NOTICE OF INTENT TO DISCHARGE FOR A SEWAGE COLLECTION SYSTEM
TYPE 4.01 GENERAL AQUIFER PROTECTION PERMIT

GENERAL INFORMATION:
1. Project Name:________________________________________________________

2. Assessor’s Parcel Number (Every property has a parcel number, even streets):____________________________

3. Narrative Project Description:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. Design Summary
Population Served by Proposed System ___________________ Number of manholes________________
Number of Service Connections ___________________ Number of lift stations ___________________
Total length of gravity sewer lines ___________________ Feet
Total length of force mains ___________________ Feet
Design flow of system at downstream point ___________________ Gallons per day

5. Existing ADEQ Permits for the Wastewater Treatment Plant
Name: ____________________________________________ Physical Address for Treatment Plant:
APP (Aquifer Protection Permit) Number: P________________
AZPDES Permit Number: __________________________
Telephone No. __________________________ Fax No. __________________________
Email Address __________________________________________

6. Site Information
City __________________________________________
Location of downstream end of proposed system Township ______ Range ______ Section ______.
Latitude ________ º _______ ’ _______ “ N  Longitude ________ º _______ ’ _______ ” W
Project Location Description: __________________________________________________________

7. Project Applicant (check one)  □ Owner  □ Operator
Name ____________________________________________ Phone __________________________
Title/Firm ____________________________________________ Email Address __________________________
Mailing Address ____________________________________________ City __________ State _________ Zip

8. Project Contact Person/Agent  □ Engineer  □ Consultant  □ Contractor  □ Attorney  □ Other
Name ____________________________________________ Phone __________________________
Title/Firm ____________________________________________ Email Address __________________________
Mailing Address ____________________________________________ City __________ State _________ Zip
9. **Owner/Operator of Wastewater Collection System (person responsible for overall compliance)**
   Name __________________________________________ Phone _________________________________
   Title/Firm________________________________________ Email Address___________________________
   Mailing Address _________________________________ City _________________State _________Zip ________

10. **Owner/Operator of Wastewater Treatment Facility (person responsible for overall compliance)**
    Name __________________________________________ Phone _________________________________
    Title/Firm________________________________________ Email Address___________________________
    Mailing Address _________________________________ City _________________State _________Zip ________

SUPPLEMENTAL INFORMATION:
11. **Sewage Treatment Facility Capacity Assurance (Check Box if Complete)**
    □ I have attached a completed Sewage Treatment Facility Capacity Assurance form.
12. **Capacity Assurance for a Sewage Collection System (Check One)**
    □ I have attached a completed Sewage Collection System Capacity Assurance form.
    □ The proposed sewage collection system does not deliver wastewater to a downstream collection system.
13. **Site Plan and Fee (Check Box if Complete)**
    □ I have provided a general site plan showing the boundaries and key aspects of the project.
    □ I have provided the appropriate fee.
14. **Construction Quality Drawings-3 Sets (Check Box if Complete)**
    a. The plans and profiles for all sewer lines, manholes, force mains, depressed sewers, and lift stations with sufficient detail to allow Department verification of design and performance characteristics;
    b. Relevant cross sections showing construction details and elevations of key components of the sewage collection system to allow Department verification of design and performance characteristics, including the slope of each gravity sewer segment stated as a percentage;
    c. Drainage features and controls, and erosion protection as applicable, for the components of the project; and
    d. Horizontal and vertical location of utilities within the area affected by the sewer line construction.
    □ I have provided all the information listed in a through d above.
15. **Sewage Collection System Design Flows (Check Box if Complete)**
    □ I have attached documentation of design flows for significant components of the sewage collection system and the basis for calculating the design flows.
16. **Operation and Maintenance Plan (Check One)**
    □ I have attached an operation and maintenance (O & M) manual. The manual contains the 24-hour emergency number of the owner and operator of the sewage collection system and the address the manual can be inspected.
    □ A current O & M plan is already on file with ADEQ. The specific file number of the project is ____________
17. **Design Documents-2 Copies (Check Box if Complete)**
    □ I have included design documents, including plans, specifications, drawings, reports, and calculations that are signed, dated, and sealed by an Arizona-registered professional engineer. The designer shall use good engineering judgment following engineering standards of practice, and rely on appropriate engineering methods, calculations, and guidance.
18. **Certification Statement (To be completed by the applicant in item 7 above)**
    I, _______________________________________, certify that this Notice of Intent to Discharge and all attachments were prepared under my direction or authorization and all information is true, accurate and complete. I also certify that the sewage collection system described in this form is or will be designed and constructed in accordance with terms and conditions of the Type 4.01 General Aquifer Protection Permit (A.A.C. R18-9-E301) and applicable requirements of Arizona Revised Statutes Title 49, Chapter 2, and Arizona Administrative Code Title 18, Chapter 9 regarding aquifer protection permits. 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