



**Gila River Indian Community
Department of Environmental Quality
Air Quality Program**

168 Skill Center Rd., Sacaton, AZ 85147
Phone (520) 562-2234
air@gric.nsn.us

OPERATION AND MAINTENANCE PLAN

Permit Number: _____ Business Name: _____

Date of Plan: _____ Business Address: _____

General description of overall facility operations:

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

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

Training requirements:

Other:

I certify that I am familiar with the operations and equipment represented in this Plan and attachments and the information provided herein is true, correct, and complete to the best of my knowledge

Authorized Signature: _____ Date: _____

Name and Title: _____

DO NOT WRITE IN THIS SPACE

Reviewed by: _____ Date: _____

APPROVED DENIED

Reason for denial: _____
