



SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL TO CONSTRUCT WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES

A certificate of *Approval To Construct* (ATC) must be obtained from the Maricopa County Environmental Services Department (MCESD) prior to construction work being started on a drinking water, reclaimed water, reuse or wastewater project. This submittal package instruction sheet is to be used to apply for an ATC 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 ATC must be submitted with a transmittal letter, a check for the initial review fee, 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 the Initial Review Fee
- Supplemental Requests for Additional Information form
- Application for Approval To Construct
- Design Documentation (*must be sealed by a Licensed Professional if the constructed value of the project is greater than \$12,500)
 - Design Report* - Required
 - Design Drawings* - Required
 - Technical Specifications*
 - Engineering Calculations*
 - Reports and Studies
 - Other Documentation

For the preliminary review and approval of a project a set of reduced size 17"W x 11" H (ANSI 'B' size) preliminary Design Drawings is preferred. However, if the level of detail on the drawings is very complex and is not discernable on reduced-size drawings, then a set of full size 36"W x 24"H (ANSI 'D' size) Design Drawings should be submitted. 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 review. Additional copies may be required if portions of the project need to be reviewed by other programs within the MCESD.

B) FEES

Locate the appropriate fee(s) from the fee schedule table below. Projects that consist of multiple components should list the fee for each individual component on the transmittal letter.

If your application is for an expedited, phased and/or design/build review and approval please note this in your transmittal letter and on the check. Expedited reviews double the flat, initial and maximum fee amounts. Phased reviews also double the initial and maximum fee amounts. Design/build reviews also double the initial and maximum fee amounts. The check amount should be for the totalized amount of component initial fees adjusted by the applicable expedited, phased and/or design/build review multipliers.

For example, for a project that includes the construction of a reuse facility with an off-site booster pump station and storage tank, the following components and fees should be listed in the transmittal letter as follows:

- | | | | | | |
|------------------|---------------|----------------|---------------|------------------------|---------------|
| • Reuse Facility | Fee: \$250.00 | • Storage Tank | Fee: \$675.00 | • Booster Pump Station | Fee: \$675.00 |
|------------------|---------------|----------------|---------------|------------------------|---------------|

The total fee amount for a standard review of the project would be \$1,600.00. The total fee amount for an expedited review of the project would be \$3,200.00. The total fee amount for an expedited and phased review of the project would be \$6,400.00. The total fee amount for an expedited, phased and design/build review of the project would be \$12,800.00.

An expired *Approval To Construct* certificate can be renewed once within a 6 month period from its date of expiration provided the original plan is unchanged. An approval of plans and specifications can be renewed for one year if a certificate renewal request is submitted within 180 days of expiration (Maricopa County Environmental Code Chapter 1, Regulation 4). The renewal fee is equal to the one-half the initial base fee amount that is charge for the project.



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

FEE SCHEDULE TABLE – APPROVAL TO CONSTRUCT			
PROJECT COMPONENT TYPE	AMOUNT ^{1,2}	PROJECT COMPONENT TYPE	AMOUNT ^{1,2}
Treatment Plant: < 0.1 million gallons/day (mgd)	\$ 1000.00	Metering Station (Note 4)	\$ 150.00
Treatment Plant: 0.1 to 1 mgd	\$ 1500.00	Water Quality Monitoring Station	\$ 150.00
Treatment Plant: > 1 mgd	\$ 3000.00	Blending System	\$ 150.00
Reuse Facility/System	\$ 250.00	Odor Control System	\$ 150.00
Recharge/Recovery Facility/System	\$ 250.00	Disinfection System	\$ 150.00
Point-of-Use Treatment System	\$ 1000.00	Individual Water Pipeline	\$ 600.00
Intake/Turnout/Diversion/Outfall Structure	\$ 150.00	Individual Sewer Pipeline	\$ 500.00
Effluent Disposal System	\$ 1000.00	Individual Reuse Pipeline	\$ 600.00
Individual Drinking Water Source Well (Note 3)	\$ 675.00	Water Distribution System (Note 4)	Note 6
Individual Reclaimed Water Recharge/Recovery Well	\$ 250.00	Gravity Sewer Collection System (Note 4)	Note 7
Storage Tank/Reservoir/Basin (Note 4)	\$ 675.00	Force Main Sewer System (Note 4)	Note 8
Booster Pump Station (Note 4)	\$ 675.00	Experimental Project (Note 5)	\$ 300.00
Lift Pump Station (Note 4)	\$ 600.00	Other Component (Note 5)	\$ 150.00
Pressure Reducing Valve Station (Note 4)	\$ 675.00		
Transfer Valve Station (Note 4)	\$ 675.00	Base Plan Review Billing Rate (Note 2)	\$ 130.00/hr

NOTES:

