



## SUBMITTAL PACKAGE INSTRUCTIONS FOR CERTIFICATE OF COMPLETION WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES

A *Certificate Of Completion* (COC) form must be submitted to the Maricopa County Environmental Services Department (MCESD) when an *Approval To Commence Operation* (ATCO), *Approval Of Construction* (AOC) or an *Approval Of Decommissioning* (AOD) review is requested. This submittal package instruction sheet is to be used to complete the COC form.

The COC form must be completed by a Licensed Professional Engineer for drinking water, reclaimed water or wastewater projects. For reuse projects involving landscape irrigation systems, impoundments, water features and commercial related reuse of reclaimed water the COC form may be completed by a Licensed Professional Landscape Architect or a Licensed Professional Engineer. For industrial related reuse of reclaimed water the COC form must be completed by a Licensed Professional Engineer.

The Professional Engineer or Landscape Architect that signs and seals the COC form must be registered in the State of Arizona. The engineering/architectural firm employing the Professional Engineer or Landscape Architect and is listed on the COC form must also be registered with the Arizona State Board of Technical Registration.

### A) APPLICATION FORM INSTRUCTIONS

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

#### 1. PROJECT INFORMATION:

- a) **PROJECT CLASS** – Check the appropriate box identifying the applicable project class.
- b) **PROJECT NAME** – The project name must be the same as that appearing on the ATCO, AOC or AOD application.
- c) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the capacity, equipment types and quantities, scope and any other relevant details about the project and should be the same as that appearing on the ATCO, AOC or AOD application.

#### 2. PERMIT/SYSTEM INFORMATION:

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (07###, 37###, 67### or 97#####) if the project is an extension of an existing drinking water, wastewater, reclaimed water or reuse facility or system. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the permit number.

If the project is for a new drinking water, wastewater, reclaimed water or reuse facility/system then check the 'New Permit Required' box to indicate that a new MCESD permit is required to be issued for this project and leave the System ID # and System Name fields blank.

- b) **SYSTEM ID #** – Provide the Public Water System (PWS), Wastewater System (WWS) or Reclaimed Water System (RWS) identification number (AZ-04-07-###, AZ-04-37-###, or AZ-04-67-### respectively). For reuse facilities, provide the AZ-04-67-### ID of the RWS supplying reclaimed water to the reuse facility. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system identification number.
- c) **SYSTEM NAME** – For drinking water systems provide the name of the Public Water System (PWS). For wastewater systems provide the name of the Wastewater System (WWS). For reclaimed water systems provide the name of the Reclaimed Water System (RWS). For reuse facilities provide the name of the RWS supplying reclaimed water to the reuse facility. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system name.

#### 3. CERTIFICATION:

- a) **Certification Statement** – Provide the name, state, registration number and date information of the Licensed Professional Engineer or Architect certifying this project. The Professional Engineer or Architect must be registered in the State of Arizona if the constructed value of the project is greater than \$12,500
- b) **Inspector's Information** – Provide the name signature, and date information for the inspector that witnessed the tests in the field.
- c) **Professional's Information** – Provide the name, signature, and date information of the Licensed Professional Engineer or Architect certifying this project.
- d) **Firm's Information** – Provide the name and mailing address information of the engineering or architectural firm associated with the professional engineer/architect certifying this project. The engineering/architectural firm must be registered with the Arizona State Board of Technical Registration to submit a project to the MCESD.

**Environmental Services Department  
Water and Waste Management Division  
1001 North Central Avenue, Suite 150  
Phoenix, AZ 85004**



**Water and Wastewater Treatment Program  
Telephone: (602) 372-2861  
Facsimile: (602) 506-6925  
E-mail: [WWM\\_TPP@mail.maricopa.gov](mailto:WWM_TPP@mail.maricopa.gov)**

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- e) **Licensed Professional's Seal** – Apply the seal (stamp) of the Licensed Professional Engineer or Architect certifying this project. The seal must be signed and dated by the Licensed Professional.

**B) 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](mailto:WWM_TPP@mail.maricopa.gov)

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



**CERTIFICATE OF COMPLETION  
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<b>1. PROJECT INFORMATION:</b>		<b>DATE SUBMITTED:</b>
PROJECT CLASS: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Reuse <input type="checkbox"/> Wastewater		
PROJECT NAME:		
PROJECT DESCRIPTION:		
<b>2. PERMIT/SYSTEM INFORMATION:</b>		
MCESD PERMIT NUMBER:	<input type="checkbox"/> NEW PERMIT REQUIRED	
SYSTEM ID #: AZ - 04 -	SYSTEM NAME:	
<b>3. CERTIFICATION:</b>		
<p>This is to certify that I, _____, a Professional Engineer / Architect registered in the State of _____ (Registration No. _____) to the best of my knowledge and belief or that of my inspector, know that work on the above described project has been substantially completed, and materials used and installed are in conformance with the approved plans and specification, the Certificate of Approval To Construct or the Certificate of Approval To Decommission, except as noted on the "as-built" plans prepared under my direction, dated _____, and submitted herewith.</p> <p>Infiltration, exfiltration and/or pressure testing, disinfection, and/or remediation on this project, was witnessed by:</p>		
_____ Inspector's Name (Type or Print)	_____ Inspector's Signature	_____ Date (Type or Print)
<p>Copies of testing calculations and results are attached herewith. Bacteriological sample lab analysis results, as required for all drinking water projects, are also attached.</p>		
Professional: _____	<p>(Licensed Professional's Seal)</p>	
Professional's Name (Type or Print)      Signature      Date (Type or Print)		
Firm: _____		
Engineering/Architectural Firm Name (Type or Print)		
_____		
Street Address (Type or Print)		
_____		
City (Type or Print)      State (Type or Print)      ZIP Code (Type or Print)		