



## SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF CONSTRUCTION WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES

A certificate of *Approval Of Construction* (AOC) must be obtained from the Maricopa County Environmental Services Department (MCESD) once construction work on a drinking water, reclaimed water, reuse or wastewater project is completed. This submittal package instruction sheet is to be used to apply for an AOC for:

- Water Treatment Facilities
- Ground Water Treatment Facilities
- Wastewater Treatment Facilities
- Wastewater Disposal Systems
- Non-Hazardous Liquid Waste Treatment Facilities
- Reclaimed Water Recharge/Recovery Facilities
- Reclaimed Water Reuse Facilities
- Other Facility/System Related Components
- Point-Of-Use Treatment Systems
- Odor Control Systems
- Disinfection Systems
- Blending Systems

### A) SUBMITTAL PACKAGE:

Each project to be reviewed and approved by the MCESD for AOC must be submitted with a transmittal letter, a check for any additional review fee (if required), a completed 'Supplemental Requests for Additional Information' form, an application form and the relevant project design documentation.

Each project must be for a single project class (i.e. drinking water, reclaimed water, reuse or wastewater). Multiple projects cannot be submitted on a single application. However, a project may have multiple components bundled into a single project. For example, a reuse project could include a reuse facility with an off-site booster pump station and a storage tank. A single project could be submitted for these three components.

#### SUBMITTAL PACKAGE CHECK LIST:

- Transmittal Letter
- Check for Additional Review Fee (normally not required)
- Supplemental Requests for Additional Information form
- Application for Approval Of Construction
- Certificate of Completion\*
- Design Documentation (\*must be sealed by a Licensed Professional if the constructed value of the project is greater than \$12,500)
  - Design Drawings\* - Required
  - Test Plans
  - Reports and Studies
  - Operations and Maintenance Manual\* - Required
  - Testing Results
  - Other Documentation

If an *Approval Of Construction* or an interim *Approval To Commence Operation (ATCO)* review is being requested a *Certificate Of Completion (COC)* must be included in the project submittal package. For drinking water projects the COC must be accompanied by bacteriological laboratory analysis test results validating that disinfection of the facilities/system has been successfully completed.

An Operations and Maintenance manual must also be included in the project submittal package. A draft version of the Operations and Maintenance manual may be submitted if an interim ATCO review is being requested.

Design Drawings must be submitted as a full-size 36"W x 24"H (ANSI 'D' size) set of 'as-built' drawings to satisfy public record requirements. All other documentation should be submitted in a binder and be 8-1/2"W x 11"H letter size sheets.

Normally only one copy of the documentation is required for the public record.

### B) FEES

Additional fees are not normally required when an application is submitted for an *Approval Of Construction* or interim *Approval To Commence Operation (ATCO)* review. Fees are based on the man hour billing rate that was established when the project's *Approval To Construct* application was initially submitted and are invoiced as the plan review services are performed on the project.

The total amount of fees that can be assessed for a project are limited by the maximum fee allowed for each project component modified by the applicable expedited, phased and design/build multipliers. Please consult the Maricopa County Environmental Health Code to determine the maximum fee amount that may be billed for a particular project. If you have any questions concerning fees please contact the Water and Wastewater Treatment Program.

**Approval certificates will not be issued until all fees are paid in full.**



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**C) APPLICATION FORM INSTRUCTIONS**

Each section of the application form should be filled out per the following instructions:

