



**APPROVAL OF CONSTRUCTION  
DRINKING WATER FACILITIES  
INSTRUCTIONS**

**INSTRUCTIONS**

Please complete and sign an Engineers Certificate of Completion (ECC) to obtain an Approval of Construction (AOC) for the drinking water facilities in accordance with Arizona Administrative Code (A.A.C.) R18-5-507.

The application is interactive and allows you to hover over the **blue boxes** for detailed information about that section. Click on the [blue](#) URL links for external source of information.

**GENERAL APPLICATION PROCESS**

1. Submit this ECC and appropriate supplemental information and forms are identified in the checklist below. Please see the [Delegated Agencies for Public Water System](#) document to determine where to submit your application (county, city, or ADEQ regional office).  
[http://static.azdeq.gov/er/dw\\_delegation\\_agencies.pdf](http://static.azdeq.gov/er/dw_delegation_agencies.pdf)

**APPLICATION CHECKLIST**

	<b>Document Description</b>
	<b>Engineering Certification of Completion (ECC)</b>
	<b>As Built Plans</b>
	<b>Quality Control Testing Results and Calculation</b>
	<b>Operation and Maintenance Manual (Check Box if applicable)</b>
	<b>New Source Analysis (Check Box if applicable)</b> <a href="http://static.azdeq.gov/forms/drinkingwater_sourceapproval.pdf">http://static.azdeq.gov/forms/drinkingwater_sourceapproval.pdf</a>
	<b>Capacity Development Letter (Check Box if applicable)</b>

2. There are no fees associated with submitting an Approval of Construction Application.
3. Satisfy any deficiency requests arising from the Department’s post-construction review of the submitted information.
4. Receive a Certificate “Approval of Construction” from the Department authorizing use of the drinking water facility.
5. Collect initial monitoring samples according to the initial monitoring plan described in the design report and submit results to ADEQ. (Applicable for new treatment facilities and blending plans only).

**LICENSING TIME FRAMES**

Licensing Time Frames are specified by Arizona Department of Environmental Quality in AAC R18-1-525, which limits the number of business days ADEQ can review your project without a penalty. They are:

License Type	Administrative Review	Substantive Review	Overall Time Frame
<b>Approval of Construction – drinking water treatment facility, project or well.</b>			
Standard	16	37	53
Complex	16	67	83
<b>Drinking Water New Source Approval</b>			
Standard	16	37	53
Complex	16	67	83



**ENGINEERS CERTIFICATE OF  
COMPLETION DRINKING WATER  
FACILITIES**

**GENERAL INFORMATION**

**Project Name and Information**

Project Name \_\_\_\_\_  
 Project Description \_\_\_\_\_  
 \_\_\_\_\_  
 ADEQ File # \_\_\_\_\_ LTF Number \_\_\_\_\_  
 Date of Completion \_\_\_\_\_ Date of Final Inspection \_\_\_\_\_  
 Final Inspection by  The Engineer signing this form  
 Name of Inspector: \_\_\_\_\_ under my direct supervision.  
 Proposed Start-up Date \_\_\_\_\_

**2 Applicant (to whom the ATC was issued)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ Firm Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**3 Engineer (signing this form)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Arizona BTR Registration Number \_\_\_\_\_  
 Title \_\_\_\_\_ Firm Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**4 Certified Operator**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Operator Number \_\_\_\_\_ Grade/Expiration Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

DEPARTMENT USE ONLY		DATE STAMP
LTF Number		
Construction Initiated within 1 year of ATC	<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____	
Construction completed within 3 years (or within time extension)	<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____	

**5 Quality Control Test Results**

**Bacti Test Results (please attach laboratory data sheets)**

A) Please indicate the dates and results of all tests include all equipment and distribution line testing.

Date	Equipment Id	Station to Station	Result	Pass/Fail

Results are attached from a ADHS Certified Laboratory

**Pressure Test Data**

Indicate Segment Tested				
Pressure and Leakage Test Results (Pass/Fail)				
Date Tested				
Time Started				
Time Finished				
Pipe Diameter				
Footage Tested				
Allowable Leakage				
Leakage Observed				
Pressure at Test Point				
Employee Observing the Test (Please Print Legibly)				
Signature of Employee Observing the Test				

**Chlorination Tests for All Components (New and Modified Equipment or Distribution Lines)**

Initial Sampling (Minimum 50 ppm available chlorine)	Date				
	Time				
	ppm Cl <sub>2</sub>				
After 24 Hours Detention Time (Minimum 10 ppm free chlorine)	Date				
	Time				
	ppm Cl <sub>2</sub>				
After Sufficient Flushing (Water is clear and system Cl <sub>2</sub> residual is measured)	Date				
	Time				
	ppm Cl <sub>2</sub>				
Bacteriological Sampling(s):	Date				
	Time				
	Attached (Y/N)				
		Yes/No	Yes/No	Yes/No	Yes/No

**6 Water System Facility Flow**

Supplying Facility Name	Receiving Facility Name

**7 Certification Statement (To be completed by the Engineer in item 3 above)**

I, \_\_\_\_\_, a Professional Engineer registered in the State of Arizona, have inspected the construction of the above described project, and certify that the above identified information as true and correct. The materials utilized and the installation and construction of those materials and equipment are in conformance with the approved plans (except for minor changes noted in the as-builts), specifications, and applicable rules, engineering bulletins, and standards.

Affix Engineers Seal  
per AAC R18-5-507(B)(1)