



**WATER & WASTE MANAGEMENT DIVISION  
ONSITE WASTEWATER PROGRAM**

301 West Jefferson Street, Suite 170  
Phoenix, AZ 85003

Phone: (602) 506-6666 | Fax: (602) 506-6925

[SepticQuestions@maricopa.gov](mailto:SepticQuestions@maricopa.gov) | [esd.maricopa.gov](http://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**

**TO REQUEST A FINAL OR PARTIAL INSPECTION COMPLETE THIS FORM. SUBMITTAL OF THIS FORM MEANS YOU ARE READY FOR INSPECTION TODAY. INSPECTION RESPONSE TIMES VARY.**

Owner Name: \_\_\_\_\_ Septic Permit Number: OW-\_\_\_\_-\_\_\_\_\_  
Site Address: \_\_\_\_\_ Parcel Number \_\_\_\_\_  
\_\_\_\_\_ Final \_\_\_\_\_ Partial

**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):**

- The original site plan submitted with the Notice of Intent to Discharge accurately reflects final location and configuration of components
- 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 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.

- 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:** \_\_\_\_\_

- The tank has passed a water tightness test [R18-9-A309(C)(1)]

**Certification:** Owner Agent Installer (check 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:** Gate Code: \_\_\_\_\_ Request courtesy call 1 hr prior: \_\_\_ Yes \_\_\_ No  
Other request/directions \_\_\_\_\_

**IF YOU HAVE QUESTIONS YOU CAN CALL THE INSPECTION LINE AT 602-506-1787.  
COMPLETE, SIGN AND SUBMIT THIS REQUEST FORM TO THE ONSITE WASTEWATER TREATMENT PROGRAM BY:  
EMAIL [SepticQuestions@maricopa.gov](mailto:SepticQuestions@maricopa.gov) , OR  
ON-LINE <http://esd.maricopa.gov/FormCenter/Environmental-Services-16/Onsite-Wastewater-Systems-Program-Inspec-90>  
INCOMPLETE FORMS MAY DELAY THE PROCESSING OF YOUR REQUEST.**