



GENERAL ONSITE APPLICATION

Web: www.maricopa.gov/EnvSvc/
 E-mail: septicquestions@mail.maricopa.gov

The undersigned hereby requests that the MCESD Water and Waste Management Division conduct the review or inspection selected below at the site named. An inspection report is provided as required by A.R.S. §41-1009; in person, via mail, e-mail, or FAX. Please indicate your preference by checking the boxes below.

- (Check one):
 Site Investigation--\$325 per visit
 Site and Test Hole Inspection--\$325 per visit
 Misc. Review/Reconnect Plan Review, existing permit # _____ --\$205
 Septic System Abandonment/Closure existing permit # _____ --\$175

SITE INFORMATION

Property Address: _____ Maricopa County, AZ _____
If no address has been assigned, leave blank Street Name and Number City (if applicable)
 Cross Streets _____ Parcel Number _____ - _____ - _____
 Subdivision Name (if applicable): _____ Lot#(s) _____

Legal Description: Section _____ Township _____ Range _____ Acreage _____

Sewer (circle one) **IS / IS NOT** available within 400' from the property.

Identified as (check one):

- Single Family Residence
 Commercial
 Type of Establishment: _____
 Maximum number of users: _____
 (Customers, employees, members, etc.)

Water Service will be provided by (check all that apply):

- Water Company—Name _____
 Holding Tank
 Existing Well ID Number: _____
 Proposed/Future Well

Shared? Yes No

MC P/D Tracking # B _____

Site Code: _____

For a Review/Reconnect, indicate reason for request:

OWNER AND AGENT INFORMATION

- Property Owner Name: _____
 Complete Mailing Address: _____ Zip Code: _____
 Owner's Phone: (required) _____ Owner's FAX _____ Owner's e-mail _____
 Applicant/Agent Name: _____ Attention: _____
 Complete Mailing Address: _____ Zip Code: _____
 Phone: (required) _____ Applicant/Agent's Fax _____
 Mobile: _____ Applicant/Agent's e-Mail address _____

APPLICANT ACKNOWLEDGEMENT

I, the undersigned, 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 property owner or their agent. **Request for inspection must be called in to the Inspection Request Line at 602-506-1787. 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 at site.**

Per Maricopa County Health Code, this application will expire: a) one year from date of application, or b) one year from Phase I site plan approval.

Signature: _____ Date: _____

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

Permit / File #)