Clark's Septic Tank Service, LLC

P.O. Box 11033
Casa Grande, AZ 85130-1033
(520) 836-5545 Fax (520) 836-0099
Lic. & Bond. / K-41 #186986

CUSTOMER'S ORDER NO. | PHONE | DATE 03-02-17

NAME Racy Peery Trust

ADDRESS 32366 San Lorenzo Dr
Maricopa AZ 85138

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT

QTY.	DESCRIPTION	PRICE	AMOUNT
1	Inspection		$ 425.00
	pdin full Check #1511		

All lines (sprinkler and utility) on your property are not our responsibility.
There will be a 1½% fee added per month on all unpaid invoices.

TAX $

TOTAL 425.00

RECEIVED BY

20380

All claims and returned goods MUST be accompanied by this bill.

THANK YOU

ADEQ Arizona Department of Environmental Quality

REPORT OF INSPECTION
OF AN ON-SITE WASTEWATER TREATMENT FACILITY

1 PROPERTY INFORMATION (*All fields are required*)

Address 32366 W San Lorenzo Dr County Pinal

Tax Parcel No. 502-44-008

City Maricopa Zip 85138 ☒ Residential property ☐ Non-residential property

2 CURRENT OWNER INFORMATION (*All fields are required*)

Name Clifton Ray Peery Trust

Mailing Address 32366 W San Lorenzo Drive

City Maricopa State AZ Zip 85138

3 INSPECTOR INFORMATION (*All fields are required*)

Inspector Name Melanie D. Parton NAWT Inspector No. 109485IC

Company Name Clark's Septic Tank Service, LLC

Address P.O. Box 11033

Casa Grande, AZ 85130

Phone No. 520-836-5545 Fax 520-836-0099 Email clarkssepticservice@yahoo.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		
City where Course was taken MARICOPA AZ	Date Completed: 1/24/17	
B. License/Registration (*check at least one box*)	**Registration/ License No.**	**Expiration Date**
☐ 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	186986	07/17
☐ 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: 3.3 ☐ 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)
- ☐ More than one (indicate number): ____

Note: If more than one on-site system is in use on this property, a *Report of Inspection* form should be completed for each system.

E) Estimated Design Flow: 300 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.
- ☐ Appears to exceed strength of typical residential sewage because _____
- ☐ Appears to be weaker than typical residential sewage because _____
- ☐ Unknown or could not be determined

REPORT OF INSPECTION TAX PARCEL NO: 502-44-008 DATE OF INSPECTION: 3/2/17

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

☒ A) System constructed or authorized for Construction **BEFORE** January 1, 2001

☒ **Conventional Septic Tank System**
- ☒ Septic Tank
- ☒ Disposal Trench
- ☐ Disposal Bed
- ☐ Disposal by Chamber Technology
- ☐ Disposal by Seepage Pit
- ☐ Other:

Alternative Systems (check all that apply)
- ☐ Composting Toilet System
- ☐ Pressure Distribution System
- ☐ Gravelless Trench
- ☐ Natural Seal Evapotranspiration Bed
- ☐ Lined Evapotranspiration Bed
- ☐ Wisconsin Mound
- ☐ Engineered Pad System
- ☐ Intermittent Sand Filter
- ☐ Peat Filter
- ☐ Textile Filter
- ☐ Denitrifying System Using Separated Wastewater Streams (e.g., RUCK®)
- ☐ Sewage Vault
- ☐ Aerobic System
- ☐ Nitrate-Reactive Media Filter
- ☐ Cap System
- ☐ Constructed Wetland
- ☐ Sand-Lined Trench
- ☐ Disinfection Devices
- ☐ Surface Disposal
- ☐ Subsurface Drip Irrigation Disposal
- ☐ Design flow is 3,000 gpd or more
- ☐ Other _____

Date of Construction: 1990
Based on:
- ☐ Permitting documentation
- ☐ Other documentation
- ☒ Estimated
- ☐ Unknown Construction Date

