



MOHAVE COUNTY DEVELOPMENT SERVICES

P. O. Box 7000 Kingman, Arizona 86402-7000 3250 E. Kino Ave, Kingman www.mohave.gov Telephone (928) 757-0903 FAX (928) 757-3577

Scott Holtry
Department Director

Sam Elters, P.E.
County Manager

**PROCEDURES TO OBTAIN DISCHARGE
AUTHORIZATION
FOR AN ONSITE WASTEWATER TREATMENT FACILITY
TYPE 4.02 GENERAL PERMIT
CONVENTIONAL SYSTEM**

The following must be submitted in order to complete an application for the above-referenced facility type(s).

Please submit in the following order:

1. Mohave County Permit Application Worksheet
2. Notice of Intent to Discharge
3. Fixture Count Calculation Chart Worksheet
4. Design Configuration Sheet
5. Draft Operation and Maintenance Manual (Alternative Systems Only)
6. On-site Wastewater Facility Site Plan *****USE ENGINEER'S SCALE – MAX. 1"=60'**
7. Sewer Availability Sheet
8. Temporary Agreement
9. List of Materials and Components for constructing the on-site wastewater facility
10. Property Floodplain Information Sheet (**PFI**)
11. Site Investigation Report

The application will be reviewed by the appropriate district office. If the application is complete and all requirements have been met, a Construction Authorization will be issued to the applicant.

Construction may begin of the on-site wastewater facility. When construction is completed, a Request for Discharge Authorization must be submitted to the appropriate district office requesting an inspection of the facility. The following must be submitted with this form:

1. Final as-built site plan of the project, if it differs from the proposed plan.
2. Certification that the septic tank passed the required watertightness test in the field, after installation.

When the above documents are received, the district office will perform a final inspection of the facility. If the facility was constructed according the approved plan and is in compliance with all applicable State laws and local regulations, a Discharge Authorization will be issued.

Notes:

1. Construction of the facility CANNOT take place until the Construction Authorization is issued.
2. Discharge CANNOT take place until the Discharge Authorization is issued.
3. If the construction differs from the proposed plan, and a second inspection and/or second review of the system is necessary, additional fees will apply.
4. You must complete a Sewer Availability Information Sheet from the sewer provider for your property location. This **MUST** be done **PRIOR** to having a site investigation and must be attached to the application submittal.



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**NOTICE OF INTENT TO DISCHARGE FOR A
CONVENTIONAL SEPTIC TANK AND DISPOSAL FIELD
SYSTEM
(Type 4.02 General Aquifer Protection Permit)**

Sam Elters, P.E.
County Manager

INSTRUCTIONS

Please fill out and submit this Notice of Intent to Discharge (NOI) to obtain authorization to construct and operate a septic tank and disposal field under a Type 4.02 General Aquifer Protection Permit in accordance with Arizona Administrative Code (A.A.C.) R18-9-E302.

GENERAL APPLICATION PROCESS

1. Submit this NOI and appropriate supplemental information and forms, which are identified in this form. Please submit this application to the appropriate district office listed below:

Bullhead City District

1130 Hancock Rd.
Bullhead City, AZ 86442
(928) 758-0707
bhcpermitstaff@mohave.gov

Kingman District

3250 E. Kino Ave.
Kingman, AZ 86409
(928) 757-0903
kgmpermitstaff@mohave.gov

Lake Havasu City District (Drop Box Only)


2001 College Ave, Suite 95
Lake Havasu City, AZ 86403
(928) 757-0903

2. Review fees established by the Mohave County Board of Supervisors. The fee is due at time of application submittal. Each Request for "Approval of Alternative Feature of Technology, Design, Setback, Installation, or Operation" submitted with this NOI is subject to an additional fee. Each resubmittal, additional inspection and/or consultation is subject to an additional fee. If a system is installed before the "Construction Authorization" is given, an additional fee will be assessed along with possible legal action.
3. Satisfy any deficiency requests arising from the Department's pre-construction review of the submitted information.
4. Receive a "Construction Authorization" from the Department authorizing construction of the onsite wastewater system.
5. Construct the onsite wastewater system within two years.
6. Upon completion of construction, submit a Request for Discharge Authorization and any required information to the Department to initiate the Department's post-construction review and inspection. If the applicant has not completed the entire project as stated in the "Construction Authorization" and is submitting a Request for Discharge Authorization for the portion completed, the applicant will need to resubmit a NOI for the remaining portion of the project.
7. Satisfy any deficiency request arising from the Department's post-construction review of the facility.
8. Receive a "Discharge Authorization" from the Department, which authorizes operation of the septic tank and disposal field in accordance with the terms of the Type 4.02 General Aquifer Protection Permit and applicable requirements of statute and rule.

