



**Maricopa County Air Quality Department**  
 301 W. Jefferson St., Suite 410, Phoenix, AZ 85003  
 Phone: 602.506.6010 Fax: 602.372.0587  
 AQPermits@maricopa.gov



**OPERATIONS AND MAINTENANCE GENERAL PLAN**

Permit #: \_\_\_\_\_ Date of Preparation: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

General description of facility operations:

Description of process(es) ducted to control device(s) including pollutants controlled:

Complete description of the control device(s) covered by the O&M Plan including manufacturer, model, rated capacity, total number of identical units, equipment identification number:







**Maricopa County Air Quality Department**  
 301 W. Jefferson St., Suite 410, Phoenix, AZ 85003  
 Phone: 602.506.6010 Fax: 602.372.0587  
 AQPermits@maricopa.gov



**OPERATIONS AND MAINTENANCE GENERAL PLAN**

Training Requirements:

Additional Information:

I certify that the information provided in this form and accompanying documents is true, correct and complete to the best of my knowledge.

Authorized Signatory: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

**OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_