



PINAL COUNTY
wide open opportunity

PINAL COUNTY COMMUNITY DEVELOPMENT
AQUIFER PROTECTION DIVISION
NOTIFICATION OF INTENT TO PERFORM
SUB-SURFACE SITE INVESTIGATION

Property Information:		Location Description with ATTACHED Location Map (include nearest cross street):
Parcel No. (APN): _____ Owner's Name: _____ T _____ R _____ Section _____		
SPPT/Perc Test Pre-Soak: Date _____ Time: _____ am - pm.		Office use only Date Received: _____ Attended: _____ yes _____ no EHS Name: _____
SPPT/Perc Test: Date _____ Time: _____ am - pm.		
Soils Analysis: Date _____ Time: _____ am - pm		
Approved method (as specified in R18-9-A310) employed to determine sub-surface characteristics: (Check One)		
<input type="checkbox"/> 1. "Standard Practice for Subsurface Site Characterization of Test Pits for On-Site Septic Systems, D5921 -96(2003) el (2003)," published by the American Society for Testing and Materials.		
<input type="checkbox"/> 2. "Standard Practice for Soil Investigation and Sampling by Auger Borings, D1452-80(2000)," published by the American Society for Testing and Materials.		
<input type="checkbox"/> 3. Percolation testing as specified in R18-9-A310.F. (Please provide date and time of pre-soak, if a percolation test.)		
<input type="checkbox"/> 4. Seepage pit performance testing as specified in R18-9-A310.G. (Please provide day and time of pre-soak)		
Twenty Four (24) hours advance notice must be given to Pinal County Aquifer Protection Division prior to conducting a sub-surface site investigation (Pinal County Environmental Health Code, Chapter 11, Regulation 4. c.) Notification shall be faxed, emailed or <u>hand-delivered</u> to the office located at: 31 N. Pinal Street, Bldg F in Florence, AZ. Fax # (520) 866-6007, Email : aquiferprotection@pinalcountyz.gov		
Qualified Investigator Information:		
____ Arizona-registered Professional Engineer	Certification Number: _____	Expiration Date: _____
____ Arizona-registered Professional Geologist	Certification Number: _____	Expiration Date: _____
____ Arizona-registered Sanitarian	Registration Number: _____	Expiration Date: _____
____ A Certificate of training from a course recognized by ADEQ		
Course name: _____		Completion Date: _____
_____	_____	_____
Name	Signature	Date
Qualified Investigator Contact Information (Cell Phone Number): _____		

NOTE: YOU MAY PROCEED WITH TESTING AS SCHEDULED ONCE THE DEPARTMENT HAS BEEN PROPERLY NOTIFIED. A REPRESENTATIVE OF THE DEPARTMENT MAY VISIT THE SITE DURING THE TEST PROCEDURE. THE PRESENCE OF A DEPARTMENT REPRESENTATIVE IS NOT A REQUIREMENT OR CONDITION OF CONDUCTING A SUB-SURFACE SITE INVESTIGATION. ALL TEST HOLES, PITS, TRENCHES OR OTHER EXCAVATIONS SHOULD BE BACKFILLED IMMEDIATELY AFTER CONDUCTING THE INVESTIGATION TO ELIMINATE POTENTIAL SAFETY HAZARDS.