



## Application for Approval of Sanitary Facilities for a Subdivision

**\*Note: The Preliminary or Final Plat MUST accompany this application\***

### GENERAL INFORMATION

1. Name of Subdivision: \_\_\_\_\_

Lot Numbers: \_\_\_\_\_

Assessor's Parcel Number of unsubdivided parcel(s): \_\_\_\_\_

City or Location: \_\_\_\_\_ Sect.: \_\_\_\_\_ Tp.: \_\_\_\_\_ Rge.: \_\_\_\_\_

Area of Subdivision: \_\_\_\_\_ acres Number of Lots: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

***\*If more than one type of lot, plat shall clearly show use\****

Industrial: \_\_\_\_\_ TOTAL: \_\_\_\_\_

2. Condominium:

a. Indicate if the condominium is:

☐ New Construction or

☐ An existing facility

☐ Approval of the water and sewer lines by the local building official at the time of original construction

☐ Certified as adequate by an Arizona registered Professional Engineer

*(Attach a copy of the sealed as-built plans)*

b. Indicate if the following were submitted with the application:

☐ Appropriate sections of the covenants for maintenance of water and/or sewer lines

☐ Plans showing common usage lines for water and/or sewer (including diameter, length, and slope)

3. Owner ☐ or Subdivider ☐: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Contact Person/Agent (if different from Owner/Subdivider)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### WATER SUPPLY:

☐ Individual lot owner responsibility

☐ Public water system

**Public Water System** *(Attach completed and signed water service agreement):*

Name of Water Supply: \_\_\_\_\_ Public Water System #: \_\_\_\_\_

Will construction drawings be submitted to this department? ☐ No, Explain: \_\_\_\_\_ ☐ Yes

Have construction drawings been submitted to this Department? ☐ No ☐ Yes Date: \_\_\_\_\_

Water distribution system will be constructed by: ☐ Subdivider ☐ Water Company ☐ Municipality

**WASTEWATER DISPOSAL:**

☐ Public wastewater system

Where existing wastewater treatment facilities are to be used

*(Attach completed and signed sewage collection system and wastewater treatment facility capacity assurance agreement):*

- a. Name of existing system: \_\_\_\_\_ APP Permit #: \_\_\_\_\_
- b. Will construction plans be submitted to this department? ☐ No, Explain: \_\_\_\_\_ ☐ Yes
- c. Have proposed sewer extensions been submitted to this Department? ☐ No ☐ Yes Date: \_\_\_\_\_

Where a separate community system is proposed

*(Attach completed and signed sewage collection system and wastewater treatment facility capacity assurance agreement along with proof of ADEQ Individual Aquifer Protection Program Permit submittal):*

- a. Description of proposed system: \_\_\_\_\_
- b. Proposed method of treatment: \_\_\_\_\_
- c. Proposed method of effluent disposal: \_\_\_\_\_
- d. Have plans/specifications been approved by ADEQ?  
☐ No ☐ Yes Date: \_\_\_\_\_
- e. Has application for an ADEQ Aquifer Protection Permit been submitted?  
☐ No ☐ Yes Date: \_\_\_\_\_

Sewer facilities will be constructed by: ☐ Subdivider ☐ Municipality ☐ Sanitary District

☐ Individual lot owner responsibility

Where individual on-site systems are proposed:

- a. Distance to nearest public sewer: \_\_\_\_\_
- b. In your opinion, is the terrain suitable for conventional septic tank/leach field systems? ☐ Yes ☐ No
- c. Will prospective lot purchasers be informed that "alternate" systems may be required, and if so, that each must be designed by a registered civil or sanitary engineer? ☐ Yes ☐ No

**SOLID WASTE DISPOSAL**

Will municipal or private collection service available to the subdivision? ☐ Yes ☐ No

If answer is yes, give the name of the refuse hauler *(Attach completed and signed garbage service agreement and garbage disposal agreement)*.

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If no, complete the following:

- a. Will purchaser be informed of his responsibility for proper storage, hauling and disposal of solid waste? ☐ Yes ☐ No
- b. Location of nearest approved disposal facility: \_\_\_\_\_
- c. Distance from subdivision: \_\_\_\_\_
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- d. Identify the party (city, county, firm or individual) responsible for operating the site (*Attach completed and signed garbage disposal agreement*): \_\_\_\_\_
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I verify that all information given in this application is correct. I understand that no construction of sanitary facilities shall commence until construction permits have been issued by this Department. I am informed further that no operation of sanitary facilities shall commence until Discharge Authorization or Approval to Operate decisions have been issued by this Department.

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TYPE OR PRINT NAME OF SUBDIVIDER OR AGENT

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DATE

SIGNATURE OF SUBDIVIDER OR AGENT