

## **PLAN REVIEW APPLICATION PROCESS NOTICE**

### **New Drinking Water Source Approval**

New Drinking Water Source Approval (NSA) is required for all drinking groundwater and surface water sources used by Maricopa County regulated public water systems. For complete requirements for drinking water sources, please refer to Arizona Administrative Code Title 18, Chapters 4 and 5. Copies are available from the office of the Arizona Secretary of State or online at [www.azsos.gov](http://www.azsos.gov). This application must be completed by the PWS Permit Owner/Holder or authorized representative of the public water system (PWS) and be submitted with the following required application documents:

- **Water quality analyses results** - All water quality analyses results must be collected at the raw water source no greater than 12 month prior to application submission. All water quality analyses must be conducted by an Arizona Department Health Services (ADHS) certified laboratory. All water quality analysis results must be submitted on the proper Arizona Department Environmental Quality (ADEQ) Drinking Water Source Approval reporting forms.
- **ADWR Registration Record** – A copy of the Arizona Department of Water Resources (ADWR) Registration Record may be obtained from ADWR at [www.azwater.gov](http://www.azwater.gov) or (602)771-8500.
- **Well Driller’s Log** - A copy of the Well Driller’s Log may be obtained from the person/business that drilled the well or (ADWR) at [www.azwater.gov](http://www.azwater.gov) or (602)771-8500.
- **Applicable scheduled plan review fee of \$425.**

**Engineering Approval** - Arizona law requires owners of water system components, including wells, treatment plants, storage and pressure tanks, distribution mains, and booster pumps, to obtain approvals to construct (ATC) and approvals of construction (AOC) prior to serving any drinking water source through a PWS. The PWS permit owner/holder or authorized representative must complete and submit an ATC and AOC application for each drinking water system component. Each ATC and AOC application must be sealed by a Professional Engineer and submitted with required scheduled plan review fees.

- Please contact Subdivision Program at (602) 506-1058 or [ENVSubdivison@maricopa.gov](mailto:ENVSubdivison@maricopa.gov) for more information on engineering requirements for *non-treatment* related water system components.
- Please contact Treatment Program at (602) 506-1069 or [Treatmentplantprogram@maricopa.gov](mailto:Treatmentplantprogram@maricopa.gov) for more information on engineering requirements for *treatment* related water system components.

#### **Plan Review Process Steps:**

1. Applicant submits complete New Source Approval Application with appropriate fee.
2. Department conducts review of application and onsite field inspection to determine approvability the drinking water source.
3. Applicant provided with Department decision of “approval” or “disapproval” based on step 2.

The Department will approve or deny this application in 83 business days (16 day - Administrative Review, 67 day - Substantive Review) excluding any days the application is returned to the applicant for additional information. 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, regular mail, telephone, or in person at the address listed at the top of the page, marked attention Drinking Water Program (DWP). The DWP Application Clerk is the contact for information regarding this application and can be reached at (602)506-6935 or [sdwquestions@Maricopa.gov](mailto:sdwquestions@Maricopa.gov) with any questions. Additional application information may also be found on our program website at <http://www.maricopa.gov/2350/Drinking-Water>.



## APPLICATION FOR NEW DRINKING WATER SOURCE APPROVAL

**All fields are required to be completed. Incomplete applications will not be accepted.**

*Please Note: This application must be completed by the PWS Permit Owner or authorized representative of the PWS and submitted with applicable water quality analyses results, ADWR Registration Record, Well Driller's Log, and the applicable review fee.*

Fee Enclosed (Please Check One):  Standard Scheduled Fee - \$425  Expedited Fee - \$850 (Double Scheduled Fee)

### Proposed Public Water System (PWS) Information

PWS Name :			PWS 07		
PWS Address:					
Type of Public Water System:	<input type="checkbox"/> Community	<input type="checkbox"/> Non-transient Non-community	<input type="checkbox"/> Transient Non-community		
Est. Population served:	Est. # Service Connections:		Approx. Start Date:		
DWR Registration #:	Water Source Type:	<input type="checkbox"/> Well	<input type="checkbox"/> CAP	<input type="checkbox"/> SRP	Other:
Water Source Name:	<input type="checkbox"/> Existing EPDS			<input type="checkbox"/> New EPDS	
Water Source Address:			Water Source Designated EPDS:		

### PWS Permit Owner/Holder (PO) Information

PO Name:			PO Contact Name:		
Address:					Zip Code:
Phone #:	Fax #:	Cell #:	Email:		

### PWS Permit Billing (PB) Information

Billing Contact Name:				Title:	
Billing Address:					
Phone #:	Fax #:	Cell #:	Email:		

### PWS Primary Certified Operator (CO) Information

Primary Certified Operator:				License Number:	
CO Business Name:					
Address:					
Phone #:	Fax #:	Cell #:	Email:		

### Professional Engineer (PE) Information

PE Name:				License Number:	
PE Business Name:					
Address:					
Phone #:	Fax #:	Cell #:	Email:		

**Mail approval to:**  Water System owner  PWS Certified Operator  Project Engineer

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment 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: \_\_\_\_\_ (Permit Owner/Holder initials)

***It is the responsibility of the permit holder to update the Department if there is a change in contact information.***

PWS Permit Owner/ Holder*: (Person with Fiduciary Responsibility)	Name (Print)	Signature	Date
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(\*Attached Letter of Authorization required if application is not signed by Permit Owner/Holder)

For Internal Use Only			
CAP ID	DW-	Staff Assigned	

## Letter of Authorization

**Complete this form if the Permit Owner/Holder is not signing the attached application.**

This form is effective for one (1) year from the date of Permit Owner/Holder signature.  
All fields are required. Incomplete applications will not be accepted.

### Permit Information

Permit Name:

Permit #:

Permit Type:

Permit Address:

### Permit Owner/Holder (PO) Information

PO Name:

PO Address:

Phone #:

Fax #:

Cell #:

Email:

### Authorized Agent (AA) Information

AA Name:

AA Firm Name:

Address:

Phone #:

Fax #:

Cell #:

Email:

I hereby authorize \_\_\_\_\_ of \_\_\_\_\_ (firm name)  
to file a/an \_\_\_\_\_ application  
and act on my behalf during the application process.

*Permit Owner/Holder Signature:*

Date:

*Authorized Agent Signature:*

Date:

*Witness Name (Print)*

*Witness Signature*

Date:

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CAP ID

DW-

Staff Assigned