



SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF DECOMMISSIONING WASTEWATER TREATMENT FACILITIES

A certificate of *Approval Of Decommissioning* (AOD) must be obtained from the Maricopa County Environmental Services Department (MCESD) once decommissioning work on a wastewater project is completed. This submittal package instruction sheet is to be used to apply for an AOD for:

- Wastewater Treatment Facilities
- Wastewater Disposal Systems
- Non-Hazardous Liquid Waste Treatment Facilities
- Other Facility/System Related Components
- Odor Control Systems
- Disinfection Systems

A) SUBMITTAL PACKAGE:

Each project to be reviewed and approved by the MCESD for AOD must be submitted with a transmittal letter, a check for any additional review fee (if required), a completed 'Supplemental Requests for Additional Information' form, an application form and the relevant project design documentation.

Multiple projects cannot be submitted on a single application. However, a project may have multiple components bundled into a single project. For example, a project could include a wastewater treatment facility with an off-site wastewater disposal system. A single project could be submitted for these two components.

SUBMITTAL PACKAGE CHECK LIST:

- Transmittal Letter
- Check for Additional Review Fee (normally not required)
- Supplemental Requests for Additional Information form
- Application for Approval Of Decommissioning
- Certificate of Completion
- Design Documentation (*must be sealed by a Licensed Professional if the constructed value of the project is greater than \$12,500)
 - Design Drawings*
 - Engineering Calculations*
 - Testing Plans
 - Test Results
 - Reports and Studies
 - Other Documentation

If an *Approval Of Decommissioning* review is being requested a *Certificate Of Completion* (COC) must be included in the project submittal package.

Design Drawings must be submitted as a full-size 36"W x 24"H (ANSI 'D' size) set of 'as-built' drawings to satisfy public record requirements. All other documentation should be submitted in a binder and be 8-1/2"W x 11"H letter size sheets.

Normally only one copy of the documentation is required for the public record.

B) FEES

Additional fees are not normally required when an application is submitted for an *Approval Of Decommissioning* review. Fees are based on the man hour billing rate that was established when the project's *Approval To Decommission* application was initially submitted and are invoiced as the plan review services are performed on the project.

The total amount of fees that can be assessed for a project are limited by the maximum fee allowed for each project component modified by the applicable expedited, phased and design/build multipliers. Please consult the Maricopa County Environmental Health Code to determine the maximum fee amount that may be billed for a particular project. If you have any questions concerning fees please contact the Water and Wastewater Treatment Program.

Approval certificates will not be issued until all fees are paid in full.

C) APPLICATION FORM INSTRUCTIONS

Each section of the application form should be filled out per the following instructions:

1. PROJECT INFORMATION:

- REVIEW TYPE** – Check the box indicating if this project requires an *Approval Of Decommissioning* review or if a certificate renewal (time extension) for an existing project is being requested.
- PROJECT CLASS** – The project class is *Wastewater*.



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- c) **PROJECT NUMBER** – The project number that was assigned when the project was initially submitted for *Approval To Decommission*. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the project number.
- d) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.
- e) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the capacity, equipment types and quantities, scope and any other relevant details about the project. For treatment facilities identify the treatment process(es) being employed at the plant.
- f) **SITE LOCATION** – Provide the Name, Address, City, State and ZIP Code for the site associated with the project. If more than one site is associated with the project then attach additional pages to this application containing the site information (location, GPS coordinates and height, and parcel numbers) for each site.
- g) **SITE GPS COORDINATES** – Provide the GPS latitude and longitude coordinates and the height of the site associated with the project. The GPS coordinates should be in NAD 83 decimal degree unit format (i.e. ###.##### format) and the height should be in decimal feet format (i.e. #####.## format).
- h) **SITE PARCEL NUMBER(S)** – Provide the parcel number(s) for the site associated with the project. Parcel numbers may be obtained from the Maricopa County Assessor’s website (www.maricopa.gov/Assessor) by doing a parcel search.

