



MARICOPA COUNTY ENVIRONMENTAL SERVICE DEPARTMENT
WATER & WASTE MANAGEMENT DIVISION
ONSITE WASTEWATER SYSTEMS PROGRAM
 501 North 44th Street, Suite 200, Phoenix, AZ 85008
 Phone: (602) 506-6666 Fax: (602) 506-6925
 Email: SepticQuestions@maricopa.gov Website: esd.maricopa.gov



OSWTF Permit #:

**GENERAL ONSITE APPLICATION FOR PHASE I SITE EVALUATION,
 RECONNECT REVIEW OR ABANDONMENT/CLOSURE**

Application instructions, general directions, fees, required application submittal items (checklist), and information regarding the license application process as required by A.R.S. §11-1606, including the permit application process, applicable licensing time frames, county contact information, website and electronic contact information, and required notices, can be found at <http://esd.maricopa.gov/2495/Forms-Applications>. The applicant is responsible for the information and requirements listed under the application instructions. Application submittals that do not meet the requirements of the application instructions, including items listed on the submittal checklist, may result in a denial of the application. This application will expire one year from the date of submittal or one year from Department completed site and soils evaluation.

1. PROJECT INFORMATION:		DATE SUBMITTED:	
REVIEW TYPE: <input type="checkbox"/> Expedited ¹ <input type="checkbox"/> Site and/or Test Hole Inspection <input type="checkbox"/> Reconnect / Remodel Plan Review <input type="checkbox"/> Abandonment/Closure			
PROJECT NAME:			
PROJECT DESCRIPTION (for Review/Reconnect or Abandonment/Closure, indicate reason for request):			
SEWER AVAILABILITY: SEWER <input type="checkbox"/> Is <input type="checkbox"/> Is Not available within 400' of the property			
¹ Expedited reviews require double the standard permit fee.			
2. SITE LOCATION:			
Subject Property Address:			
City:		State:	ZIP Code:
Cross Streets:		Parcel Number:	
Subdivision:		Lot Number:	
Legal Description: Township	Range	Section	Parcel Square Footage:
Recorded Deed Number:		Recorded Affidavit of Agreement to Encroach Number:	
Latitude:	Longitude:	Site Code:	
3. PROPERTY/BUSINESS/PROJECT OWNER: ² Any changes to this address shall be submitted in writing to MCESD within 15 days of the change. All documents from MCESD will be mailed to this address unless otherwise noted below. Returned mail will not be forwarded.			
ORGANIZATION:			
NAME:		Title:	
Telephone:	Mobile:	Alt. Telephone:	
E-mail:		Facsimile:	
ADDRESS²:			
City:	State:	ZIP Code:	Country:
4. CONTACT PERSON/AGENT (IF DIFFERENT THAN THE OWNER):			
ORGANIZATION:			
CONTACT PERSON:		Title:	
Telephone:	Mobile:	Alt. Telephone:	
E-mail:		Facsimile:	
ADDRESS:			
City:	State:	ZIP Code:	Country:
5. PERMIT INFORMATION:			
WASTEWATER SOURCE:			
<input type="checkbox"/> Single-Family Residence with typical household sewage			
<input type="checkbox"/> Commercial			
<input type="checkbox"/> Type of Establishment: _____ <input type="checkbox"/> Maximum Number of Users (customers, employees, members, etc.): _____			

WATER SOURCE: (check one below)

- Water Company Water Company Name: _____
- Holding Tank (hauling water)
- Private Well Well Identification Number: _____
- Shared Well Shared Well Agreement Recording Number: _____

6. EXISTING/REQUIRED PERMITS:

List any county, state, or federal environmental permits issued for or needed by the facility, including any individual permit, Groundwater Quality Protection Permit, or Notice of Disposal that may have previously authorized or related to the discharge (check all that apply below):

- Existing OSWTF permits Description/Permit Number: _____
- Other environmental permits required Description/Permit Number: _____
- Building Authority permit Agency: _____ Permit Number: _____
- Flood Control Authority permit Agency: _____ Permit Number: _____

7. APPLICANT CERTIFICATION:

READ CAREFULLY AND SIGN BELOW, this section is to be completed by the owner or contact person/agent identified on the first page of the application:

Pursuant to A.R.S. § 41-1009, the Department may enter your premises to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address:

_____ or by facsimile transmission to the following fax number: _____, _____ (initials). It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I _____, agree it is my responsibility to comply with all applicable statutes, rules, codes, ordinances and regulations for the work requested. Safety is the responsibility of the property owner or their agent. **Request for inspection may be made in person, by phone (602-506-1787), e-mail, on-line or fax (602-506-6925). To avoid additional inspection fees, be sure to include access information (e.g. gate code) and/or other special instructions or requests (e.g. meet inspector at site).**

Signature: _____	Date: _____
<input type="checkbox"/> Owner <input type="checkbox"/> Agent	

FOR INTERNAL USE ONLY

Amount: \$ _____ Date Issued _____ Issue Status _____ By _____