- 1) The fees listed in this table are the base fee (i. e. the initial or flat fee) for a standard review. An expedited review doubles the flat, initial and maximum fee amounts. A phased review also doubles the flat, initial and maximum fee amounts. A design/build review also doubles the flat, initial and maximum fee amounts.
- 2) Many of the fees listed in this table are the initial fee for the review. The project's total fee may be more than the initial fee if the number of man hours expended on the project exceeds the initial fee amount. Man hours are billed at the base plan review billing rate modified by the applicable expedited, phased and design/build multipliers up to a maximum plan review billing rate of \$260.00/Hour. An invoice will be issued for any additional fees as they become due. Please consult the Maricopa County Environmental Health Code to determine the maximum fee amount that may be billed for a particular component type.
- 3) This type of project is normally submitted to the MCESD's Subdivision, Infrastructure and Planning Program for approval unless the well requires treatment. Please contact the Water and Wastewater Treatment Program before submitting this type of project.
- 4) This type of project is normally submitted to the MCESD's Subdivision, Infrastructure and Planning Program for approval. Please contact the Water and Wastewater Treatment Program before submitting this type of project.
- 5) Please contact the Water and Wastewater Treatment Program before submitting this type of project.
- 6) Fee amount is \$600.00 for 0 – 150 connections plus \$600.00 for every 150 additional connections.
- 7) Fee amount is \$500.00 for 0 – 50 connections plus \$500.00 for every 250 additional connections.
- 8) Fee amount is \$800.00 for 0 – 50 connections plus \$500.00 for every 250 additional connections.

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 To Construct* review or if a certificate renewal (time extension) for an existing project is being requested.
- b) **REVIEW MODIFIERS** – Check the box(es) indicating if this project requires an expedited, phased and/or design/build review.
- c) **PROJECT CLASS** – Check the appropriate box identifying the applicable project class.
- d) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.



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- 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.

If the project is being submitted for a phased review then identify each of the different phases of the project.

- 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) by doing a parcel search.
- i) **QUANTITIES** – Identify the quantity of each of type of component applicable to the project.

Components that are integral to a water treatment facility, wastewater treatment facility or a reclaimed water recharge/recovery facility and are physically located on-site at the facility do not need to be identified separately. For example, an on-site lift station at a wastewater treatment plant's headworks does not need to be identified as a separate component of the project. However, if the lift station is physically located off-site from the plant then it needs to be identified as a separate project component.

Likewise, injection/recovery wells located on-site at a recharge/recovery facility do not need to be identified as separate project components. However, a drinking water well that is physically located at a surface water treatment plant and is not integral to the plant would have to be identified as a separate project component.

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.

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 and leave the System ID # and System Name fields blank.

- b) **SYSTEM ID #** – Provide 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.
- d) **OTHER PERMITS** – Check each category where a new or modified permit is required by another agency such as the Arizona Department of Environmental Quality (ADEQ), Arizona Department of Water Resources (ADWR), Maricopa County Planning and Development Department (MCPDD), etc. for the project.

3. DOCUMENTS:

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



**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL TO CONSTRUCT
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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. PERSONS AUTHORIZING THE PROJECT:

Provide the name and title for each representative authorizing the project within the system owner's and project owner's organizations. Each representative must sign and date the application in the spaces provided. This section is required to be completed.

The representative authorizing the project on behalf of the system owner must be a person responsible for the administration of capital improvement and/or infrastructure projects within the system owner's organization.

The representative authorizing the project on behalf of the project owner must be a person with fiduciary responsibilities for the project within the project owner's organization. If the system owner is also the project owner then check the System Owner check box and leave the project owner subsection blank.

11. 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.

12. CONSTRUCTION AGREEMENT:

Provide the name and title of the representative who will be in responsible charge for the construction of this project within the project owner's organization. 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 ensuring that the drinking water, wastewater and/or reclaimed water facilities are constructed according to the approved plan documents.

Provide the estimated construction start date and construction completion dates for this project.

13. 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.

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

Visit our webpage at 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 TO CONSTRUCT
 WATER TREATMENT FACILITIES**

1. Steps required to obtain an 'Approval To Construct' approval are as follows:
 - a. Submit a completed application together with the applicable application fees and the required submittal package plan review documentation as identified in this application packet.
 - b. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - c. 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.
 - d. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.

An 'Approval To Construct' approval shall lapse and become invalid one year from the date of approval unless:

- A substantial portion of the work described in the plans and specifications has commenced by such anniversary date, or
- An application for a one-time renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the flat fee or initial plan review fee is required. The approval will be effective for one year from the date of expiration.

An 'Approval To Construct' approval becomes void if an extension of time is not granted by the Department within 90 days after the passage of one of the following:

- Construction does not begin within one year after the date the 'Approval To Construct' approval was issued.
- There is a halt in construction of more than one year.
- Construction is not completed within three years after the date construction begins.

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
 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 TO CONSTRUCT
 WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

1. Steps required to obtain an 'Approval To Construct' approval are as follows:
 - a. Submit a completed application together with the applicable application fees and the required submittal package plan review documentation as identified in this application packet.
 - b. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - c. 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.
 - d. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.

The Department will not issue an approval for any sewerage system or waste and/or sewage treatment works which is not in conformance with the Certified Water Quality Management Plan and Facility Plan that prescribes a particular sewerage system and waste and/or sewage treatment work configuration for sewage management by a designated management agency within a service area. If no Facility Plan is applicable, the Certified Water Quality Management plan shall be utilized by the Department to determine conformance.

