

Sonoita Septic

State Hwy 82 Suite 5 / PO BOX 175
Sonoita, AZ 85637

NAWT Certified ID 11559ITC

ROC259643 K-41

Real Estate Transfer of Ownership Inspection, Septic Installation & Repairs

CALL US AT (520) 954-2840
CHRIS@GRONLUNDHOMES.COM

PAID IN FULL

Tuesday, June 7, 2016

Job:

4165 Hwy 82, Elgin AZ 85611

ADEQ REPORT OF INSPECTION of an on-site wastewater treatment facility

ADEQ report of inspection and septic tank pumping
Repair/replace outlet baffle

\$650.00

\$400.00

TOTAL: \$1,050.00

Date Completed 6/07/16

Signature Chris

PAYMENT TO BE MADE AS FOLLOWS: 100% at job completion or close of escrow.

All Material is guaranteed to be as specified. All work to be completed in a work like manner according to standard practices. Any alternation or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over the above estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, theft and other necessary insurances. Contacts: Chris (520) 954-2840

INSTRUCTIONS FOR PREPARING A REPORT OF INSPECTION FOR AN ON-SITE WASTEWATER TREATMENT FACILITY

INSTRUCTIONS

Any person selling or transferring ownership of a property served by an on-site wastewater treatment facility (including a conventional septic tank system or and alternative on-site wastewater treatment facility) must retain a qualified Inspector to inspect the facility within six months prior to transferring ownership of the property, (Arizona Administrative Code, A.A.C. R18-9-A316). See Figure 1.

An inspector that is qualified under A.A.C. R18-9-A316, must complete the attached *Report of Inspection* form, and provide it to the seller as required by the Code. If there is more than one on-site system in use on the property, the Inspector shall complete a *Report of Inspection* form for each system.

Before the transfer date (closing date) of the property, the seller shall provide the buyer with the completed

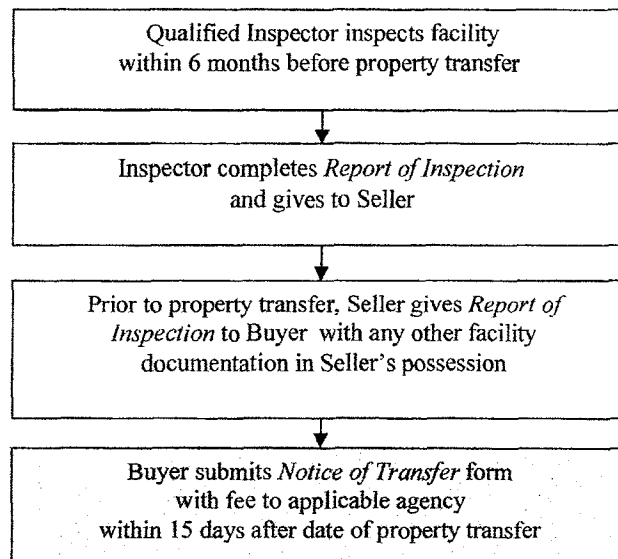


Figure 1. Flowchart of Notice of Transfer Process.

Report of Inspection form and any other documents in their possession that relate to the permitting or operation and maintenance of the septic tanks systems or alternative on-site wastewater treatment facility. **DO NOT submit this *Report of Inspection* form to ADEQ or the local county permitting agency. The Buyer retains this form after receiving it from the Seller.**

Within 15 calendar days after the date of property transfer, the Buyer shall submit a complete *Notice of Transfer* form (<http://www.azdeq.gov/enviro/water/permits/download/presale.doc>) for the change of ownership, and file it with the applicable agency indicated in the *Notice of Transfer* instructions. Information from this *Report of Inspection* form is needed to fill out the *Notice of Transfer* that must be submitted by the Buyer.

Effective February 2, 2007, you may be able to file your *Notice of Transfer* online. Go to the ADEQ web site at <http://www.azdeq.gov/enviro/water/permits/onsitenot.html> for further information regarding this.

Qualified inspectors are required to completely and accurately fill out this form to the best of their knowledge.

REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

1 PROPERTY INFORMATION (All fields are required)

Address 4165 Hwy 82 County Santa Cruz
Tax Parcel No. 109-47-042
City Elgin, AZ 85611 ☒ Residential property ☐ Non-residential property

2 CURRENT OWNER INFORMATION (All fields are required)

Name _____
Mailing Address _____
City _____ State Arizona

3 INSPECTOR INFORMATION (All fields are required)

Inspector Name Chris Gronlund NAWT Inspector No. 11559 ITC
Company Name Gronlund Development, LLC
Address PO BOX 175
SONOITA, AZ 85637
Phone No. (520) 954-2840 Fax (520) 954-5781 Email Chris@Gronlundhomes.com

4 INSPECTOR QUALIFICATIONS (Inspectors must fill out Section A, and check at least one box in Section B)

A. Coursework requirement

Name of ADEQ-approved Course: NAWT Inspection Training Course

City where Course was taken Laughlin, NV

Date Completed: 01/31/2012

B. License/Registration (check at least one box)

☒ Owner of a vehicle with a Human Excreta Collection and Transportation License (a Septage Hauler license), issued pursuant to A.A.C. R18-13-1103.

Check one: ☒ Owner of license; ☐ Employee of licensed owner

Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-101 through 116 (indicate type): ☐ Grade 1; ☐ Grade 2; ☐ Grade 3; ☐ Grade 4

☐ Arizona Registered Sanitarian

☐ Arizona Professional Engineer

☐ Licensed Contractor (indicate type):

☐ Residential B-4 or C-41; ☐ Commercial A, A-12, or L-41; or ☐ Dual KA or K-41

☐ A person qualifying under another category designated by the Department (describe) _____

5 DOCUMENTS CONSULTED (Answer as applicable)

Were facility permit, construction and/or operational records available? ☒ No ☐ Yes (indicate below)

A) ☐ Yes ☒ No Discharge Authorization (or Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(2)(c). If yes, indicate agency File No: _____ and date issued _____

B) ☐ Yes ☒ No Approval of Construction issued by ADEQ or its delegated County agency before January 1, 2001. If yes, indicate agency File No. _____ and date issued _____

C) ☐ Yes ☒ No Site plan, plot plan, "as-built" drawings, or similar documents (describe): _____

D) ☐ Yes ☒ No Documents relating to operation and maintenance (alternative systems)

E) ☐ Yes ☒ No Other (describe): _____

6 SITE AND USAGE INFORMATION (All fields are required)

A) Domestic Water Source:

- ☐ Municipal System
☐ Private Water Company
☐ Shared Private Well
☒ Individual Private Well
☐ Hauled Water
☐ No Water

B) Approximate Property Size: 20 ☐ Square Feet ☒ Acres

C) Use of Property:

- ☒ Dwelling or Other Residential
☐ Other (describe): _____

D) Occupancy/Use:

- ☐ Full Time
☐ Seasonal/Part time: About _____ % of year
☐ Intermittent
☐ Vacant
☒ Unknown

If dwelling, number of bedrooms: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 or more.

Number of on-site systems in use on this property?

- ☒ One (most common) Note: If more than one on-site system is in use on this property, a
☐ More than one (indicate number): _____ Report of Inspection form should be completed for each system.

E) Estimated Design Flow: 450 gallons per day

Basis for design flow (check either 1 or 2):

- ☒ 1) Designated in permitting documents issued on or after January 1, 2001
☒ 2) Calculated or estimated based on (check one):
☒ For a dwelling, number of bedrooms times 150 gallons per day per bedroom
☐ For a dwelling, fixture count as tabulated in A.A.C. R18-9-A314(4)(a)(i)
☐ If not a dwelling, summation of unit flows from Table 1, Unit Design Flows (AAC. R18-9-E323)
☐ Other (describe): _____

F) Evaluation of actual flow versus the design flow indicated in E:

- ☒ Actual flow does not appear to exceed design flow
☐ Actual flow may exceed design flow due to:
☐ Number of occupants (high occupancy)
☐ Bedroom count (actual number of bedrooms appears greater than number upon which original design may have been based)
☐ Fixture count
☐ Water meter/usage records
☐ Other (describe): _____
☐ Unknown or could not be determined

G) Strength of sewage received by on-site wastewater treatment facility:

- ☒ Appears representative of typical residential sewage strength
Includes waste from kitchen garbage disposal?
☐ Yes ☐ No ☐ Unknown or could not be determined.
☐ Appear to exceed strength of typical residential sewage because _____
☐ Appears to be weaker than typical residential sewage because _____
☐ Unknown or could not be determined

7 GENERAL TREATMENT AND DISPOSAL WORKS INFORMATION (Complete either Section A or Section B)

The system consists of the following treatment and disposal technologies (check either column A or column B, and all applicable boxes in the selected column that describe the overall system).

