

ENVIRONMENTAL SERVICES DEPARTMENT
Darcy Kober, R.S., Director
501 N. 44th St., Suite 200
Phoenix, AZ 85008
TT (602) 506-6704



WATER & WASTE MANAGEMENT DIVISION
Kevin S. Chadwick, P.E., Division Manager
Korissa Entringer, R.S., Drinking Water Program Manager
(602) 506-6935
FAX (602) 372-0866

PLAN REVIEW APPLICATION PROCESS NOTICE

Operational or Compliance Plan Review

Operational and Compliance Plan Review are required for all public water systems (PWS). Although this application is typically used for PWS Site Sampling, Emergency Operations, and Backflow Prevention Plans, it may be used for all types of operational and compliance plan review submittals. For complete operational and compliance plan requirements for public water systems, please refer to Arizona Administrative Code Title 18, Chapters 4. Copies are available from the office of the Arizona Secretary of State or online at www.azsos.gov.

This application must be completed by the public water system (PWS) Permit Owner/Holder or authorized representative of the PWS and submitted with the applicable written Operational or Compliance Plan (OC Plan) to be reviewed and schedule plan review fee.

Plan Review Process Steps:

1. Applicant submits completed OC Plan Review Application, OC Plan, and appropriate scheduled fee.
2. Department conducts review of the OC application and plan to determine approvability of the OC Plan.
3. Applicant is provided with Department's decision of "approval" or "disapproval" based on step 2.

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@mail.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 PWS Operational or Compliance Plan Review

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

Please Note: This application form must be completed by an authorized representative of the public water system and submitted with applicable written Operational or Compliance Plan to be reviewed and scheduled plan review fee.

Proposed Public Water System (PWS) Information

PWS Name :				
PWS Address:				
PWS ID#: 07-	Type of PWS:	<input type="checkbox"/> Community	<input type="checkbox"/> Non-transient	<input type="checkbox"/> Transient
Population served:	Service Connections:	Initial Monitoring Date:		

Plan Review Information

Plan Type Included for Review (Check One):	<input type="checkbox"/> Site Sampling	<input type="checkbox"/> Emergency Operations	<input type="checkbox"/> Backflow Prevention			
Rules Addressed in Plan: (check all that apply)	<input type="checkbox"/> IDSE	<input type="checkbox"/> Stage 2	<input type="checkbox"/> TCR	<input type="checkbox"/> GWR	<input type="checkbox"/> SWTR	<input type="checkbox"/> Lead and Copper
<input type="checkbox"/> Other (List):						
<input type="checkbox"/> Standard Review	<input type="checkbox"/> Expedited Review	Plan Comments:				

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: Public 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	DWR-	Staff Assigned
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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 Title:

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

DWR-

Staff Assigned