



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

The Maricopa County Environmental Services Department (MCESD) must review and approve all transfers of ownership of reclaimed water systems or wastewater systems. A transfer of ownership typically occurs when a utility is being sold to another utility. A transfer of ownership is required if the Arizona tax identification number of the permit owner is being changed. This submittal package instruction sheet is to be used to apply for an *Approval To Transfer Ownership* (ATTO).

**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 (if applicable), an application form and the relevant ownership transfer documentation.

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

**Submittal Package Check List:**

- Transmittal Letter
- Check for the Review Fee (if applicable)
- 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 initial fee for each project component type from the fee schedule table below.

If the application is for an expedited plan review and approval please note this in the transmittal letter and on the check. Selecting an expedited plan review doubles the fee amount. The check amount should be for the fee 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.**

<b>FEE SCHEDULE TABLE – APPROVAL TO TRANSFER OWNERSHIP</b>	
<b>Project Type</b>	<b>Fee Amount (Note 1)</b>
Reclaimed Water System	\$ 0.00
Wastewater System	\$200.00

**Notes:**

1. The fees listed in this table are the base flat fees for a standard plan review. An applicant may elect to have the project reviewed as an expedited plan review. Selecting an expedited plan review doubles the fee amount.

**C) APPLICATION FORM INSTRUCTIONS**

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

**1.  PROJECT INFORMATION**

- a) **CATEGORY** – Check the appropriate box identifying the applicable project category.
- b) **DATE SUBMITTED** – Enter the date this application is being submitted.
- d) **REVIEW MODIFIERS** – Check the box(es) indicating if this project requires an expedited review.
- e) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.
- f) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the physical sites and components whose ownership is being transferred. Attach additional pages to this application as necessary to list all of the sites and components.



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2.  **PERMIT/SYSTEM INFORMATION**

The permit number, system ID and system name for an existing Wastewater System (WWS) or Reclaimed Water System (RWS) can be obtained from the Water and Wastewater Treatment Program's Forms/Application web page ([www.maricopa.gov/EnvSvc/WaterWaste/WWT/Forms.aspx](http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/Forms.aspx)) by downloading the operational wastewater or reclaimed water system list. Contact the Water and Wastewater Treatment Program if you are unable to download these lists or if you need assistance obtaining the permit number, system ID or system name.

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (37### or 67### respectively) if the project is for an existing wastewater or reclaimed water system.
- b) **SYSTEM ID** – Provide the Wastewater System (WWS) or Reclaimed Water System (RWS) identification number (AZ-04-37-###, or AZ-04-67-### respectively).
- c) **SYSTEM NAME** – Provide the Wastewater System (WWS) or Reclaimed Water System (RWS) name.

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.  **OTHER PERMITS REQUIRED**

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.

5.  **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 new or existing permit owner or a fiduciary agent acting on behalf of the new or existing permit owner. A fiduciary agent is an individual, corporation or association holding assets for the new or existing permit owner, with the legal authority and duty to make decisions regarding financial matters for the project on behalf of the new or existing permit owner.

Typically the fiduciary agent would be the utility that currently owns or will own the reclaimed water or wastewater system.

6.  **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.

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 or Billing Address check box if the mailing address information is the same as one of these entities.

8.  **NEW PERMIT OWNER**

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

9.  **NEW PERMIT BILLING ADDRESS**

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

Check the New Permit Owner check box if the billing address information is the same as the new permit owner.



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**10.  PERSONS AUTHORIZING THE TRANSFER**

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

Typically the existing system owner would be the utility that currently owns the reclaimed water or wastewater system and holds the existing operating permit. The representative authorizing the transfer on behalf of the existing system owner must be a person with the legal authority and responsibility for the administration and oversight of the utility within the existing system owner's organization.

Typically the new system owner would be the utility that will own the reclaimed water or wastewater system and will hold the new permit. The representative authorizing the transfer on behalf of the new system owner must be a person with the legal authority and responsibility for the administration and oversight of the utility within the new system owner's organization.

