



Janice K. Brewer
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

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Patrick J. Cunningham
Acting Director

APP CONTINGENCY PLAN REPORT FORM

Facility Name: _____ Facility Phone #: _____

Facility Contact: _____ Date Prepared: _____

Sample Location: _____ APP#: _____

Sampling Frequency: _____

Reporting Frequency: _____

Chemical Constituent/ Parameter: _____

Permit Limit: AL: _____ DL: _____ or AQL: _____

Sample Result: _____

Sample Date: _____

Date Lab Results Received By The Facility: _____

Verification Sample Result: _____

Verification Sample Date: _____

Date Verification Lab Result Received By The Facility: _____

***** Please Remember To Submit The 30 Day Written Report *****

***** It Is Required By Your Permit *****

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1801 W. Route 66 • Suite 117 • Flagstaff, AZ 86001
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