**1.  PROJECT INFORMATION:**

- a) **REVIEW TYPE** – Check the box indicating if this project requires an *Approval Of Construction* or an interim *Approval To Commence Operations* review or if a certificate renewal (time extension) for an existing project is being requested.
- b) **PROJECT CLASS** – Check the appropriate box identifying the applicable project class.
- c) **PROJECT NUMBER** – The project number that was assigned when the project was initially submitted for *Approval To Construct*. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the project number.
- d) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.
- e) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the capacity, equipment types and quantities, scope and any other relevant details about the project. For treatment facilities identify the treatment process(es) being employed at the plant.
- f) **SITE LOCATION** – Provide the Name, Address, City, State and ZIP Code for the site associated with the project. If more than one site is associated with the project then attach additional pages to this application containing the site information (location, GPS coordinates and height, and parcel numbers) for each site.
- g) **SITE GPS COORDINATES** – Provide the GPS latitude and longitude coordinates and the height of the site associated with the project. The GPS coordinates should be in NAD 83 decimal degree unit format (i.e. ###.##### format) and the height should be in decimal feet format (i.e. #####.## format).
- h) **SITE PARCEL NUMBER(S)** – Provide the parcel number(s) for the site associated with the project. Parcel numbers may be obtained from the Maricopa County Assessor's website ([www.maricopa.gov/Assessor](http://www.maricopa.gov/Assessor)) by doing a parcel search.

**2.  PERMIT/SYSTEM INFORMATION:**

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (07###, 37###, 67### or 97#####) if the project is an extension of an existing drinking water, wastewater, reclaimed water or reuse facility or system. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the permit number and leave the System ID # and System Name fields blank.  
If the project is for a new drinking water, wastewater, reclaimed water or reuse facility/system then check the 'New Permit Required' box to indicate that a new MCESD permit is required to be issued for this project.
- b) **SYSTEM ID #** – The Public Water System (PWS), Wastewater System (WWS) or Reclaimed Water System (RWS) identification number (AZ-04-07-###, AZ-04-37-###, or AZ-04-67-### respectively). For reuse facilities, provide the ID of the RWS supplying reclaimed water to the reuse facility. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system identification number.
- c) **SYSTEM NAME** – For drinking water systems provide the name of the Public Water System (PWS). For wastewater systems provide the name of the Wastewater System (WWS). For reclaimed water systems provide the name of the Reclaimed Water System (RWS). For reuse facilities provide the name of the RWS supplying reclaimed water to the reuse facility. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system name.

**3.  DOCUMENTS:**

Check the appropriate check box(es) indicating the types of documents being submitted for the project. Add any additional comments as required.



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**4.  PROJECT OWNER:**

Provide the firm's company and department name, contact person's information and address of the project owner for the project. Add any additional comments as required. This section is required to be completed.

The project owner may be the system owner or a fiduciary agent acting on behalf of the system owner. A fiduciary agent is an individual, corporation or association holding assets for the system owner, with the legal authority and duty to make decisions regarding financial matters for the project on behalf of the system owner.

Typically the fiduciary agent would be a developer that has entered into an agreement with the system owner to construct new system infrastructure in return for entitlements or other benefits. The developer acts on behalf of the system owner in the construction of the new infrastructure. When construction of the infrastructure is complete the developer transfers ownership of the infrastructure to the system owner.

**5.  BILLING ADDRESS:**

Provide the firm's company and department name, contact person's information and address of the organization responsible for payment of future invoices for the project. Add any additional comments as required. This section is required to be completed.

Check the Project Owner check box if the billing address information is the same as the project owner.

**6.  LICENSED PROFESSIONAL:**

Provide the firm's company and department name, responsible engineer's/architect's information and address of the engineering/architectural consultant for the project. Provide the firm's and the responsible engineer/architect's Arizona State Board of Technical Registration license numbers. Add any additional comments as required.

The engineer/architect in responsible charge of the project must be registered in the State of Arizona if the constructed value of the project is greater than \$12,500. Check the 'Not Applicable' check box if the constructed value of the project is less than or equal to \$12,500.

The engineering/architectural firm employing the engineer/architect in responsible charge of the project must also be registered with the Arizona State Board of Technical Registration to submit a project to the MCESD.

**7.  MAILING ADDRESS:**

Provide the firm's company and department name, contact person's information and address of the organization that should receive general correspondence related to the project such as design review comments, information requests and other types of general correspondence. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, System Owner or Applicant check box if the mailing address information is the same as one of these entities.

**8.  SYSTEM OWNER:**

Provide the firm's company and department name, contact person's information and address of the system owner for the project. Add any additional comments as required.

