



# MOHAVE COUNTY DEVELOPMENT SERVICES

P. O. Box 7000 Kingman, Arizona 86402-7000 3250 E. Kino Ave, Kingman [www.mohave.gov](http://www.mohave.gov)  
1130 Hancock Rd, Bullhead City

Telephone (928) 757-0903 FAX (928) 757-3577  
Telephone (928) 758-0707 FAX (928) 763-0870

**Scott Holtry**  
Department Director

**Sam Elters, P.E.**  
County Manger

Abandonment Permit # \_\_\_\_\_

## APPLICATION FOR SEPTIC TANK ABANDONMENT PERMIT

|   |                                   |   |          |       |
|---|-----------------------------------|---|----------|-------|
| APPLICANT NAME                                      |                                   | PHONE NUMBER  |          |       |
| MAILING ADDRESS                                     | CITY                              |   | ZIP CODE |       |
| PROPERTY OWNER NAME                                 |                                   | PHONE NUMBER  |          |       |
| MAILING ADDRESS                                     | CITY                              |   | ZIP CODE |       |
| ABANDONED TANK ADDRESS                              | CITY                              |   | ZIP      |       |
| LEGAL DESCRIPTION                                   |                                   | ASSESSOR PARCEL NUMBER  |          |       |
| SUBDIVISION NAME                                    | UNIT                              | TRACT   | LOT      | BLOCK |
| EXISTING SEPTIC PERMIT NUMBER                       | CONNECTING TO WHICH SEWER COMPANY |   |          |       |
| APPLICABLE FEE PAID<br>YES NO                       | AMOUNT                            | MCDSD RECEIPT #   | DATE     |       |
| PLOT PLAN DRAWING (indicate north and street front) |                                   | SEPTIC TANK CLEANER INFORMATION   |          |       |
|   |                                   | CLEANER/HAULER NAME   |          |       |
|   |                                   | ADEQ LICENSE NUMBER   |          |       |
|   |                                   | MCDSD PERMIT NUMBER   |          |       |
|   |                                   | GALLONS PUMPED  |          |       |
|   |                                   | FILL MATERIAL   |          |       |
|   |                                   | RECEIPT #   | DATE     |       |
|   |                                   | PLUGGED INLET YES NO  |          |       |
|   |                                   | PLUGGED OUTLET YES NO   |          |       |
|   |                                   | LOCATION OF APPROVED DISPOSAL SITE<br><i>(dispose of in accordance with AAC 18-13-1112)</i> |          |       |
| MANIFEST VERIFICATION #                             |                                   |   |          |       |

**I AGREE TO ABANDON THESE SEPTIC TANK(S) IN ACCORDANCE WITH ADEQ (R18-9-A309) REQUIREMENTS**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNATURE OF DSD REP. \_\_\_\_\_ DATE \_\_\_\_\_