



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

REQUEST FOR DISCHARGE AUTHORIZATION
TO OPERATE A TYPE 4 ON-SITE WASTEWATER TREATMENT
FACILITY UNDER GENERAL AQUIFER PROTECTION PERMIT 4.02-4.23

Owner Information:	Permit Number
Name: _____	_____
Site Address: _____	

Agent:	
Name: _____	
Mailing Address: _____	

Phone: _____ Fax: _____ E-Mail: _____	
On-Site Installer:	Installer's License #
Name: _____	_____
Mailing Address: _____	

Phone: _____ Fax: _____ E-Mail: _____	
Construction shall conform to the approved plans. This on-site wastewater system was built in accordance to (check one):	
<input type="checkbox"/> The original site plan submitted with the Notice of Intent to Discharge accurately reflects final location and configuration of components	
<input type="checkbox"/> A final as-built site plan showing the final location and configuration of components has been submitted and approved. All fees for the revision review have been paid.	
Engineered/Alternative Wastewater Treatment System: As-built plans and operational verification letter, Certificate of	
<input type="checkbox"/> Completion, O & M Plans and other information required under A.A.C. R18-9-A309(C)(2) for review and acceptance by the department have been submitted.	
<input type="checkbox"/> The tank has been installed in accordance with the manufacturer's instructions and certified to conform to the requirements of R18-9-A314.	
Manufacturer: _____	Model Name/Number: _____ Capacity: _____
<input type="checkbox"/> The tank has passed a water tightness test [R18-9-A309(C)(1)]	
Certification: Owner/Agent/Installer (circle one)	
I _____, certify that this Notice for Discharge Authorization and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. I also certify that the septic tank described on this form is constructed and installed per the Arizona Administrative Code Title 18, Chapter 9, the Maricopa County Environmental Health Code and with applicable requirements of A.R.S. Title 49, Chapter 2. I am aware that there are significant penalties for submitting false information, including permit revocation and the possibility of fine and imprisonment for known violations.	
Signature _____	Date _____
Special Instructions: _____	

TO INITIATE THE FINAL INSPECTION, CALL THE INSPECTION LINE AT 602-506-1787. COMPLETE THE REQUEST FORM THAT IS INCLUDED WITH THE CONSTRUCTION AUTHORIZATION. SUBMIT THE REQUEST FORM TO THE ONSITE WASTEWATER TREATMENT PROGRAM IN PERSON, EMAIL SepticQuestions@maricopa.gov , ON-LINE <http://esd.maricopa.gov/FormCenter/Environmental-Services-16/Onsite-Wastewater-Systems-Program-Inspec-90> OR FAX TO 602-506-6925.