



Maricopa County
Environmental Services Department

**Request for: DISCHARGE AUTHORIZATION
to Operate a Septic Tank and Disposal Field
System Constructed Under General Aquifer
Protection Permit 4.02**

Owner Information:	Permit No.
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 approved plans. This onsite 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 have been paid for revision review.	
<input type="checkbox"/> Engineered Wastewater Treatment System: As-built plans and certification letter stamped, signed, and dated by a Professional Engineer registered in the State of Arizona, Certificate of 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 with 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 (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 in 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 _____

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 OR FAX TO 602-506-6925.

Water & Waste Management Division, 1001 N. Central Ave., #150, Phoenix, Arizona 85004 Phone: (602)506-6666 FAX (602)506-6925
Web: www.maricopa.gov/EnvSvc/ **E-mail:** septicquestions@mail.maricopa.gov