2. **PERMIT/SYSTEM INFORMATION:**

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (37###) for the wastewater system. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the permit number.
- b) **SYSTEM ID #** – Provide the Wastewater System (WWS) identification number (AZ-04-37-###). Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system identification number.
- c) **SYSTEM NAME** – Provide the name of the Wastewater System (WWS). Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system name.

3. **DOCUMENTS:**

Check the appropriate check box(es) indicating the types of documents being submitted for the project. Add any additional comments as required.

4. **PROJECT OWNER:**

Provide the firm’s company and department name, contact person’s information and address of the project owner for the project. Add any additional comments as required. This section is required to be completed.

The project owner may be the system owner or a fiduciary agent acting on behalf of the system owner. A fiduciary agent is an individual, corporation or association holding assets for the system owner, with the legal authority and duty to make decisions regarding financial matters for the project on behalf of the system owner.

Typically the fiduciary agent would be a developer that has entered into an agreement with the system owner to demolish existing system infrastructure in return for entitlements or other benefits. The developer acts on behalf of the system owner in the decommissioning of the existing infrastructure.

5. **BILLING ADDRESS:**

Provide the firm’s company and department name, contact person’s information and address of the organization responsible for payment of future invoices for the project. Add any additional comments as required. This section is required to be completed.

Check the Project Owner check box if the billing address information is the same the project owner.



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6. **LICENSED PROFESSIONAL:**

Provide the firm's company and department name, responsible engineer's/architect's information and address of the engineering/architectural consultant for the project. Provide the firm's and the responsible engineer/architect's Arizona State Board of Technical Registration license numbers. Add any additional comments as required.

The engineer/architect in responsible charge of the project must be registered in the State of Arizona if the demolition work value of the project is greater than \$12,500. Check the 'Not Applicable' check box if the demolition work value of the project is less than or equal to \$12,500.

The engineering/architectural firm employing the engineer/architect in responsible charge of the project must also be registered with the Arizona State Board of Technical Registration to submit a project to the MCESD.

7. **MAILING ADDRESS:**

Provide the firm's company and department name, contact person's information and address of the organization that should receive general correspondence related to the project such as design review comments, information requests and other types of general correspondence. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, System Owner or Applicant check box if the mailing address information is the same as one of these entities.

8. **SYSTEM OWNER:**

Provide the firm's company and department name, contact person's information and address of the system owner for the project. Add any additional comments as required.

The owner of a wastewater system, including the system components (storage reservoirs/tanks/basins, lift stations, pipelines, treatment facilities, etc.), must be a government agency such as a municipality, a public utility (i.e. a utility operating as a public service corporation under the rules and regulations administered by the Arizona Corporation Commission) or a private utility.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or Applicant check box if the system owner information is the same as one of these entities.

9. **APPLICANT:**

Provide the firm's company and department name, contact person's information and address of the applicant for the project. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or System Owner check box if the applicant information is the same as one of these entities.

10. **FINANCIAL RESPONSIBILITY STATEMENT:**

Provide the name and title of the fiduciary agent within the project owner's organization who will be responsible for this project. The representative must sign and date the application in the spaces provided. This section is required to be completed.

The person or organization signing this acknowledgement will be responsible for all fees associated with this project and is subject to permit cancellation or suspension of work on this or any other plan review projects the responsible financial party has submitted to the department should the project become delinquent due to non-payment of plan review fees.

11. **CORRESPONDENCE ROUTING:**

Check the appropriate check box(es) identifying what organization(s) should receive copies of approval certificates. Please note that all original approval certificates will be mailed to the System Owner.

12. **SPECIAL INSTRUCTIONS:**

Identify any special issues related to the submittal such as the inclusion of remediation procedures, operator information, disinfection test results or water quality analysis reports, etc. that might affect the review or approval.

**Environmental Services Department
Water and Waste Management Division
501 North 44th., Suite 200
Phoenix, AZ 85008**



**Water and Wastewater Treatment Program
Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-mail: WWM_TPP@mail.maricopa.gov**

**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF DECOMMISSIONING
WASTEWATER TREATMENT FACILITIES**

D) SUBMISSION AND CONTACT INFORMATION:

Send the submittal package to:

**MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT
WATER AND WASTEWATER TREATMENT PROGRAM
1001 NORTH CENTRAL AVENUE, SUITE 150
PHOENIX, AZ 85004-1940**

If you have any questions please contact the MCESD at the following telephone, fax or e-mail address:

Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-Mail: WWM_TPP@mail.maricopa.gov

Visit our webpage at www.maricopa.gov/EnvSvc/WaterWaste for additional information about how to submit projects to the MCESD's Water and Wastewater Treatment Program.



**APPROVAL PROCESS NOTICE FOR APPROVAL OF DECOMMISSIONING
 WASTEWATER TREATMENT FACILITIES**

1. Steps required to obtain an 'Approval Of Decommissioning' approval are as follows:
 - a. Obtain an 'Approval To Decommission' approval from the Department.
 - b. Notify the Department of commencement of demolition prior to beginning construction.
 - c. Notify the Department of completion of demolition at least ten working days prior to the expected completion date to permit the scheduling of the final inspection.
 - d. Validate that the demolition conforms to approved plans and specifications and all changes have been documented on the as-built design drawings to be submitted to the Department.
 - e. Submit a completed application together with the required submittal package plan review documentation as identified in this application packet.
 - f. Schedule and successfully pass a final inspection of the facility with the Department.
 - g. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - h. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process. If the response is not provided within 365 days of the request for information, the project will be deemed to be denied.
 - i. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.
2. The Department will approve or deny the application within the licensing time frame specified in Table 1, excluding any days the application is returned to the applicant for additional information. This overall licensing time frame is set by Maricopa County Ordinance and as required by A.R.S. §11-1605.

Table 1 – Licensing Time Frames				
No.	Fee Category	Administrative Time (Days)	Substantive Time (days)	Overall Time (days)
64	Sewer Collection System Force Mains	42	53	95
65	Sewer Collection System Gravity Sewer	42	53	95
70	Wastewater – Sewer Lift Station	42	53	95
85	Non-Hazardous Liquid Waste Transfer Facility	42	94	136
86	Wastewater Treatment Plant	35	186	221
87	Treatment System Plan - Wastewater	42	94	136

3. Department contact information regarding your application:

Telephone: 602-372-2861
 E-mail: WWM_TPP@mail.maricopa.gov
 Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>
4. 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, telephone, in person or mail to the address listed at the top of the page, marked 'Attention: Water and Wastewater Treatment Program'.



**APPLICATION FOR APPROVAL OF DECOMMISSIONING
 WASTEWATER TREATMENT FACILITIES**

1. PROJECT INFORMATION:		DATE SUBMITTED:	
REVIEW TYPE: <input type="checkbox"/> Approval Of Decommissioning <input type="checkbox"/> Certificate Renewal			
PROJECT CLASS: <input checked="" type="checkbox"/> Wastewater		PROJECT NUMBER:	
PROJECT NAME:			
PROJECT DESCRIPTION:			
SITE LOCATION: _____ <small>(Name, Address, City, State, ZIP Code)</small>			SITE PARCEL NUMBER(S):
SITE GPS COORDINATES:	Latitude (N):	Longitude (W):	
2. PERMIT/SYSTEM INFORMATION:			
MCESD PERMIT NUMBER:	<input type="checkbox"/> NEW PERMIT REQUIRED		
SYSTEM ID #: AZ - 04 -	SYSTEM NAME:		
3. DOCUMENTS: (Check each applicable document type being submitted for this project - * items are usually required to be submitted for an AOD)			
<input type="checkbox"/> Design Report	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Water Quality Analysis Report	
<input type="checkbox"/> Design Drawings	<input type="checkbox"/> Pilot Testing Plan	<input type="checkbox"/> Remediation Plan	
<input type="checkbox"/> Technical Specifications	<input type="checkbox"/> Pilot Testing Results	<input type="checkbox"/> Closure Plan	
<input type="checkbox"/> Engineering Calculations	<input type="checkbox"/> Startup Testing Plan	<input type="checkbox"/> Copies of Permits/Certificates	
<input type="checkbox"/> Manufacturer's Documentation	<input type="checkbox"/> Startup Testing Results	<input type="checkbox"/> Recorded Legal Easements/Documents	
<input type="checkbox"/> Operations & Maintenance Manual	<input type="checkbox"/> Operational Log/Report	<input type="checkbox"/> Signed Service or Extension Agreements	
<input type="checkbox"/> Certificate of Completion*	<input type="checkbox"/> Disinfection Test Results*	<input type="checkbox"/> Sewer Capacity Letter	
<input type="checkbox"/> Other: _____			
COMMENTS:			
4. PROJECT OWNER: (Required)			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			



