City of Phoenix
WATER SERVICES DEPARTMENT
ENVIRONMENTAL & SAFETY DIVISION
Quality Reliability Value

INDUSTRIAL WASTEWATER PERMIT APPLICATION

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this permit application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

For new Permittees, an ORIGINAL SIGNED HARD-COPY of the completed and signed application and ALL supplementary materials are to be received by IPP 180-days prior to your projected date to commence discharge OR as otherwise specified in writing.

DUE DATE:

SUBMIT ORIGINAL SIGNED HARD-COPY APPLICATION TO:
City of Phoenix Water Services Department
Industrial Pretreatment Program (IPP)
2474 South 22nd Avenue, Building 31
Phoenix, Arizona 85009-6918

ATTN: _____

FOR CITY USE ONLY
This application is for:
☐ New Permit
☐ Permit Renewal
☐ Permit Revision

Determination:
☐ Permit Not Required
☐ Class A SIU Permit
☐ Class B Permit:
- ☐ Zero Categorical Discharge
- ☐ High Strength
- ☐ Groundwater Remediation
- ☐ Pollution Prevention/BMP
- ☐ Other

☐ Class C Permit:
iPACS ID №

SECTION A. GENERAL INFORMATION

Please type or print:

1. BUSINESS INFORMATION

Legal Business Name: _____

Mailing Address: _____

Business Owner: _____

Mailing Address: _____

Facility Name: _____

Facility Address: _____

Facility Contact/Title: _____

Contact Telephone №: _____ Contact E-mail: _____

Name of Signing Official: _____
Pursuant to 40 § 403.12(l)

Title of Signing Official _____

2. PROPERTY INFORMATION

Property Address: _____

Property Owner: _____

Mailing Address: _____

Property Owner Telephone №: _____

SECTION J. CERTIFICATION

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 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.

Name of Company Official: _____

Title of Company Official: _____

Signature of Company Official: _____

Signature Pursuant to 40 § 403.12(l) Signatory Requirements

Date: _____

Mailing Address, e-mail Address, and Phone Number of Company Official:

_____

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