



# Multi-Sector General Permit (MSGP)

## Inactive and Unstaffed Certification Form for Sector G and Sector J

Submit the completed form to [stormwatercompliance@azdeq.gov](mailto:stormwatercompliance@azdeq.gov) or mail to:

ADEQ  
 Surface Water Permits, MC 5415A-1  
 1110 W. Washington Street  
 Phoenix, AZ 85007

### 1. Facility Information

<b>Name of Permittee:</b>	<b>AZPDES Permit ID#:</b>
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If a regulated entity needs to schedule an Inspection while the site is inactive and unstaffed, provide the following:

<b>Contact Name:</b>	<b>Title:</b>
<b>Telephone #:</b>	<b>Email Address:</b>

**Provide Driving Directions to the Site:**

### 2. Inactive and Unstaffed Information

**Date permit coverage obtained:**

<b>Date Start Inactive and Unstaffed:</b>	<b>Date End Inactive and Unstaffed:</b>
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**Provide a detailed description on why annual inspections at the mine site are impractical:**

**Describe potential pollutants that may be exposed to stormwater or have the potential to be discharged in stormwater while the site is inactive and unstaffed:**

**Describe how potential pollutants will be protected or managed while the site is inactive and unstaffed:**



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**Date of Last Stormwater Inspection:**

**Proposed Date of Next Stormwater Inspection:**

**Note: THE PERMITEE SHALL ALSO INSPECT THE INACTIVE AND UNSTAFFED SITE WHENEVER THERE IS A REASONABLE EXPECTATION THAT SEVERE WEATHER OR OTHER EVENTS HAVE DAMAGED CONTROL MEASURES OR INCREASED DISCHARGES.**

Certification: I certify, under penalty of law, that the information and description, have been made under my direction and supervision, and under a system designed to ensure that qualified personnel properly gathered and evaluated 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. I additionally certify, that while the site is inactive and unstaffed, the permittee shall maintain compliance with the permit conditions or alternative requirements.

Signature of the Registered Professional Engineer in the State of Arizona:

Date:

Registrant's License Number:

**Print and place a copy of this form in your SWPPP.**