LICENSING TIME FRAMES (LTF)

Licensing Time Frames are specified by the Arizona Department of Environmental Quality in AAC R18-1-525, Table 10. They are:

License Type	Administrative Completeness Review	Substantive (plan review) Review	Overall Time Frame
Single 4.02, 4.03, 4.13, 4.14, 4.15, 4.16 General Permits	42 days	31 days	73 days
Combined Two or Three Type 4 General Permits	42 days	53 days	95 days
Combined Four or more Type 4 General Permits	42 days	94 days	136 days

<h2 style="margin: 0;">Mohave County</h2> <h2 style="margin: 0;">Permit Application Worksheet</h2> <h2 style="margin: 0;">Residential</h2>	Date _____ Project # _____ Permit # _____	
PLOT PLANS MUST BE NO LARGER THAN 8 ½ " X 11" NOTE: Shaded areas are for county use only.		
1. Type of Improvement: _____ 2. Applicant's name: _____ Mailing address: _____ City: _____ State: _____ Zip: _____ 2A. Contact Name: _____ PHONE: _____ Fax Number: _____ Email: _____ 3. Property Owners Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Fax Number: _____ Email: _____ 4. SITE LOCATION ADDRESS: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> House No Street Dir Street Name: </div> 5. <u>Legal Description:</u> Assessor Parcel Number: _____ - _____ - _____ Parent Parcel: <input type="checkbox"/> Yes Subdivision Name: _____ Corner Lot: <input type="checkbox"/> Yes Unit/Tract/Block/Lot: _____ -- _____ -- _____ Township/Range/Section: _____ -- _____ -- _____ 6. Plot Plan Drawing (see instructions on plot plan form) Cont _____ Acres _____		
<u>Public Works, Flood Control Division</u> 7. Is there an existing structure? <input type="checkbox"/> YES <input type="checkbox"/> NO 7A. Previous PFI#: _____ Previous FUP#: _____		
<u>Environmental Quality Division</u> 8. Is this an existing system? <input type="checkbox"/> YES <input type="checkbox"/> NO 8A. Is this a Conventional Septic? <input type="checkbox"/> YES <input type="checkbox"/> NO, Alternative System? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. Septic Tank Size: _____ Manufacturer: _____ 10. Septic Contractor: _____ License #: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Or Owner / Builder: <input type="checkbox"/> YES <input type="checkbox"/> NO </div> 11. Water Source: _____	Number of bedrooms: _____ Number of fixture units: _____	
<u>Planning & Zoning Division</u> 12. Zoning: _____	<div style="height: 200px; width: 100%;"></div>	
BAL DUE \$ _____		

Permit staff can answer questions or provide assistance during the application process either in person or by phone at the offices and numbers listed above. If you are unable to receive assistance, you may contact the Environmental Engineering Manager at the Kingman office (928) 757-0903.

Under ARS §11-1609, you may request that the County clarify its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement that affects the issuance of your permit by providing the County with a written request that states: 1. Your name and address; 2. The statute, ordinance, regulation, delegation agreement or authorized substantive policy statement that requires clarification; 3. Any facts relevant to the requested ruling; 4. Your proposed interpretation of the applicable statute, ordinance, regulation, delegation agreement or authorized substantive policy statement or part of the statute, ordinance, regulation, delegation agreement or authorized substantive policy statement that requires clarification; 5. Whether, to the best of your knowledge, the issues or related issues are being considered by the County in connection with an existing license or license application.

