


**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) Edward Rajnovich

Signature 

**2 Project Identification**

Property Owner or Project Name Farr Septic

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

Address Mountain View City Yucca  
Parcel Number 122-09-015 Lot Number parcel 2  
Township 15N Range 16W Section 1 Stage Coach Trails at Santa Fe Ranch  
Latitude 34 ° 40 ' 32 " N Longitude 113 ° 53 ' 25 " W

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

Name EDWARD RAJNOVICH Phone 702-274-4973  
Title ENGINEER Firm Name ADVANCED CIVIL SOLUTIONS LLC.  
Mailing Address 3234 MCVICAR AVE. City KINGMAN State AZ  
Zip 86409 E-Mail ADVANCEDCIVILSOLUTIONS@OUTLOOK.COM

**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)

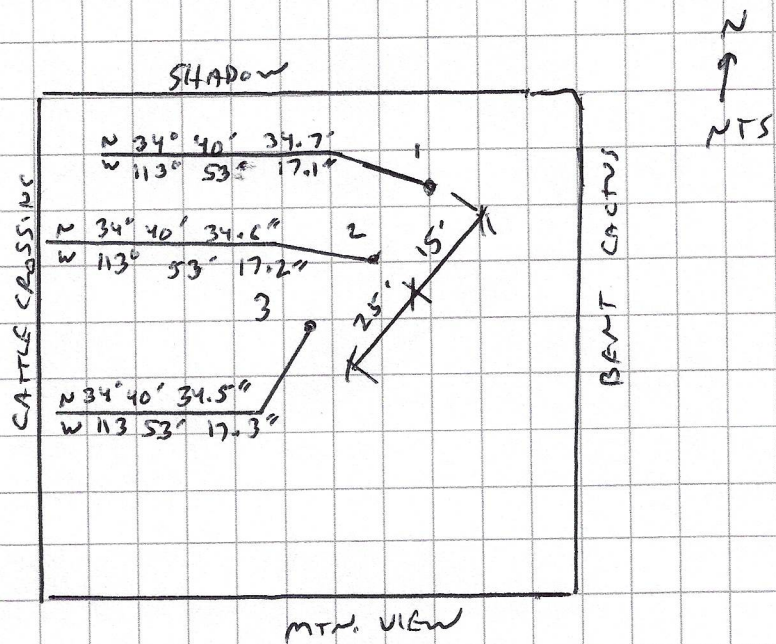
**7 Site Investigation Map Showing the Location of Limiting Conditions and Setbacks from Features and Improvements [A.A.C. R18-9-A309(B)(2)(a)]**

**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.

N/A	Water supply well ____ (ft)	N/A	Boundary of 100-year flood hazard zone ____ (ft)
N/A	Water main or branch water line ____ (ft)	N/A	Drainage easement or wash with drainage area more than twenty acres ____ (ft)
N/A	Domestic service water line ____ (ft)	N/A	Other Easement ____ (ft)
N/A	Drinking water intake from a surface water source ____ (ft)	N/A	Downslope cut banks and culvert or roadway ditches ____ (ft)
N/A	Perennial or intermittent stream ____ (ft)	N/A	Planned cut bank over 2 feet deep ____ (ft)
N/A	Lake, reservoir, or canal ____ (ft)	N/A	Wall or planned wall over 2 feet high ____ (ft)
N/A	Pond or other water feature ____ (ft)	N/A	Driveway or parking area ____ (ft)
N/A	Swimming pool ____ (ft)	N/A	Storage Area ____ (ft) Earth fissure ____ (ft)
X	Planned building <sup>10 min</sup> (ft)	N/A	Other ____ (ft) Describe: _____
N/A	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 <sup>100 min</sup> \_\_\_\_\_ 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?
1	WELL DATA LOG	<input checked="" type="checkbox"/> Yes, total of 1 pages.
2	ATTACHMENT 1 TEST DATA SHEET	<input checked="" type="checkbox"/> Yes, total of 1 pages.
3	ATTACHMENT 4	<input checked="" type="checkbox"/> Yes, total of 1 pages.

**10 Investigator Certification**

- A)  Arizona-registered Professional engineer Certification Number: 48627 Expiration Date: 09/30/2026
- 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.**

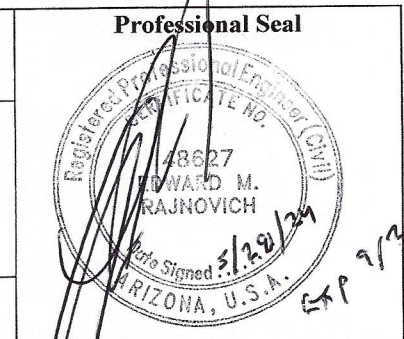
By signing this section, I certify that I am qualified to conduct this investigation as specified in R18-9-A310(H) and have inspected the property identified in Item 3 for purposes of performing a site investigation. I have performed this site investigation in accordance with R18-9-A310 and have completed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

Printed Investigator Name/

Date of Investigation: 5/10/24

Investigator Signature/

Date Signed 5/22/24



**ATTACHMENT 1 – ASTM 5921 METHOD FOR SUBSURFACE SOIL CHARACTERIZATION**

Facility Address: Mountain View Parcel Number: 122-09-015  
 Tested by: ER Depth to Groundwater: PLEASE REPORT IN ITEM 8.G  
 Date Test Completed: 5/10/24

Test Hole #	Depth Interval Below Land Surface (Inches)	Texture	Structure	Rock Fragments %	Mottles %	Boundary	Dry Consistency	Moist Consistency	SAR
1	0-84	LS	moderate	20	N/A	S	MH	FI	0.80
2	0-84	LS	moderate	20	N/A	S	MH	FI	0.80
3	0-84	LS	moderate	20	N/A	S	MH	FI	0.80

Comments:

Professional Seal

**ATTACHMENT 4 – OTHER INFORMATION**

Facility Address: <u>Mountain View</u>	Parcel Number: <u>122-09-015</u>
	Date Test Completed: <u>5/10/24</u>

**Other Information pertinent to this Site Investigation Report:** Please specify the Report Item related to all Attachments or Other Information provided.

Drilling became difficult as depth approached 7 ft on all test holes. Drilling stopped at 7 ft on all holes.

Continued on pages 1 through 1

Prepared by (Please Print): Edward Rajnovich

Date Report Completed: 5/22/24