

INSTRUCTIONS

An Approval to Construct (ATC) Application and an Approval of Construction (AOC) Application are required for Drinking Water Facilities to obtain authorization to construct a new public drinking water system, modify an existing facility, or make an alteration that will affect the treatment, capacity, water quality, flow, distribution, or operational performance in accordance with Arizona Administrative Code (A.A.C.) R18-5-505.

This document includes supplemental materials for POU/POE Treatment Approval to Construct (ATC) and Approval of Construction (AOC) applications.

- ATC/AOC applications can be found on our website at <https://azdeq.gov/facilitiesreview>
- Construction drawings are required for ATC with PE stamp on each page.
- A Design Report is required for the ATC (template attached).
- An Operations and Maintenance Plan is required for the AOC (template attached).
- A Sampling Plan and Annual Plan Update are required after the AOC is approved, these documents should be sent to the Compliance Assistance Coordinator for the county (templates attached).
https://static.azdeq.gov/comp/dw/coordinator_contact_list.pdf

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1. GENERAL INFORMATION

Public Water System (PWS) Name:

PWS ID:

PWS Type:

Population:

PWS Physical Address:

PWS County:

Is the public water system a seasonal system (i.e. only open during certain seasons/months)? Yes No

If yes, please explain seasonality and start-up procedures.

2. CONTAMINANT OF CONCERN

The contaminant of concern is

The contaminant of concern is at _____ mg/L at the Entry Point to the Distribution System (EPDS). The
 contaminant of concern is at _____ mg/L at the source.

3. POINT OF ENTRY (POE) / POINT OF USE (POU) INFORMATION

The number of building served by PWS is

Please explain how many faucets/spigots or taps each building has and how many devices will be installed and where.

Example: Building #1 has 4 bathroom sinks, 1 kitchen sink, 2 showers, 1 utility sink, 1 refrigerator with an ice maker. Building #1 will install 1 POU device in the kitchen that will serve the kitchen sink and the ice maker.

Manufacturer's name and brand:

The device can handle _____ gallons per minute (gpm).

Type of Point-of-Entry / Point-of-Use Technology used:

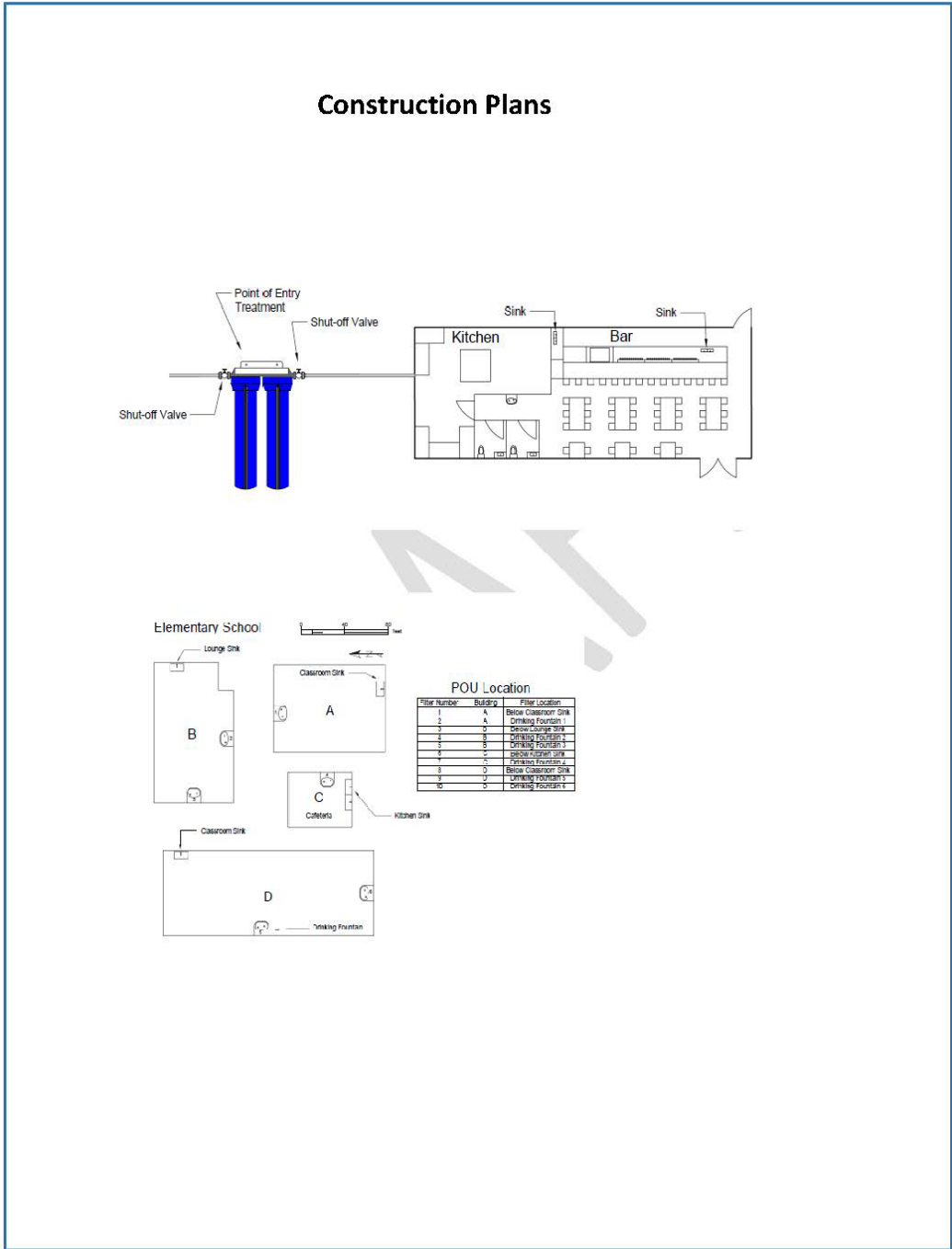
The POE/POU is certified by:

