



ENGINEERING REVIEW CAPACITY ASSURANCE SEWAGE TREATMENT FACILITY

INSTRUCTIONS - CAPACITY ASSURANCE SEWAGE TREATMENT FACILITY

Instructions: The owner or operator of the downstream sewage treatment facility must complete and submit this Capacity Assurance Form to comply with Arizona Administrative Code (AAC) R18-9-E301(C)(1). This form should be submitted with the Notice of Intent to Discharge (NOI) for the proposed system. ADEQ reserves the right to require new capacity assurance forms when the forms on file for a project are more than 6 months old or ADEQ has reason to be concerned with the wastewater treatment plant's capacity (i.e. if for example many Capacity Assurance forms for the same wastewater treatment plant are submitted within a short time period). All fields must be filled out when required for the form to be administratively complete.

Project Name should match the project name listed on the NOI for which this form is being submitted.

Base Design Flow is the design flow for the project and it must be the same as the design flow listed on the NOI. It must be calculated in accordance with AAC R18-9-E301 (D)(1)(a) and does not include a peaking factor. The design flow is determined at the downstream point of the proposed project and the "Sewage Design Flow per Applicable Unit" in Table 1.

Aquifer Protection Permit (APP) include the current APP number and the approved capacity listed in the current APP.

Arizona Pollutant Discharge Elimination System (AZPDES) include the current AZPDES number and the discharge limits.

Operational flow is expressed in MGD based on the maximum monthly average flow for the last 12 months.

Constructed Capacity is the design flow of the components of the facility that have been built and are fully functional in compliance with the current APP.

Total Commitments are calculated with base design flows. They include all the commitments as demonstrated on the attached Capacity Assurance Commitment List commitment.

Capacity Assurance Commitment List (CAL) is required by this form. The CAL is a summation of all Capacity Assurances issued by the receiving facility and must also account for the total design flow connected to the facility. At a minimum, the CAL must include subdivisions, commercial and industrial customers.

Responsible Person is the owner or operator of the facility and should be the person who signs the form in section 5. The Responsible Person must be authorized by the owner of the utility to make capacity commitments.

APP and Construction Schedule for Additional Capacity ADEQ does not approve sewage collection system projects when the total commitments exceed the approved capacity in the Aquifer Protection Permit. ADEQ will issue a Construction Authorization and the sewage collection system projects may be built "at risk" if an Aquifer Protection Permit application has been submitted to the Department. However, a Discharge Authorization will not be issued unless the new Aquifer Protection Permit has been approved for a capacity that exceeds the total commitments (at the time the Discharge Authorization is issued).

When a new wastewater treatment plant is being built or actual flows to the facility exceed the constructed capacity, ADEQ will issue a Construction Authorization and the sewage collection system projects may be built "at risk" if an Aquifer Protection Permit has been approved for the required capacity. However, a Discharge Authorization will not be issued unless the required capacity has been built and is fully operational in accordance with the Aquifer Protection Permit.

A detailed schedule must be provided when additional capacity is required in order for ADEQ to issue a Discharge Authorization. A Construction Authorization is good for two years. The schedule must demonstrate that the required capacity will be available within two years. Please be advised when the **APP and Construction Schedule** are required, new Capacity Assurance forms must be submitted prior to ADEQ issuing a Discharge Authorization.

Capacity Assurance Certification The Responsible Person must sign the form issuing capacity for the project in accordance with the base design flow listed in section 1 of this form. Please be advised when capacity is allocated for a project, it is not necessarily possible to rescind that capacity and that capacity cannot be rescinded when a permit is in process, or there is an unexpired Construction Authorization issued for the project. Furthermore, capacity cannot be rescinded if the sewage collection system has been built or construction on the sewage collection system has started. In addition, capacity cannot be rescinded if lots or real estate have been sold as a result of an Approval of Sanitary Facilities issued for a subdivision that was associated with the NOI for which the capacity assurance was issued. An Approval of Sanitary Facilities for a subdivision can be issued when a Construction Authorization for an associated project is approved.



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1 PROJECT INFORMATION	
Project Name: _____	
Base Design Flow (AAC R18-9-E301 (D)(1)(a)): _____ (MGD)	
2 SEWAGE TREATMENT FACILITY INFORMATION	
Facility Name: _____	
Physical Address: _____	
APP Number: P _____	APP Approved Capacity: _____ (MGD)
AZPDES Number _____	AZPDES Discharge Limits: _____ (MGD)
Operational Flow: _____ (MGD)	Constructed Capacity: _____ (MGD)
	Total Commitments: _____ (MGD)
☐ Capacity Assurance Commitment List attached.	
3 OWNER/OPERATOR INFORMATION: ☐ Owner ☐ Operator	
Responsible Person's Name: _____	Position: _____
Agency or Company: _____	
Mailing Address: _____	
Telephone: _____	Fax: _____
Email Address: _____	
4 APP AND CONSTRUCTION SCHEDULE FOR ADDITIONAL CAPACITY	
☐ Details are described on attachment.	
5 CAPACITY ASSURANCE CERTIFICATION (TO BE COMPLETED BY OWNER/OPERATOR IN SECTION 3)	
I, _____, affirm that, in accordance with A.A.C. R18-9-E301 (C)(1), the additional volume of sewage delivered to the facility by the sewer collection system serving the proposed subdivision/project will not cause any flow or effluent quality limits of the facility's individual permit to be exceeded. I certify that the information provided on this form is based on the best available information.	
Signature: _____	Date: _____