



Environmental Services Department  
Water & Waste Management  
On-Site Wastewater Treatment Program

# CLOSURE/ABANDONMENT OF AN ON-SITE WASTEWATER TREATMENT FACILITY

This packet gives instructions on how to prepare and submit a  
General Application, Complete and Report a Permanent Closure/Abandonment.

Water & Waste Management Division, 1001 North Central Ave, Suite 150, Phoenix, Arizona 85004

Office hours 8:00am to 5:00pm Monday thru Friday except Holidays

Telephone: (602) 506- 6666 FAX (602) 506-6925 Web: [www.maricopa.gov/EnvSvs/](http://www.maricopa.gov/EnvSvs/) E-mail [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov)

December 2012



# Maricopa County

Environmental Services Department

1001 N. Central Ave. Suite 150  
Phoenix, AZ 85004-1940  
Phone: (602) 506-6681  
Fax: (602) 506-6925  
TTD: (602) 506-6704  
[www.maricopa.gov/envsvc](http://www.maricopa.gov/envsvc)

## PERMIT APPLICATION PROCESS NOTICE Onsite Wastewater Program

Steps required to obtain an Abandonment permit are as follows:

1. **Prior to submittal**, if the existing permit number is not available or unknown, complete a Public Record Request. Information on how to do this is at the link below: <http://www.maricopa.gov/EnvSvc/WaterWaste/OWS/SepticSearch.aspx>
2. **Submit Abandonment application**. Include all supporting documentation as listed on the Abandonment checklist found in this packet and applicable fees.
3. **A contractor**, licensed by the State of Arizona, completes the abandonment of the onsite system in accordance with applicable rules and regulations.
4. **An Affidavit of Abandonment** is submitted by the contractor in lieu of an inspection, if permitted by the Department.
5. **An Administrative Review** of the Abandonment permit in accordance with applicable rules and regulations is done by MCESD.
6. **Approval** is given upon completion of the administrative review and a Certification of Abandonment Letter is provided upon request.
7. **Inspection** of the abandonment, if the affidavit is not permitted, is to verify that the abandonment was completed in accordance with applicable rules and regulations. Additional fees are required for the inspection.

Per Maricopa County Health Code, this application will expire: a) one year from date of application.

### Department contact information regarding your application

Telephone: 602-506-6616, ask for the Onsite Program

E-mail: [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov)

Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/OWS/OWS.aspx>

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 Onsite Wastewater Program.



**GENERAL ONSITE APPLICATION**

Web: [www.maricopa.gov/EnvSvc/](http://www.maricopa.gov/EnvSvc/)  
 E-mail: [septicquestions@mail.maricopa.gov](mailto:septicquestions@mail.maricopa.gov)

The undersigned hereby requests that the MCESD Water and Waste Management Division conduct the review or inspection selected below at the site named. An inspection report is provided as required by A.R.S. §41-1009; in person, via mail, e-mail, or FAX. Please indicate your preference by checking the boxes below.

- (Check one):  **Site Investigation--\$325 per visit**  
 **Site and Test Hole Inspection--\$325 per visit**  
 **Misc. Review/Reconnect Plan Review, existing permit # \_\_\_\_\_ --\$205**  
 **Septic System Abandonment/Closure existing permit # \_\_\_\_\_ --\$175**

**SITE INFORMATION**

Property Address: \_\_\_\_\_ Maricopa County, AZ \_\_\_\_\_  
If no address has been assigned, leave blank Street Name and Number City (if applicable)  
 Cross Streets \_\_\_\_\_ Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Subdivision Name (if applicable): \_\_\_\_\_ Lot#(s) \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Acreage \_\_\_\_\_

Sewer (circle one) **IS / IS NOT** available within 400' from the property.

**Identified as (check one):**

- Single Family Residence  
 Commercial  
 Type of Establishment: \_\_\_\_\_  
 Maximum number of users: \_\_\_\_\_  
 (Customers, employees, members, etc.)

