportunities.

Please note that goal numbers are consecutive with prior goals. For example, if your facility has already implemented 10 goals, the first goal in this amendment should be goal number 11. If you are unsure if any previous goals exist, please contact one of the P2 staff members listed on the cover page of this document.

Opportunity A: (Describe)

Will this opportunity be developed into a goal?

YES, fill out a goal sheet in Section 4, **Goal number:** _____

NO, give the reason here: _____

Opportunity B: (Describe)

Will this opportunity be developed into a goal?

YES, fill out a goal sheet in Section 4, **Goal number:** _____

NO, give the reason here: _____

Opportunity C: (Describe)

Will this opportunity be developed into a goal?

YES, fill out a goal sheet in Section 4, **Goal number:** _____

NO, give the reason here: _____

Instructions: For each goal listed above, please fill in Section 4. Use one goal sheet for each feasible opportunity. See the Cover Page at the beginning of this document for the link to a single page Section 4 (Goal Sheet).

SECTION 4. P2 Performance Goal (A.R.S. §49-963-J.4)

One Sheet for each Goal

Facility Name:

P2 ID #:

1. Goal Statement: <i>Ideally goal statements should be in the form (Action Verb) + (Target chemical, emission, or waste stream) used for/in (Process) by X%. Use action verbs such as Reduce or Eliminate.</i>	2. Scheduled Completion Date (Mth/Day/Year)	3. Completion Status: OS=On Schedule DR=Dropped D=Delayed C=Completed <i>(Choose "OS" if this is new goal)</i>	4. (a) Name of Toxic Substance and/or Waste stream <i>Include (b) CAS #; and (c) RCRA Waste Code #</i>	5. Volatile Organic Chemical, Ozone Depleting Chemical, "Both" or "NA"
Goal (#): Process Area Name Goal Statement:	_____	C OS D DR	a b c	VOC ODC BOTH NA

6. If this goal has been delayed or dropped (Box 3), provide an explanation here. Include a new estimated completion date in Box 2 if the goal has been delayed.

7. Actions Needed to Implement the Goal: (If a goal extends more than two years, include a list by year of the activities to be completed)	8. Baseline Year⁽¹⁾	9. Baseline Quantity (Amount in baseline year)⁽²⁾	10. How much reduced or eliminated?⁽²⁾⁽³⁾	11. Year Box #10 Was Measured	12. How much money (US \$) was saved by this goal?	13. Reduction Quantity is Adjusted for Production?	14. Production Ratio (Only if Box #13 is Yes)
Actions we will take to implement this goal are:	_____	<input type="checkbox"/> Pounds <input type="checkbox"/> Gallons <input type="checkbox"/> KWH <input type="checkbox"/> Therms <input type="checkbox"/> No Measure	<input type="checkbox"/> Pounds <input type="checkbox"/> Gallons <input type="checkbox"/> KWH <input type="checkbox"/> Therms <input type="checkbox"/> No Measure			Yes No	

1. The baseline year is the year prior to tracking any reductions (example: if you want to start tracking your goal in 2016, then 2015 would be the baseline year.)
2. If units are not measured in any of the check box choices or cannot be converted to one of them, please check "No Measure".
3. If this is a New Goal, Boxes 10 – 14 will be left blank.