MOHAVE COUNTY
DEVELOPMENT SERVICES

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

Scott Holtry
Department Director

Sam Elters, P.E.
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 *(dispose of in accordance with AAC 18-13-1112)*	
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 _____