

Pollution Prevention (P2) Plan 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 plan. 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 and 3) P2 Policy and management support for Plan (A.R.S. §49-963-J.5 and 10)

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: _____

P2 POLICY CERTIFICATION, as required by A.R.S. § 49-963(J)(5) and (10): (Please choose one of the following and then sign.)

- Our facility has an existing P2 policy and it is attached. *(Facilities that have Environmental Management Policies (EMPs) that specifically address P2 issues can use the EMP to meet this criteria. If specific P2 language is not included in the EMP, it does not meet this criteria.)*
- Our facility will use the statement below as the required P2 policy.

I certify that, to the best of our ability, Management will ensure that the P2 Plan is incorporated into management practices and procedures, and we are committed to implement this Plan to achieve Plan goals.

Certifying Signature: _____

Title: _____ Date: _____

P2 PLAN MANAGEMENT CERTIFICATION as required by A.R.S. § 49-963(J)(3):

I certify that I have personally read this plan. I believe, to the best of my knowledge, the information presented is true, accurate and complete.

Certifying Signature: _____

Title: _____ Date: _____

Instructions: Both of the above signatures must be hand signed. Please print this section only after completing the entire document; then sign, date, scan and submit to the P2 program with the rest of the Plan.