**Water Service will be provided by (check all that apply):**

- Water Company—Name \_\_\_\_\_  
 Holding Tank  
 Existing Well ID Number: \_\_\_\_\_  
 Proposed/Future Well

Shared? Yes  No

MC P/D Tracking # B \_\_\_\_\_

Site Code: \_\_\_\_\_

**For a Review/Reconnect, indicate reason for request:**

\_\_\_\_\_

**OWNER AND AGENT INFORMATION**

- Property Owner Name: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Owner's Phone: (required) \_\_\_\_\_  Owner's FAX \_\_\_\_\_  Owner's e-mail \_\_\_\_\_  
 Applicant/Agent Name: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (required) \_\_\_\_\_  Applicant/Agent's Fax \_\_\_\_\_  
 Mobile: \_\_\_\_\_  Applicant/Agent's e-Mail address \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT**

I, the undersigned, agree it is my responsibility to comply with all applicable statutes, rules, codes, ordinances and regulations for the work requested. Safety is the responsibility of property owner or their agent. **Request for inspection must be called in to the Inspection Request Line at 602-506-1787. To avoid additional inspection fees, be sure to include access information e.g. gate code and/or other special instructions or requests e.g. meet at site.**

Per Maricopa County Health Code, this application will expire: a) one year from date of application, or b) one year from Phase I site plan approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date Issued \_\_\_\_\_ Issue Status \_\_\_\_\_ By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Permit / File #)



# Maricopa County

Environmental Services

## ONSITE WASTEWATER TREATMENT FACILITY OR CESSPOOL Closure/Abandonment Requirements

Arizona Administrative Code R-18-9-A309; Maricopa Environmental Health Code Chapter 2 Section 8

A person who permanently discontinues use of, wishes to close an on-site-wastewater treatment facility (septic system) or a cesspool (including capped or block lined seepage pit), or is ordered by the Director to close and abandon a facility shall:

Prior to application, if the existing permit is not available or the permit number is unknown submit a Commercial Public Records Request. (Forms are attached)

Submit a completed General Application, recorded deed, site plan to scale, copies or numbers of associated permits and \$175 fee. **If** Inspection is required for closure of the septic system an additional fee of \$325 per inspection visit is charged.

Then Proceed to:

- 1) Remove all sewage from the facility and dispose of in a lawful manner.
- 2) Disconnect and remove electrical and mechanical components.
- 3) Cut and plug both ends of the abandoned sewer drain pipe between the building and the on-site wastewater treatment facility not more than five feet outside the building foundation, if practical, or cut and plug as close to each end as possible.
- 4) Remove or collapse the top of any tank or containment structure using one of the following methods:
  - a) Punch a hole in the bottom of the tank or containment structure; fill the tank with material consisting of earth, sand, gravel, concrete or other approved fill material
  - b) Remove entire tank and dispose of in a lawful manner, fill the cavity material consisting of earth, sand, gravel, concrete or other approved fill material
- 5) Re-grade the surface to provide drainage away from the closed area.
- 6) The Department must be notified within 30 days of closure. This requirement is met by submission of the attached Certification of Closure/Abandonment of an Onsite Wastewater Treatment Facility.

**If** an inspection is required at the site for the Closure/Abandonment call the inspection phone number 602-506-1787. Have permit number available when you call. The inspector will provide instruction on how to proceed.



# Maricopa County

Environmental Services Department  
Water and Waste Management Division

1001 N Central Ave, Suite 150  
Phoenix, Arizona 85004  
Phone: (602) 506-6666  
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TDD: (602) 506-6704  
www.maricopa.gov/envsvc

## NON-COMMERCIAL PURPOSE Public Record Request

Date: \_\_\_\_\_

**ONE FORM PER ADDRESS/PARCEL. No fee for Non-commercial Purpose requests.** Fax or mail form. You will receive verification by fax or phone call that your request has been received.

