



AZPDES Individual Permits Unit
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Phoenix, Arizona 85007
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Arizona Pollutant Discharge Elimination System Permit Exceedance Report

1. Facility Information:

Name of Permittee:	AZPDES Permit ID#:
Facility Address:	Mailing Address:
Contact Name:	Title:
Telephone #:	Email Address:

2. Exceedance Information:

What type of exceedance report are you submitting:	
Date Permittee became aware:	Anticipated time non-compliance is expected to continue:
Cause:	
Description:	
Exact dates and times of occurrence(s):	
Corrective Actions taken to reduce, eliminate, and prevent reoccurrence? :	
<i>Mechanical repair</i>	<i>Increased sampling frequency</i>
<i>Treatment process improvements</i>	<i>Pretreatment program</i>
	<i>Discharge stopped</i>
	<i>Other (explain below)</i>
<p>Certification: I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.</p>	
Signature:	Date:
Title:	