



**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL TO TRANSFER OWNERSHIP
RECLAIMED WATER SYSTEMS OR WASTEWATER SYSTEMS**

The Maricopa County Environmental Services Department (MCESD) must review and approval all transfers of ownership of reclaimed water or wastewater systems/facilities. This submittal package instruction sheet is to be used to apply for an *Approval To Transfer Ownership* (ATTO) for:

- Reclaimed Water System
- Wastewater System

A) SUBMITTAL PACKAGE:

Each project to be reviewed and approved by the MCESD for ATTO must be submitted with a transmittal letter, a check for the initial review fee, an application form and the relevant ownership transfer documentation.

Each project must be for a single project class (i.e. reclaimed water or wastewater). Multiple projects cannot be submitted on a single application.

SUBMITTAL PACKAGE CHECK LIST:

- Transmittal Letter
- Check for the Initial Review Fee
- Application for Approval To Transfer Ownership
- Ownership Transfer Documentation

Please contact MCESD Water and Wastewater Treatment Program staff member to determine what specific ownership transfer documentation is required to be submitted for the project.

Normally only one copy of the documentation is required for the review. Additional copies may be required if portions of the project need to be reviewed by other programs within the MCESD.

B) FEES

Locate the appropriate fee from the fee schedule table below.

If your application is for an expedited review and approval please note this in your transmittal letter and on the check. Expedited reviews double the flat, initial and maximum fee amounts. The check amount should be for the initial fee amount adjusted by the applicable expedited review multiplier.

For transfer of ownership of a wastewater system the following project type and fee should be listed in the transmittal letter as follows:

- Wastewater System Fee: \$200.00

The total fee amount for a standard review of the project would be \$200.00. The total fee amount for an expedited review of the project would be \$400.00.

Approval certificates will not be issued until all fees are paid in full.

FEE SCHEDULE TABLE – APPROVAL TO TRANSFER OWNERSHIP			
PROJECT TYPE	AMOUNT	PROJECT TYPE	AMOUNT
Reclaimed Water System	\$ 0.00	Wastewater System	\$ 200.00



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C) APPLICATION FORM INSTRUCTIONS

Each section of the application form should be filled out per the following instructions:

1. PROJECT INFORMATION:

- a) **REVIEW TYPE** – The review type is *Approval To Transfer Ownership*.
- b) **REVIEW MODIFIERS** – Check the box indicating if this project requires an expedited review.
- c) **PROJECT CLASS** – Check the appropriate box identifying the applicable project class.
- d) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.
- e) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the physical sites and components whose ownership is being transferred.

2. PERMIT/SYSTEM INFORMATION:

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (37#### or 67#####) if the project is an extension of an existing wastewater or reclaimed water system. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the permit number.
- b) **SYSTEM ID #** – Provide the Wastewater System (WWS) or Reclaimed Water System (RWS) identification number (AZ-04-37-###, or AZ-04-67-### respectively). Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system identification number.
- c) **SYSTEM NAME** – For wastewater systems provide the name of the Wastewater System (WWS). For reclaimed water systems provide the name of the Reclaimed Water System (RWS). Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system name.
- d) **OTHER PERMITS** – Check each category where a new or modified permit is required by another agency such as the Arizona Department of Environmental Quality (ADEQ), Arizona Department of Water Resources (ADWR), Maricopa County Planning and Development Department (MCPDD), etc. for the project.

3. DOCUMENTS:

Check the appropriate check box(es) indicating the types of documents being submitted for the project. Add any additional comments as required.

4. PROJECT OWNER:

Provide the firm's company and department name, contact person's information and address of the project owner for the project. Add any additional comments as required. This section is required to be completed.

The project owner may be the system owner or a fiduciary agent acting on behalf of the system owner. A fiduciary agent is an individual, corporation or association holding assets for the system owner, with the legal authority and duty to make decisions regarding financial matters for the project on behalf of the system owner.

5. BILLING ADDRESS:

Provide the firm's company and department name, contact person's information and address of the organization responsible for payment of future invoices for the project. Add any additional comments as required. This section is required to be completed.

Check the Project Owner check box if the billing address information is the same as the project owner.

6. LICENSED PROFESSIONAL:

Provide the firm's company and department name, responsible engineer's/architect's information and address of the engineering/architectural consultant for the project. Provide the firm's and the responsible engineer/architect's Arizona State Board of Technical Registration license numbers. Add any additional comments as required.

Depending on the type and the characteristics of the ownership transfer being proposed the Water and Wastewater Treatment Program may require that a licensed professional engineer or architect be utilized on the project. For this case the engineer/architect in responsible charge of the project must be registered in the State of Arizona.



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The engineering/architectural firm employing the engineer/architect in responsible charge of the project must also be registered with the Arizona State Board of Technical Registration to submit a project to the MCESD.

7. **MAILING ADDRESS:**

Provide the firm's company and department name, contact person's information and address of the organization that should receive general correspondence related to the project such as design review comments, information requests and other types of general correspondence. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, System Owner or Applicant check box if the mailing address information is the same as one of these entities.

8. **SYSTEM OWNER:**

Provide the firm's company and department name, contact person's information and address of the existing system owner for the project. Add any additional comments as required.

The owner of a wastewater or reclaimed water system, including the system components (storage reservoirs/tanks/basins, lift stations, pipelines, treatment facilities, etc.), must be a government agency such as a municipality, a public utility (i.e. a utility operating as a public service corporation under the rules and regulations administered by the Arizona Corporation Commission) or a private utility.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or Applicant check box if the system owner information is the same as one of these entities.

9. **APPLICANT:**

Provide the firm's company and department name, contact person's information and address of the applicant for the project. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or System Owner check box if the applicant information is the same as one of these entities.

10. **NEW SYSTEM OWNER:**

Provide the firm's company and department name, contact person's information and address of the new system owner for the project. Add any additional comments as required. This section is required to be completed.

The owner of a wastewater or reclaimed water system, including the system components (storage reservoirs/tanks/basins, lift stations, pipelines, treatment facilities, etc.), must be a government agency such as a municipality, a public utility (i.e. a utility operating as a public service corporation under the rules and regulations administered by the Arizona Corporation Commission) or a private utility.

Check the Project Owner, Licensed Professional or Applicant check box if the new system owner information is the same as one of these entities.

11. **PERSONS AUTHORIZING THE TRANSFER:**

Provide the name and title for each representative authorizing the transfer within the existing system owner's and new system owner's organizations. Each representative must sign and date the application in the spaces provided. This section is required to be completed.

The representative authorizing the transfer on behalf of the existing system owner must be a person responsible for the administration of capital improvement and/or infrastructure within the existing system owner's organization.

The representative authorizing the transfer on behalf of the new system owner must be a person responsible for the administration of capital improvement and/or infrastructure within the new system owner's organization.

12. **FINANCIAL RESPONSIBILITY STATEMENT:**

Provide the name and title of the fiduciary agent within the project owner's organization who will be responsible for this project. The representative must sign and date the application in the spaces provided. This section is required to be completed.

The person or organization signing this acknowledgement will be responsible for all fees associated with this project and is subject to permit cancellation or suspension of work on this or any other plan review projects the responsible financial party has submitted to the department should the project become delinquent due to non-payment of plan review fees.

Environmental Services Department
Water and Waste Management Division
501 N. 44th St., Suite 200
Phoenix, AZ 85008



Water and Wastewater Treatment Program
Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-mail: WWM_TPP@mail.maricopa.gov

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13. CORRESPONDENCE ROUTING:

Check the appropriate check box(es) identifying what organization(s) should receive copies of approval certificates. Please note that all original approval certificates will be mailed to the New System Owner automatically. Also, a copy of all approval certificates will be mailed to the System Owner automatically.

D) SUBMISSION AND CONTACT INFORMATION:

Send the submittal package to:

**MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT
WATER AND WASTEWATER TREATMENT PROGRAM
1001 NORTH CENTRAL AVENUE, SUITE 150
PHOENIX, AZ 85004-1940**

If you have any questions please contact the MCESD at the following telephone, fax or e-mail address:

Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-Mail: WWM_TPP@mail.maricopa.gov

Visit our webpage at www.maricopa.gov/EnvSvc/WaterWaste for additional information about how to submit projects to the MCESD's Water and Wastewater Treatment Program.



**APPROVAL PROCESS NOTICE FOR APPROVAL TO TRANSFER OWNERSHIP
RECLAIMED WATER SYSTEM, REUSE FACILITY OR WASTEWATER SYSTEMS**

1. Steps required to obtain an 'Approval To Transfer Ownership' approval are as follows:
 - a. Submit a completed application together with the applicable application fees and the required submittal package plan review documentation as identified in this application packet.
 - b. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - c. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process.

The Department will not issue an approval for any sewerage system or waste and/or sewage treatment works which is not in conformance with the Certified Water Quality Management Plan and Facility Plan that prescribes a particular sewerage system and waste and/or sewage treatment work configuration for sewage management by a designated management agency within a service area. If no Facility Plan is applicable, the Certified Water Quality Management plan shall be utilized by the Department to determine conformance.

2. Department contact information regarding your application:
Telephone: 602-372-2861
E-mail: WWM_TPP@mail.maricopa.gov
Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>



**APPLICATION FOR APPROVAL TO TRANSFER OWNERSHIP
 RECLAIMED WATER SYSTEM, REUSE FACILITIES OR WASTEWATER SYSTEM**

1. PROJECT INFORMATION:		DATE SUBMITTED:	
REVIEW TYPE: <input checked="" type="checkbox"/> Approval To Transfer Ownership		REVIEW MODIFIERS: <input type="checkbox"/> Expedited	
PROJECT CLASS: <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Wastewater			
PROJECT NAME:			
PROJECT DESCRIPTION:			
2. PERMIT/SYSTEM INFORMATION:			
MCESD PERMIT NUMBER:			
SYSTEM ID #: AZ - 04 -		SYSTEM NAME:	
OTHER PERMITS: (Check each category where a new or modified permit is required for this project)			
<input type="checkbox"/> ADEQ AZPDES Permit	<input type="checkbox"/> ADWR U/G Storage Facility Permit	<input type="checkbox"/> Municipal/Public Utility Pretreatment Permit	
<input type="checkbox"/> ADEQ Aquifer Protection Permit	<input type="checkbox"/> ADWR Water Storage Permit	<input type="checkbox"/> MCPDD Special Use Permit	
<input type="checkbox"/> ADEQ Reclaimed Water Permit	<input type="checkbox"/> ADWR Recovery Well Permit	<input type="checkbox"/> Other: _____	
3. DOCUMENTS: (Check each applicable document type being submitted for this project - * items are usually required to be submitted for an ATTO)			
<input type="checkbox"/> Design Report	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Water Quality Analysis Report	
<input type="checkbox"/> Design Drawings	<input type="checkbox"/> Pilot Testing Plan	<input type="checkbox"/> Remediation Plan	
<input type="checkbox"/> Technical Specifications	<input type="checkbox"/> Pilot Testing Results	<input type="checkbox"/> Closure Plan	
<input type="checkbox"/> Engineering Calculations	<input type="checkbox"/> Startup Testing Plan	<input type="checkbox"/> Copies of Permits/Certificates*	
<input type="checkbox"/> Manufacturer's Documentation	<input type="checkbox"/> Startup Testing Results	<input type="checkbox"/> Recorded Legal Easements/Documents*	
<input type="checkbox"/> Operations & Maintenance Manual	<input type="checkbox"/> Operational Log/Report	<input type="checkbox"/> Signed Service or Extension Agreements	
<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Disinfection Test Results	<input type="checkbox"/> Sewer Capacity Letter	
<input type="checkbox"/> Other: _____			
COMMENTS:			
4. PROJECT OWNER: (Required)			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			



**APPLICATION FOR APPROVAL TO TRANSFER OWNERSHIP
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5. BILLING ADDRESS: (Required)				Same As: <input type="checkbox"/> Project Owner
FIRM:				
Company:		Department:		
CONTACT PERSON:				
Name:		Title:		
Telephone:	Mobile:	Facsimile:		
E-mail:		Website:		
ADDRESS:				
Line 1:				
Line 2:				
Line 3:				
City:	State:	ZIP Code:	Country:	
COMMENTS:				
6. LICENSED PROFESSIONAL:				
FIRM:				
Company:		Department:	AZ License #	
RESPONSIBLE ENGINEER/ARCHITECT:				
Name:		Title:	AZ License #	
Telephone:	Mobile:	Facsimile:		
E-mail:		Website:		
ADDRESS:				
Line 1:				
Line 2:				
Line 3:				
City:	State:	ZIP Code:	Country:	
COMMENTS:				
7. MAILING ADDRESS: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> System Owner <input type="checkbox"/> Applicant				
FIRM:				
Company:		Department:		
CONTACT PERSON:				
Name:		Title:		
Telephone:	Mobile:	Facsimile:		
E-mail:		Website:		
ADDRESS:				
Line 1:				
Line 2:				
Line 3:				
City:	State:	ZIP Code:	Country:	
COMMENTS:				



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8. SYSTEM OWNER:				Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> Applicant			
FIRM:							
Company:				Department:			
CONTACT PERSON:							
Name:				Title:			
Telephone:		Mobile:			Facsimile:		
E-mail:				Website:			
ADDRESS:							
Line 1:							
Line 2:							
Line 3:							
City:		State:		ZIP Code:		Country:	
COMMENTS:							
9. APPLICANT:				Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> System Owner			
FIRM:							
Company:				Department:			
CONTACT PERSON:							
Name:				Title:			
Telephone:		Mobile:			Facsimile:		
E-mail:				Website:			
ADDRESS:							
Line 1:							
Line 2:							
Line 3:							
City:		State:		ZIP Code:		Country:	
COMMENTS:							
10. NEW SYSTEM OWNER: (Required)							
FIRM:							
Company:				Department:			
CONTACT PERSON:							
Name:				Title:			
Telephone:		Mobile:			Facsimile:		
E-mail:				Website:			
ADDRESS:							
Line 1:							
Line 2:							
Line 3:							
City:		State:		ZIP Code:		Country:	
COMMENTS:							



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11. PERSONS AUTHORIZING THE TRANSFER: (Required)		
SYSTEM OWNER'S REPRESENTATIVE:		
Name:	Title:	
Signature:	Date:	
NEW SYSTEM OWNER'S REPRESENTATIVE:		
Name:	Title:	
Signature:	Date:	
12. FINANCIAL RESPONSIBILITY STATEMENT: (Required)		
<p>By signing and submitting this application, I acknowledge my responsibility to reimburse Maricopa County for any and all reasonable costs incurred in processing this application, even if an approval or permit is never issued. Should I decide to cancel this application at any time after submitting it, I will immediately notify Maricopa County in writing of my intent to cancel. Such notification will not relieve me of my responsibility to reimburse Maricopa County for application processing costs incurred up to and including the date that my written cancellation notice was received by Maricopa County.</p>		
Name:	Title:	
Signature:	Date:	
13. CORRESPONDENCE ROUTING:		
<input type="checkbox"/> Copy Project Owner on Approvals	<input type="checkbox"/> Copy Mailing Address on Approvals	<input checked="" type="checkbox"/> Copy New System Owner on Approvals
<input type="checkbox"/> Copy Billing Address on Approvals	<input checked="" type="checkbox"/> Copy System Owner on Approvals	
<input type="checkbox"/> Copy Licensed Professional on Approvals	<input type="checkbox"/> Copy Applicant on Approvals	
<input type="checkbox"/> Other: _____		

FOR INTERNAL USE ONLY			
Date Submitted: _____	Project Number: _____	Reviewer: _____	Fees Paid: <input type="checkbox"/>