



# AZPDES APPLICATION FORM 1 GENERAL INFORMATION

(please see instructions before completing form)

Arizona Department of Environmental Quality  
Water Permits Section/AZPDES Individual  
Permits Unit  
1110 W. Washington Street, 5415A-1  
Phoenix, AZ 85007

## I. FACILITY INFORMATION

AZPDES (NPDES) Permit No. \_\_\_\_\_

A. Name of Facility: \_\_\_\_\_

B. Facility Contact: (Name & Title) \_\_\_\_\_

Contact's Phone Number(s): \_\_\_\_\_

C. Facility's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

D. Facility Location: (Street, Route or finding directions) \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E. Latitude/Longitude:

(in degrees, minute, sec.) \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W

F. Legal Description: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_, Quarter \_\_\_\_\_

G. Is the facility located on Indian Lands? \_\_\_\_\_ YES \_\_\_\_\_ NO

H. Is the facility located within 100 km (62 miles) of the Arizona-Mexico border? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide the following information:

1. A description of the area into which the effluent discharges from the facility may flow \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. A statement explaining whether the effluent discharged is expected to cross the Arizona-Mexico border.  
\_\_\_\_\_

## II. FACILITY SIC CODES (4 digits, in order of priority):

1st \_\_\_\_\_ specify \_\_\_\_\_

2nd \_\_\_\_\_ specify \_\_\_\_\_

3rd \_\_\_\_\_ specify \_\_\_\_\_

4th \_\_\_\_\_ specify \_\_\_\_\_

**III. EXISTING ENVIRONMENTAL PERMITS** (Insert permit number of all applicable)

AZPDES/ NPDES \_\_\_\_\_ UIC (underground injection of fluid) \_\_\_\_\_  
RCRA (hazardous wastes) \_\_\_\_\_ PSD (Air Emissions from Proposed Sources) \_\_\_\_\_  
APP (Aquifer Protection Permit) \_\_\_\_\_ Reuse \_\_\_\_\_  
Other (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

**IV. OPERATOR INFORMATION**

**A. Name and Phone Number(s) of Operator:** \_\_\_\_\_  
**B. Operator's Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
**C. Is the operator identified above also the owner?**  YES  NO  
**D. Status of Operator** (Check the appropriate box; if "other," specify)  
 F = FEDERAL  M = PUBLIC (other than federal or state)  S = STATE  
 P = PRIVATE  O = OTHER (specify) \_\_\_\_\_

**V. NATURE OF BUSINESS** (Provide a brief description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage or disposal facilities and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**VII. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS**

Complete A through F to determine whether you need to submit any permit application forms to the ADEQ. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also Section D of the instructions for definitions.

SPECIFIC INSTRUCTIONS	MARK "X"			SPECIFIC INSTRUCTIONS	MARK "X"		
	Yes	No	Form		Yes	No	Form
A. Is this facility a publicly or privately owned treatment works which currently discharges, is permitted to discharge or proposes to discharge to waters of the U.S.? <b>(Form 2A)</b>				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which currently discharges, is permitted to discharge or proposes to discharge to waters of the U.S.? <b>(Form 2B)</b>			
C. Is this an industrial, commercial or other operation which currently discharges or is permitted to discharge non-domestic wastewater to waters of the U.S.? <b>(Form 2C)</b>				D. Is this an industrial, commercial or other operation which proposes to discharge non-domestic wastewater to waters of the U.S.? <b>(Form 2D)</b>			
E. Is this a facility or operation which currently discharges, is permitted to discharge or proposes to discharge stormwater or a combination of stormwater and non-stormwater associated with industrial activity? <b>(Form 2F)</b>				F. Is this a facility which currently does, is permitted to or proposes to treat or dispose of sewage sludge (biosolids) with or without treating domestic wastewater? <b>Or</b> , is this a facility which currently does, is permitted to or proposes to treat domestic wastewater? <b>(Form 2S)</b>			

**VIII. CERTIFICATION** (See instructions)

*"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 the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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."*

Name & Official Title (Type or print) \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_