



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 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 PWS Permit Owner/Holder or authorized representative of the public water system (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 complete OC Plan Review Application, OC Plan, and with appropriate scheduled fee.
2. Department conducts review of the OC application and plan to determine approvability the OC Plan .
3. Applicant provided with Department decision of "approval" or "disapproval" based on step 2.

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 in by e-mail or telephone, or in person or mail 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/EnvSvc/WaterWaste/DrinkingWater/DrinkingWater.aspx>.



Maricopa County

Environmental Services Department, Water and Waste Management Division

For Internal Use Only	
CAP ID	DWR-
Staff Assigned	

APPLICATION FOR PWS Operational or Compliance Plan Review

All fields are required. 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 schedule plan review fee.

Public Water System (PWS) Information

PWS Name :		PWS ID#: AZ0407-		
PWS Address:				
Type of Public Water System:	<input type="checkbox"/> Community	<input type="checkbox"/> Non-transient Non-community	<input type="checkbox"/> Transient Non-community	
Est. Population served:	Est. # 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"/> Standard Review	<input type="checkbox"/> Expedited Review	Plan Comments:				

PWS Permit Owner/Holder (PO) Information

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

PWS Permit Billing (PB) Information

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

PWS Primary Certified Operator (CO) Information

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

Professional Engineer (PE) Information

PE Name:		License Number:	
PE Business Name:			
PE Address :			
PE Phone #:	PE Fax #:	PE Cell#:	PE 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 Owner/ Permit 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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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:

PO Phone #:

PO Fax #:

PO Cell#:

PO Email:

Authorized Agent (AA) Information

AA Name:

AA Firm Name:

AA Address:

AA Phone #:

AA Fax #:

AA Cell#:

AA Email:

(Please print clearly)

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: