



MOHAVE COUNTY DEVELOPMENT SERVICES

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

Scott Holtry
Department Director

J. David Strahl
County Manager

REQUEST FOR ABANDONMENT INSPECTION

1. Owner's Information

Name _____ Septic Permit #: _____
 Site Address _____ Parcel #: _____
 Mailing Address _____ City _____ Zip _____

2. Applicant

Name _____ Phone _____
 Title _____ Firm Name _____
 Mailing Address _____ City _____ Zip _____

3. Contact Person/Agent (if different from applicant)

Name _____ Phone _____
 Title _____ Firm Name _____
 Mailing Address _____ City _____ Zip _____

4. Abandoned Tank Address

Address _____ City _____ Zip _____
 Legal Description _____ Parcel #: _____

5. Signatures

By signing below, the applicant understands the following:

1. Inspection by the DSD per R18-9-A301.D.2.a is required and is now requested.
2. Should the facility not comply with requirements specified in the Aquifer Protection Permits, additional inspection and/or plan review fees may be requested prior to approval.
3. The applicant and/or an authorized on-site representative of the regulated person may accompany the inspector on the premises, except during confidential interviews
4. The applicant has a right to any copies of original documents, a split of any samples taken during the inspection if the split of any samples will not prohibit an analysis from being conducted or render an analysis inconclusive and copies of any analysis performed on samples taken during the inspection.
5. Any statements made during the inspection may be included in the inspection report
6. The applicant may contact the DSD at (928) 757-0907 should any questions arise regarding the inspection
7. The applicant is entitled to due process rights relating to an appeal of a final decision of the EHD based on the results of the inspection, and may contact the DSD at the above number for more information regarding the appeal process.

I, _____, certify that I have read the above notices and that the information in this Request for Abandonment Inspection and all attachments are, to the best of my knowledge, true, accurate and complete. I also certify that the abandonment of this wastewater treatment facility conforms to the requirements outlined in the Arizona Aquifer Protection Permits (R18-9-A309.D) and applicable requirements of Arizona Revised Statutes Title 49, Chapter 2. I am aware there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant: _____ Date: _____

DEPARTMENT USE ONLY	DATE STAMP
<i>This wastewater treatment facility has been abandoned in accordance with Arizona Administrative Code, Title 18, Chapter 9, Article 3.</i>	
Signature of Inspector: _____	
Date of Inspection: _____	