An 'Approval To Construct' approval shall lapse and become invalid one year from the date of approval unless:

- A substantial portion of the work described in the plans and specifications has commenced by such anniversary date, or
- An application for a one-time renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the flat fee or initial plan review fee is required. The approval will be effective for one year from the date of expiration.

An 'Approval To Construct' approval becomes void if an extension of time is not granted by the Department if:

- Construction does not begin within one year after the date the 'Approval To Construct' approval was issued.
- There is a halt in construction of more than one year.
- Construction is not completed within three years after the date the 'Approval To Construct' approval was issued.

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.

Table 2 – Licensing Time Frames				
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
 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 TO CONSTRUCT
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

1. PROJECT INFORMATION:			DATE SUBMITTED:
REVIEW TYPE: <input type="checkbox"/> Approval To Construct <input type="checkbox"/> Certificate Renewal		REVIEW MODIFIERS: <input type="checkbox"/> Expedited <input type="checkbox"/> Phased <input type="checkbox"/> Design/Build	
PROJECT CLASS: <input type="checkbox"/> Water <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Reuse <input type="checkbox"/> Wastewater			
PROJECT NAME:			
PROJECT DESCRIPTION:			
SITE LOCATION: _____ (Name, Address, City, State, ZIP Code)			SITE PARCEL NUMBER(S):
SITE GPS COORDINATES:	Latitude (N): _____	Longitude (W): _____	
QUANTITIES: (List the quantities for each component type applicable to the project)			
_____ Blending System(s)	_____ Metering Station(s)	_____ Storage Tank/Reservoirs/Basin(s)	
_____ Booster Pump Station(s)	_____ Odor Control System(s)	_____ Transfer Valve Station(s)	
_____ Disinfection System(s)	_____ Pipeline (Quantity=Number of Connections)	_____ Treatment Facility: < 0.1 MGD	
_____ Effluent Disposal System(s)	_____ Point-Of-Use Treatment System(s)	_____ Treatment Facility: 0.1 - 1.0 MGD	
_____ Force Main (Quantity=Number of Connections)	_____ Pressure Reducing Valve Station(s)	_____ Treatment Facility: > 1.0 MGD	
_____ Gravity Sewer (Quantity=Number of Connections)	_____ Recharge/Recovery Facility/System(s)	_____ Water Quality Monitoring Station(s)	
_____ Intake/Turnout/Diversion/Outfall Structure(s)	_____ Reuse Facility/System(s)	_____ Well(s)	
_____ Lift Station(s)	_____ Storage Tank/Reservoirs/Basin(s)	_____ Experimental Project	
_____ Other Component(s): _____			
2. PERMIT/SYSTEM INFORMATION:			
MCESD PERMIT NUMBER:		<input type="checkbox"/> NEW PERMIT REQUIRED	
SYSTEM ID #: AZ - 04 -		SYSTEM NAME:	
OTHER PERMITS: (Check each category where a new or modified permit is required for this project)			
<input type="checkbox"/> ADEQ AZPDES Permit	<input type="checkbox"/> ADWR U/G Storage Facility Permit	<input type="checkbox"/> Municipal/Public Utility Pretreatment Permit	
<input type="checkbox"/> ADEQ Aquifer Protection Permit	<input type="checkbox"/> ADWR Water Storage Permit	<input type="checkbox"/> MCPDD Special Use Permit	
<input type="checkbox"/> ADEQ Reclaimed Water Permit	<input type="checkbox"/> ADWR Recovery Well Permit	<input type="checkbox"/> Other: _____	
3. DOCUMENTS: (Check each applicable document type being submitted for this project - * items are usually required to be submitted for an ATC)			
<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: _____			
COMMENTS:			



**APPLICATION FOR APPROVAL TO CONSTRUCT
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

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



**APPLICATION FOR APPROVAL TO CONSTRUCT
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

7. MAILING ADDRESS: 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			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			
8. SYSTEM OWNER: 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			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			
9. APPLICANT: 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			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			



**APPLICATION FOR APPROVAL TO CONSTRUCT
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

10. PERSONS AUTHORIZING THE PROJECT: (Required)		
SYSTEM OWNER'S REPRESENTATIVE:		
Name:	Title:	
Signature:	Date:	
PROJECT OWNER'S REPRESENTATIVE: Same As: <input type="checkbox"/> System Owner		
Name:	Title:	
Signature:	Date:	
11. FINANCIAL RESPONSIBILITY STATEMENT: (Required)		
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.		
Name:	Title:	
Signature:	Date:	
12. CONSTRUCTION AGREEMENT: (Required)		
The undersigned hereby agrees to construct the drinking water, reclaimed water, reuse and/or wastewater facilities/systems according to the approved plan documents.		
PROJECT OWNER'S REPRESENTATIVE:		
Name:	Title:	
Signature:	Date:	
Estimate Construction Start Date:	Estimate Construction End Date:	
13. CORRESPONDENCE ROUTING:		
<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: _____		

FOR INTERNAL USE ONLY			
Date Submitted: _____	Project Number: _____	Reviewer: _____	Fees Paid: <input type="checkbox"/>