SECTION B

☐ B) System authorized for construction **ON OR AFTER** January 1, 2001

☐ **GP 4.02 Conventional Septic Tank/ Disposal System**
- ☐ Septic Tank
- ☐ Disposal Trench
- ☐ Disposal Bed
- ☐ Disposal by Chamber Technology
- ☐ Disposal by Seepage Pit

Alternative Systems (check all that apply)
- ☐ GP 4.03 Composting Toilet System
- ☐ GP 4.04 Pressure Distribution System
- ☐ GP 4.05 Gravelless Trench
- ☐ GP 4.06 Natural Seal Evapotranspiration Bed
- ☐ GP 4.07 Lined Evapotranspiration Bed
- ☐ GP 4.08 Wisconsin Mound
- ☐ GP 4.09 Engineered Pad System
- ☐ GP 4.10 Intermittent Sand Filter
- ☐ GP 4.11 Peat Filter
- ☐ GP 4.12 Textile Filter
- ☐ GP 4.13 Denitrifying System Using Separated Wastewater Streams
- ☐ GP 4.14 Sewage Vault
- ☐ GP 4.15 Aerobic System
- ☐ GP 4.16 Nitrate-Reactive Media Filter
- ☐ GP 4.17 Cap System
- ☐ GP 4.18 Constructed Wetland
- ☐ GP 4.19 Sand-Lined Trench
- ☐ GP 4.20 Disinfection Device
- ☐ GP 4.21 Surface Disposal
- ☐ GP 4.22 Subsurface Drip Irrigation Disposal
- ☐ GP 4.23 Design flow from 3,000 to less than 24,000 Gallons Per Day (4.23 GP)

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: 02 / 05 / 2007 ☐ 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

REPORT OF INSPECTION TAX PARCEL NO: 502-44-008 DATE OF INSPECTION: 3/2/17

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 determined

D) 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: 30 inches or _____ feet

G) Septic tank risers: ☐ Present ☒ Not present

H) Capacity of septic tank: 1000 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 2 inches, Sludge depth 5 inches
iii) Secondary (downstream) chamber: Scum depth ____ inches, Sludge depth ____ 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 determined

M) Is there evidence of leakage out of the septic tank (exfiltration)? ☐ Yes ☒ No
☐ Could not be determined

N) Is there evidence of: ☐ Root invasion ☐ Cracks in tank ☐ Damaged lids or risers
NO ☐ Other (describe): _____

O) Is a sewer line cleanout present between building drain and septic tank? ☒ Yes ☐ No
☐ Not determined

P) 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:
- [X] 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? [X] 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?: [X] 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 [X] Not determined [ ] Yes
If yes: Type of component:
Opened for inspection? ? [ ] Yes [ ] No
Operational status? [ ] Functioning properly [ ] Not functioning properly
[ ] Could not be determined (describe): _____

E) Are inspection ports present in disposal works? [X] No [ ] Yes [ ] Not determined
i) If yes, number of functional ports: _____
ii) If yes, indicate depth (in inches) from top of each port to:

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

F) Is a reserve disposal area available? [X] Yes [ ] No [ ] Unknown or could not be determined

G) Repairs or other maintenance done to **disposal works** as part of this inspection? [X] No [ ] Yes
(describe in Item 12B)

