



MARICOPA COUNTY ENVIRONMENTAL SERVICE DEPARTMENT  
WATER & WASTE MANAGEMENT DIVISION  
ONSITE WASTEWATER PROGRAM

501 North 44th Street, Suite 200, Phoenix, AZ 85008

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**CERTIFICATION THAT CLOSURE/ABANDONMENT OF AN  
ONSITE WASTEWATER TREATMENT FACILITY IS COMPLETED**

CLOSURE/ABANDONMENT PERMIT NUMBER OWR-\_\_\_\_\_

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PERMIT NUMBER OF THE CLOSED/ABANDONED SYSTEM \_\_\_\_\_

CLOSURE/ABANDONMENT OF THIS ONSITE WASTEWATER TREATMENT FACILITY WAS COMPLETED IN  
COMPLIANCE WITH ALL APPLICABLE RULES AND CODES ON:

mm/dd/year: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

REASON FOR CLOSURE/ABANDONMENT:

- REPLACEMENT SYSTEM TO BE INSTALLED, PERMIT NUMBER \_\_\_\_\_
- NO REPLACEMENT, FUTURE USE OF PARCEL UNKNOWN AT THIS TIME
- DEMOLITION OF CONNECTED STRUCTURES
- SYSTEM IS NO LONGER IN USE
- CONNECTED TO SEWAGE COLLECTION SYSTEM

NAME OF CITY OR SEWER DISTRICT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ AZ ROC LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER/AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN THIS COMPLETED CERTIFICATION AND ALL REQUIRED ATTACHMENTS TO MCESD, ONSITE WASTEWATER PROGRAM BY MAIL, IN PERSON, E-MAIL TO [SEPTICQUESTIONS@MARICOPA.GOV](mailto:SEPTICQUESTIONS@MARICOPA.GOV) OR FAX TO (602) 506-6925.