

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