



PERMIT APPLICATION PROCESS NOTICE New Community Public Water System

According to the Safe Drinking Water Act, any water system that supplies more than 25 people or 15 service connections per day for at least 60 days per year is classified as a public water system (PWS). A *community water system (CWS)* is defined as a system that serves the same 25 or more year-round residents. For complete requirements for public water systems, please refer to Arizona Administrative Code Title 18, Chapter 4. Copies of the regulation are available from the office of the Arizona Secretary of State or online at www.azsos.gov. The following major requirements must be complete prior to the issuance of a CWS permit:

- 1. Capacity Development Approval.** The Arizona Department of Environmental Quality (ADEQ) reviews community systems' financial and technical capacity. Systems must obtain this approval before receiving an operating permit from Maricopa County. Please contact Linda Taunt of ADEQ at (602) 771-4416 for more information on this requirement.
- 2. New Source Approval.** New Source Approval is required for both groundwater and surface water sources. To obtain New Source Approval, the new CWS permit applicant must submit a New Source Approval application, which includes a chemical analysis of all regulated contaminants in the source water; a copy of the Department of Water Resources registration; and for a well, a well driller's log and the scheduled New Source Approval application review fee of \$425.
- 3. Engineering Approval.** Arizona law requires water system components, including wells, treatment plants, storage and pressure tanks, distribution mains, and booster pumps, to obtain Approvals to Construct (ATC) and Approvals of Construction (AOC). The system must complete these applications and submit plans sealed by a Professional Engineer with required scheduled review fees. Please contact Cindy Furze at (602) 506-1058 for more information on engineering requirements.
- 4. Certified Operator.** All public water systems must obtain the services of a certified water operator. Operators monitor the water for various contaminants throughout the year, including bacteria, nitrate, nitrite, lead, and copper. A certified operator must inspect each well site a minimum of once per month. An employee or associate of the system may wish to become certified, you may contact ADEQ Operator Certification Program at (602) 771-0100, azopcet@azdeq.gov or refer to the ADEQ web site www.azdeq.gov for more information on operator certification.
- 5. MAP.** Water systems that serve fewer than 10,000 people may be required to participate in ADEQ's Monitoring Assistance Program (MAP). MAP performs much of the required sampling for systems, but does not sample for bacteria, nitrate, nitrite, lead, and copper. Please contact ADEQ MAP coordinator at (602) 771-4518 or refer to the ADEQ web site www.azdeq.gov/map for more information on operator certification, including program fees.
- 6. Operating Permit Issuance.** After the new CWS receives applicable approvals listed in requirements 1-5 above, the applicant will be sent a Maricopa County public water system permit application and associated invoice. Once the signed public water system permit application and appropriate scheduled annual permit fee is received by the Department, the operating permit will be issued to the permit owner/holder.

The Department will approve or deny this application in 83 business days (16 day - Administrative Review, 67 day - Substantive Review) excluding any days the application is returned to the applicant for additional information. You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609. Contact us by e-mail, regular mail, telephone, or in person at the address listed at the top of the page, marked attention Drinking Water Program (DWP). The DWP Application Clerk is the contact for information regarding this application and can be reached at (602)506-6935 or sdwquestions@Maricopa.gov with any questions. Additional application information may also be found on our program website at <http://www.maricopa.gov/2350/Drinking-Water>.



Maricopa County Environmental Services Department



APPLICATION FOR NEW COMMUNITY PUBLIC WATER SYSTEM PERMIT

All fields are required to be completed. Incomplete applications will not be accepted.

Please Note: According to the Safe Drinking Water Act (SDWA), any water system that supplies more than 25 people or 15 service connections per day for at least 60 days per year is classified as a public water system. A community water system (CWS) is defined as a system that serves the same 25 or more year-round residents. This application must be completed by the proposed public water system permit owner/holder or authorized representative of the proposed public water system*.