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5. BILLING ADDRESS: (Required)				Same As: <input type="checkbox"/> Project Owner	
FIRM:					
Company:			Department:		
CONTACT PERSON:					
Name:			Title:		
Telephone:		Mobile:	Facsimile:		Pager:
E-mail:			Website:		
ADDRESS:					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
COMMENTS:					
6. LICENSED PROFESSIONAL: (Required unless project's demolition work value < \$12,500)				<input type="checkbox"/> Not Applicable	
FIRM:					
Company:		Department:		AZ License #	
RESPONSIBLE ENGINEER/ARCHITECT:					
Name:		Title:		AZ License #	
Telephone:		Mobile:		Facsimile:	
E-mail:			Website:		
ADDRESS:					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
COMMENTS:					
7. MAILING ADDRESS: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> System Owner <input type="checkbox"/> Applicant					
FIRM:					
Company:			Department:		
CONTACT PERSON:					
Name:			Title:		
Telephone:		Mobile:		Facsimile:	
E-mail:			Website:		
ADDRESS:					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
COMMENTS:					



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8. SYSTEM OWNER:				Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> Applicant			
FIRM:							
Company:				Department:			
CONTACT PERSON:							
Name:				Title:			
Telephone:		Mobile:		Facsimile:			
E-mail:				Website:			
ADDRESS:							
Line 1:							
Line 2:							
Line 3:							
City:		State:		ZIP Code:		Country:	
COMMENTS:							
9. APPLICANT:				Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> System Owner			
FIRM:							
Company:				Department:			
CONTACT PERSON:							
Name:				Title:			
Telephone:		Mobile:		Facsimile:			
E-mail:				Website:			
ADDRESS:							
Line 1:							
Line 2:							
Line 3:							
City:		State:		ZIP Code:		Country:	
COMMENTS:							
10. FINANCIAL RESPONSIBILITY STATEMENT: (Required)							
<p>By signing and submitting this application, I acknowledge my responsibility to reimburse Maricopa County for any and all reasonable costs incurred in processing this application, even if an approval or permit is never issued. Should I decide to cancel this application at any time after submitting it, I will immediately notify Maricopa County in writing of my intent to cancel. Such notification will not relieve me of my responsibility to reimburse Maricopa County for application processing costs incurred up to and including the date that my written cancellation notice was received by Maricopa County.</p>							
Name:				Title:			
Signature:				Date:			
11. CORRESPONDENCE ROUTING:							
<input type="checkbox"/> Copy Project Owner on Approvals		<input type="checkbox"/> Copy Licensed Professional on Approvals		<input type="checkbox"/> Copy System Owner on Approvals			
<input type="checkbox"/> Copy Billing Address on Approvals		<input type="checkbox"/> Copy Mailing Address on Approvals		<input type="checkbox"/> Copy Applicant on Approvals			
<input type="checkbox"/> Other: _____							