The owner of a drinking water, reclaimed water or wastewater system, including the system components (wells, storage reservoirs/tanks/basins, booster pump stations, pipelines, treatment facilities, etc.), must be a government agency such as a municipality, a public utility (i.e. a utility operating as a public service corporation under the rules and regulations administered by the Arizona Corporation Commission) or a private utility.

The owner of a reuse system does not have to be a public or private utility and may be an individual, corporation, association or government agency. Typically, a reuse system is owned by a home owner's association, corporation or government agency and is an end-user of reclaimed water.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or Applicant check box if the system owner information is the same as one of these entities.



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9.  **APPLICANT:**

Provide the firm's company and department name, contact person's information and address of the applicant for the project. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or System Owner check box if the applicant information is the same as one of these entities.

10.  **FINANCIAL RESPONSIBILITY STATEMENT:**

Provide the name and title of the fiduciary agent within the project owner's organization who will be responsible for this project. The representative must sign and date the application in the spaces provided. This section is required to be completed.

The person or organization signing this acknowledgement will be responsible for all fees associated with this project and is subject to permit cancellation or suspension of work on this or any other plan review projects the responsible financial party has submitted to the department should the project become delinquent due to non-payment of plan review fees.

11.  **CORRESPONDENCE ROUTING:**

Check the appropriate check box(es) identifying what organization(s) should receive copies of approval certificates. Please note that all original approval certificates will be mailed to the System Owner.

12.  **SPECIAL INSTRUCTIONS:**

Identify any special issues related to the submittal such as the inclusion of start-up procedures, operator information, disinfection test results or water quality analysis reports, etc. that might affect the review or approval.

**D) SUBMISSION AND CONTACT INFORMATION:**

Send the submittal package to:

**MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT  
WATER AND WASTEWATER TREATMENT PROGRAM  
1001 NORTH CENTRAL AVENUE, SUITE 150  
PHOENIX, AZ 85004-1940**

If you have any questions please contact the MCESD at the following telephone, fax or e-mail address:

Telephone: (602) 372-2861

Facsimile: (602) 506-6925

E-Mail: [WWM\\_TPP@mail.maricopa.gov](mailto:WWM_TPP@mail.maricopa.gov)

Visit our webpage at [www.maricopa.gov/EnvSvc/WaterWaste](http://www.maricopa.gov/EnvSvc/WaterWaste) for additional information about how to submit projects to the MCESD's Water and Wastewater Treatment Program.



**APPROVAL PROCESS NOTICE FOR APPROVAL OF CONSTRUCTION  
 WATER TREATMENT FACILITIES**

1. Steps required to obtain an ‘Approval To Commence Operation’ and/or an ‘Approval Of Construction’ approval are as follows:
  - a. Obtain an ‘Approval To Construct’ approval from the Department.
  - b. Notify the Department of commencement of construction at least seven working days prior to beginning construction.
  - c. Notify the Department of completion of construction at least ten working days prior to the expected completion date to permit the scheduling of the final inspection.
  - d. Validate that the construction conforms to approved plans and specifications and all changes have been documented on the as-built design drawings to be submitted to the Department.
  - e. Submit a completed application together with the required submittal package plan review documentation as identified in this application packet. If validation or start-up testing is required submit an ‘Approval To Commence Operation’ application. Otherwise, submit an ‘Approval Of Construction’ application.
  - f. Schedule and successfully pass a final inspection of the facility with the Department.
  - g. Provide any additional plan review documentation required by the Department to complete the plan review process.
  - h. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process. If the response is not provided within 365 days of the request for information, the project will be deemed to be denied.
  - i. Provide documentation identifying the operator in responsible charge of the facility and the demonstrating that the operator is certified by the Arizona Department of Environmental Quality for the class and at or above a grade appropriate for the facility.
  - j. If validation or start-up testing is required, complete any applicable commissioning, performance testing and reporting requirements as stipulated by the ‘Approval To Commence Operation’ approval certificate within the required time frame specified by the approved validation protocol or Start-up Plan.
  - k. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.
2. The Department will approve or deny the application within the licensing time frame specified in Table 1, excluding any days the application is returned to the applicant for additional information. This overall licensing time frame is set by Maricopa County Ordinance and as required by A.R.S. §11-1605.

