



GRAHAM COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health (928) 428-1962

826 West Main Street, Safford, Arizona 85546

WIA (928) 428-7386

WASTEWATER DISCLOSURE STATEMENT

OWNER: _____ **PARCEL #** _____

ADDRESS: _____

Project Type: Site Built Home _____ Mobile Home _____ No. Bedrooms _____

Other _____

Building projects that include the installation of septic systems require an additional permit from the Graham County Health Department. Builders and contractors are encouraged to visit with the Health Department at the earliest opportunity to obtain information on septic system installation and permitting requirements. At a minimum, septic system permit requirements include a site suitability process, i.e., soils testing/borings, subsurface investigation and a determination if there is sufficient space available to meet setback and reserve area requirements. The site suitability process must be accomplished by an appropriately licensed contractor and, in fact, it is recommended that the entire project be accomplished by a licensed contractor who will also prepare the permit application. In order to be fully assured that the property that you intend to develop is suitable for a conventional septic system, you may want to have this work accomplished in advance of beginning any other building projects. On rare occasions it may be determined that a property is unsuitable for a conventional system, in which case an alternative wastewater system may need to be installed. Alternative systems are relatively expensive (\$10,000 or more), require more time to approve and install, and require more maintenance.

ACKNOWLEDGEMENT

I understand and acknowledge that the issuance of a building permit from the Planning & Zoning Office does not include, nor does it assure that I may be able to obtain a permit from the Health Dept. for the installation of a conventional septic system. I also understand that I need to submit a copy of my Building Permit Application (Pg. 1) and Plot Plan with my application for a septic system permit.

Owner/Contractor Signature

Date

Health Department Staff

Date