

## REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

### 1 PROPERTY INFORMATION (All fields are required)

Address \_\_\_\_\_ County \_\_\_\_\_  
 \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ ☐ Residential property ☐ Non-residential property

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

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 3 INSPECTOR INFORMATION (All fields are required)

Inspector Name \_\_\_\_\_ NAWT Inspector No. \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### 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: _____		
City where Course was taken _____		Date Completed: _____
B. License/Registration (check at least one box)		Registration/ License No.
<input type="checkbox"/> 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: <input type="checkbox"/> Owner of license; <input type="checkbox"/> Employee of licensed owner		Expiration Date
<input type="checkbox"/> Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-101 through 116 (indicate type): <input type="checkbox"/> Grade 1; <input type="checkbox"/> Grade 2; <input type="checkbox"/> Grade 3; <input type="checkbox"/> Grade 4		
<input type="checkbox"/> Arizona Registered Sanitarian		
<input type="checkbox"/> Arizona Professional Engineer		
<input type="checkbox"/> Licensed Contractor (indicate type): <input type="checkbox"/> Residential B-4 or C-41; <input type="checkbox"/> Commercial A, A-12, or L-41; or <input type="checkbox"/> Dual KA or K-41		
<input type="checkbox"/> 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:

\_\_\_\_\_

B) Approximate Property Size: \_\_\_\_\_ ☐ 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: \_\_\_\_\_ Per MLS \_\_\_\_\_ Per Permit \_\_\_\_\_

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

\_\_\_\_\_ 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: \_\_\_\_\_ 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

**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 type="checkbox"/> A) System constructed or authorized for Construction <b>BEFORE</b> January 1, 2001	<input type="checkbox"/> B) System authorized for construction <b>ON OR AFTER</b> January 1, 2001
<input type="checkbox"/> <b>Conventional Septic Tank System</b>	<input type="checkbox"/> <b>GP 4.02 Conventional Septic Tank/ Disposal System</b>
<b>Alternative Systems (check all that apply)</b>	<b>Alternative Systems (check all that apply)</b>
<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 _____	<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: _____	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: \_\_\_\_\_ inches or \_\_\_\_\_ feet

G) Septic tank risers: ☐ Present ☐ Not present

H) Capacity of septic tank: \_\_\_\_\_ 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): \_\_\_\_\_ Inches At time \_\_\_\_\_ Inches Normal

ii) Primary (upstream) chamber: Scum depth \_\_\_\_\_ inches, Sludge depth \_\_\_\_\_ 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 determinedM) Is there evidence of leakage out of septic tank (exfiltration)? ☐ Yes ☐ No ☐ Could not be determinedN) Is there evidence of : ☐ Root invasion ☐ Cracks in tank ☐ Damaged lids or risers ☐ None  
☐ Other (describe): \_\_\_\_\_O) 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:

\_\_\_\_\_

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☐ Outlet Liquid flow was Slow (see page 6)☐ 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 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? ☐ 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 (describe) \_\_\_\_\_ ☐ Not determined
- C) Are there system controls (switches, alarm, 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

James Andrew Derby

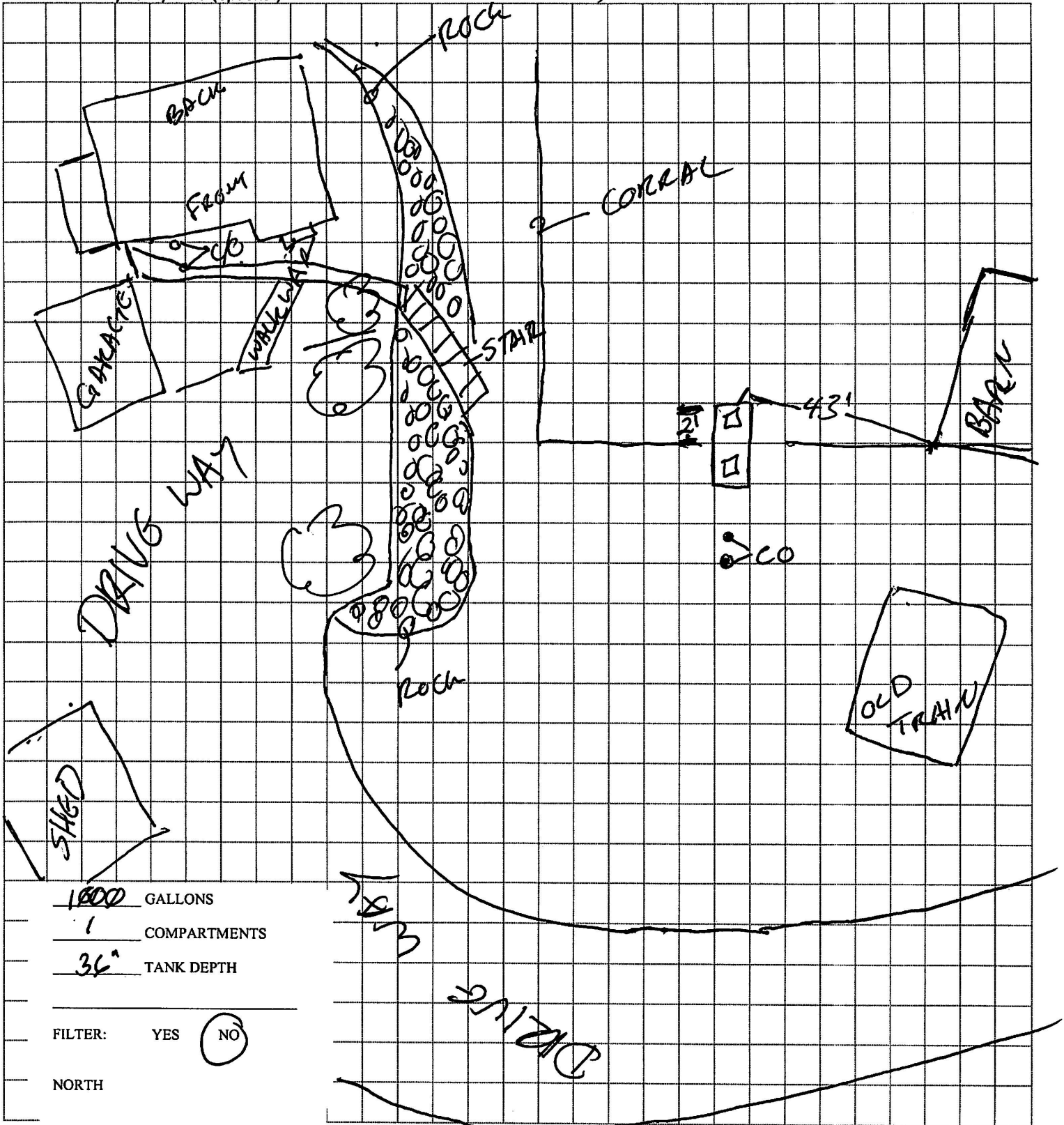
Date of Inspection: \_\_\_\_\_

NotetoBuyer:

Within 15 calendar days after the date of property transfer, the Buyer shall submit a complete *Notice of Transfer*.

14 SKETCHES/PLANS/MAPS (Optional)

2215 HIGHWAY 69, HUMBOLDT 86329



1000 GALLONS

1 COMPARTMENTS

36" TANK DEPTH

FILTER: YES ☒ NO

NORTH

2215 ARIZONA 69





# GROUNDWATER SECTION

## NOTICE OF TRANSFER OF OWNERSHIP

### FOR AN ON-SITE WASTEWATER TREATMENT FACILITY

<b>1 Property Information (All fields are required)</b>		
Address _____		County _____
City _____		Tax Parcel No. _____
Zip _____	<input type="checkbox"/> Residential property, or <input type="checkbox"/> Non-residential property	
<b>2 Transferor/Seller/Former Owner of Property (All fields are required)</b>		
Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Phone No. _____	Fax _____	Email _____
<b>3 Transferee/Buyer/New Owner of Property (All fields are required)</b>		
Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Phone No. _____	Fax _____	Email _____
<input type="checkbox"/> <b>Transferee/Buyer must check this box if the On-site Wastewater Treatment Facility is Exempted From Inspection</b> An inspection is not required if both of the following conditions apply (Buyer shall check applicable boxes to affirm that these conditions are met, provide the file number and authorization date, then skip directly to Item 8 before submitting this form):		
<input type="checkbox"/> A Discharge Authorization was issued by ADEQ or its delegated county agency to operate the facility. Discharge Authorization File No.: _____ Discharge Authorization Date: _____		
<input type="checkbox"/> The facility has never been put into service before this property transfer.		
<b>4 Inspector Information (All fields are required)</b>		
Inspector Name _____		NAWT Inspector No. _____
Company Name _____		
Address _____		
Phone No. _____	Fax _____	Email _____
<b>5 Date of Facility Construction (Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)</b>		
<input type="checkbox"/> Before January 1, 2001, or <input type="checkbox"/> On or after January 1, 2001 as authorized by ADEQ or its delegated county agency		
<b>Department Use Only</b>		<b>Date Stamp</b>
Check # and Amount		
Date Entered into OWN		
Clerk Initials		