TO CUSTODIAN OF RECORDS OF: Onsite Wastewater Treatment Program

Pursuant to A.R.S. §39-121.03, I certify that the purpose requested is for (check one):

- Non-Commercial Purpose only\*
- Commercial Purpose defined as “the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from such public record for the purpose of solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records.

**\*NOTE:** If your request is for a commercial purpose, you must provide a certified statement setting forth the purpose for which the records will be used. Please use the Commercial Purpose Public Record Request Form for the Onsite Wastewater Program.

**Caution: A.R.S. § 39-121.03(C) provides:**

**A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the uses of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney’s fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records.**

**Records found can be mailed, or picked up. Please plan on 5 - 10 business days for search to be completed.**

**NOTE: Not all searches produce a record.**

|   |  |
|---|--|
| FOR ADMINISTRATIVE USE ONLY:                      | Date returned to customer: _____         |
| Receipt #: _____                                  | Date of payment: _____                   |
|   | Payment type & #: _____                  |
| SPTC /Billing Code# _____                         | Returned to customer by: _____           |
| Record(s) found: _____                            | <input type="checkbox"/> No Record Found |
| Method released (faxed, mailed, picked up): _____ | Fee charged: _____                       |
|   | Result: UP NR EX                         |

I am requesting a copy of the septic record/s of the following:

Site address: \_\_\_\_\_

Year system installed: \_\_\_\_\_

Complete legal description: \_\_\_\_\_

(Please note: If this is an approved subdivision, identify subdivision name and lot number. If not, provide a copy of deed including legal description)

Assessor Parcel #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

**The public records which I have requested are for the following purpose (required):**

**SYSTEM FAILING (check this box if system is backing up)**

I certify that all information provided is true and correct. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive. (See disclaimer below).

**DISCLAIMER INDEMNIFICATION**

**Requester/Purchaser understands and agrees that Maricopa County does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, inaccuracy of any said data and information. Requester/Purchaser accepts responsibility for Requester/Purchaser's unauthorized use or transmission of any such data or information in its actual or altered form.**

Date: \_\_\_\_\_

Requester Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_



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## COMMERCIAL PURPOSE

Date: \_\_\_\_\_

### Public Record Request

**ONE FORM PER ADDRESS/PARCEL. FLAT UP-FRONT FEE of \$30 per parcel/address.**

**Payment is available over the phone. PAYMENT REQUIRED BEFORE SEARCH IS BEGUN.**

TO CUSTODIAN OF RECORDS: ONSITE WASTEWATER TREATMENT PROGRAM

A "Commercial Purpose" means the use of a public record for the purpose of sale or resale including any of the following:

- Producing a document containing all or part of the copy, printout, or photograph for sale; or
- Obtaining of names and addresses from such public records for the purpose of solicitation, or for creating a list for resale; or
- For any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records. (A.R.S. §39-121.03(D)).

### Caution: A.R.S. § 39-121.03(C) provides:

**A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the uses of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney's fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records.**

I \_\_\_\_\_, am the \_\_\_\_\_ of  
(Name) (Title)

\_\_\_\_\_, located at \_\_\_\_\_  
(Company Name) (Address, City, State, Zip)

which is engaged in the business of \_\_\_\_\_ .  
(Nature of Business)

**Records found can be faxed, mailed, or picked up. Please plan on 5 - 10 business days for search to be completed. NOTE: Not all searches produce a record.**

|   |  |
|---|--|
| FOR ADMINISTRATIVE USE ONLY:                      | Date returned to customer : _____        |
| Receipt #: _____                                  | Date of payment: _____                   |
| Payment type/check #: _____                       |  |
| SPTC/Billing Code# _____                          | Returned to customer by: _____           |
| Record(s) found: _____                            | <input type="checkbox"/> No Record Found |
| Method released (faxed, mailed, picked up): _____ | Fee charged: _____                       |
|   | Result: UP NR EX                         |

I am requesting a copy of the septic record/s of the following:

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\_\_\_\_\_ Date: \_\_\_\_\_

Requester Signature

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_