REPORT OF INSPECTION TAX PARCEL NO: 502-44-008 DATE OF INSPECTION: 3/2/17

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): _____

☐ C) Repairs are recommended (describe): _____

13 INSPECTOR'S CERTIFICATION (*Required*)

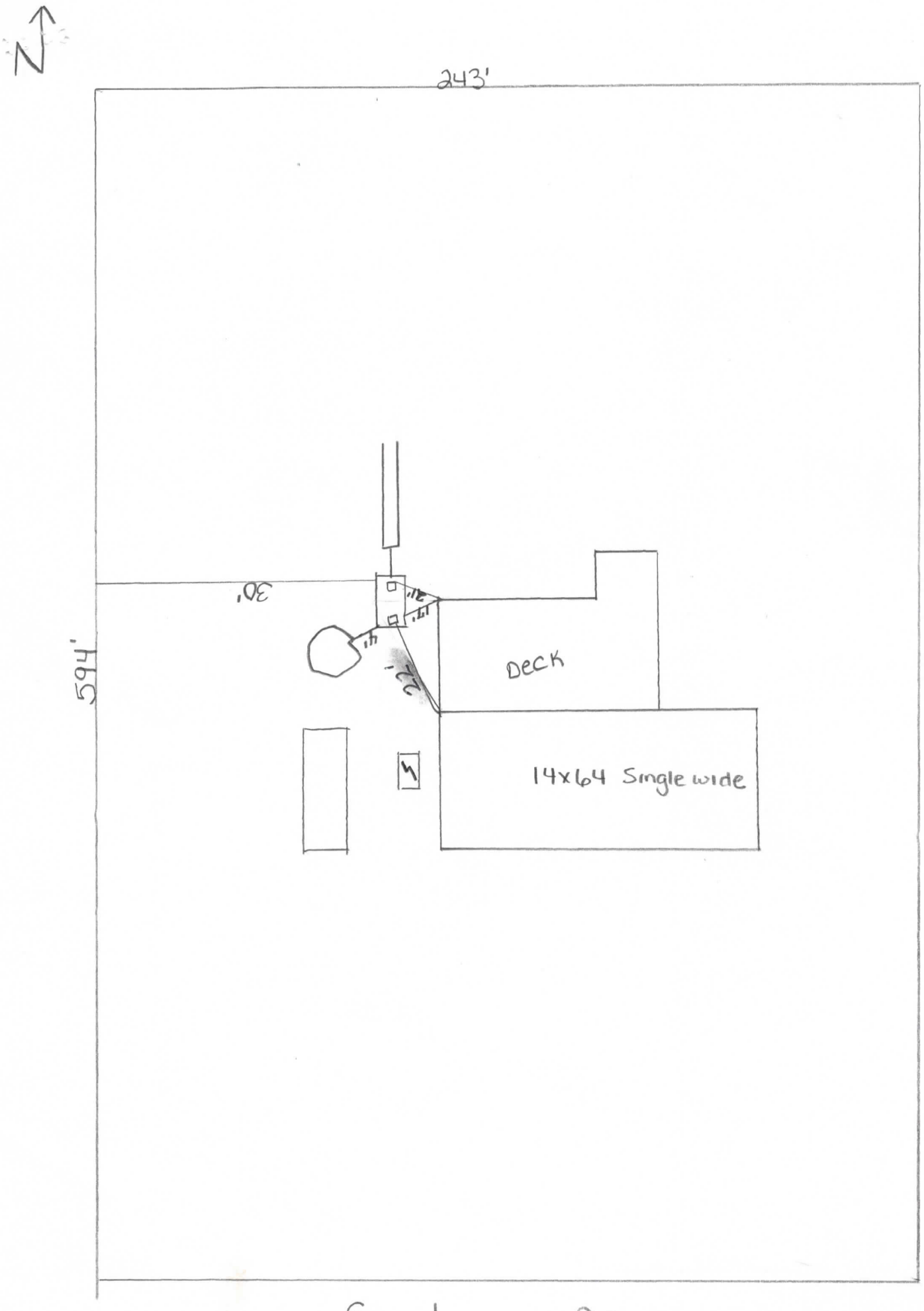
I have inspected the physical and operational condition of the on-site wastewater treatment facility serving this property on the date indicated below. I have completed this *Report of Inspection* to the best of my knowledge, and have based the information contained in this form on observations and work 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 Melanie Pardon Date of Inspection: 3/2/17

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.

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/environ/water/permits/onsitenot.html for further information regarding this.


N
243'
594'
30'
DECK
14x64 Single wide
San Lorenzo Dr.