

## Sewage Treatment Facility CAPACITY ASSURANCE

**Instructions:** The owner or operator of the downstream sewage treatment facility must complete and submit this Capacity Assurance Form to comply with Arizona Administrative Code (AAC) R18-9-E301(C)(1).

<b>1. Project Information</b>  Project Name: _____  Base Design Flow: _____ (MGD)  Project Owner: _____  Email Address: _____  Phone Number: _____	<b>2. Sewage Treatment Facility:</b>  Facility Name: _____  Facility Address: _____ _____ APP (Aquifer Protection Permit) Number: P _____  AZPDES Permit Number: _____
<b>3. Owner/Operator for Facility Operation:</b>  Name: _____  Position: _____  Firm Name: _____  Address: _____ _____ Telephone No. _____  Fax No. _____	<b>4. Facility Capacity:</b>  APP Approved Capacity: _____ (MGD)  AZPDES Discharge Limit: _____ (MGD)  Constructed Capacity: _____ (MGD)  Operational Flow: _____ (MGD)

**Capacity** is expressed in million gallons per day (MGD) based on the monthly average capacity of the facility. **Operational Flow** is expressed in MGD based on the maximum monthly average flow for the last 12 months. **Base Design Flow** is flow for the proposed project as submitted in accordance with AAC R18-9-E301 and is expressed in MGD.

**5. Facility Plan and Schedule to Construct Additional Capacity:** (Provide detail if total design flow connected to facility is greater than APP approved capacity).

**6. Capacity Assurance:** To be completed by owner/operator of the Facility identified in Item "3" above.

I, \_\_\_\_\_, affirm that the additional volume of sewage delivered to the facility by the sewer collection system serving the proposed subdivision will not cause any flow or effluent quality limits of the facility's individual permit to be exceeded. I am aware that there are significant penalties for submitting false information including permit revocation as well as the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date