



**THE ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE PROGRAMS DIVISION
SOLID WASTE UNIT
1110 WEST WASHINGTON, MAIL CODE 4415A-2
PHOENIX, ARIZONA 85007
solidwastepermits@azdeq.gov
(602) 771-4673**

NOTIFICATION FOR ADVANCED RECYCLING FACILITY

A separate notification (two pages) shall be completed for each advanced recycling facility, and shall be signed by the facility OWNER or OPERATOR. Information may be typed or hand printed, but MUST BE LEGIBLE.

Facility Information

_____	_____
Facility Name	Telephone
_____	_____
Street Address (Physical)	City, State, Zip

Site Owner Information

(land owner information)

Name	
_____	_____
Email	Telephone
_____	_____
Street Address (physical)	City, State, Zip
_____	_____
Mailing Address (if different)	City, State, Zip

Operator Information

Name

Email

Street Address (physical)

Mailing Address (if different)

Telephone

City, State, Zip

City, State, Zip

NOTIFICATION FOR ADVANCED RECYCLING COLLECTION CENTER (cont.)

**ADVANCED RECYCLING COLLECTION CENTER
QUESTIONNAIRE**

Provide evidence that the facility complies with applicable municipal or county zoning ordinances, code and regulations. (A.R.S §49-767(A))

- Yes
- No

Is there training provided to properly operate and maintain the facility in a nuisance-free manner?

- Yes
- No

What procedures does your facility follow in order to operate in a manner that controls wind and surface dispersion?

What procedures does your facility follow to avoid having on-site and off-site windblown litter?

What procedures does your facility follow in order to operate in a manner that controls fire hazard?

What procedures does your facility follow in order to operate in a manner that controls vector breeding?

Will the facility owner(s) and operator(s) operate the facility in a manner that does not discharge hazardous substances as defined in section A.R.S. § 49-281 to surface water, ground water or subsurface soil in a manner that would create public nuisance or pose an imminent and substantial endangerment to public health or the environment?

- Yes
- No

Is the facility aware that this notice to the department must be updated if there is a change to the facility's location, or on the opening of a new advanced recycling facility?

- Yes
- No

I certify that, to my knowledge, the information supplied in this notification is true and accurate, and that I am authorized to sign this notification. I further agree to operate this advanced recycling collection center in accordance with the Arizona Revised Statutes, Title 49, Chapter 4, Article 1, General Provisions and recognize that the facility is subject to routine inspections that comply with this chapter. (49-701.01 (D))

Name of Authorized Person _____
Title

Signature of Authorized Person _____
Date