



4.23 ANNUAL REPORT FORM
ONSITE WASTEWATER TREATMENT SYSTEM
GENERAL PERMIT

INSTRUCTIONS

Fill out the annual report form and submit to ADEQ 30 days prior to the anniversary date of your Discharge Authorization permit as required by R18-9-E323.F.

GENERAL APPLICATION PROCESS

1. Email form and/or supporting documents to GWP_ERU@AZDEQ.GOV
2. Type 4.23 fee is listed on website: azdeq.gov/SepticSewerFees
3. Provide data or documentation required by the performance assurance plan.
4. Certify compliance with the requirements of the performance assurance plan.
5. Describe any additions to the facility during the year that increased flows and certify that the flows did not exceed over 24,000 gallons per day during any one day.

GENERAL INFORMATION

1 Permittee Information

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

2 Project Name and Information

Project Name _____
 ADEQ File Number _____ LTF Number _____
 Discharge Authorization Issue Date _____

The facility has met the yearly requirements of the Performance Assurance Plan? Yes No

If "No" was checked, please provide an explanation:

Is data or documentation required by the Performance Assurance Plan attached? Yes No

3 Certification Statement (to be completed by the certified operator or service provider)

I, _____, certify that this annual report form 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 the on-site wastewater treatment facility conforms to the design approved under the Construction Authorization for this facility in accordance with the Type 4 General Aquifer Protection Permit (A.A.C. R18-9-E302 to 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. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature Applicant Applicant's Representative _____ Date _____

Department Use Only	Date Stamp
Submitted annual report on the anniversary of date of Discharge Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	