

### DISCHARGE INFORMATION for Areawide De Minimis Discharges

**NOTE:** Complete and attach a copy of Table 1 for each known discharge location for which you are requesting coverage under this permit. Complete and attach Table 2 for discharges that are too numerous to specify.

**IS THIS AN ADDITION TO AN EXISTING AREAWIDE AUTHORIZATION?**     Yes     No

**If yes,** complete the Applicant Information and Certification sections below and attach Table 1 and/or Table 2 as applicable.

**If no,** submit an "NOI for Areawide Discharges" with Table 1 and/or Table 2 as applicable. (Applicant Information and Certification below are not required.)

**APPLICANT INFORMATION:**

AZPDES De Minimus Authorization Number:   AZDGP-  

Name of applicant on Notice of Intent (NOI) submitted to ADEQ: \_\_\_\_\_

Municipality/Utility/Agency: \_\_\_\_\_

Address of applicant on NOI submitted to ADEQ: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact for this Submittal: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person's Position/Title: \_\_\_\_\_

**CERTIFICATION** *(Please see signatory requirements, De Minimis General Permit (AZG2009-001), 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. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2009-001 issued by the Director."*

Printed Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_











Name of Utility, Municipality, or Agency: \_\_\_\_\_

Date prepared: \_\_\_\_\_

**- DRAFT -**

Discharge ID (assign unique identifier)	Map ID (if different)	Name of well, tank, etc. (optional)	Is there potential for the discharge to enter a municipal storm sewer (MS4), canal, or privately owned conveyance?				MAP	NOTES
			No	Yes	If Yes, Enter Name of MS4 or Conveyance Owner	If Yes, has a copy of NOI been sent to owner of conveyance?		
								Use this space for any additional information or notes on this discharge source

**DISCHARGE INFORMATION -- TABLE 2: Description Of Any Unspecified Discharge Locations**

This form is to be used for categories of anticipated discharges that are too numerous to specify (i.e., fire hydrants) when the discharges are to ephemeral, or canals without DWS. For each category the typical planned monitoring and sampling points should be specified. No unspecified discharges are authorized to perennial, intermittent, OAW, or impaired waters. For discharges to these waters that are not specified in Table 1, an applicant must submit a separate NOI 30 days prior to discharge. **All disinfection water must be dechlorinated per BMP requirements (De Minimis General Permit, Part IV. D. 2. c.).**

Type of Unspecified Outfall (e.g. water from line repair, fire hydrant flushing, and/or hydrostatic test water)	Estimated Volume and Duration of Discharge	Sampling Location (general description of where samples would be taken during a discharge)	Receiving Water Type/ Use	Planned Monitoring Parameters (give monitoring parameters for each type of water that discharge may reach)
				Frequency:
				Frequency:
				Frequency:
				Frequency: