



La Paz County Department of Community Development

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NOTICE OF INTENT TO DISCHARGE ONSITE WASTEWATER TREATMENT FACILITY APPLICATION

Application instructions, general directions, fees, required application submittal items (checklist), and information regarding the license application process as required by A.R.S. §11-1606, including the permit application process, applicable licensing time frames, county contact information, website and electronic contact information, and required notices, can be found at <http://www.lapazcomdev.com/environmental-health.html> . The applicant is responsible for the information and requirements listed under the application instructions. Application submittals that do not meet the requirements of the application instructions, including items listed on the submittal checklist, may result in a denial of the application. This application will expire one year from the date of submittal if a Construction Authorization has **not** been issued.

1. PROJECT INFORMATION				DATE SUBMITTED:	
REVIEW TYPE: <input type="checkbox"/> Construction Authorization <input type="checkbox"/> Residential fee \$200 <input type="checkbox"/> Commercial fee \$300 <input type="checkbox"/> Alternative Systems \$450 <input type="checkbox"/> Expedited reviews require double the standard permit fee <input type="checkbox"/> Owner builder requires double the standard permit fee.					
PROJECT NAME:					
PROJECT DESCRIPTION (include expected date of operation, rate, and volume of discharge):					
2. SITE LOCATION					
Subject Property Address:					
City		State:		Zip Code:	
Parcel #:			Cross Streets:		
Subdivision:		Lot Number:	Zoning:	Flood Zone/Map:	
Legal Description:	Township:	Range:	Section:	Parcel Square Footage:	
Latitude:			Longitude:		
3. PROPERTY/BUSINESS/OWNER					
If Business, Name of Business:					
Owner Name:			Title:		
Telephone:		Mobile:		Alt. Telephone:	
Email:			Facsimile:		
Mailing Address:					
City:		State:	Zip Code:	Country:	
4. ARIZONA LICENSED CONTRACTOR, INSTALLER					
Company Name:					
Name:			Title:		
Telephone:		Mobile:		Alt. Telephone:	
Email:			Facsimile:		
Mailing Address:					
City:		State:	Zip Code:	AZ ROC License #:	
5. PERMIT INFORMATION					
Water Source: (Check one below)					
<input type="checkbox"/> Water Company Name: _____					
<input type="checkbox"/> Holding Tank (hauling water)					
<input type="checkbox"/> Private Well Identification Number: _____					
<input type="checkbox"/> Shared Well Agreement Recording Number: _____					

Application Type: On-site Wastewater Facility (OSWTF)

New-General Permit 4.02 (conventional OSWTF which consists solely of a septic tank and disposal field):
 Trench—Aggregate Trench—Recycled Concrete Seepage Pit—Aggregate Chamber Leach Bed

New-General Permit 4.03-4.22 (alternative/engineered OSWTF)
Describe proposed treatment and disposal method; indicate all applicable general permit numbers: _____

Alteration-General Permit 4.02-4.22 (repair or replacement of the OSWTF tank or disposal field):
 Tank Trench-Aggregate Trench-Recycled Concrete Seepage Pit-Aggregate Chamber Leach Bed
 Alternative/Engineered Technology Describe: _____

WASTEWATER SOURCE Design flow per A.A.C. R18-9-A309(B)(3) OWNER INITIAL

A) Design flow per A.A.C R18-9-A309(B)(3) Number of bedrooms: _____ and gallons per day _____

B) The single family dwelling, a list of the number of bedrooms and plumbing fixtures and corresponding unit flows used to calculate the design flow of the facility per A.A.C. R18-9-A314.

Wastewater Source	Number	Unit flows used to calculate the design flow of the facility

C) For a dwelling other than for a single family, a list of each wastewater source and corresponding unit flows used to calculate the design flow of the facility.

Wastewater Source	Number	Unit flows used to calculate the design flow of the facility

6. APPLICANT CERTIFICATION

READ CAREFULLY AND SIGN BELOW, this section is to be completed by the owner and contractor identified on the first page of the application:

Pursuant to A.R.S. § 41-1009, the Department may enter your premises 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: _____, _____ (initials). It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I _____, (Property Owner) certify that this Notice of Intent to Discharge and all attachments were prepared under the direction or authorization of the owner or operator of the facility and all information is, to the best of the owner’s or operator’s and my knowledge, true, accurate and complete. I also certify that the on-site wastewater treatment facility described in this form is or will be, under the direction or authorization of the owner or operator of the facility, designed, constructed, and operated in accordance with terms and conditions the General Aquifer Protection Permit(s) (A.A.C. § R18-9-E302 through § R18-9-E323) and applicable requirements of A.R.S. Title 49, Chapter 2, the Arizona Administrative Code, Title 18, Chapter 9 regarding Aquifer Protection Permits. The owner or operator of the facility and I am aware that there are significant penalties for submitting false information including permit revocation as well as the possibility of fine and imprisonment for knowing violations.

Signature of Property Owner: _____ Date: _____

Falsification of information on this document for the purpose of evading State Licensing Laws is a Class 2 Misdemeanor pursuant to A.R.S. §13-2704

Contractor Signature: _____ Date: _____