SECTION A	SECTION B
<input checked="" type="checkbox"/> A) System constructed or authorized for Construction BEFORE January 1, 2001	<input type="checkbox"/> B) System authorized for construction ON OR AFTER January 1, 2001
<input checked="" type="checkbox"/> Conventional Septic Tank System <input checked="" type="checkbox"/> Septic Tank <input checked="" type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit <input type="checkbox"/> Other:	<input type="checkbox"/> GP 4.02 Conventional Septic Tank/ Disposal System <input type="checkbox"/> Septic Tank <input type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit
Alternative Systems (check all that apply) <input type="checkbox"/> Composting Toilet System <input type="checkbox"/> Pressure Distribution System <input type="checkbox"/> Gravelless Trench <input type="checkbox"/> Natural Seal Evapotranspiration Bed <input type="checkbox"/> Lined Evapotranspiration Bed <input type="checkbox"/> Wisconsin Mound <input type="checkbox"/> Engineered Pad System <input type="checkbox"/> Intermittent Sand Filter <input type="checkbox"/> Peat Filter <input type="checkbox"/> Textile Filter <input type="checkbox"/> Denitrifying System Using Separated Wastewater Streams (e.g., RUCK®) <input type="checkbox"/> Sewage Vault <input type="checkbox"/> Aerobic System <input type="checkbox"/> Nitrate-Reactive Media Filter <input type="checkbox"/> Cap System <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Sand-Lined Trench <input type="checkbox"/> Disinfection Devices <input type="checkbox"/> Surface Disposal <input type="checkbox"/> Subsurface Drip Irrigation Disposal <input type="checkbox"/> Design flow is 3,000 gpd or more <input type="checkbox"/> Other _____	Alternative Systems (check all that apply) <input type="checkbox"/> GP 4.03 Composting Toilet System <input type="checkbox"/> GP 4.04 Pressure Distribution System <input type="checkbox"/> GP 4.05 Gravelless Trench <input type="checkbox"/> GP 4.06 Natural Seal Evapotranspiration Bed <input type="checkbox"/> GP 4.07 Lined Evapotranspiration Bed <input type="checkbox"/> GP 4.08 Wisconsin Mound <input type="checkbox"/> GP 4.09 Engineered Pad System <input type="checkbox"/> GP 4.10 Intermittent Sand Filter <input type="checkbox"/> GP 4.11 Peat Filter <input type="checkbox"/> GP 4.12 Textile Filter <input type="checkbox"/> GP 4.13 Denitrifying System Using Separated Wastewater Streams <input type="checkbox"/> GP 4.14 Sewage Vault <input type="checkbox"/> GP 4.15 Aerobic System <input type="checkbox"/> GP 4.16 Nitrate-Reactive Media Filter <input type="checkbox"/> GP 4.17 Cap System <input type="checkbox"/> GP 4.18 Constructed Wetland <input type="checkbox"/> GP 4.19 Sand-Lined Trench <input type="checkbox"/> GP 4.20 Disinfection Device <input type="checkbox"/> GP 4.21 Surface Disposal <input type="checkbox"/> GP 4.22 Subsurface Drip Irrigation Disposal <input type="checkbox"/> GP 4.23 Design flow from 3,000 to less than 24,000 Gallons Per Day (4.23 GP)
Date of Construction: _____ Based on: <input type="checkbox"/> Permitting documentation <input type="checkbox"/> Other documentation <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Unknown Construction Date	Date of Discharge Authorization for system (or Verification if issued from 1/1/2001 through 12/11/2005): _____

C) Date of last inspection and/or pumping of septic tank: _____ / _____ / _____ ☒ Unknown

