



# MOHAVE COUNTY DEVELOPMENT SERVICES

Scott Holtry  
Department Director

## REQUEST FOR DISCHARGE AUTHORIZATION FOR AN ONSITE WASTEWATER TREATMENT FACILITY TYPE 4.02-4.22 PERMIT

J. David Strahl  
County Manager

<b>1. Owner's Information</b>	
Name _____	Septic Permit #: _____
Site Address _____	Parcel #: _____
Mailing Address _____	City _____ Zip _____
<b>2. Applicant</b>	
Name _____	Phone _____
Title _____	Firm Name _____
Mailing Address _____	City _____ Zip _____
<b>3. Contact Person/Agent (if different from applicant)</b>	
Name _____	Phone _____
Title _____	Firm Name _____
Mailing Address _____	City _____ Zip _____
<b>4. Conformance with Information Submitted in Notice of Intent to Discharge (Check One)</b>	
<input type="checkbox"/> Original site plan submitted with Notice of Intent to Discharge accurately reflects final location and configuration of components.	
<input type="checkbox"/> A revised site plan is attached showing final location and configuration of components.	
Note: A <b>MINOR</b> change made during construction in location, configuration, dimension, depth, material, or installation procedure is allowed under R18-9-A301.D.1.e only if the change continues to conform with the specific standard in rule used as the basis of design. Any such changes must be recorded on the site plan. Any <b>MAJOR</b> changes will result in an additional plan review and fee. <b>*Must be provided before final inspection*</b>	
<b>5. Additional required information submitted to Department for Alternative System</b>	
<input type="checkbox"/> Final list of equipment, components and materials	<input type="checkbox"/> Final operation and maintenance manual
<input type="checkbox"/> Engineer's Certificate of Completion	<input type="checkbox"/> Service Contract (one year) for 4.04, 4.08-4.15, 4.16 if it includes a pump, & 4.18-4.22
<input type="checkbox"/> Contractor Name and License Number: Name _____ License Number _____	
<b>*Final Inspection will not be performed until all the above are submitted (sections 4 and 5)*</b>	
<b>6. Septic Tank Water Tightness</b>	
Tank manufacturer _____	Model Name/Number _____
Certificate of Conformance with Septic Tank Manufacturing Requirements supplied per R18-9-A314? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Septic Tank Capacity _____	Water tightness test passed [R18-9-A309.C.1] & Attachment 1 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Map to Property</b>	
Map to property is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. Certification (To be completed by the applicant in item 2 above)</b>	
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 for issuance of a Discharge Authorization.	
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 issuance of the Discharge Authorization.	
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) 757-0903 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 DSD 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 Discharge Authorization and all attachments are, to the best of my knowledge, true, accurate and complete. I also certify that the wastewater treatment facility conforms to the design approved under the Construction Authorization for this facility in accordance with the Type 4 General Aquifer Protection Permit (R18-9-E302 to R18-9-E323), 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 the possibility of fine and imprisonment for knowing violations.	
Signature <input type="checkbox"/> Applicant <input type="checkbox"/> Applicant's Representative	Date _____
<b>DEPARTMENT USE ONLY</b>	
Constructed within 2 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DATE STAMP</b>	

**ATTACHMENT 1 - CERTIFICATE OF WATER TIGHTNESS OF AN INSTALLED SEPTIC TANK DETERMINED BY FIELD WATER TIGHTNESS TESTING UNDER ARIZONA ADMINISTRATIVE CODE R18-9-A309(C)(1)**

**1 Project Information**

A) Applicant Name \_\_\_\_\_  
B) Owner Name \_\_\_\_\_  
C) Septic Permit # \_\_\_\_\_ Parcel #: \_\_\_\_\_

**2 Water tightness Tester**

A) Name \_\_\_\_\_  
B) Company \_\_\_\_\_  
C) Address \_\_\_\_\_

**3 Septic Tank Information**

A) Manufacturer \_\_\_\_\_  
B) Brand/Model \_\_\_\_\_  
C) Design Liquid Capacity \_\_\_\_\_

**4 Water tightness Test Information**

Description	Date	Time
1. Start presoak with clean water		
2. Start water tightness test		
3. End water tightness test		

- Passed water tightness test without repair (no water drop over 1-hour period per A.A.C. R18-9-A314(5)(d)(ii))  
 Passed water tightness test following repair

**5 Certification**

I have tested the installed septic tank for the above-named project in accordance with the water tightness testing requirements specified in Arizona Administrative Code R18-9-A314(5)(d) and certify that the septic tank passed the water tightness test.

\_\_\_\_\_  
Signature of Tester

\_\_\_\_\_  
Date

**\*\*To schedule Inspection both pages must be completed\*\***

Submit form through On-line Portal or email to [EQpermits@mohave.gov](mailto:EQpermits@mohave.gov)