- Adsorptive media
- Ion exchange (IX)
- Granular Activate Carbon (GAC)
- Reverse Osmosis (RO)
- Other

4. SYSTEM MAPS

Attach a vicinity map (can be a google map)

Attach a construction plan (see example below)



Point of Use / Point of Entry Treatment Devices Operations and Maintenance Plan Template

Part 1: General Public Water System (PWS) Information

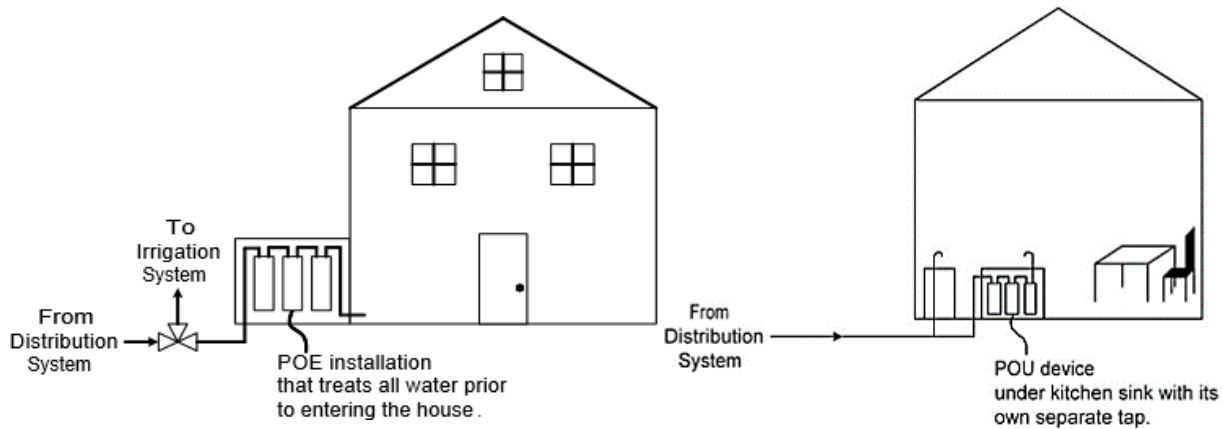
PWS Name:	PWS ID#:
PWS Mailing Address:	
Contact Person:	Phone#:
Email Address:	
PWS Type (Select one): <input type="checkbox"/> CWS <input type="checkbox"/> NTNCWS <input type="checkbox"/> TNCWS	Population Served:
Number of POEs / POU's Approved:	

Part 2: Treatment Type

Type of Treatment used:

Point-of-Entry (POE)

Point-of-Use (POU)



Type of Point-of-Entry / Point-of-Use Technology used:

- Adsorptive media
- Ion exchange (IX)
- Granular activated carbon (GAC)
- Reverse osmosis (RO)
- Other _____

Treated analyte: Arsenic Nitrate Radium Fluoride Other: _____

Part 3: Operations & Maintenance

Provide a description of how the PWS will operate, maintain, and monitor its POE/POU treatment devices to ensure continuous compliance with national primary drinking water regulations, MCLs, and treatment techniques. Attach any applicable documentation, if helpful to demonstrate the statements below.

