



**MARICOPA COUNTY ENVIRONMENTAL SERVICE DEPARTMENT
WATER & WASTE MANAGEMENT DIVISION
ONSITE WASTEWATER PROGRAM**

501 North 44th Street, Suite 200, Phoenix, AZ 85008

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

Email: SepticQuestions@maricopa.gov Website: esd.maricopa.gov



OSWP Application #:

**APPLICATION FOR SETBACK DISTANCE REVIEW
OF EXISTING SEPTIC SYSTEMS**

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.maricopa.gov/2495/Forms-Applications>. 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.

1. PROJECT INFORMATION:	DATE SUBMITTED:
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REVIEW TYPE: <input type="checkbox"/> Standard (Review Fee - \$80) <input type="checkbox"/> Expedited (Review Fee - \$160)

PROJECT DESCRIPTION:

2. SITE LOCATION:

Subject Property Address:

City:	State:	ZIP Code:
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Cross Streets:

Parcel Number:	Recorded Deed Number:
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Subdivision:	Lot Number:
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Township:	Range:	Section:	Parcel Square Footage:
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3. PROPERTY OWNER: ² All documents from MCESD will be mailed to this address unless otherwise noted below. Returned mail will not be forwarded.

NAME:

Telephone:	Mobile:
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E-mail:	Facsimile:
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ADDRESS²:

City:	State:	ZIP Code:
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4. CONTACT PERSON/AGENT (IF DIFFERENT THAN THE OWNER):

ORGANIZATION:

CONTACT PERSON:	Title:
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Telephone:	Mobile:
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E-mail:	Facsimile:
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ADDRESS:

City:	State:	ZIP Code:
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5. EXISTING/REQUIRED PERMITS: List any county, state, or federal environmental permits issued or needed for the proposed project (check all that apply):

<input type="checkbox"/> Existing OSWTF permits Description/Permit Number:

<input type="checkbox"/> Building Authority permit Agency: Permit Number:

6. APPLICANT CERTIFICATION:

READ CAREFULLY AND SIGN BELOW, this section is to be completed by the owner or contact person/agent identified on the first page of the application:

I _____, certify that this application 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, maintained 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, and the Maricopa County Environmental Health Code. **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:	Date:
<input type="checkbox"/> Owner <input type="checkbox"/> Agent	

FOR INTERNAL USE ONLY
Amount: \$ _____ Date Issued _____ Issue Status _____ By _____