



**PINAL COUNTY COMMUNITY DEVELOPMENT
AQUIFER PROTECTION DIVISION**

REQUEST FOR APPROVAL OF **ALTERNATIVE FEATURE**
OF TECHNOLOGY, DESIGN, SETBACK, INSTALLATION,
OR OPERATION PER A.A.C. R18-9-A312(G)

Applicant Information Project Name: Applicant Name: Applicant Address:	<i>For Agency Use Only</i> File Number:
Agent Information Name: Address: Contact Phone: Fax #:	APN:
1. Rule Citation of Requirement for Which Change is Requested:	
2. Description of Requested Change:	
3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation):	
REQUEST APPROVED: <input checked="" type="checkbox"/> Equal or better performance <input checked="" type="checkbox"/> Site or system conditions addressed in a more satisfactory manner <div style="display: flex; justify-content: space-between; width: 100%;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> Approved By Title Date </div>	
REQUEST DENIED: Not equal or better performance Doesn't better address site/system conditions Request insufficiently justified Excessive review/research time needed Adverse impact to environment/other permittees Other	Denied By: Title: Date: