



Determination of Pollution Prevention (P2) Plan Filing Status

Please complete this form and return it via e-mail to p2@azdeq.gov. If you do not have e-mail access, hard copies can be mailed to the attention of ADEQ P2 Program, 1110 W. Washington Street, Phoenix, AZ 85007.

The questions below are to be answered using the previous year information; i.e. if you are in year 2016, then information should be for year 2015, etc.

FACILITY NAME: _____

LOCATION ADDRESS: _____

PRECEDING REPORTING YEAR: _____

YES	NO	QUESTION
		1. My facility is a household hazardous waste collection facility. [A.R.S. §49-961(2)]
		2. My facility is primarily engaged in receiving waste from off-site and has a permit issued or plan approved by ADEQ for the storage, treatment or disposal of solid, special or hazardous waste. [A.R.S. §49-961(2)]
		3. My facility is located on tribal land.
<p><i>If you select "Yes" to questions 1 – 3, you DO NOT need to complete the rest of this form. Please check the box at the end of the form confirming that you have provided accurate information, include your contact information and the date, and submit for review.</i></p>		
		4. My facility has a current P2 Plan on file with the ADEQ. If you answered yes, list the P2 Plan ID number assigned to your facility _____. [A.R.S. §49-963(A)]
		5. During the preceding calendar year, the owner or operator of this facility was required to file an annual (EPA) Toxic Release Inventory form (TRI) for the facility. My facility filed _____ (Total # of Forms R + A). The facility TRI ID Number (if known) is: _____. [A.R.S. §49-962(A)(1)] Refer to EPA's TRI screening threshold tool to determine if your facility is required to file a TRI form http://www2.epa.gov/toxics-release-inventory-tri-program/tri-threshold-screening-tool
		6. During the preceding calendar year, the facility generated or shipped offsite for purposes other than recycling an average of 1 kilogram (2.2 pounds) per month of acutely hazardous waste. [A.R.S. §49.962(2) and A.R.S. §49-963(B)] The EPA/Resource Conservation and Recovery Act (RCRA) ID # for this facility is _____.
		7. During the preceding calendar year, the facility generated or shipped offsite for purposes other than recycling an average of 1,000 kilograms (2,200 pounds) per month of hazardous waste. [A.R.S. §49.962(2) and A.R.S. §49-963(B)] The EPA/RCRA ID # for this facility is _____.
		8. My facility used in excess of 10,000 pounds of a (TRI listed) toxic substance during the preceding calendar year. [A.R.S. §49-963(D)]
		9. The toxic substances used at my facility were pesticides for agricultural application subject to reporting and record keeping requirements, or my facility has been issued an agricultural general permit. [A.R.S. §49-963(O)]
		10. The toxic substances used at my facility during the preceding calendar year were materials used or produced in connection with a mining or metallurgical operation. [A.R.S. §49-963(A)]. For additional clarification on mining, please review the Pollution Prevention Plans Mining Operations Exempt policy and for additional clarification on metallurgical operations, please review the Pollution Prevention Plans Metallurgical Operations Exempt policy.
		11. The hazardous waste generated in the preceding calendar year was due to an episodic, accidental or remediation related release or occurrence. [A.R.S. §49-963(N)]
		12. My facility caused a one time event in the preceding calendar year that generated hazardous waste or an acutely hazardous waste from an unused hazardous substance, and the unused hazardous waste cannot lawfully be used due to changes in statute or rule. [A.R.S. §49-963(M)]

13. Identify and list what this facility manufactures or handles and the major processes used. (Examples: painting, plating, welding, soldering, rinsing, grinding, melting, repackaging, etc.)

14. List the TRI toxic substances that were reported on the most recent TRI forms (Form R and/or A).

15. Describe the hazardous and acutely hazardous waste streams. Include **chemical names** in the streams and the **annual generation amount/amount recycled** for the past three years. Do not include waste codes. If your facility has various waste streams please include the top five waste streams.

Hazardous Wastes

YEAR	TOTAL POUNDS GENERATED	WASTE STREAMS	TOTAL POUNDS RECYCLED	WASTE STREAMS
2015				
2016				
2017				

Acutely Hazardous Wastes

YEAR	TOTAL POUNDS GENERATED	WASTE STREAMS	TOTAL POUNDS RECYCLED	WASTE STREAMS
2015				
2016				
2017				

16." Describe which toxic substances are "used" in quantities in excess of 10,000 pounds/year. For the list of toxic substances refer to: <https://www.epa.gov/toxics-release-inventory-tri-program/tri-listed-chemicals> or the Pollution Prevention Plan - Interpretation of "Use" of Toxic Substances in Excess of 10,000 Pounds policy.

17. Describe toxic substance emissions from the facility.

I certify that the answers to statements 1 through 17 are true and correct to the best of my knowledge.

Technical Contact Name:

Technical Contact Signature

Date:

Email: Phone: