



MARICOPA COUNTY ENVIRONMENTAL SERVICE DEPARTMENT
WATER & WASTE MANAGEMENT DIVISION
ONSITE WASTEWATER SYSTEMS PROGRAM
 301 West Jefferson Street, Suite 170, Phoenix, AZ 85003
 Phone: (602) 506-6666 Fax: (602) 506-6925
 Email: SepticQuestions@maricopa.gov Website: esd.maricopa.gov



NOTICE OF INTENT TO DISCHARGE (NOID)
ON-SITE WASTEWATER TREATMENT FACILITY CHECKLIST

NOID APPLICATIONS FOR SEPTIC TANK AND DISPOSAL WORKS SYSTEM DESCRIBED IN R18-9-E302 MUST INCLUDE ALL APPLICABLE ITEMS ON THIS CHECKLIST, IF NOT ALREADY SUPPLIED WITH THE PHASE I APPLICATION. INCOMPLETE OR INACCURATE SUBMITTALS MAY RESULT IN REVIEW OR APPROVAL DELAYS OR DENIAL OF APPLICATIONS PRIOR TO THE EXCEEDANCE OF THE LICENSING TIME FRAMES.

Applicant	MCESD	ITEMS REQUIRED FOR ALL APPLICATION SUBMITTALS
<input type="checkbox"/>	<input type="checkbox"/>	Complete NOID application , signed by owner OR owner's agent
<input type="checkbox"/>	<input type="checkbox"/>	Vicinity map and detailed driving directions to the site (Sample Vicinity Map)
<input type="checkbox"/>	<input type="checkbox"/>	One (1) complete site plan, with north arrow, at a scale of 1"=10', 1"=20', or 1"=30'. For large parcels, use an appropriate scale to fit entire parcel on one sheet. The proposed on-site system, the structure(s) it serves, and the immediate area may be contained within the dimensions of the parcel drawing or on a separate sheet. Site plans must include the items described in R18-9-A309.B. including project information block, parcel dimensions, test holes, structures, driveways, concrete or paved features, washes, easements, wells, earth fissures (Earth Fissure Map), water lines, and any feature within 200' that constrains to location of the designated primary or reserve onsite wastewater treatment facility area (Standard Setback Requirements). Topography must be delineated with an appropriate contour interval, with original and post-installation grades including any slopes greater than 15 percent.
<input type="checkbox"/>	<input type="checkbox"/>	One copy of complete floor plan(s) of the entire structure(s) served by the onsite wastewater treatment facility(s) with all rooms identified and plumbing fixtures clearly labeled. Plans should include walls, windows and doorways. (Sample Floor Plans)
<input type="checkbox"/>	<input type="checkbox"/>	Design documents that include: fixture unit and bedroom equivalent determination (or method of daily design flow calculation for non-residential properties), soil absorption rate (SAR) daily design flow (in gallons per day), and calculation of system size. (Sample design documents)
<input type="checkbox"/>	<input type="checkbox"/>	Copies of soil/site evaluations, percolation tests or seepage pit performance tests
<input type="checkbox"/>	<input type="checkbox"/>	List of estimated materials, components, and equipment for constructing the on-site wastewater treatment facility (Materials, Components, and Equipment List)
<input type="checkbox"/>	<input type="checkbox"/>	Applicable fees, payable by cash, check, Visa, MasterCard, Discover, or American Express at time of submittal

ITEMS REQUIRED FOR PROPERTIES WITHIN INCORPORATED AREAS

<input type="checkbox"/>	<input type="checkbox"/>	Sewer availability determination (Sewer Availability)
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ITEMS REQUIRED FOR PROPERTIES PROPOSING SEPTIC SYSTEMS WITHIN 50' TO AN UNDEVELOPED PROPERTY

<input type="checkbox"/>	<input type="checkbox"/>	Shared Well Agreement with survey OR Affidavit of Agreement to Encroach recording number
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INTERNAL USE ONLY - ADMINISTRATIVE REVIEW

Owner:		Permit/File Number:
Project Address or Parcel Number:		
Are all required items submitted with the application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative Review Status:		
Administrative Review Comments:		
Reviewed By:	Phone Number:	Email:

The applicant understands that this document serves as the Maricopa County Environmental Services Department's notification of the application submittal status. If the application submittal receives a status of "Hold", work on the application will be suspended by the Department until the identified application deficiencies have been resolved. Applications will expire one year after being placed on hold. Fees are nonrefundable.

Applicant's Name _____ Applicant's Signature _____ Date _____