Proposed Public Water System (PWS) Information

PWS Name :					
PWS Address:					
Est. Population served:		Est. # Service Connections:		Approx. Start Date:	
DWR Registration #:	Water Source Type:	<input type="checkbox"/> Well	<input type="checkbox"/> CAP	<input type="checkbox"/> SRP	Other:
Water Source Name:			<input type="checkbox"/> Existing EPDS		<input type="checkbox"/> New EPDS
Water Source Address:			Water Source Designated EPDS:		

PWS Permit Owner/Holder (PO) Information

PO Name:			PO Contact Name:		
Address:					
Phone #:	Fax #:	Cell #:	Email:		

PWS Permit Billing (PB) Information

Billing Contact Name:				Title:	
Billing Address:					
Phone #:	Fax #:	Cell #:	Email:		

PWS Primary Certified Operator (CO) Information

Primary Certified Operator:				License Number:	
CO Business Name:					
Address:					
Phone #:	Fax #:	Cell #:	Email:		

Professional Engineer (PE) Information

PE Name:				License Number:	
PE Business Name:					
Address:					
Phone #:	Fax #:	Cell #:	Email:		

Mail approval to: Water System owner PWS Certified Operator Project Engineer

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address: _____

or by facsimile transmission to the following fax number: _____ (Permit Owner/Holder initials)

It is the responsibility of the permit holder to update the Department if there is a change in contact information.

PWS Permit Owner/ Holder*: (Person with Fiduciary Responsibility)	Name (Print)	Signature	Date
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(*Attached Letter of Authorization required if application is not signed by Permit Owner/Holder)

For Internal Use Only

CAP ID	DW-	Staff Assigned
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Maricopa County Environmental Services Department



Public Water System Inventory Form

Instructions: Provide a comprehensive list of **all** public water system (PWS) sites and each component located at each PWS site. Insert rows as needed for additional PWS sites and components located at each PWS site.

Public Water System Name :				
Public Water System Address:				
PWS ID #: 07-	Type of PWS:	<input type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient

Sample List

Site Address: 1234 E. Main, Anycity, AZ 85000					
Site Status:	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Proposed	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Unknown
Component Type:	Component ID:	Component Description/Component Name			
<input checked="" type="checkbox"/> Water Source(s):	55-121212	Well head			
<input checked="" type="checkbox"/> Water Source(s):	U11122	Surface Water Intake			
<input checked="" type="checkbox"/> Treatment Plant:	TPGW001	Ground Water Treatment: Arsenic Treatment Facility			
<input checked="" type="checkbox"/> Treatment Plant:	TPSW001	Surface Water Treatment Plant: Traditional			
<input checked="" type="checkbox"/> Water Storage:	3A-ES2E	100,000 gal Reservoir / SHAW BUTTE RESERVOIR - EAST			
<input checked="" type="checkbox"/> Booster Station:	9A-B1	Number of Pumps: 5 / WELL #280 BOOSTERS			
<input checked="" type="checkbox"/> Disinfection:	CL-001	Chlorine, liquid			
Comments: This is a sample listing of components you may have in your PWS.					

Actual PWS Inventory

Site Address 1:					
Site Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Proposed	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Unknown
Component Type:	Component ID:	Component Description/Component Name			
<input type="checkbox"/> Water Source(s):					
<input type="checkbox"/> Treatment Plant:					
<input type="checkbox"/> Water Storage:					
<input type="checkbox"/> Booster Station:					
<input type="checkbox"/> Disinfection:					
Comments:					

Site Address 2:					
Site Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Proposed	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Unknown
Component Type:	Component ID:	Component Description/Component Name			
<input type="checkbox"/> Water Source(s):					
<input type="checkbox"/> Treatment Plant:					
<input type="checkbox"/> Water Storage:					
<input type="checkbox"/> Booster Station:					
<input type="checkbox"/> Disinfection:					
Comments:					

The undersigned person is affirming that the inventory information provided for this PWS is accurately reported to the best of his/her knowledge on the date of application submittal and understands that the PWS Permit Owner/Holder is required to notify the Department if the public water system inventory changes.

PWS Permit Owner/Holder*: (Person with Fiduciary Responsibility)	Name (Print)	Signature	Date
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(*Attached Letter of Authorization required if application is not signed by Permit Owner/Holder)

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CAP ID	DW-	Staff Assigned	



Letter of Authorization

Complete this form if the Permit Owner/Holder is not signing the attached application.

This form is effective for one (1) year from the date of Permit Owner/Holder signature.
All fields are required. Incomplete applications will not be accepted.

Permit Information

Permit Name:

Permit #:

Permit Type:

Permit Address:

Permit Owner/Holder (PO) Information

PO Name:

PO Address:

Phone #:

Fax #:

Cell #:

Email:

Authorized Agent (AA) Information

AA Name:

AA Firm Name:

Address:

Phone #:

Fax #:

Cell #:

Email:

I hereby authorize _____ of _____ (firm name) to file a/an _____ application and act on my behalf during the application process.

Permit Owner/Holder Signature:

Date:

Authorized Agent Signature:

Date:

Witness Name (Print)

Witness Signature

Date:

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CAP ID

DW-

Staff Assigned