- Note:*
- This section should include information on regeneration and backwashing schedules, schedules for the replacement of spent media, spent cartridges, lost or spent resin, salt used for resin regeneration, exhausted membranes, particulate pre-filters, etc.
 - This section should also describe when and where required records (such as testing records, maintenance log, etc.) will be maintained.

Are the POE/POU treatment devices equipped with mechanical warnings (Performance Indicator Device, PID) to ensure that customers are automatically notified of recommended system maintenance and or operational problems?

Yes No

If yes, explain what kind of mechanical warning the treatment devices have and how it works.

Describe what procedures have been or are being taken to ensure 100% customer participation in the POU/POE program (ensuring that all of the customers of the PWS have adequate access to potable water). Attach any applicable documentation, if helpful to demonstrate the statements below.

**Point of Use / Point of Entry Treatment
Devices
Operations and Maintenance Plan Template**

Describe how the water system will ensure that the minimum required rights and responsibilities, with respect to the POU/POE devices, are conveyed with the title upon the sale or transfer of each property. Attach any applicable documentation, if helpful to demonstrate the statements below.

The minimum rights and responsibilities that must be conveyed with the title are:

- The PWS owns and is responsible for monitoring and maintaining a POU/POE treatment device that is installed to meet the requirements of this Section;
- Persons served by the PWS must grant PWS employees reasonable access to POU/POE treatment devices, so that the devices can be properly maintained; and
- The PWS may discontinue water service to a customer who refuses to allow PWS employees to enter the customer’s home or business to inspect, monitor and maintain POU/POE treatment devices.

I hereby certify that the information provided in this document is accurate and correct to the best of my knowledge.

Name and title: _____ Signature: _____

Date: _____

**Point of Use / Point of Entry Treatment
Devices
Operations and Maintenance Plan Template**

Example of maintenance log:

Date and Time of Service Call	Service Location	Services Provided	Service Provided by	Notes

Point of Use / Point of Entry Treatment Devices Sampling Plan Template

Part 1: General Public Water System (PWS) Information

Responsible Party:	Population Served:
PWS Name:	PWS ID#: AZ04
PWS Mailing Address:	
Contact Person:	Phone:
Email Address:	
PWS Type (select one): Community Water System <input type="checkbox"/> Non-Transient Non-Community Water System <input type="checkbox"/> Transient Water System <input type="checkbox"/>	PWS Source Types: Ground Water <input type="checkbox"/> Surface Water <input type="checkbox"/>

Part 2: Monitoring Summary

Nitrate: <input type="checkbox"/>	Arsenic: <input type="checkbox"/>	Fluoride: <input type="checkbox"/>	Radionuclides: <input type="checkbox"/>	Other: <input type="checkbox"/> Contaminant:
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Projected Number of Point of Entry (POE)/Point of Use (POU) to be installed :

POE/POU(s) approved for Nitrate treatment are required to be sampled on an annual basis.

POE/POU(s) approved for non-acute contaminants are required to be sampled every year with 1/3 of the devices sampled sent to a certified lab and the remaining 2/3 with test strips.

- *The PWS should maintain the device according to the manufacturer's recommendations
- *All samples must be sent to a certified lab with the results sent to ADEQ within 10 days after the monitoring period.

Part 3: Sampling locations for POU(s)/POE(s) including site map:

Sample site ID:	Location:
Sample site ID:	Location:
Sample site ID:	Location:
Sample site ID:	Location:
Sample site ID:	Location:
Sample site ID:	Location:

Point of Use / Point of Entry Treatment Devices Annual Plan Update Form

Part 1: General Public Water System (PWS) Information	
PWS Name:	PWS ID#: AZ04
Contact Person:	Phone:
Email Address:	
Reporting Year:	
Number of POE/POU Devices in service during Reporting Year:	

Please list **all** of the system's POE/POU devices. Mark the activity status and test method of each POE/POU for the Reporting Year. If there is not enough space in the table provided, please attach a list of the remaining POE/POU devices. Similar versions of this form will be accepted by ADEQ upon approval.

PART 2: POE/POU Sampling Information				
POE/POU#	Activity Status		Test Method (if active)	
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Test Strips

Additional POE/POU devices are attached to this report

I hereby certify that the information provided in this document is accurate and correct to the best of my knowledge.

Authorizer Name: _____ Signature: _____

Date: _____

Submit this form annually to your Compliance Assistance Coordinator prior to the beginning of the Reporting Year per A.A.C R18-4-218 (C)