**NOTICE OF INTENT TO DISCHARGE FOR A
CONVENTIONAL SEPTIC TANK AND DISPOSAL
FIELD SYSTEM
(Type 4.02 General Aquifer Protection Permit)**

GENERAL INFORMATION

1 Project Name:

2 Owner/Operator (person responsible for overall compliance)

Name _____ Phone _____

Title _____ Firm Name _____

Mailing Address _____ City _____ Zip _____

3 Applicant

Name _____ Phone _____

Title _____ Firm Name _____

Mailing Address _____ City _____ Zip _____

4 Contact Person/Agent (if different from applicant)

Name _____ Phone _____

Title _____ Firm Name _____

Mailing Address _____ City _____ Zip _____

5 Installation Contractor Name and Information

Name _____ Phone _____

License Number _____ Firm Name _____

Mailing Address _____ City _____ Zip _____

6 Site Information

County _____ City _____

Location of downstream end of system proposed herein

Township _____ Range _____ Section _____,

Latitude _____ ° _____ ' _____ "N _____ Longitude _____ ° _____ ' _____ "W

Legal Description of Property _____

7 Existing Environmental Permits

List any other federal or state environmental permits issued for or needed by the facility, including any individual permit, Groundwater Quality Protection Permit, or Notice of Disposal that may have previously authorized discharge (attach additional pages if necessary)

SUPPLEMENTAL INFORMATION

8 Information and Submission Requirements (Check All Completed Items – attach to application)

- ☐ Site Investigation Report (original) per A.A.C. R18-9-A309(B)(1)
- ☐ Site Plan and construction quality drawings of the system per A.A.C. R18-9-A309(B)(2) and (6)(a)
- ☐ Operation and Maintenance Manual per A.A.C. R18-9-A309(B)(6)(b), A313(B) and A309(C)(2)(c)
- ☐ List of Materials, Components and Equipment per A.A.C. R18-9-A301(B) and A309(C)(2)(b)
- ☐ Agency review fee (see instructions)

9 Project Description (Check One)

- ☐ Conventional Septic System Serving a Single-Family Residence
☐ Conventional Septic System Serving Other Than a Single-Family Residence

10 Septic Tank and Disposal Field Description

This on-site wastewater treatment facility consists of an conventional septic tank system and disposal field sized for a design flow of _____ gallons per day. The flow is based on number of bedrooms and/or fixture units:

Number of Bedrooms _____ Number of Fixture Units _____

- ☐ Floor plan included in this application packet

The septic tank conveys wastewater to a disposal field consisting of (check one):

- ☐ Trench
☐ Filled with aggregate [R18-9-101(1)], or
☐ Filled with crushed, recycled concrete [R18-9-E302(C)(2)(d)]
☐ Bed
☐ Chamber Technology
☐ EZFlow

The expected date of first operation of this system is: _____

The sewage to the septic tank has the characteristics of:

- ☐ Typical household sewage, or
☐ Typical household sewage and _____
_____ (list other sources and characteristics of the wastewater)

Site Investigation Information

- ☐ Percolation Test Conducted Rate: _____ mpi
☐ Soils Testing Conducted

Soil Absorption Rate (assigned by Site Investigator): _____ gpd/sq. ft

11 Other Miscellaneous Required Information

Water Supply (check one):

- ☐ Public Water
☐ Private Well

If no public water is available, and system is located less than 50 ft. from any property line, applicant must obtain an agreement from the owners of any affected undeveloped adjacent property to limit the location of any new well on their property to at least 100 feet from the proposed treatment works and primary and reserve disposal works. The agreement must be recorded appropriately and the documentation must be approved by the Department.

- ☐ Letter included in this application packet
☐ Haul Water
Comment same as above ☐ Letter included in this application packet

Wash or drainage easement

If system is proposed within the 50 foot setback required by the Aquifer Protection Permits, a letter must be obtained from the appropriate flood plain administrator allowing a reduction of the setback.

- ☐ If applicable, letter from floodplain administrator included in this application packet

13 Certification of Compliance (To be completed by the applicant in item 3 above)

I, _____, certify that this Notice of Intent to Discharge 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 septic tank and disposal field system described in this form is or will be designed, constructed, and operated in accordance with the terms and conditions of a Type 4.02 General Aquifer Protection Permit (AAC R18-9-E302) and applicable requirements of Arizona Revised Statutes Title 49, Chapter 2, and Arizona Administrative code Title 18, Chapter 9 regarding aquifer protection 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

DEPARTMENT USE ONLY		DATE STAMP
File Number		
Fee Paid for this Project		
Check Total		

FOR RESIDENTIAL USE
FIXTURE COUNT CALCULATION CHART

Use the fixture count chart below to determine the total number of fixture units in the home. **Check the corresponding box on the system design flow chart based on your fixture count or number of bedrooms whichever is greater.** The box that is checked is the row where you'll find your minimum tank size and system design flow. Enter the information at the bottom of the page, and submit this form with your application.

Residential Fixture Type	Existing # Fixtures	Proposed # Fixtures	Multiply by	Fixture Units	Equals	Total # PROPOSED Fixtures
Bathtub			X	2	=	
Bidet			X	2	=	
Dishwasher, service			X	2	=	
Clothes washer			X	2	=	
Utility tub or sink separate from clothes washer			X	2	=	
Sink, kitchen (with or without dishwasher)			X	2	=	
Shower, single staff			X	2	=	
Sink, bar			X	1	=	
Sink, service			X	3	=	
Lavatory, single or double			X	1	=	
*Toilet, 1.6 gallons per flush (gpf)			X	3	=	
*Toilet, 1.6 - 3.2 gpf			X	4	=	
*Toilet >3.2 gpf			X	6	=	
FIXTURE COUNT TOTAL					=	
Physical # Bedrooms					=	

*Toilets currently available in Arizona are 1.6 gallons per flush. Older fixtures may not use the same amount of gallons per flush.

SYSTEM DESIGN FLOW CHART

✓	No. of Bedrooms	Fixture Count	Minimum Tank Size (gallons)	System Design Flow (gpd)
<input type="checkbox"/>	1	7 or less	1000	150
<input type="checkbox"/>		More than 7 less than 14	1000	300
<input type="checkbox"/>	2	14 or less	1000	300
<input type="checkbox"/>		More than 14 less than 21	1000	450
<input type="checkbox"/>	3	21 or less	1000	450
<input type="checkbox"/>		More than 21 less than 28	1250	600
<input type="checkbox"/>	4	28 or less	1250	600
<input type="checkbox"/>		More than 28 less than 35	1500	750
<input type="checkbox"/>	5	35 or less	1500	750
<input type="checkbox"/>		More than 35 less than 42	2000	900
<input type="checkbox"/>	6	42 or less	2000	900
<input type="checkbox"/>		More than 42 less than 49	2500	1050
<input type="checkbox"/>	7	49 or less	2500	1050
<input type="checkbox"/>		More than 49 less than 56	3000	1200
<input type="checkbox"/>	8*	56 or less	3000	1200
<input type="checkbox"/>		More than 56*	3000	1350

***NOTE: For a single residence with more than 8 bedrooms or more than 56 fixture units, use R18-9-A314 (D) (2) as the basis for determining minimum septic tank size and system design flow.**

DISPOSAL FIELD DESIGN/CONFIGURATION

Trench, Bed or Chamber Cross-section

PROJECTED SEWAGE FLOW: _____ g.p.d. / SOIL ABSORPTION RATE (SAR): _____

ABSORPTION AREA: _____

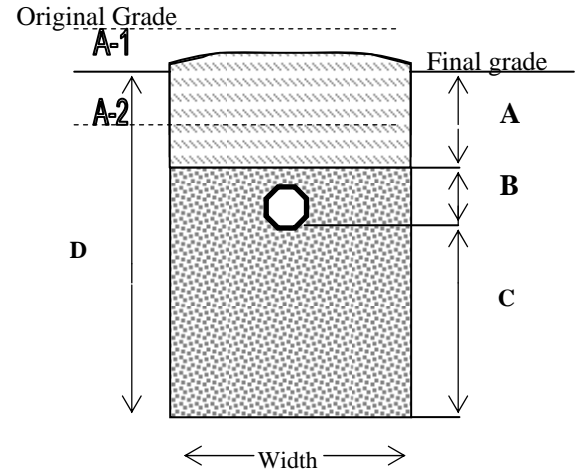
Trench Configuration

Please indicate vertical depths using inches.

- A. Backfill to final grade _____
 - A-1 [Graded soil area, state using a (-) sign] _____
 - A-2 [Fill or topsoil, state using a (+) sign] _____
- B. Distribution pipe w/ 2" of rock _____
- C. Aggregate depth (effective depth) _____
- D. Total trench depth _____

Trench width _____

Total length of trench _____ (ft.)



