

**INSTRUCTIONS FOR
UNIFORM STATE OF ARIZONA SITE INVESTIGATION REPORT**



(A.A.C. R18-9-A310)

Instructions

The applicant for an onsite wastewater treatment facility pursuant to 18 A.A.C. 9, Article 3 shall ensure that a qualified investigator conducts the site investigation consisting of surface and subsurface characterizations, and submit the results with a Notice of Intent to Discharge pursuant to A.A.C. R18-9-A309(B). **THE RESULTS OF THE SITE INVESTIGATION SHALL BE SUBMITTED IN A FORMAT PRESCRIBED BY THE ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY. THIS FORM AND ATTACHMENTS IS THE FORMAT PRESCRIBED BY THE ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY.**

NOTE: BEFORE COMPLETING THIS FORM, THE INVESTIGATOR SHALL DOWNLOAD THE LATEST UPDATE OF THIS FORM FROM THE ADEQ WEBSITE AS NOTED AT THE BOTTOM OF THIS PAGE. THE FORM USED SHALL BE THE LATEST VERSION AS OF THE "DATE OF INVESTIGATION".

An investigator that meets the qualifications of A.A.C. R18-9-A310(H) shall perform the site investigation in conformance with A.A.C. R18-9-A310. The site investigator shall utilize ADEQ GWS Form 423, and Attachments 1, 2, 3, and 4 as appropriate. Space is provided for an Arizona-Registered Professional Engineer, Geologist or Sanitarian to seal their work products.

Site Investigation Report, Item 1: The authorization for site investigation shall be completed by the appropriate person before the field investigation begins.

Site Investigation Report, Items 2 – 10: To be completed by the qualified investigator.

Site Investigation Report Attachments 1, 2, 3, and 4: The qualified investigator shall complete all necessary Attachments to report findings for the site investigation report which is to be submitted pursuant to R18-9-A309(B)(1). Attach only those with required information, as identified in Site Investigation Report Item 9. The investigator shall use the appropriate continuation page for any Attachment requiring more than 1 page. The investigator shall add the page number in the blank spaces at the bottom of each continuation page used. The investigator shall include the page totals in the Item 9 on page 3 of the report form. Please use page ii of these instructions for the soil codes for ASTM Method 5921 in Attachment 1.

1 Authorization For Site Investigation

I certify that I am (check one) the Owner, the Authorized Representative or an Other Person and have authority to grant the investigator access to the property for this site investigation and authorize the work certified in this site assessment.

Name & Address
(Printed) _____

Signature _____

2 Project Identification

Property Owner or Project Name _____

3 Site Information [A.A.C. R18-9-A309(B)(2)(a)]

Address _____ City _____
Parcel Number _____ Lot Number _____
Township _____ Range _____ Section _____
Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W

4 Investigator Information [A.A.C. R18-9-A310(H)]

Name _____ Phone _____
Title _____ Firm Name _____
Mailing Address _____ City _____ State _____
Zip _____ E-Mail _____

5 Surface Characterization [A.A.C. R18-9-A310(C)]

Identify the presence or absence of all of the following possible limiting conditions in the intended location of the treatment works and the primary and reserve areas of the on-site wastewater treatment facility:

- A) The surface slope is greater than 15 % at the intended location of the on-site wastewater facility YES No
- B) Setback distances do NOT meet all the minimum values specified in R18-9-A312(C) YES No

NOTE: Check YES if the location or size of the dwelling or other improvements, or the bedroom count or the fixture unit count is UNKNOWN to the site investigator.

- C) Surface drainage characteristics could adversely affect the ability of the facility to function properly YES No **NOTE: If YES, please describe in Attachment 4.**
- D) A 100-year flood hazard zone, as indicated on the applicable flood insurance rate map, is located within the property on which the on-site wastewater treatment facility will be installed YES No **NOTE: If YES, please specify the FEMA Flood Insurance Map Number or Other Source** _____
- E) An outcropping of rock that cannot be excavated is present and could impair the function of soil receiving the discharge YES No
- F) Fill material deposits are present YES No

If the answer is YES to any of the above potential surface limiting conditions, please show location and note the condition type on Site Investigation Map (Item 7).

6 Subsurface Characterization Method [A.A.C. R18-9-A310(D)]

Check method used to perform subsurface characterization per A.A.C. R18-9-A310(D)(1) and (3)

- A) ASTM D5921 used? Yes No (if Yes, please enclose Attachment 1)
- B) Percolation test method used? Yes No (if Yes, please enclose Attachment 2)
- C) Seepage performance test method used? Yes No (if Yes, please enclose Attachment 3)
- D) Other ADEQ approved method? Yes No (if Yes, please provide in Attachment 4 the method and data)

7 Site Investigation Map Showing the Location of Limiting Conditions and Setbacks from Features and Improvements [A.A.C. R18-9-A309(B)(2)(a)]

A. CHECK below the features shown on the Site Investigation Map. **WRITE N/A** if item is **NOT PRESENT**. **RECORD** below the separation (feet) that will be maintained between the system and the checked feature.