D) Repairs or alterations to the facility since original installation? ☐ Yes ☐ No ☒ Unknown

E) Is facility currently being serviced under a maintenance contract? ☐ Yes ☐ No ☒ Unknown

8 SEPTIC TANK INSPECTION AND PUMPING INFORMATION (for Conventional Septic Systems or Alternative Systems that use a Septic Tank)A) Was the septic tank pumped as part of this inspection? ☒ Yes ☐ No

If No, septic tank was not pumped because:

- ☐ The septic tank was put into service less than 12 months before inspection
- ☐ Pumping or servicing was not necessary at the time of inspection based on manufacturer's written operation and maintenance instructions (applicable only to alternative technologies).
- ☐ No accumulation of floating or settled waste was present in the septic tank (may be applicable to certain remote or seasonal systems with little use).

Additional Information: _____

B) Septic tank material: ☒ Pre-cast concrete ☐ Fiberglass ☐ Plastic ☐ Other:
☐ Could not be determined

C) Liquid level in septic tank before pumping:

☒ Normal ☐ Below normal ☐ Above normal | Could not be determinedD) Access openings in septic tank: ☐ One ☒ Two ☐ Three ☐ None | Other (describe) _____E) Number of compartments in septic tank: ☐ One ☒ Two ☐ Other (describe) _____F) Depth of soil cover over tank access port or riser: 36 inches or _____ feetG) Septic tank risers: ☒ Present ☐ Not present NO outlet risersH) Capacity of septic tank: 1250 gallons

Based on:

- ☐ Measurements/dimensions of tank ☒ Volume Pumped ☒ Estimate
- ☐ Capacity could not be determined

I) Scum/Sludge (measured before pumping):

- i) Tank depth (air-liquid interface to bottom of tank): 5 ft 0 inches
- ii) Primary (upstream) chamber: Scum depth 0 inches, Sludge depth 10 inches
- iii) Secondary (downstream) chamber: Scum depth 0 inches, Sludge depth 6 inches

J) Baffle or sanitary "T" material: ☐ Pre-cast concrete ☐ Fiberglass ☒ Plastic ☐ Clay
☐ Other: _____

K) Condition of baffles and sanitary "Ts":

- i) Inlet baffle or "T": ☒ Functional ☐ Not functional ☐ Not present ☐ Not determined
- ii) Outlet baffle or "T": ☒ Functional ☐ Not functional ☐ Not present ☐ Not determined
- iii) Interior baffle: ☒ Functional ☐ Not functional ☐ Not present ☐ Not determined

L) Is there evidence of leakage into septic tank (infiltration)? ☐ Yes ☒ No ☐ Could not be determinedM) Is there evidence of leakage out of the septic tank (exfiltration)? ☐ Yes ☒ No
☐ Could not be determinedN) Is there evidence of: ☐ Root invasion ☐ Cracks in tank ☐ Damaged lids or risers
☐ Other (describe): NoneO) Is a sewer line cleanout present between building drain and septic tank? ☒ Yes ☐ No
☐ Not determinedP) Effluent filter: ☐ Present ☒ Not present ☐ Could not be determined ☐ Filter serviced.Q) Repairs or other maintenance done to septic tank as part of this inspection? ☐ No ☒ Yes
(describe at Item 12B)

9 DISPOSAL WORKS INSPECTION *(All fields are required)*

A) Disposal is by:

- ☒ Trench
☐ Bed
☐ Chamber Technology
☐ Seepage Pit
 No. of pits _____ ☐ Unknown

- ☐ Alternative disposal works technology (provide further details in Item 10E)
☐ Unknown or could not be determined

B) Is there evidence of disposal works malfunction? ☒ No ☐ Yes (check all applicable conditions observed):

- ☐ Wet areas
☐ Unusual green/lush vegetation
☐ Sewage smell
☐ Liquid discharges on surface
☐ Discharge pipes of unknown origin
☐ Impaired hydraulic capacity (backups)
☐ Erosion encroachment, eroded/damaged containment berm or drainage control feature
☐ Other (describe): _____

C) Any structural or drainage problems?: ☒ No ☐ Yes (check all applicable conditions observed):

- ☐ Localized surface settling
☐ Apparent root invasion
☐ Animal damage
☐ Other (describe): _____

