



LICENSED CONTRACTOR CERTIFICATE OF COMPLETION FOR AN ONSITE WASTEWATER TREATMENT FACILITY CONSTRUCTED IN CONFORMANCE WITH AN INDIVIDUAL AQUIFER PROTECTION PERMIT

APPLICANT CERTIFICATION

1 Project Name and Number

Project Name
ISDS File No.
County
Nearest City

2 Applicant

Name Phone
Title Firm Name
Mailing Address City State Zip

3 Contact Person/Agent (if different from applicant)

Name Phone
Title Firm Name
Mailing Address City State Zip

4 Project Description

5 Operation and Maintenance (O&M) Information

A) Principal/Supervisory Operator Information

Name Phone
Title Firm Name
Mailing Address City State Zip
AZ Operator WW Treatment ID No. Expiration Date

- B) The emergency number of the owner/operator of the sewage collection system is
C) The O&M manual exists, is available for inspection upon request to the applicant by the Department and addresses components of operation and maintenance listed in the attached Engineers Certificate of Completion Yes No

6 Certification (To be completed by the applicant in item 2 above)

I, \_\_\_\_\_, certify that this Certificate of Completion and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. I also certify that the wastewater treatment facility described in this form is constructed, designed, and operated in accordance with terms and conditions of Arizona Revised Statutes (A.R.S.) Title 49, Chapter 2, Articles 1, 2 and 3; Arizona Administrative Code (A.A.C.) Title 18, Chapter 9, Articles 1 and 2; A.A.C. Title 18, Chapter 11, Article 4; and conditions set forth regarding individual aquifer protection permits. All activities are in conformance with all plans, specifications, manuals and other documents submitted to PCCDAPD for the development of this specific project permits. I am aware that there are significant penalties for submitting false information including permit revocation as well as the possibility of fine and imprisonment for knowing violations.

Signature Date

**Certificate of Completion**

**7 Construction Work Performed**

The work on this project was completed on \_\_\_\_\_ (date) by the following:

| Contractor Name | Work Performed | License Type |
|-----------------|----------------|--------------|
|                 |                |              |
|                 |                |              |
|                 |                |              |

List of additional contractors attached

**8 Leakage and Performance Test Results**

Pre-operational leakage tests (yard pipes, basins, manholes, lift stations, and/ or force mains) and performance tests (blowers, pumps, valves, distribution pipes, backflow prevention valves and disinfection) were conducted and/or observed by the following persons, with the results satisfactorily meeting all pertinent requirements in Arizona Administrative Code (A.A.C.) Title 18, Chapter 9, Articles 1 and 2. All field test result reports attached to this certificate have been reviewed and approved by the signing engineer.

| Contractor/Agency/Tester Name | License Type | Test Performed/Observed by | Satisfactory Results         |
|-------------------------------|--------------|----------------------------|------------------------------|
|                               |              |                            | <input type="checkbox"/> Yes |
|                               |              |                            | <input type="checkbox"/> Yes |
|                               |              |                            | <input type="checkbox"/> Yes |

List of additional contractors is attached

**9 Construction Plans and Specifications**

The construction plans and specifications submitted for the development of the Individual Aquifer Protection Permit specific to this facility accurately reflect final location, configuration, and construction of components. Final plan sets shall be submitted as as-built plans reflecting appropriate and proper engineering design practices with all seals by registered professionals.

Are process modifications, capacity expansions or discharge characteristic modifications expected to be filed with PCDEH for this facility? Within the next:

- One year
- Two years
- Three years

If yes, please provide a description on a separate page.

**10 Other Permits**

- An AZPDES Permit is required for discharge. Permit No. \_\_\_\_\_
- A Floodplain Use Permit is required. List permitting authority. \_\_\_\_\_
- List other environmental permits (include odor/noise nuisance waivers and allowances)

**11 Additional Information Attached**

- No
- Yes Describe \_\_\_\_\_

**12 Certification Statement**

I, \_\_\_\_\_ (print name), a Licensed Contractor in the State of Arizona, have provided the evidence listed in items 5-11 that the construction of the above described project was completed, to the best of my knowledge.

Affix Seal per A.A.C. R4-30-304(E)

**DEPARTMENT USE ONLY**

PCCDAPD DATE STAMP

Constructed with 2 years  Yes  No