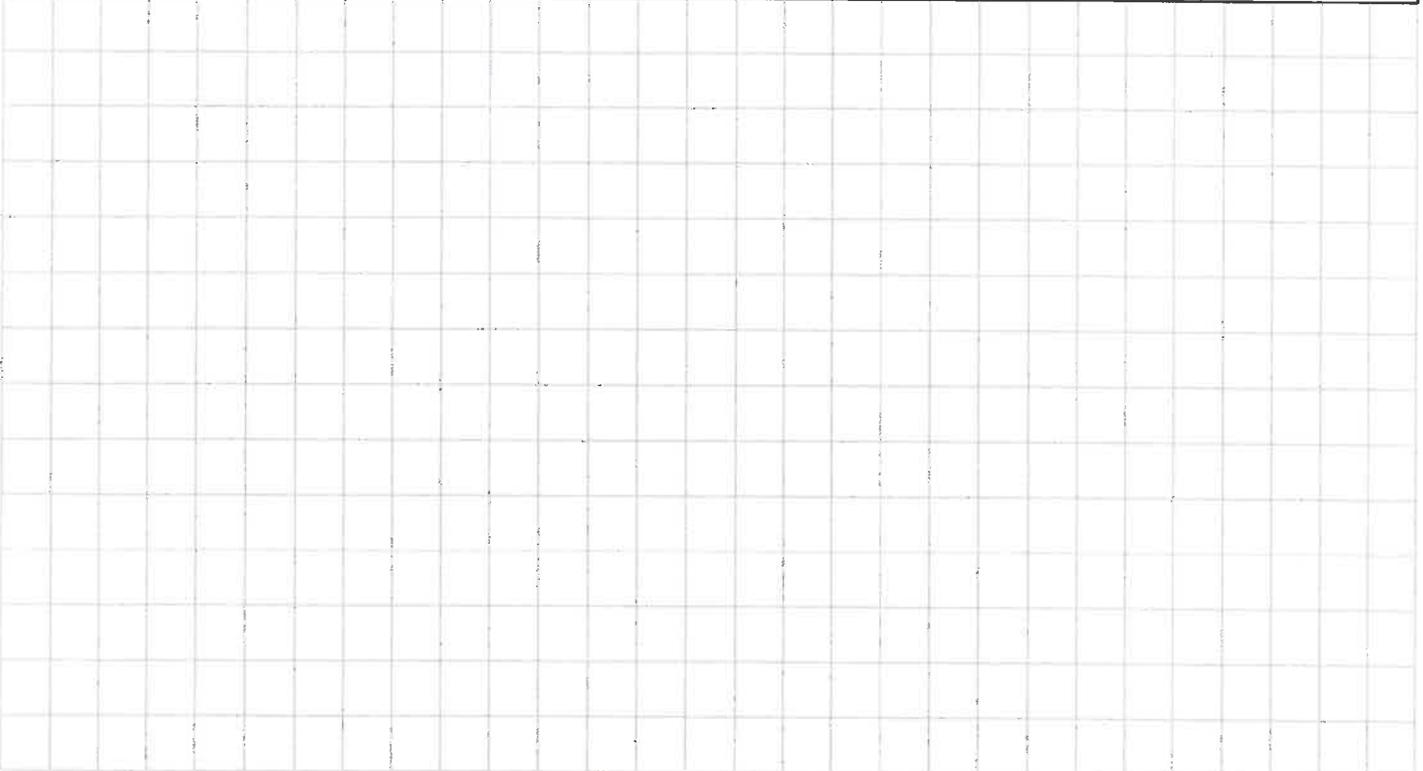
___ Water supply well ___ (ft)	___ Boundary of 100-year flood hazard zone ___ (ft)
___ Water main or branch water line ___ (ft)	___ Drainage easement or wash with
___ Domestic service water line ___ (ft)	drainage area more than twenty acres ___ (ft)
___ Drinking water intake from	___ Other Easement ___ (ft)
a surface water source ___ (ft)	___ Downslope cut banks and culvert or roadway ditches ___ (ft)
___ Perennial or intermittent stream ___ (ft)	___ Planned cut bank over 2 feet deep ___ (ft)
___ Lake, reservoir, or canal ___ (ft)	___ Wall or planned wall over 2 feet high ___ (ft)
___ Pond or other water feature ___ (ft)	___ Driveway or parking area ___ (ft)
___ Swimming pool ___ (ft)	___ Storage Area ___ (ft) ___ Earth fissure ___ (ft)
___ Planned building ___ (ft)	___ Other ___ (ft) Describe: _____
___ Existing building ___ (ft)	

B. Minimum setback distances are within the limits specified in R18-9-A312(C); Yes UNKNOWN No
Check UNKNOWN if the dwelling location or size (including building footprint, bedroom count & fixture unit count), or the location of other improvements is not known to the person performing the site investigation.

C. Show all soil test locations. Show any condition or feature observed during the site investigation which may affect on-site system design & is located within the **SITE INVESTIGATION AREA (defined as the planned excavation boundaries for the treatment works, primary disposal area and reserve disposal area plus the surrounding area out to 100 feet)** including :

(1) Show land surface contours at appropriate intervals when the elevations across the Site Investigation Area differ by more than 5 feet, and

(2) Any other factor is observed that may affect system design regardless of property ownership (please include the **Site Investigation Map with Attachment 4** if the information cannot be depicted on the below Grid).