| Table 1 – Licensing Time Frames |   |                            |                         |                     |
|---------------------------------|---|----------------------------|-------------------------|---------------------|
| No.                             | Fee Category                              | Administrative Time (Days) | Substantive Time (days) | Overall Time (days) |
| 57                              | Public Water Supply Distribution Line     | 16                         | 37                      | 53                  |
| 58                              | Drinking Water System Chlorination Plan   | 16                         | 37                      | 53                  |
| 61                              | Drinking Water Booster Pump Station       | 16                         | 37                      | 53                  |
| 62                              | Drinking Water Storage Tank               | 16                         | 37                      | 53                  |
| 75                              | Alteration Plan: Treatment – Public Water | 16                         | 37                      | 53                  |
| 76                              | Complex Experimental Project Approval     | 16                         | 67                      | 83                  |
| 78                              | Complex Water Treatment Plant             | 16                         | 67                      | 83                  |
| 79                              | Treatment System Plan – Public Water      | 16                         | 37                      | 53                  |
| 80                              | Water System Blending Plan                | 16                         | 37                      | 53                  |
| 81                              | Well Site Review & Approval               | 16                         | 37                      | 53                  |
| 83                              | Ground Water Recharge                     | 42                         | 94                      | 136                 |

3. Department contact information regarding your application:
  - Telephone: 602-372-2861
  - E-mail: [WWM\\_TPP@mail.maricopa.gov](mailto:WWM_TPP@mail.maricopa.gov)
  - Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>
4. You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. § 11-1609. Contact us by e-mail, telephone, in person or mail to the address listed at the top of the page, marked ‘Attention: Water and Wastewater Treatment Program’.



**APPROVAL PROCESS NOTICE FOR APPROVAL OF CONSTRUCTION  
 WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

1. Steps required to obtain an ‘Approval To Commence Operation’ and/or an ‘Approval Of Construction’ approval are as follows:
  - a. Obtain an ‘Approval To Construct’ approval from the Department.
  - b. Notify the Department of commencement of construction prior to beginning construction.
  - c. Notify the Department of completion of construction at least ten working days prior to the expected completion date to permit the scheduling of the final inspection.
  - d. Validate that the construction conforms to approved plans and specifications and all changes have been documented on the as-built design drawings to be submitted to the Department.
  - e. Submit a completed application together with the required submittal package plan review documentation as identified in this application packet. If validation or start-up testing is required submit an ‘Approval To Commence Operation’ application. Otherwise, submit an ‘Approval Of Construction’ application.
  - f. Schedule and successfully pass a final inspection of the facility with the Department.
  - g. Provide any additional plan review documentation required by the Department to complete the plan review process.
  - h. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process. If the response is not provided within 365 days of the request for information, the project will be deemed to be denied.
  - i. Provide documentation identifying the operator in responsible charge of the facility and the demonstrating that the operator is certified by the Arizona Department of Environmental Quality for the class and at or above a grade appropriate for the facility.
  - j. If validation or start-up testing is required, complete any applicable commissioning, performance testing and reporting requirements as stipulated by the ‘Approval To Commence Operation’ approval certificate within the required time frame specified by the approved validation protocol or Start-up Plan.
  - k. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.
2. The Department will approve or deny the application within the licensing time frame specified in Table 2, excluding any days the application is returned to the applicant for additional information. This overall licensing time frame is set by Maricopa County Ordinance and as required by A.R.S. §11-1605.

