



**MARICOPA COUNTY ENVIRONMENTAL SERVICE
DEPARTMENT WATER & WASTE MANAGEMENT DIVISION
ONSITE WASTEWATER PROGRAM**

301 West Jefferson Street, Suite 170, Phoenix, AZ 85003

Phone: (602) 506-6666 Fax: (602) 506-6925

Email: SepticQuestions@maricopa.gov Website: esd.maricopa.gov



File Number: _____

**NOTICE OF TRANSFER OF OWNERSHIP
FOR AN ONSITE WASTEWATER TREATMENT FACILITY**

1 Property Information (All fields are required)		
Address _____	County _____	
	Tax Parcel No. _____	
City _____	Zip _____	<input type="checkbox"/> Residential property, or <input type="checkbox"/> Non-residential property
2 Transferor/Seller/Former Owner of Property (All fields are required)		
Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Phone No. _____	Fax _____	Email _____
3 Transferee /Buyer/New Owner of Property (All fields are required)		
Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Phone No. _____	Fax _____	Email _____
<input type="checkbox"/> Transferee/Buyer must check this box if the On-site Wastewater Treatment Facility is Exempted From Inspection		
An inspection is not required if both of the following conditions apply (Buyer shall check applicable boxes to affirm that these conditions are met, provide the file number and authorization date, then skip directly to Item 8 before submitting this form):		
<input type="checkbox"/> A Discharge Authorization was issued by ADEQ or its delegated county agency, Maricopa County, to operate the facility. Discharge Authorization File No.: _____ Discharge Authorization Date: _____		
<input type="checkbox"/> The facility has never been put into service before this property transfer.		
4 Inspector Information (All fields are required)		
Inspector Name _____	NAWT Inspector No. _____	
Company Name _____		
Address _____		
Phone No. _____	Fax _____	Email _____
5 Date of Facility Construction (Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)		
<input type="checkbox"/> Before January 1, 2001, or		
<input type="checkbox"/> On or after January 1, 2001 as authorized by ADEQ or its delegated county agency, Maricopa County		
Department Use Only		Date Stamp
Check # and Amount		
Date Completed/By		
File Number		

6 Facility Type (Refer to Item 7 of the REPORT OF INSPECTION form)
<input type="checkbox"/> Conventional septic tank/disposal system (very common—any system consisting of a septic tank that disposes effluent to trench, bed, chamber technology, or seepage pit), or <input type="checkbox"/> Alternative on-site system (not common—any system using an alternative technology for treatment or disposal)
7 Inspection Information (Copy all required information from the REPORT OF INSPECTION form)
Date of Inspection (from Item 13 of <i>Report of Inspection</i> form): _____ Design flow of facility (from Item 6E of <i>Report of Inspection</i> form): _____ gallons per day Please indicate any file number/dates as indicated in Item 5 of Report of Inspection form: <input type="checkbox"/> <i>Discharge Authorization</i> issued on or after January 1, 2001 (Item 5A of <i>Report of Inspection</i> form): File No. _____ Date issued: _____, or <input type="checkbox"/> <i>Approval of Construction</i> or other permitting document issued by ADEQ or Maricopa County before January 1, 2001 (Item 5B of <i>Report of Inspection</i> form): File No. _____ Date issued: _____ Please indicate the number of septic tanks in use on this property: _____ Was the Septic tank(s) pumped as part of inspection (Item 8A of <i>Report of Inspection</i> form)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is No above, please indicate why the septic tank(s) were not pumped: <input type="checkbox"/> The septic tank was put into service less than 12 months before inspection, or <input type="checkbox"/> Pumping or servicing was not necessary at the time of inspection based on manufacturers written operation and maintenance instructions (applicable only to alternative technologies), or <input type="checkbox"/> No accumulation of floating or settled waste was present in the septic tank (may be applicable to certain remote or seasonal systems with little use). Were repairs made as part of the inspection (Item 8Q of <i>Report of Inspection</i> form)? <input type="checkbox"/> Yes <input type="checkbox"/> No
8 Form Submittal and Buyer/Transferee Advisory (All information is required)
<input type="checkbox"/> Date of property transfer (closing date): _____ <input type="checkbox"/> Date of submittal of this <i>Notice of Transfer</i> form: _____ <input type="checkbox"/> Check this box to confirm the \$50 filing fee is being submitted with this <i>Notice of Transfer</i> form
Please Select who is submitting this Notice of Transfer Form:
<input type="checkbox"/> Buyer/Transferee, or <input type="checkbox"/> A person submitting this form on behalf of the Buyer/Transferee (Please complete the required information below)
Name of Submitter: _____ Company: _____ Address: _____ _____ Phone Number: _____ Relationship of submitter : _____ <input type="checkbox"/> Escrow Officer/Title Company, or <input type="checkbox"/> Other (indicate): _____
9 Certification/Signature (All information is required)
<input type="checkbox"/> I, as the Buyer/Transferee, certify that I have received a Report of Inspection from the Seller/Transferor or their representative, and that I have accurately completed this Notice of Transfer form to the best of my knowledge, or <input type="checkbox"/> I, as a person submitting this form on behalf of the Buyer/Transferee, certify that the information provided in this Notice of Transfer form is complete and accurate to the best of my knowledge.
Signature: _____ Date: _____

If you file your *Notice of Transfer* by email, once processed by the Department, you will receive an email with instructions and options for payment of the *Notice of Transfer* \$50 filing fee. The *Notice of Transfer* will be complete once payment has been made. Checks must be made payable to Maricopa County Environmental Services Department (M.C.E.S.D.).