ENGINEERING REVIEW
INSTRUCTIONS FOR AN ALTERNATIVE REQUEST (A312G) FOR TYPE 4 GENERAL PERMIT APPLICATIONS

INSTRUCTIONS
Please fill out and submit this Alternative Design Request (A312G) to the Department along with any additional information necessary for approval. The A312G for a Type 4 General Permit must be submitted along with the Notice of Intent to Discharge. The Department may accept or reject each A312G separately based on the information submitted with each request. In accordance with Arizona Administrative Code (AAC) R18-9-A312(G)(6) the Department may reject an alternative design request for the following reasons:

a. The A312G fails to achieve equal or better performance compared to the general permit requirement;
b. The A312G fails to address site or system conditions more satisfactorily than the general permit requirement;
c. The A312G is insufficiently justified based on the information provided in the submittal;
d. The A312G requires excessive review time, research, or specialized expertise by the Department to act on the request; or
e. For any other justifiable cause.

The Department will not approve an A312G for a deviation to the Arizona Administrative Code. An A312G can only be submitted for and alternative design, setback, installation, or operational feature or as otherwise noted in rule.

GENERAL APPLICATION PROCESS
1. Submit this request and appropriate supplemental information with the appropriate Notice of Intent for Type 4 General Permits. Please see the document entitled Application Submittal Locations to determine where to submit your application (county, city, regional office).
2. Remit the applicable non-refundable general permit fee per A.A.C. R18-14-108, Table 5 (listed below). Review fees established by delegated counties or cities may differ.
3. Satisfy any deficiency requests arising from the Department’s pre-construction review of the submitted information.
4. Receive a “Construction Authorization” from the Department authorizing construction of the wastewater treatment facility.
5. Construct the wastewater treatment facility within two years.
6. Upon completion of construction, submit the Request for Discharge Authorization and any additional required information to the Department to initiate the Department’s post-construction review and inspection.
7. Satisfy any deficiency request arising from the Department’s post-construction review of the facility.
8. Receive a “Discharge Authorization” from the Department, which authorizes operation of the septic tank in accordance with the terms of the Type 4.01 to 4.23 General Aquifer Protection Permits and applicable requirements of statute and rule.

FEES
Fees for Type 4 A312G Alternative Requests are listed in the table below.

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A312G Request, Sewage Collection System</td>
<td>Alternative Design, Setback, Installation, or Operational Feature Request, each</td>
<td>$750</td>
</tr>
<tr>
<td>A312G Request, On-site Wastewater Treatment System</td>
<td>Alternative Design, Setback, Installation, or Operational Feature Request, each</td>
<td>$250</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Administrative Completeness Review</th>
<th>Substantive Review</th>
<th>Overall Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>A312G Alternative Request</td>
<td>*</td>
<td>8</td>
<td>*</td>
</tr>
</tbody>
</table>

* Note that each request for an alternative design, installation, or operational feature under A.A.C. R18-9-A312(G) to a Type 4 General Permit adds eight business days to the substantive review time-frame.
**GENERAL INFORMATION**

1. **Project Name**
   
2. **Applicant (person responsible for overall compliance)**
   
   (Check One) □ Owner □ Operator
   
   Name ___________________________ Phone ___________________________
   
   Title ___________________________ Firm Name ___________________________
   
   Mailing Address ___________________________ City ___________________________ State ______ Zip ______
   
   Email ___________________________

3. **Contact Person/Agent (if different from applicant)**
   
   Name ___________________________ Phone ___________________________
   
   Title ___________________________ Firm Name ___________________________
   
   Mailing Address ___________________________ City ___________________________ State ______ Zip ______
   
   Email ___________________________

4. **Rule Information**
   
   □ On-site ($250 fee), or □ Sewage Collection System ($750 fee)
   
   Rule Citation of Requirement for Which Alternative is Requested ___________________________
   
   Description of Requested Alternative ___________________________
   
   Continued on attachments □ No □ Yes

5. **Alternative Justification**
   
   The applicant shall provide sufficient information for the Department to determine that the change achieves equal or better performance compared with the general permit requirement, or addresses site or system conditions more satisfactorily than the general permit requirements (Please attach any necessary calculations, drawings, or other supporting documentation).

   Continued on attachments □ No □ Yes

6. **Applicant Certification**
   
   I, _________________________________________, certify that this alternative request as described in this application and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. I also certify that this alternative request described in this form meets or exceeds the terms and conditions the General Aquifer Protection Permit(s) (A.A.C. R18-9-E301 through R18-9-E323) and applicable requirements of Arizona Revised Statutes Title 49, Chapter 2, and Arizona Administrative Code Title 18, Chapter 9 regarding aquifer protection permits.

   Affix Seal (If appropriate)

   Signature ___________________________ Date ___________________________

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**DEPARTMENT USE ONLY**

<table>
<thead>
<tr>
<th>File Number</th>
<th>Fee for each request submitted</th>
<th>Check Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes / No</td>
<td></td>
</tr>
</tbody>
</table>

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1110 WEST WASHINGTON, PHOENIX, AZ 85007

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