| No. | Fee Category                                       | Administrative Time (Days) | Substantive Time (days) | Overall Time (days) |
|-----|--|----------------------------|-------------------------|---------------------|
| 60  | Reclaimed Water System Plan Review                 | 42                         | 53                      | 95                  |
| 64  | Sewer Collection System Force Mains                | 42                         | 53                      | 95                  |
| 65  | Sewer Collection System Gravity Sewer              | 42                         | 53                      | 95                  |
| 70  | Wastewater – Sewer Lift Station                    | 42                         | 53                      | 95                  |
| 82  | Complex Experimental Project Approval (Wastewater) | 35                         | 186                     | 221                 |
| 83  | Ground Water Recharge                              | 42                         | 94                      | 136                 |
| 85  | Non-Hazardous Liquid Waste Transfer Facility       | 42                         | 94                      | 136                 |
| 86  | Wastewater Treatment Plant                         | 35                         | 186                     | 221                 |
| 87  | Treatment System Plan - Wastewater                 | 42                         | 94                      | 136                 |
| 88  | Wastewater Reuse                                   | 42                         | 94                      | 136                 |

3. Department contact information regarding your application:
 

Telephone: 602-372-2861  
 E-mail: [WWM\\_TPP@mail.maricopa.gov](mailto:WWM_TPP@mail.maricopa.gov)  
 Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>
4. You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. § 11-1609. Contact us by e-mail, telephone, in person or mail to the address listed at the top of the page, marked ‘Attention: Water and Wastewater Treatment Program’.



**APPLICATION FOR APPROVAL OF CONSTRUCTION  
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

|  |  |  |   |                        |                               |
|--|--|--|---|------------------------|-------------------------------|
| <b>1. PROJECT INFORMATION:</b>   |  |  | <b>DATE SUBMITTED:</b>  |                        |                               |
| <b>REVIEW TYPE:</b> <input type="checkbox"/> Approval Of Construction <input type="checkbox"/> Approval To Commence Operation <input type="checkbox"/> Certificate Renewal |  |  |   |                        |                               |
| <b>PROJECT CLASS:</b> <input type="checkbox"/> Drinking Water <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Reuse <input type="checkbox"/> Wastewater  |  |  |   | <b>PROJECT NUMBER:</b> |                               |
| <b>PROJECT NAME:</b>   |  |  |   |                        |                               |
| <b>PROJECT DESCRIPTION:</b>  |  |  |   |                        |                               |
|  |  |  |   |                        |                               |
|  |  |  |   |                        |                               |
| <b>SITE LOCATION:</b> _____<br><small>(Name, Address, City, State, ZIP Code)</small>   |  |  |   |                        | <b>SITE PARCEL NUMBER(S):</b> |
| <b>SITE GPS COORDINATES:</b>   | Latitude (N):                                      | Longitude (W):                               | Height (Feet):  |                        |                               |
| <b>2. PERMIT/SYSTEM INFORMATION:</b>   |  |  |   |                        |                               |
| <b>MCESD PERMIT NUMBER:</b>  |  | <input type="checkbox"/> NEW PERMIT REQUIRED |   |                        |                               |
| <b>SYSTEM ID #:</b> AZ - 04 -  |  | <b>SYSTEM NAME:</b>                          |   |                        |                               |
| <b>3. DOCUMENTS:</b> (Check each applicable document type being submitted for this project - * items are usually required to be submitted for an AOC)                      |  |  |   |                        |                               |
| <input type="checkbox"/> Design Report   | <input type="checkbox"/> Master Plan               |  | <input type="checkbox"/> Water Quality Analysis Report          |                        |                               |
| <input type="checkbox"/> Design Drawings*  | <input type="checkbox"/> Pilot Testing Plan        |  | <input type="checkbox"/> Remediation Plan                       |                        |                               |
| <input type="checkbox"/> Technical Specifications  | <input type="checkbox"/> Pilot Testing Results     |  | <input type="checkbox"/> Closure Plan                           |                        |                               |
| <input type="checkbox"/> Engineering Calculations  | <input type="checkbox"/> Startup Testing Plan      |  | <input type="checkbox"/> Copies of Permits/Certificates         |                        |                               |
| <input type="checkbox"/> Manufacturer's Documentation  | <input type="checkbox"/> Startup Testing Results   |  | <input type="checkbox"/> Recorded Legal Easements/Documents     |                        |                               |
| <input type="checkbox"/> Operations & Maintenance Manual*  | <input type="checkbox"/> Operational Log/Report    |  | <input type="checkbox"/> Signed Service or Extension Agreements |                        |                               |
| <input type="checkbox"/> Certificate of Completion*  | <input type="checkbox"/> Disinfection Test Results |  | <input type="checkbox"/> Sewer Capacity Letter                  |                        |                               |
| <input type="checkbox"/> Other: _____  |  |  |   |                        |                               |
| <b>COMMENTS:</b>   |  |  |   |                        |                               |
| <b>4. PROJECT OWNER: (Required)</b>  |  |  |   |                        |                               |
| <b>FIRM:</b>   |  |  |   |                        |                               |
| Company:   |  |  | Department:   |                        |                               |
| <b>CONTACT PERSON:</b>   |  |  |   |                        |                               |
| Name:  |  |  | Title:  |                        |                               |
| Telephone:   |  | Mobile:                                      |   | Facsimile:             |                               |
| E-mail:  |  |  | Website:  |                        |                               |
| <b>ADDRESS:</b>  |  |  |   |                        |                               |
| Line 1:  |  |  |   |                        |                               |
| Line 2:  |  |  |   |                        |                               |
| Line 3:  |  |  |   |                        |                               |
| City:  |  | State:                                       | ZIP Code:   |                        | Country:                      |
| <b>COMMENTS:</b>   |  |  |   |                        |                               |



