PINAL COUNTY COMMUNITY DEVELOPMENT
AQUIFER PROTECTION DIVISION

Pinal County Aquifer Protection Division
P.O. Box 2973
Florence, AZ 85132

Attention: Atul Shah

Re: Parcel #_____

Dear Mr. Shah

Due to the soil condition and the limited area, I understand there is no room for a septic system replacement area at the above referenced parcel. If a future replacement area is needed, I understand it may require an alternative septic system and/or serious alterations to the site. I understand that either or both will be expensive and require engineering, state permits and/or maintenance.

I also understand, if the approved system fails or is found unsuitable for the site condition, I shall make all necessary repairs within 30 days of the discovery of the failure, or replace the system with an appropriate system. The determination of failure shall include, but not be limited to, (a) any malfunction which impairs treatment, (b) improper maintenance or tampering with the approved system, (c) deterioration of any containment component (sewer or distribution line, tank, pump, valve, compartment, cavity, liner, diversion ditch, wall, or berm) or connection which causes an unauthorized discharge, (d) effluent "daylighting" or presence on the soil surface, or unnatural saturation of soil surface within the effluent disposal area, (e) system performance beyond the design limits established by the approved plans and specifications. Except during periods of precipitation or snowmelt or when the Project Owner can prove to the satisfaction of the County Field Office, any unapproved discharge emanating from the area of the sewage system or standing water within twenty (20) feet from any sewage system component shall be considered to be an unauthorized discharge of sewage effluent.

A/An _____ is the type of alternative system that will be installed for on-site waste water treatment in the future, if the primary disposal field fails.[1]

_____
Owner Name (please print) Signature Date

[1]You can select one alternative system from A.A.C. Title 18, Ch. 9 (i.e.: Wisconsin mound, engineered pad, ET Bed, or any other method approved by the State).

Subscribed and sworn to before me this day of_____, in the year .

_____
Signature of Notary

My Commission Expires_____