COVER SHEET

Request for Approval of Alternative Feature of Technology, Design, Setback, Installation, or Operation per A.A.C. R18-9-A312(G) General Aquifer Protection Permits 4.01 through 4.23

Project Name: ____________________________

(PLEASE PRINT CLEARLY)

Contact Person: ___________________________ Title ___________________________
E-mail address of contact person ___________________________
Company Name: ___________________________
Phone number: ___________________________ Ext: __________ Fax Number: ___________
Address: ___________________________ City: ________ State: ________ Zip Code: ________

A312G Application Check-Off List

☐ Brief explanation of need for this review. (Use Comment Section below)
☐ A312G application (attached)
☐ Supporting documentation and Fee (Fee is $75 per request)

Comment Section

➢ The application / proposal must be sealed and signed by the engineer.

Any questions contact: ENVSubdivision@maricopa.gov

*** The Department reserves the right to request any other information ***

Visit our web page at esd.maricopa.gov

Revised MARCH 2021
Title 18, Ch.9

G. Alternative design, installation, or operational features. When a person submits a Notice of Intent to Discharge, the person may request that the Department review and approve a feature of improved or alternative technology, design, setback, installation, or operation that differs from a general permit requirement in this Article.

1. The person shall make the request for an alternative feature of technology, design, installation, or operation on a form provided by the Department and include:
   a. A description of the requested change;
   b. A citation to the applicable design, installation, or operational requirement for which the change is being requested; and
   c. Justification for the requested change, including any necessary supporting documentation.

2. The person shall submit the appropriate fee specified under 18 A.A.C. 14 for each requested change. For calculating the fee, a requested change that is applied multiple times in a similar manner throughout the facility is considered a single request if submitted for concurrent review.

3. The person shall provide sufficient information for the Department to determine that the change achieves equal or better performance compared with the general permit requirement, or addresses site or system conditions more satisfactorily than the requirements of this Article.

4. The Department shall review and may approve the request for change.

5. The Department shall deny the request for the change if the change adversely affects other permittees or causes or contributes to a violation of an Aquifer Water Quality Standard.

6. The Department shall deny the request for the change if the change:
   a. Fails to achieve equal or better performance compared to the general permit requirement,
   b. Fails to address site or system conditions more satisfactorily than the general permit requirement,
   c. Is insufficiently justified based on the information provided in the submittal,
   d. Requires excessive review time, research, or specialized expertise by the Department to act on the request, or
   e. For any other justifiable cause.
PERMIT APPLICATION PROCESS NOTICE
Subdivision Infrastructure and Planning Program

1) Steps required to obtain an Approval for Alternative Features (A312G) are as follows:
   i) Submission of the complete application for Approval To Construct along with all relative items in the application check list on the Cover/Transmittal Page of the application. When the review is complete, an Approval To Construct certificate will be issued to allow construction of the system to commence.
   ii) Construction of the project.

2) The Department will approve or deny the application in the number of business days listed below or less, excluding any days the application is returned to the applicant for additional information. This overall licensing timeframe is set by the Arizona Department of Environmental Quality (ADEQ) as required by A.R.S. §11-1605 and is part of the Delegation agreement between ADEQ and Maricopa County.

<table>
<thead>
<tr>
<th>Permit</th>
<th>Overall Timeframe (Business Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Features</td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>95</td>
</tr>
</tbody>
</table>

3) Department contact information regarding your application
   i) Telephone: 602-506-1058
   ii) E-mail: ENVsubdivision@maricopa.gov
   i) Webpage: esd.maricopa.gov

You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609. Contact us by e-mail or telephone, or in person or mail at the address listed at the top of the page, marked attention Subdivision Infrastructure & Planning Program.
Alternative Feature (A312G)
Request for Approval of Alternative Feature of Technology, Design, Setback, Installation, or Operation per A.A.C. R18-9-A312(G) General Aquifer Protection Permits 4.01 through 4.23

PROJECT NAME: __________________________
Project Address ____________________________________________________________, AZ Zip Code __________________________
City ____________________________ TWN __________________________ Range __________________________
Section __________________________

Owner Information
Owner Name: __________________________
Mailing Address: __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Phone number: __________________________ Ext: __________________________ Fax Number: __________________________

Engineer Requesting Change
Engineer: __________________________ Must be Registered with the Arizona Board of Technical Registration
Number __________________________

Phone Number __________________________ Ext __________________________ Fax Number __________________________
E-mail address __________________________
Name of Engineer's Firm as Registered With The AZ Board of Technical Registration: __________________________
Address __________________________
City __________________________ State __________________________ Zip Code __________________________

1. Rule Citation of Requirement for which change is requested – enter the citation you are requesting:

2. Description of requested change (give clear explanation) If not enough room, use additional page:

3. Justification for requested change (give clear explanation) If not enough room, use additional page:
(Please attach any necessary calculations, drawings, or other supporting documentation)

Pursuant to A.R.S. § 42-1009, the Department may enter your establishment 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: __________________________

(Permit Owner/Holder initials) **It is the responsibility of the permit holder to update the Department if there is a change in contact information.**

AGENCY USE ONLY

<table>
<thead>
<tr>
<th>Request Denied</th>
<th>Request Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not equal or better performance</td>
<td>☐ Equal or better performance</td>
</tr>
<tr>
<td>☐ Does not address sit/system conditions better</td>
<td>☐ Site or system conditions addressed more satisfactorily</td>
</tr>
<tr>
<td>☐ Excessive review/research time needed</td>
<td>Approved by: __________________________</td>
</tr>
<tr>
<td>☐ Adverse impact to environmental/other permittees</td>
<td>Date Approved: __________________________</td>
</tr>
<tr>
<td>☐ Request insufficiently justified</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
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</table>

Denied by: __________________________ MCESD Number: __________________________ Amount Paid: __________________________

Date Denied: __________________________