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|   |         |             |          |   |
|---|---------|-------------|----------|---|
| <b>5. BILLING ADDRESS:</b> (Required)   |         |             |          | Same As: <input type="checkbox"/> Project Owner |
| <b>FIRM:</b>  |         |             |          |   |
| Company:  |         | Department: |          |   |
| <b>CONTACT PERSON:</b>  |         |             |          |   |
| Name:   |         | Title:      |          |   |
| Telephone:  | Mobile: | Facsimile:  |          |   |
| E-mail:   |         | Website:    |          |   |
| <b>ADDRESS:</b>   |         |             |          |   |
| Line 1:   |         |             |          |   |
| Line 2:   |         |             |          |   |
| Line 3:   |         |             |          |   |
| City:   | State:  | ZIP Code:   | Country: |   |
| <b>COMMENTS:</b>  |         |             |          |   |
| <b>6. LICENSED PROFESSIONAL:</b> (Required unless the project's constructed value < \$12,500)   |         |             |          | <input type="checkbox"/> Not Applicable         |
| <b>FIRM:</b>  |         |             |          |   |
| Company:  |         | Department: |          | AZ License #                                    |
| <b>RESPONSIBLE ENGINEER/ARCHITECT:</b>  |         |             |          |   |
| Name:   |         | Title:      |          | AZ License #                                    |
| Telephone:  | Mobile: | Facsimile:  |          |   |
| E-mail:   |         | Website:    |          |   |
| <b>ADDRESS:</b>   |         |             |          |   |
| Line 1:   |         |             |          |   |
| Line 2:   |         |             |          |   |
| Line 3:   |         |             |          |   |
| City:   | State:  | ZIP Code:   | Country: |   |
| <b>COMMENTS:</b>  |         |             |          |   |
| <b>7. MAILING ADDRESS:</b> Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> System Owner <input type="checkbox"/> Applicant |         |             |          |   |
| <b>FIRM:</b>  |         |             |          |   |
| Company:  |         | Department: |          |   |
| <b>CONTACT PERSON:</b>  |         |             |          |   |
| Name:   |         | Title:      |          |   |
| Telephone:  | Mobile: | Facsimile:  |          |   |
| E-mail:   |         | Website:    |          |   |
| <b>ADDRESS:</b>   |         |             |          |   |
| Line 1:   |         |             |          |   |
| Line 2:   |         |             |          |   |
| Line 3:   |         |             |          |   |
| City:   | State:  | ZIP Code:   | Country: |   |
| <b>COMMENTS:</b>  |         |             |          |   |





