



MOHAVE COUNTY DEVELOPMENT SERVICES

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Scott Holtry
Department Director

J. David Strahl
County Manger

Abandonment Permit # _____

APPLICATION FOR SEPTIC TANK ABANDONMENT PERMIT

APPLICANT NAME		PHONE NUMBER		
MAILING ADDRESS	CITY		ZIP CODE	
PROPERTY OWNER NAME		PHONE NUMBER		
MAILING ADDRESS	CITY		ZIP CODE	
ABANDONED TANK ADDRESS	CITY		ZIP	
LEGAL DESCRIPTION		ASSESSOR PARCEL NUMBER		
SUBDIVISION NAME	UNIT	TRACT	LOT	BLOCK
EXISTING SEPTIC PERMIT NUMBER	CONNECTING TO WHICH SEWER COMPANY			
APPLICABLE FEE PAID YES NO	AMOUNT	MCDSD RECEIPT #	DATE	
PLOT PLAN DRAWING (indicate north and street front)		SEPTIC TANK CLEANER INFORMATION		
		CLEANER/HAULER NAME		
		ADEQ LICENSE NUMBER		
		MCDSD PERMIT NUMBER		
		GALLONS PUMPED		
		FILL MATERIAL		
		RECEIPT #	DATE	
		PLUGGED INLET YES NO		
		PLUGGED OUTLET YES NO		
		LOCATION OF APPROVED DISPOSAL SITE <i>(dispose of in accordance with AAC 18-13-1112)</i>		
MANIFEST VERIFICATION #				

I AGREE TO ABANDON THESE SEPTIC TANK(S) IN ACCORDANCE WITH ADEQ (R18-9-A309) REQUIREMENTS

SIGNATURE OF APPLICANT _____ DATE _____

COMMENTS: _____

SIGNATURE OF DSD REP. _____ DATE _____