

**AZPDES De Minimis General Permit (DMGP) AZG2010-001**

**DISCHARGE INFORMATION FORM**

**AREAWIDE, FACILITY-WIDE, PROJECT-WIDE**

**FOR NEW / RENEWAL DMGP AUTHORIZATIONS**

Enclose this document with a completed "Areawide, Facility-wide, Project-wide Notice of Intent" form. Complete and attach one or both of the following forms as applicable and indicate which form(s) you are submitting by checking the appropriate box below:

**Table 1: Description of Specified Discharge Locations**

**Table 2: Description of Unspecified Discharge Locations**

**NOTE: The Permittee Information and Certification below are not required for new/renewal authorizations.**

**FOR ADDITIONS TO EXISTING DMGP AUTHORIZATIONS**

Complete the Permittee Information and Certification sections below and attach a revised Table 1 and/or Table 2 as applicable. Check the box for the form(s) you are attaching, and include a brief description of the addition(s) being submitted in the space provided:

**Discharge Information - Table 1: Description of Specified Discharge Locations**

Additions made: \_\_\_\_\_

**Discharge Information - Table 2: Description of Unspecified Discharge Locations**

Additions made: \_\_\_\_\_

**PERMITTEE INFORMATION**

AZPDES De Minimis Authorization Number: AZDGP-\_\_\_\_\_

Name of signer on Notice of Intent (NOI) submitted to ADEQ: \_\_\_\_\_

Business / Agency: \_\_\_\_\_

Contact for this submittal: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Business / Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**CERTIFICATION** (See signatory requirements, De Minimis General Permit (AZG2010-001), Part V.K.1.)

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, I believe the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2010-001 issued by the Director."*

Printed Name of Signer \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business / Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_