



PINAL COUNTY
WIDE OPEN OPPORTUNITY

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

Property Information: Parcel No. (APN): _____ Owner's Name: _____ T _____ R _____ Section _____	Location Description with ATTACHED Location Map (include nearest cross street): 	
SPPT/Perc Test Pre-Soak: Date _____ Time: _____ am - pm. SPPT/Perc Test: Date _____ Time: _____ am - pm. Soils Analysis: Date _____ Time: _____ am - pm	Office use only Date Received: _____ Attended: ___yes ___no EHS Name: _____	
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, or emailed: Fax # (520) 866-6007, Email : aquiferprotection.sharedmailbox@pinal.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.