D) Diversion valve or distribution box present? ☐ No ☒ Not determined ☐ Yes

If yes: Type of component:

Opened for inspection? ☐ Yes ☐ NoOperational status? ☐ Functioning properly ☐ Not functioning properly
☐ Could not be determined (describe): _____E) Are inspection ports present in disposal works? ☐ No ☒ Yes ☐ Not determinedi) If yes, number of functional ports: 2

ii) If yes, indicate depth (in inches) from top of each port to:

	Port 1	Port 2	Port 3	Port 4
Bottom of Port	4.5	7.7		
Wastewater (liquid) surface	0	0		

F) Is a reserve disposal area available? ☐ Yes ☐ No ☒ Unknown or could not be determinedG) Repairs or other maintenance done to **disposal works** as part of this inspection? ☒ No ☐ Yes
 (describe in Item 12B)

10 ALTERNATIVE SYSTEMS INSPECTION (ADDENDUM—COMPONENTS AND APPURTENANCES)

- A) Are there wastewater-containing tanks or vessels other than a septic tank? ☐ No ☐ Yes
If yes, were tank(s) or vessel(s) pumped as part of this inspection?
☐ Yes
☐ No, because the tank or vessel was put into service less than 12 months before inspection.
☐ No, because pumping or servicing was not necessary at the time of inspection based on manufacturer's written operation and maintenance instructions.
☐ No, because no accumulation of floating or settled waste was present in tank(s) or vessel(s).
- B) Is there a pump or pumps? ☐ No ☐ Yes (number) ☐ Not determined
- C) Are there system controls (switches, alarms, fluid level controls, etc.)? ☐ No ☐ Yes ☐ Not determined
i) If yes, system settings were:
☐ Checked ☐ Not checked ☐ Adjusted (describe):
- D) Are there other mechanical components or appurtenances? ☐ Yes ☐ No ☐ Not determined
i) If yes, describe mechanical components and appurtenances:
- E) Are there any disposal works components other than trench, bed, chamber technology, or seepage pit?
☐ No ☐ Not determined ☐ Yes (describe):
- F) Describe any tests conducted, maintenance performed (other than pumping or adjustments of system controls), or repairs completed to any of the treatment or disposal components or appurtenances addressed in this Section:
- G) Repairs or other maintenance done to **components/appurtenances** as part of this inspection? ☐ No ☐ Yes
(describe in Item 12B)

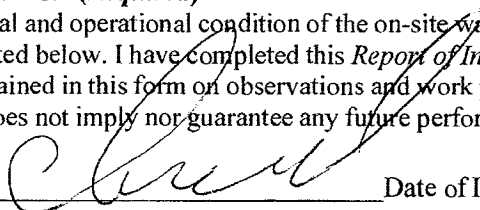
11 OTHER COMMENTS**12 INSPECTION SUMMARY (Check All That Apply)**

- ☒ A) Physical and operational condition of the on-site wastewater treatment facility, at time of inspection, appears to be:
☒ **Functional** ☐ **Functional with concerns** ☐ **Not Functional**
- ☒ B) Repairs were made as part of this inspection (describe): Repaired / Replaced
Outlet Baffle
- ☐ C) Repairs are recommended (describe):

13 INSPECTOR'S CERTIFICATION (Required)

I have inspected the physical and operational condition of the on-site wastewater treatment facility serving this property on the date indicated below. I have completed this *Report of Inspection* to the best of my knowledge, and have based the information contained in this form on observations and work performed at the time of inspection. However, this *Report of Inspection* does not imply nor guarantee any future performance of this facility in any way.

Inspector's Signature



Date of Inspection:

Tuesday, June 7, 2016**NOTE TO BUYER:**

Within 15 calendar days after the date of property transfer, the Buyer shall submit a complete *Notice of Transfer* form (<http://www.azdeq.gov/environ/water/permits/download/presale.doc>) for the change of ownership, and file it with the applicable agency indicated in the *Notice of Transfer* instructions. Information from this *Report of Inspection* form is needed to fill out the *Notice of Transfer* that must be submitted by the Buyer.

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14 SKETCHES/PLANS/MAPS (Optional)

