



**PINAL COUNTY COMMUNITY DEVELOPMENT
AQUIFER PROTECTION DIVISION**

REQUEST FOR APPROVAL OF **ALTERNATIVE
FEATURE** OF TECHNOLOGY, DESIGN, SETBACK,
INSTALLATION, OR OPERATION PER A.A.C. R18-9-
A312(G)

Applicant Information Project Name: Applicant Name: Applicant Address:	<i>For Agency Use Only</i> File Number:
Agent Information Name: Address: Contact Phone: Fax #:	APN:
1. Rule Citation of Requirement for Which Change is Requested:	
2. Description of Requested Change:	
3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation):	
REQUEST APPROVED: <input checked="" type="checkbox"/> Equal or better performance <input checked="" type="checkbox"/> Site or system conditions addressed in a more satisfactory manner <hr/> <div style="display: flex; justify-content: space-between;"> Approved By Title Date </div>	
REQUEST DENIED: <input type="checkbox"/> Not equal or better performance <input type="checkbox"/> Doesn't better address site/system conditions <input type="checkbox"/> Request insufficiently justified <input type="checkbox"/> Excessive review/research time needed <input type="checkbox"/> Adverse impact to environment/other permittees <input type="checkbox"/> Other	Denied By: Title: Date: