

Water/Wastewater
Services Application

City of Nogales
Public Works Department, Utilities Division
1450 N. Hohokam Drive, Nogales, AZ 85621
Phone: (520) 285-5731 Fax: (520) 287-6946
www.nogalesaz.gov



Water Meter Request <input type="checkbox"/> Size _____	Lateral Connection Failed <input type="checkbox"/>	New Lateral Connection <input type="checkbox"/>
Sewer Connection Verification <input type="checkbox"/>	Location of Sewer Connection <input type="checkbox"/>	Septic to Sewer Connection <input type="checkbox"/>

Purpose of use: _____

Applicant and Property Owner Information - *Required

Date: _____	Telephone: (____) _____ Ext: _____	Fax: (____) _____
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Name: _____	Email Address: _____
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Street Address: _____	City: _____	State: _____	Zip: _____
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*Signature: _____

Property Owner's Name (If different): _____	Telephone: (____) _____ Ext: _____	Fax: (____) _____
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Property Owner's Street Address: _____	City: _____	State: _____	Zip: _____
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*Property Owner's Signature: _____
or attached Property Owner's Authorization Letter

Location of where service(es) is(are) to be located: _____	Parcel I.D. No. _____
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Is(are) Service(es):	Within City Limits <input type="checkbox"/>	Kino Springs <input type="checkbox"/>	SCC <input type="checkbox"/>	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Other <input type="checkbox"/>
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Is Property adjacent to Right of Way of: ADOT <input type="checkbox"/> SCC <input type="checkbox"/>	Existing Sewer Connection YES <input type="checkbox"/> NO <input type="checkbox"/>	Septic YES <input type="checkbox"/> NO <input type="checkbox"/>
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NOTE: IF SERVICE IS LOCATED WITHIN ARIZONA DEPARTMENT OF TRANSPORTATION (ADOT) OR SANTA CRUZ COUNTY (SCC) RIGHT-OF-WAY, AN ENCROACHMENT PERMIT WILL BE REQUIRED. PLEASE NOTE THAT THIS PROCESS MAY TAKE 4 TO 6 WEEKS TO BE COMPLETED BY THE GOVERNING AGENCY. IF PROPERTY IS COMMERCIAL CAPACITY ASSURANCE FROM ADEQ (<https://www.azdeq.gov/viron/water/engineering/scs.html>) WILL BE REQUIRED FROM ENGINEER

Does Property Requesting Service Have Water Well? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Property Commercial YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF THE ANSWER IS YES TO ANY OR BOTH QUESTIONS, PROPERTY WILL REQUIRE A BACKFLOW PREVENTOR - INSTALLATION OF BACKFLOW HAS TO BE INSTALLED BY A CERTIFIED LICENSED PLUMBER PER CITY CODE SECTION 19-90 AND 19-91

Applicant hereby states that:

- 1) Applicant is requesting sewer service from the City of Nogales; and
- 2) Applicant has relied on an existing septic or other system to treat its sewage;
- 3) Applicant understands and agrees that upon connecting to the City of Nogales sewer system that Applicant MUST:
 - a) Pay all City of Nogales sewer user fees as required by the City of Nogales Code, Section 19-127 (n)(1,2,3)
 - b) Remove the septic system as required by the State of Arizona and Santa Cruz County Health Department (520) 375-7900.
- 4) Applicant further agrees that:
 - a) Applicant must pay a Sewer Connection Fee of \$500.00 to the City of Nogales upon signing this application (Applicable only to Septic to Sewer Systems)
 - b) _____ (Check here if lateral has already been constructed)
If There is no existing Sewer Lateral, Applicant must pay for the cost of constructing the Sewer lateral from the existing City sewer main to the edge of the Applicant's property in the amount determined from the attached Sewer Lateral Estimate;
 - c) That it is the sole cost and responsibility of Applicant to extend the sewer lateral inside Applicant's property to Applicant's home or building.
- 5) Applicant Shall also pay \$30.00 permit; Sewer Impact Fee; Connection Fee and or Investigation Fee (FormSWR-102 Attachment 1)

NO SEWER LATERAL IS PERMITTED TO BE CONSTRUCTED WITHIN A CITY OF NOGALES STREET OR RIGHT-OF-WAY BY A PRIVATE PARTY OR PRIVATE CONTRACTOR. ALL SEWER LATERAL CONSTRUCTION IN CITY RIGHT-OF-WAY SHALL BE PERFORMED BY CITY CONSTRUCTION CREWS.

FOR OFFICE USE ONLY:

Date: _____	Meter Size: _____	Backflow Required: YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of Assembly: RPV <input type="checkbox"/> SVV <input type="checkbox"/> PVV <input type="checkbox"/>
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(10% PLUS FORM WTR-S-E-1) METER CHARGE:.....\$ _____	City Code Section # 92-12-12A(10%) (19-82(C))
DEPOSIT:.....\$ _____	City Code Section # 19-52(A)(B)
ESTABLISHMENT FEE:.....\$ _____	City Code Section #19-83(A)
WATER SUPPLY CONECTION FEE:.....\$ _____	City Code Section # 19-82 (e)(i)-(e)(2)
OTHER (if applicable).....\$ _____	
TOTAL:.....\$ _____	

Approved Not approved By: _____

Accepted: Engineering(R-O-W Only) _____	Date _____	Accepted Utilities _____	Date _____
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Accepted: Planning and Zoning _____	Date _____	Accepted Revenue _____	Date _____
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The contractor and/or owner shall field verify existing water/sewer location, elevations and alignments prior to construction and implementation.

For Internal Use Only: GovQA WO _____ Planning and Zoning/Bldg No. _____