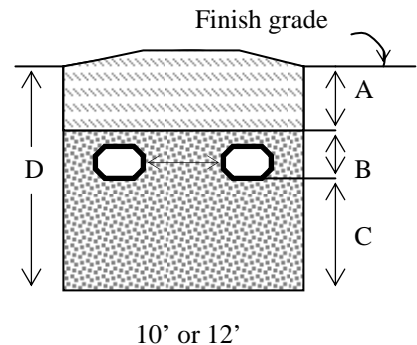
Gravity Beds

- A. Backfill _____
 - B. Distribution line with 2" of aggregate material _____
 - C. Aggregate depth _____
 - D. Total Bed depth _____
- (Gravity Bed **shall** be less than 5' total depth)

Trench width 10' or 12' (circle one)

Distance between pipes 4' or 6' (circle one)

Total length of Bed _____



Chamber Technology

Manufacturer _____

Model # _____

Width of the open bottom absorption surface of chamber: _____

Vertical height of the chamber side wall _____

Length of the chamber _____

Chamber Area = (1.8 x W x L) + (2 x V x L)

Number of Chambers: _____

Length of disposal field: _____

EZflow EPS Aggregate System Worksheet

FIXTURE COUNT CALCULATION CHART

FIXTURE TYPE	UNIT		# OF FIXTURES		TOTAL FIXTURE UNITS
Bath Tub	2	X		=	
Bidet	2	X		=	
Clothes Washer	2	X		=	
Dishwasher (separate from kitchen)	2	X		=	
Lavatory (bathroom sink), single	1	X		=	
Lavatory, double in master bedroom	1	X		=	
Shower, single stall	2	X		=	
Sink, bar	1	X		=	
Sink, kitchen (including dishwasher)	2	X		=	
Sink, service	3	X		=	
Utility Tub or Sink	2	X		=	
Water Closet (toilet), 1.6 GPF	3	X		=	
Water Closet (toilet), >1.6 – 3.2 GPF	4	X		=	
Water Closet (toilet), >3.2 GPF	6	X		=	
TOTAL FIXTURE UNITS:					

Items in **BOLD** are the most commonly used fixtures

"Bedroom" means, for the purposes of determining design flow for an on-site wastewater treatment facility for a dwelling, any room that has:

- Floor space of at least 70 square feet in area, excluding closets;
- Ceiling height of at least 7 feet;
- Electrical service and ventilation;
- A closet or an area where a closet could be constructed;
- At least one window capable of being opened and used for emergency egress; and
- A method of entry and exit into the room which allows it to be considered distinct from other rooms in the dwelling to afford a level of privacy customarily expected for such a room.

Bedroom/Equivalent Worksheet

Room Type	Number of Rooms
Bedroom	
Den	
Office	
Other:	
Other:	
Other:	
Total:	

TRENCHES HAVE A MAXIMUM OVERALL DEPTH OF FIVE (5) FEET ABOVE DEPTH OF TEST HOLE

TANK SIZE (from Septic System Sizing Chart)

= _____

DESIGN FLOW (from Septic System Sizing Chart)

= _____

PERCOLATION RATE

(from the Soils Report or Disposal Area Calculation Table)

= _____

SOIL ABSORPTION RATE

(from the Soils Report or Disposal Area Calculation Table)

= _____

TOTAL SQUARE FOOTAGE REQUIRED

(divide DESIGN FLOW by SAR or use Design Flow Calculation Table)

= _____

EZFLOW CONFIGURATION

(refer to EZFLOW Design Table; select from drop down list)

= _____

DIVISOR USED (refer to EZFLOW Design Table)

= _____

TOTAL LINEAR LENGTH OF TRENCH REQUIRED (divide TOTAL SQUARE FOOTAGE by DIVISOR)

= _____

Proposed Number of
Trenches

Proposed Length of
each Trench

Proposed Width of
each Trench

Proposed Overall
Depth of each Trench

Separation Between
Trench Edges

- The maximum length for any disposal field is 100'. If the total linear length of trench is greater than 100', use a distribution box to divide the total length into multiple trenches of equal length to distribute the effluent more effectively throughout the disposal field.
- The separation between the trench walls is a minimum of 5' or twice the effective depth, whichever is greater.
- Additional inspection risers, placed in the center of the trench, are required for any trench greater than 50' in length.

