



**REQUEST FOR DISCHARGE  
AUTHORIZATION**  
FOR AN ON-SITE WASTEWATER TREATMENT FACILITY  
TYPE 4.23-PLUS GENERAL AQUIFER PROTECTION PERMIT

**GENERAL INFORMATION – EMAIL FORM TO [GWP\\_ERU@AZDEQ.GOV](mailto:GWP_ERU@AZDEQ.GOV)**

**1 Project Name and Number**

Project Name \_\_\_\_\_  
 File Number \_\_\_\_\_ Construction Authorization for this project was issued on: \_\_\_\_\_  
 County \_\_\_\_\_  
 Nearest City \_\_\_\_\_

**2 Applicant**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ Firm Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address\* \_\_\_\_\_  
 \*Email addresses are required as all permits will be sent to the applicant via e-mail.

**3 Applicant’s Representative (contact person for applicant if this section is filled in)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ Firm Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address\* \_\_\_\_\_  
 \*Email addresses are required as all permits will be sent to the applicant via e-mail.

**4 General Permits Requested (Example Type 4.02 General Permit)**

	General Permit		General Permit		General Permit		General Permit
	General Permit		General Permit		General Permit		General Permit

**SPECIFIC TYPE 4.02 DISCHARGE AUTHORIZATION REQUIREMENTS (SEPTIC TANK WITH DISPOSAL BY TRENCH, BED, CHAMBER TECHNOLOGY, OR SEEPAGE PIT LESS THAN 3,000 GALLONS PER DAY DESIGN FLOW)**

**5 Site Plan (Check One)**

- The original site plan submitted with the Notice of Intent to Discharge accurately reflects final location and configuration of the components of the treatment and disposal works.
- A revised site plan is attached showing final location and configuration of components the components of the treatment and disposal works.

Note: A change made during construction in location, configuration, dimension, depth, material, or installation procedure is allowed under A.A.C. R18-9-A301(D)(1)(e) only if the change continues to conform with the specific standard in rule used as the basis of design. Any such changes must be recorded on the site plan.

**6 Septic Tank Watertightness (leave blank if not applicable)**

- A) Tank manufacturer \_\_\_\_\_
- B) Was a Certificate of Conformance with Septic Tank Manufacturing Requirements supplied at time of septic tank purchase in accordance with A.A.C. R18-9-A314?  Yes  No
- C) Brand/Model \_\_\_\_\_
- D) Septic Tank Liquid Design Capacity \_\_\_\_\_ gallons
- E) Filed watertightness test certificate attached (see A.A.C. R18-9-A309(C)(1) and Attachment 1)?  Yes  No

**SPECIFIC TYPE 4.23-PLUS DISCHARGE AUTHORIZATION REQUIREMENTS**

**7 Construction Plans (Check One)**

- The original construction plans submitted with the Notice of Intent to Discharge accurately reflect final location, configuration, and construction of components.
- As-built plans are attached correctly showing the final construction and installation of components.

**8 List of Equipment and Materials (Check One)**

- The original list of equipment and materials submitted with the Notice of Intent to Discharge is correct.
- A revised list of equipment and materials is attached.

**9 Sampling Plan**

- The sampling plan is attached.

**10 Operation and Maintenance**

- Updated performance assurance plan that meets additional requirements pursuant to the 4.23-Plus addendum.

**11 Operation and Maintenance Certification**

I certify that a service contract for ensuring that the facility is operated and maintained to meet the performance and other requirements of the applicable general permits exists for at least one year following the beginning of the operation of the on-site wastewater treatment facility, including the name of the service provider, if the on-site wastewater treatment facility is permitted under a Type 4.04, 4.08 through 4.15, 4.16 (if the facility includes a pump) or 4.18 through 4.22 general permits.

Initial Here \_\_\_\_\_

**12 Installation Contractor Information**

Name of the Installation Contractor \_\_\_\_\_

Registrar of Contractor's license number issued to the installation contractor \_\_\_\_\_

**13 Service Provider Certification**

Name of the Service Provider \_\_\_\_\_

- A service provider certification form is attached (if not previously included with Notice of Intent to Discharge).

**14 Financial Assurance Mechanism**

- Letter signed by the chief financial officer that the applicant is financially capable of meeting the cost estimates for facility operation, closure, and post closure.
- For a state or federal agency, county, city, town, or other local governmental entity, a statement specifying the details of the financial arrangements used to meet estimated closure and post-closure costs.
- For other than a state or federal agency, county, city, town, or other local governmental entity, information required to verify one of the required financial assurance mechanisms (performance surety bond, certificate of deposit, letter of credit, or cash deposit).
- Cost estimates incorporated into the performance assurance plan.

**CERTIFICATION STATEMENT (FOR ALL ON-SITE WASTEWATER TREATMENT FACILITIES)**

**15 Certificate of Completion (completed by Applicant or Applicant's Representative as indicated in item 2 or 3 above)**

I, \_\_\_\_\_, certify that information in this Request for Discharge Authorization and all attachments are, to the best of my knowledge, true, accurate and complete. I also certify that the 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 \_\_\_\_\_

<b>DEPARTMENT USE ONLY</b>	<b>DATE STAMP</b>
Constructed within 2 years <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ATTACHMENT 1 - CERTIFICATE OF WATERTIGHTNESS OF AN INSTALLED SEPTIC TANK DETERMINED BY FIELD WATERTIGHTNESS TESTING UNDER ARIZONA ADMINISTRATIVE CODE R18-9-A309(C)(1)**

**1 Project Information**

- A) Applicant Name \_\_\_\_\_
- B) Project Name \_\_\_\_\_
- C) File Number \_\_\_\_\_

**2 Watertightness Tester**

- A) Name \_\_\_\_\_
- B) Company \_\_\_\_\_
- C) Address \_\_\_\_\_

**3 Septic Tank Information**

- A) Manufacturer \_\_\_\_\_
- B) Brand/Model \_\_\_\_\_
- C) Design Liquid Capacity \_\_\_\_\_

**4 Watertightness Test Information**

Description	Date	Time
1. Start presoak with clean water		
2. Start watertightness test		
3. End watertightness test		

- Passed watertightness test without repair (no water drop over 1-hour period per A.A.C. R18-9-A314(5)(d)(ii))
- Passed watertightness test following repair

**5 Certification**

I have tested the installed septic tank for the above-named project in accordance with the watertightness testing requirements specified in Arizona Administrative Code R18-9-A314(5)(d) and certify that the septic tank passed the watertightness test.

\_\_\_\_\_  
Signature of Tester

\_\_\_\_\_  
Date