



**FOR A PRIVATELY-OWNED SEWAGE COLLECTION SYSTEM CONSTRUCTED UNDER A TYPE 4.01
GENERAL PERMIT**

The proposed sewage collection system falls under the requirements of Arizona's Aquifer Protection Permit (APP) General Permit 4.01 (AAC R18-9-E301) but will be privately owned and operated. A new Construction Authorization will be required for any changes in the approved construction-ready plans that require additional plan review.

PROJECT NAME	PROJECT INFORMATION
_____	COP Project (KIVA) No. _____
_____	LPR _____ No. _____
_____	SDEV No. _____
PROJECT APPLICANT	PROFESSIONAL ENGINEER INFORMATION
Name: _____	Name: _____
Firm: _____	Firm: _____
Address: _____	Address: _____
_____	_____

Project Description including title of plat and legal description with Section, Township and Range:

Checklist for Construction Authorization (verify all items are completed at time of submittal)

- Application for Construction Authorization submitted and completed.
- Professional Engineer's Design Report submitted and completed.
- PDD has confirmed with WSD that there is capacity in existing treatment plants and collection system to receive flows from the proposed sewage collection system _____

_____ WSD Representative
_____ Date
- Approved design plans and specifications submitted, signed and sealed by an Arizona Registered Professional Engineer.
- O&M Plan submitted to owner/operator of sewage collection system.
- Draft CC&R's or letter submitted for private owned sewer systems providing evidence of financial provisions.
- Other _____

The Construction Authorization is issued in accordance with Arizona Administrative Code, AAC Title 18 Chapter 9, Article 3, Part A, Section A301. The applicant is authorized to construct the above described facilities in accordance with the approved plans and specifications, the requirements of 4.01 General Permit (for sewage collection systems), and applicable requirements of AAC Title 18, Chapter 9, Article 3. Complete construction within two years after the date construction begins, or this document shall be void and a new Notice of Intent to Discharge must be submitted for review and approval.

City of Phoenix Health Delegate _____ Date

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.