



# APPLICATION FOR APPROVAL TO TRANSFER OWNERSHIP OF WATER AND/OR WASTEWATER TREATMENT/REUSE FACILITIES

## 1. PROJECT INFORMATION:

**Facility Name:** \_\_\_\_\_ **Facility Type:**  Water  Wastewater  Reclaimed Water

**Facility Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Components:** (check the applicable components)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Treatment Facility/Plant | <input type="checkbox"/> PRV Station                  | <input type="checkbox"/> Recharge/Recovery Facility | <input type="checkbox"/> Point-of-Use System |
| <input type="checkbox"/> Well                     | <input type="checkbox"/> Pipeline                     | <input type="checkbox"/> Reuse Irrigation System    | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Storage Tank/Reservoir   | <input type="checkbox"/> Disinfection System          | <input type="checkbox"/> Reuse Impoundment/Lake     | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Pump Station             | <input type="checkbox"/> Odor Control/Facility System | <input type="checkbox"/> Disposal System/Wetland    |  |

**Required Permits:** (check each category where a permit is being transferred)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADEQ AZPDES Permit             | <input type="checkbox"/> ADWR U/G Storage Facility Permit | <input type="checkbox"/> POTW Pretreatment Permit |
| <input type="checkbox"/> ADEQ Aquifer Protection Permit | <input type="checkbox"/> ADWR Water Storage Permit        | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> ADEQ Reclaimed Water Permit    | <input type="checkbox"/> ADWR Recovery Well Permit        |   |

## 2. SYSTEM INFORMATION:

**System Type:**  Water  Wastewater  Reclaimed Water

**System Name:** \_\_\_\_\_ **System ID Number:** \_\_\_\_\_  
System Name (Type or Print) ID (Type or Print)

**Owner's Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
Owner's Name (Type or Print) Contact Person (Type or Print)

## 3. SITE INFORMATION:

**Location:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **Section:** \_\_\_\_\_  
Nearest City or Town (Type or Print)

**Physical Address:** \_\_\_\_\_  
Address, City, State, and ZIP Code (Type or Print)

## 4. DOCUMENTS SUBMITTED WITH THIS APPLICATION: (Check where applicable)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Engineering Design Report    | <input type="checkbox"/> Master Plan/Study/Report             | <input type="checkbox"/> Copies of Permits/Certificates         |
| <input type="checkbox"/> Design Drawings              | <input type="checkbox"/> Water Quality Analysis Report        | <input type="checkbox"/> Recorded Legal Easements/Documents     |
| <input type="checkbox"/> Technical Specifications     | <input type="checkbox"/> Validation Testing Plan/Study/Report | <input type="checkbox"/> Signed Service or Extension Agreements |
| <input type="checkbox"/> Engineering Calculations     | <input type="checkbox"/> Operational Log/Report               | <input type="checkbox"/> Sewer Capacity Letter                  |
| <input type="checkbox"/> Manufacturer's Documentation | <input type="checkbox"/> Operations and Maintenance Manual    | <input type="checkbox"/> Other: _____                           |



## APPLICATION FOR APPROVAL TO TRANSFER OWNERSHIP OF WATER AND/OR WASTEWATER TREATMENT/REUSE FACILITIES

**5. OWNER INFORMATION:**

**Old Owner:**

Owner's Name: \_\_\_\_\_  
Owner Name (Type or Print) Contact Person (Type or Print)

Mailing Address: \_\_\_\_\_  
Address, City, State, and ZIP Code (Type or Print)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Type or Print) (Type or Print) (Type or Print)

**New Owner:**

Owner's Name: \_\_\_\_\_  
Owner Name (Type or Print) Contact Person (Type or Print)

Mailing Address: \_\_\_\_\_  
Address, City, State, and ZIP Code (Type or Print)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Type or Print) (Type or Print) (Type or Print)

**6. PERSON AUTHORIZING TRANSFER:** \_\_\_\_\_  
Name (Type or Print) Job Title/Affiliation (Type or Print)

\_\_\_\_\_  
Signature Date (Type or Print)

**For Internal Use:**

Date Submitted: _____	Project No.: _____	Amount Paid: _____	EMS Permit Entries: <input type="checkbox"/> Ownership Updated?
Site Location Code: _____	Reviewer: _____	Fee Codes: _____	
Notifications: <input type="checkbox"/> Old Owner <input type="checkbox"/> Water Utility <input type="checkbox"/> ADEQ <input type="checkbox"/> MCESD <input type="checkbox"/> New Owner <input type="checkbox"/> Sewer Utility <input type="checkbox"/> ACC <input type="checkbox"/> Other: _____			