ON-SITE WASTEWATER SYSTEM SITE PLAN

(for 4.02 General Permit only. 4.03-4.22 must provide construction quality drawings)

Address:	<input type="checkbox"/> North Arrow shown
Assessor Parcel:	<input type="checkbox"/> Boundaries of property shown on plan
Legal Description:	<input type="checkbox"/> Proposed/existing systems, dwellings, buildings, driveways, swimming pools, tennis courts, wells, ponds, and any paved, concrete or water feature, shown.
	<input type="checkbox"/> Slopes and cut banks greater than 15%, retaining walls and other constructed features shown
	<input type="checkbox"/> Any feature less than 200 ft. from facility and reserve area that constrains the location due to setback limitations shown
	<input type="checkbox"/> Topography shown with contour intervals, showing original and post-installation grades
Property Size (in acres):	<input type="checkbox"/> EXACT LOCATION of all soils testing and percolation sites
Engineer's Scale (max 1"=60'):	<input type="checkbox"/> Location of the treatment and disposal works, pipelines, reserve area
Permit Number:	<input type="checkbox"/> Location of any public sewer if less than 400 ft. from property line

Proper construction and installation of this system shall follow all applicable Federal, State, County and City laws. Mohave County disclaims any responsibility of the construction, installation, errors or omissions involved with this system and the sole responsibility for any of the above is with the owner or his/her contractor (s) and/or agents (s). The as-built drawing is provided for ease and convenience to locate the system in the future and not for construction purposes.

The information within the site plan submitted is true and accurate to the best of my knowledge;

Signature

Title

Date: _____



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SEWER AVAILABILITY INFORMATION SHEET

Service Provider/Company Name:

Submitted by:

Telephone:

Fax:

Date:

Name of Property Owner:

Location Address:

Subdivision:

Tract:

Block:

Lot:

Assessor Parcel Number:

Indicate below what type of project will be constructed on the above mentioned property:

☐ Residential (Single Family Only)

☐ Commercial/Multi-family

Estimate flow rate in gallons per day:

☐ Industrial

Estimate flow rate in gallons per day:

Flood Zone:

Applicant Signature:

Per an inquiry with the above-referenced service provider regarding the availability of sanitary sewer to serve the above-referenced location, sewer is available at property:

☐ Yes, sewer is available and will be connected to

☐ No, sewer connection exceeds fees of R18-9-A309(A)(5)(b) (Engineers/Contractor's Estimate req.)

☐ N/A, no sewer service provider in subdivision

DISCLAIMER: For North Kingman / New Kingman Addition / Butler: if property is greater than 100' but less than 500' from City of Kingman Sewer, opting to use on an onsite wastewater system may result in the City of Kingman denying water service should an existing water meter not exist on the property at the time of septic permit issuance.

Does this property have an existing water meter: ☐ YES ☐ NO

Distance to sewer: feet

Comments: _____

Sewer Provider Representative Signature:



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Scott Holtry
Department Director

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County Manager

TO: SANITARY DISTRICT OR UTILITY COMPANY

TEMPORARY INDIVIDUAL WASTE DISPOSAL SYSTEM

I, _____, Owner of property located in the _____ Subdivision, Tract _____, Block _____, Lot _____, Address _____, Arizona, understand that the sewage disposal system to be installed to service my residence located on the above described property is a temporary system. I, hereby agree to abandon such system in a method approved by the local Environmental Quality Department, and connect to municipal sewer system servicing our location; subject to the requirements of R18-9-A309.A.5

The Mohave County Development Services Department, Environmental Quality/Waste Management Division is to be notified prior to abandonment of the system.

TEMPORARY PERMIT # _____ ASSESSOR'S PARCEL # _____

SIGNATURE OF PROPERTY OWNER

DATE

ARIZONA DEPT. OF ENVIRONMENTAL QUALITY

DATE

MOHAVE COUNTY ENVIRONMENTAL QUALITY/
WASTE MANAGEMENT REPRESENTATIVE

DATE