8 Subsurface Limiting Conditions [A.A.C. R18-9-A310(D)(2)]

Identify the presence or absence of all of the following possible limiting conditions in the intended location of the primary and reserve disposal areas of the on-site wastewater treatment facility to a depth of at least 12 feet below land surface or to an impervious soil or rock layer if encountered at a shallower depth:

- A) The soil absorption rate determined under A.A.C. R18-9-A312(D)(2) is:
 - 1. More than 1.20 gallons per day per square foot? Yes No
 - 2. Less than 0.20 gallons per day per square foot? Yes No
 - 3. A **site-specific soil absorption rate (SAR)** is required per A.A.C. R18-9-A312 (D)(2)(b)? Yes No
- B) The vertical separation distance from the bottom of the lowest point of the disposal works to the seasonal high water table is less than the minimum vertical separation specified in A.A.C. R18-9-A312(E)(1)? Yes No
- C) Does seasonal saturation occur within surface soils that could affect the performance of the on-site wastewater treatment facility? Yes No If Yes, describe evidence: _____
- D) Do any of the following subsurface limiting conditions that may cause or contribute to surfacing of wastewater occur within 12 feet of the land surface:
 - 1. An impervious soil or rock layer? Yes No
 - 2. A zone of saturation that substantially limits downward percolation from the disposal works? Yes No
 - 3. Soil with more than 50 percent rock fragments? Yes No
- E) Do any of the following subsurface limiting conditions that may promote accelerated downward movement of insufficiently treated wastewater occur within 12 feet of the land surface:
 - 1. Fractures or joints in rock that are open, continuous, or interconnected? Yes No
 - 2. Karst voids or channels? Yes No
 - 3. Highly permeable materials such as deposits of cobbles or boulders? Yes No
- F) Does subsurface conditions exist that may convey wastewater to a Water of the State and cause or contribute to an exceedance of a water quality standard established in 18 A.A.C. 11, Articles 1 and 4? Yes No
- G) Depth to groundwater below land surface _____ feet as determined by Trench or boring, Subdivision report, Published groundwater data or Relevant well data.

If the answer is Yes to any of the above subsurface limiting conditions, please show location and note the associated limiting condition type on Site Investigation Map (Item 7).

9 Site Investigation Attachments

#	Attachment Description	Attached?
		<input type="checkbox"/> Yes, total of _____ pages.
		<input type="checkbox"/> Yes, total of _____ pages.
		<input type="checkbox"/> Yes, total of _____ pages.

10 Investigator Certification

- A) Arizona-registered Professional engineer Certification Number: _____ Expiration Date: _____
- B) Arizona-registered Professional geologist Certification Number: _____ Expiration Date: _____
- C) Arizona-registered Sanitarian Registration Number: _____ Expiration Date: _____
- D) A certificate of training from a course recognized by ADEQ

Course Name: _____ Completion Date: _____

- E) Qualifies under another category designated in writing by ADEQ. **Please use Attachment 4 to provide approved Qualification Category & Date Approved.**

Professional Seal

By signing this section, I certify that I am qualified to conduct this investigation as specified in R18-9-A310(H) and have inspected the property identified in Item 3 for purposes of performing a site investigation. I have performed this site investigation in accordance with R18-9-A310 and have completed this investigation to the best of my knowledge.

Printed Investigator Name/

Date of Investigation: _____

Investigator Signature/

Date Signed _____

ATTACHMENT 2 – PERCOLATION TEST DATASHEET

Facility Address: _____	Parcel Number: _____
Test Hole Number/Location: _____	Depth of Test Hole Bottom Below Land Surface (inches): _____
Date Test Complete: _____	Test Hole Cross-section: Please check a box and indicate size <input type="checkbox"/> Diameter _____ inches <input type="checkbox"/> Square _____ inches

Describe the land surface at the top of the Test Hole is (please check one):
 Undisturbed Native Soil Cut Surface Fill Surface Other (describe) _____

SOIL DATA FROM TEST HOLE:

Depth (inches)	Soil Texture	Soil Structure	Soil Consistence	Mottles	% Rock

TEST HOLE PRESOAKING:

Run #	Start Date (M:D:Y)	Start Time (H:M::S)	End Time (H:M::S)	Elapsed Time (min)	Initial Depth (inches)

TEST HOLE PERCOLATION TEST:

Run #	Start Time (H:M::S)	End Time (H:M::S)	Elapsed Time, T, (min)	Measured Water Drop (inches)	Percolation Rate, P _i (min/in.)	(T _i + T _{i+1})/2 ΔT(min)	P _{i+1} - P _i ΔP	ΔP/ ΔT
						N/A	N/A	N/A

Depth to groundwater (feet bls): PLEASE REPORT IN ITEM 8.G ON PAGE 3 OF FORM

Stabilized Percolation Rate (from Graph) _____ minutes per inch

PERSON WHO PERFORMED THE TEST:

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Professional Seal

