



# NO EXPOSURE CERTIFICATION

for Exclusion from AZPDES Industrial Stormwater Permitting

**A COMPLETE AND ACCURATE FORM MUST BE SUBMITTED TO:**  
Arizona Department of Environmental Quality; Surface Water Section / Stormwater Program  
1110 West Washington, 5415A-1; Phoenix, Arizona 85007

Operators who submit this No Exposure Certification are giving ADEQ notice that their facility does not require permit authorization for stormwater discharges associated with industrial activity due to the existence of a condition of no exposure.

A condition of no exposure exists at an industrial facility when all industrial materials and activities are protected by a storm-resistant shelter that prevents exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, or waste product. A storm-resistant shelter is not required for the following industrial materials and activities:

- Drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- Adequately maintained vehicles used in material handling; and
- Final products, other than products that would be mobilized in stormwater discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from AZPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity in Section A is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of 40 CFR 122.26(g).

### A. FACILITY OPERATOR INFORMATION

1. Operator Business Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: |\_\_|\_| Zip Code: \_\_\_\_\_
3. Phone (include area code): \_\_\_\_\_ Fax (include area code): \_\_\_\_\_
4. Operator Contact Name: \_\_\_\_\_
5. E-mail: \_\_\_\_\_

### B. FACILITY/SITE LOCATION INFORMATION

1. Facility Contact Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_
3. Phone (include area code): \_\_\_\_\_ Fax (include area code): \_\_\_\_\_
4. Facility Name: \_\_\_\_\_
5. Facility address or site physical location: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: AZ Zip Code: \_\_\_\_\_
6. Provide the latitude and longitude of the approximate center of the facility or site in degrees/minutes/seconds:  
Latitude: |\_\_|\_|° |\_\_|\_|' |\_\_|\_|" Longitude: |\_\_|\_|° |\_\_|\_|' |\_\_|\_|" (Degrees, minutes, seconds)
7. Was the facility or site previously covered under an NPDES stormwater permit? \_\_\_\_ YES \_\_\_\_ NO  
If yes, enter the NPDES tracking number or AZPDES permit number: \_\_\_\_\_
8. The 4-digit Standard Industrial Classification (SIC) codes or the 2-letter Activity Codes that best represent the principal products produced or services rendered by your facility and major co-located activities:  
Primary SIC: |\_\_|\_|\_|\_| Secondary SIC (if applicable): |\_\_|\_|\_|\_| OR Activity Code: |\_\_|\_|\_|
9. Total size of site associated with industrial activity: \_\_\_\_\_ acres.
10. Have you paved or roofed over a formerly exposed, pervious area in order to qualify for the no exposure exclusion? \_\_\_\_ YES \_\_\_\_ NO  
If yes, please indicate approximately how much area was paved or roofed over. Completing this question does not disqualify you from the no exposure exclusion. However, ADEQ may use this information in considering whether stormwater discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.  
Less than one acre \_\_\_\_ One to five acres \_\_\_\_ More than five acres \_\_\_\_

**C. EXPOSURE CHECKLIST**

Are any of the following materials or activities exposed to precipitation now, or in the foreseeable future? (Please check either "Yes" or "No".) **A "yes" answer to any of these questions (1) through (11) means the facility is not eligible for the no exposure exclusion.**

	YES	NO
1. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater.	_____	_____
2. Materials or residuals on the ground or in storm water inlets from spills/leaks.	_____	_____
3. Materials or products from past industrial activity.	_____	_____
4. Material handling equipment (except adequately maintained vehicles).	_____	_____
5. Materials or products during loading/unloading or transporting activities.	_____	_____
6. Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants).	_____	_____
7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers.	_____	_____
8. Materials or products handled/stored on roads or railways owned or maintained by the discharger.	_____	_____
9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters]).	_____	_____
10. Application or disposal of process wastewater (unless otherwise permitted).	_____	_____
11. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated; (i.e., under an air quality control permit) and evident in the storm water outflow.	_____	_____

**D. MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) NOTIFICATION**

Does your facility discharge stormwater into a Municipal Separate Storm Sewer System (MS4)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, name the MS4 operator: \_\_\_\_\_

\_\_\_\_\_ If yes, I certify that I will provide a copy of the No Exposure Certification document to the operator of the local Municipal Separate Storm Sewer System (MS4) into which the facility discharges. I understand that I must allow the AZPDES permitting authority or MS4 operator where the discharge is released into the local MS4 to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request.

**E. FEES**

Pursuant to Arizona Administrative Code R18-14-109, there is a fee of \$1,250.00 for submitting this No Exposure Certification (NEC) form. This NEC form and associated fee is good for five (5) years. You must re-submit the NEC form and fee once every five (5) years.

\_\_\_\_\_ I confirm that I am including the No Exposure Certification fee of \$1,250.00 (forms submitted without the correct fee are considered incomplete and will be returned).

\_\_\_\_\_ No fee is required, the operator is an Arizona state agency and is exempt from AZPDES Fees.

\_\_\_\_\_ No fee is required, this is a revision of a previously authorized No Exposure Certification. Authorization Number: AZRNE \_\_\_\_ - \_\_\_\_\_

**F. CERTIFICATION BY AUTHORIZED SIGNATORY**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from AZPDES industrial stormwater permitting. I understand that I am obligated to submit a no exposure certification form once every five (5) years to the AZPDES permitting authority.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)). I understand that I must obtain coverage under an AZPDES permit prior to any such point source discharge of stormwater from the facility.

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Certifier's Address**

Business Name: \_\_\_\_\_

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

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