



GILA COUNTY COMMUNITY DEVELOPMENT DIVISION
WASTEWATER DEPARTMENT
REQUEST FOR APPROVAL OF ALTERNATIVE FEATURE
OF TECHNOLOGY, DESIGN, SETBACK, INSTALLATION, OR OPERATION
PER A.A.C. R18-9-A312(G)

General Aquifer Protection Permits 4.01 Through 4.23

Applicant (Owner) Information: Name _____ Address _____ Phone No. _____	APN No. _____ Fee Included? <input type="checkbox"/> Yes <input type="checkbox"/> No (Review fee is \$75 per each requested change)
Agent Information: Name _____ Address _____ Contact Phone No. _____ Fax _____	Rec'd Date: _____
1. Rule Citation of Requirement for Which Change is Requested: _____ Note: The Gila County Health Department is not authorized to approve deviations from the following: <ul style="list-style-type: none"> The relationships between soil absorption rates and soil types or percolation rates - AAC R18-9-A312.D. The relationship between minimum vertical separation and total coliform concentration - AAC R18-9-A312.E. Performance criteria and hydraulic loading rates for treatment media established in AAC R18-9-E302 through R18-9-E323 or specified in any referenced document for design. 	
2. Description of Requested Change: 	
3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation): 	
Signature By: <input type="checkbox"/> Applicant <input type="checkbox"/> Authorized Agent for Applicant _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Signature Date </div>	
REQUEST APPROVED: <input type="checkbox"/> Equal or better performance <input type="checkbox"/> Site or system conditions _____ _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> addressed more satisfactorily Approved By Title </div> <div style="display: flex; justify-content: flex-end; width: 80%; margin: 0 auto;"> Date </div>	
REQUEST DENIED: <input type="checkbox"/> Not equal or better performance <input type="checkbox"/> Doesn't address site/system conditions better <input type="checkbox"/> Request insufficiently justified <div style="text-align: right; margin-top: 10px;"> Denied By: _____ </div>	

<input type="checkbox"/> Excessive review/research time needed <input type="checkbox"/> Adverse impact to environment/other permittees <input type="checkbox"/> Other _____	Title: _____ Date: _____
Engineer Information: Name _____ Address _____ _____ Phone No. _____	SEAL