**11.  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.

**12.  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 System Owner.

**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: [TreatmentPlantProgram@mail.maricopa.gov](mailto:TreatmentPlantProgram@mail.maricopa.gov)

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

**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)**

**APPROVAL PROCESS NOTICE FOR APPROVAL TO TRANSFER OWNERSHIP  
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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. If the response is not provided within 365 days of the request for information, the project will be deemed to be denied.

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: [TreatmentPlantProgram@mail.maricopa.gov](mailto:TreatmentPlantProgram@mail.maricopa.gov)
  - Website: [www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx](http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx)



**APPLICATION FOR APPROVAL TO TRANSFER OWNERSHIP  
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<b>1. PROJECT INFORMATION:</b>			
CATEGORY: <input type="checkbox"/> Wastewater <input type="checkbox"/> Reclaimed Water			DATE SUBMITTED:
REVIEW TYPE: <input checked="" type="checkbox"/> Approval To Transfer Ownership		REVIEW MODIFIERS: <input type="checkbox"/> Expedited	
PROJECT NAME:			
PROJECT DESCRIPTION:			
<b>2. PERMIT/SYSTEM/SITE INFORMATION:</b>			
PERMIT NUMBER:			
SYSTEM ID : AZ - 04 -		SYSTEM NAME:	
<b>3. DOCUMENTS SUBMITTED:</b> (Check each 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:			
<b>4. OTHER PERMITS REQUIRED:</b> (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:	
<b>5. PROJECT OWNER:</b> (Required)			
<b>FIRM:</b>			
Company:		Department:	
<b>CONTACT PERSON:</b>			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
<b>ADDRESS:</b>			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
Comments:			

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

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<b>6. BILLING ADDRESS:</b> (Required)				Same As: <input type="checkbox"/> Project Owner	
<b>FIRM:</b>					
Company:			Department:		
<b>CONTACT PERSON:</b>					
Name:			Title:		
Telephone:		Mobile:		Facsimile:	
E-mail:			Website:		
<b>ADDRESS:</b>					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
Comments:					
<b>7. MAILING ADDRESS:</b>				Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address	
<b>FIRM:</b>					
Company:			Department:		
<b>CONTACT PERSON:</b>					
Name:			Title:		
Telephone:		Mobile:		Facsimile:	
E-mail:			Website:		
<b>ADDRESS:</b>					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
Comments:					
<b>8. NEW PERMIT OWNER:</b> (Required)					
<b>FIRM:</b>					
Company:			Department:		
<b>CONTACT PERSON:</b>					
Name:			Title:		
Telephone:		Mobile:		Facsimile:	
E-mail:			Website:		
<b>ADDRESS:</b>					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
Comments:					

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<b>9. NEW PERMIT BILLING ADDRESS:</b> (Required)				Same As: <input type="checkbox"/> New Permit Owner	
<b>FIRM:</b>					
Company:			Department:		
<b>CONTACT PERSON:</b>					
Name:			Title:		
Telephone:		Mobile:		Facsimile:	
E-mail:			Website:		
<b>ADDRESS:</b>					
Line 1:					
Line 2:					
Line 3:					
City:		State:	ZIP Code:		Country:
Comments:					
<b>10. PERSONS AUTHORIZING THE TRANSFER:</b> (Required)					
<b>EXISTING SYSTEM OWNER'S REPRESENTATIVE:</b>					
Name:			Title:		
Signature:			Date:		
<b>NEW SYSTEM OWNER'S REPRESENTATIVE:</b>					
Name:			Title:		
Signature:			Date:		
<b>11. FINANCIAL RESPONSIBILITY STATEMENT:</b> (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>					
<b>PROJECT OWNER'S FIDUCIARY AGENT:</b>					
Name:			Title:		
Signature:			Date:		
<b>12. CORRESPONDENCE ROUTING:</b>					
<input type="checkbox"/> Copy Project Owner on Approvals		<input type="checkbox"/> Copy Licensed Professional on Approvals		<input type="checkbox"/> Copy System Owner on Approvals	
<input type="checkbox"/> Copy Billing Address on Approvals		<input type="checkbox"/> Copy Mailing Address on Approvals			
<input type="checkbox"/> Other:					