

**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. Site Investigation Report (original copy)
4. Design Configuration Sheet
5. List of Materials, Components and Equipment for constructing the on-site wastewater facility
6. Draft Operation and Maintenance Manual
7. On-site Wastewater Facility Site Plan (2 copies)  
\*\*\***USE ENGINEER'S SCALE – MAX. 1"=60'**

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. If you are submitting to the Bullhead City District office, 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.

<h2 style="margin: 0;">Mohave County</h2> <h3 style="margin: 0;">Permit Application Worksheet</h3> <h3 style="margin: 0;">Non-Residential</h3>	Date _____ Project # _____ Permit # _____	
--	---	---

**PLOT PLANS MUST BE NO LARGER THAN 8 1/2" 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: _____ <b>PHONE:</b> _____ Fax Number: _____ Email: _____ 3. Property Owners Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Fax Number: _____ Email: _____ 4. <b>SITE LOCATION ADDRESS:</b> _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>House No</span> <span>Street Dir</span> <span>Street Name:</span> </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 _____	
---	--

<p><b>Public Works, Flood Control Division</b></p> 7. Is there an existing structure? <input type="checkbox"/> YES <input type="checkbox"/> NO 7A. Previous PFI#: _____ Previous FUP#: _____	<b>FLOOD \$</b> _____
---	-----------------------

<p><b>Environmental Health Division</b></p> 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 #: _____ Or Owner / Builder: <input type="checkbox"/> YES <input type="checkbox"/> NO 11. Water Source: _____	Number of bedrooms: _____ Number of fixture units: _____
--	---

<p><b>Planning &amp; Zoning Division</b></p> 12. Zoning: _____ 13. Mobile Home Information: Make: _____ Size: _____ of beds: _____ Year: _____ State #: _____ HUD #: _____ Mobile Home Installer Name: _____ License #: _____ Address: _____ Phone: _____ 14. Water Source: _____ 15. Sanitation: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic [Septic Permit #: _____] 16. Contractor Information (Names & License #'s) - General Contractor: _____ License #: _____ - Electrical Contractor: _____ License #: _____ - Plumbing Contractor: _____ License #: _____ - Mechanical Contractor: _____ License #: _____ 17. GRADING PERMIT: Material amount (cubic yards)? _____ 18. Bond Exemption: _____	<b>ZONING \$</b> _____ <b>BLDG \$</b> _____ <b>P/C \$</b> _____ <b>AUTOMATION FEE \$</b> _____ <b>OTHER \$</b> _____ <b>SUB-TOTAL \$</b> _____ <b>TOTAL \$</b> _____ <b>BAL DUE \$</b> _____
---	---

Note: Must provide construction drawings with Development Services application (Residential – 2 complete sets)

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

**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) 758-0704

**Kingman District**  
3250 E. Kino Ave.  
Kingman, AZ 86409  
(928) 757-0901

**Lake Havasu City District**  
2001 College Ave, Suite 95  
Lake Havasu City, AZ 86403  
(928) 453-0712

2. Review fees established by the Mohave County Board of Supervisors. The fee is at time of application. 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 Review (plan 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

Name and telephone number of a person who can answer questions or provide assistance during the application process: Your assigned inspector 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 Quality Supervisor at the Kingman office (number listed above).

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  
 Seepage Pit

**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 100feet 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		

## DISPOSAL FIELD DESIGN/CONFIGURATION

Shallow trench, Bed or Chamber Cross-section

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

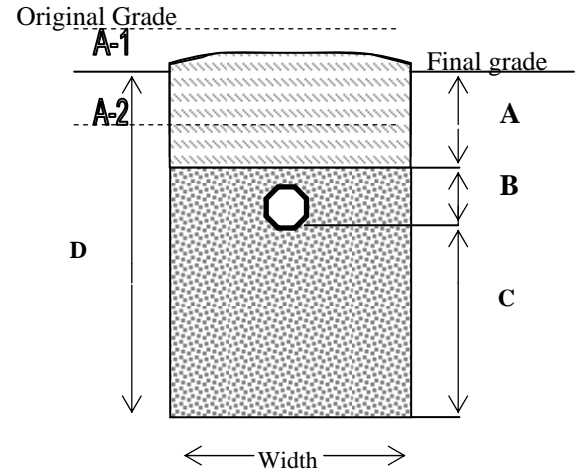
ABSORPTION AREA: \_\_\_\_\_

### Shallow/Deep Trench Configuration (circle one)

*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 \_\_\_\_\_  
 (Shallow trench is 60" or less total depth)

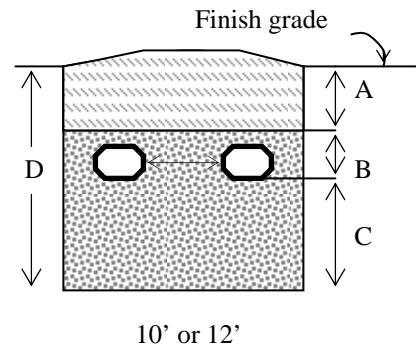
Trench width \_\_\_\_\_  
 Total length of trench \_\_\_\_\_ (ft.)



### 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: \_\_\_\_\_

# ON-SITE WASTEWATER SYSTEM SITE PLAN

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

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

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: \_\_\_\_\_