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|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| <b>8. SYSTEM OWNER:</b>   |  |  |  | Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> Applicant    |  |          |  |
| <b>FIRM:</b>  |  |  |  |  |  |          |  |
| Company:  |  |  |  | Department:  |  |          |  |
| <b>CONTACT PERSON:</b>  |  |  |  |  |  |          |  |
| Name:   |  |  |  | Title:   |  |          |  |
| Telephone:  |  | Mobile:  |  | Facsimile:   |  |          |  |
| E-mail:   |  |  |  | Website:   |  |          |  |
| <b>ADDRESS:</b>   |  |  |  |  |  |          |  |
| Line 1:   |  |  |  |  |  |          |  |
| Line 2:   |  |  |  |  |  |          |  |
| Line 3:   |  |  |  |  |  |          |  |
| City:   |  | State:   |  | ZIP Code:  |  | Country: |  |
| <b>COMMENTS:</b>  |  |  |  |  |  |          |  |
| <b>9. APPLICANT:</b>  |  |  |  | Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> System Owner |  |          |  |
| <b>FIRM:</b>  |  |  |  |  |  |          |  |
| Company:  |  |  |  | Department:  |  |          |  |
| <b>CONTACT PERSON:</b>  |  |  |  |  |  |          |  |
| Name:   |  |  |  | Title:   |  |          |  |
| Telephone:  |  | Mobile:  |  | Facsimile:   |  |          |  |
| E-mail:   |  |  |  | Website:   |  |          |  |
| <b>ADDRESS:</b>   |  |  |  |  |  |          |  |
| Line 1:   |  |  |  |  |  |          |  |
| Line 2:   |  |  |  |  |  |          |  |
| Line 3:   |  |  |  |  |  |          |  |
| City:   |  | State:   |  | ZIP Code:  |  | Country: |  |
| <b>COMMENTS:</b>  |  |  |  |  |  |          |  |
| <b>10. FINANCIAL RESPONSIBILITY STATEMENT: (Required)</b>   |  |  |  |  |  |          |  |
| <p>By signing and submitting this application, I acknowledge my responsibility to reimburse Maricopa County for any and all reasonable costs incurred in processing this application, even if an approval or permit is never issued. Should I decide to cancel this application at any time after submitting it, I will immediately notify Maricopa County in writing of my intent to cancel. Such notification will not relieve me of my responsibility to reimburse Maricopa County for application processing costs incurred up to and including the date that my written cancellation notice was received by Maricopa County.</p> |  |  |  |  |  |          |  |
| Name:   |  |  |  | Title:   |  |          |  |
| Signature:  |  |  |  | Date:  |  |          |  |
| <b>11. CORRESPONDENCE ROUTING:</b>  |  |  |  |  |  |          |  |
| <input type="checkbox"/> Copy Project Owner on Approvals  |  | <input type="checkbox"/> Copy Licensed Professional on Approvals |  | <input type="checkbox"/> Copy System Owner on Approvals  |  |          |  |
| <input type="checkbox"/> Copy Billing Address on Approvals  |  | <input type="checkbox"/> Copy Mailing Address on Approvals       |  | <input type="checkbox"/> Copy Applicant on Approvals   |  |          |  |
| <input type="checkbox"/> Other: _____   |  |  |  |  |  |          |  |

Environmental Services Department  
Water and Waste Management Division  
501 North 44th., Suite 200  
Phoenix, AZ 85008



Water and Wastewater Treatment Program  
Telephone: (602) 372-2861  
Facsimile: (602) 506-6925  
E-mail: WWM\_TPP@mail.maricopa.gov

**APPLICATION FOR APPROVAL OF CONSTRUCTION  
WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

|                                  |
|----------------------------------|
| <b>12. SPECIAL INSTRUCTIONS:</b> |
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|                                  |
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|                              |                       |                 |
|------------------------------|-----------------------|-----------------|
| <b>FOR INTERNAL USE ONLY</b> |                       |                 |
| Date Submitted: _____        | Project Number: _____ | Reviewer: _____ |