<b>6 Facility Type (Refer to Item 7 of the REPORT OF INSPECTION form)</b>
<input type="checkbox"/> Conventional septic tank/disposal system (very common—any system consisting of a septic tank that disposes effluent to trench, bed, chamber technology, or seepage pit), or <input type="checkbox"/> Alternative on-site system (not common—any system using an alternative technology for treatment or disposal)
<b>7 Inspection Information (Copy all required information from the REPORT OF INSPECTION form)</b>
Date of Inspection (from Item 13 of <i>Report of Inspection</i> form): _____ Design flow of facility (from Item 6E of <i>Report of Inspection</i> form): _____ gallons per day Please indicate any file number/dates as indicated in Item 5 of Report of Inspection form: <input type="checkbox"/> <i>Discharge Authorization</i> issued on or after January 1, 2001 (Item 5A of <i>Report of Inspection</i> form): File No. _____ Date issued: _____, or <input type="checkbox"/> <i>Approval of Construction</i> or other permitting document issued by ADEQ or a County agency before January 1, 2001 (Item 5B of <i>Report of Inspection</i> form): File No. _____ Date issued: _____ Please indicate the number of septic tanks in use on this property: _____ Was the Septic tank(s) pumped as part of inspection (Item 8A of <i>Report of Inspection</i> form)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is No above, please indicate why the septic tank(s) were not pumped: <input type="checkbox"/> The septic tank was put into service less than 12 months before inspection, or <input type="checkbox"/> Pumping or servicing was not necessary at the time of inspection based on manufacturers written operation and maintenance instructions (applicable only to alternative technologies), or <input type="checkbox"/> 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). Were repairs made as part of the inspection (Item 8Q of <i>Report of Inspection</i> form)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8 Form Submittal and Buyer/Transferee Advisory (All information is required)</b>
<input type="checkbox"/> Date of property transfer (closing date): _____ <input type="checkbox"/> Date of submittal of this <i>Notice of Transfer</i> form: _____ <input type="checkbox"/> Check this box to confirm the \$50 filing fee is being submitted with this <i>Notice of Transfer</i> form
Please Select who is submitting this Notice of Transfer Form: <input type="checkbox"/> Buyer/Transferee, or <input type="checkbox"/> A person submitting this form on behalf of the Buyer/Transferee (Please complete the required information below) Name of Submitter: _____ Company: _____ Address: _____ _____ Phone Number: _____ Relationship of submitter : <input type="checkbox"/> Escrow Officer/Title Company, or <input type="checkbox"/> Other (indicate): _____
<b>9 Certification/Signature (All information is required)</b>
<input type="checkbox"/> I, as the Buyer/Transferee, certify that I have received a Report of Inspection from the Seller/Transferor or their representative, and that I have accurately completed this Notice of Transfer form to the best of my knowledge, or <input type="checkbox"/> I, as a person submitting this form on behalf of the Buyer/Transferee, certify that the information provided in this Notice of Transfer form is complete and accurate to the best of my knowledge.  Signature: _____ Date: _____

# YAVAPAI COUNTY HEALTH DEPARTMENT

## DIVISION OF ENVIRONMENTAL HEALTH

500 S. MARINA ST. — P. O. BOX 2111

PRESCOTT, ARIZONA 86302

TELE. # 445-7450 EXT. 230-231

South of Granddard  
East Side of Road  
60 in 188 Iron gate  
Sign says Jim Williams  
well drilling

Randy 1900  
1-22-85

THIS PAGE WILL NOT REPRODUCE

### APPLICATION FOR PERMIT

PERMIT FEE \$ 40.00

The undersigned hereby applies for permit to (install) (alter) sewage disposal facilities at:

Street Address  Hwy 69 Humbolt

Subdivision Name \_\_\_\_\_  
(OR LOCATION)

Lot No. 402-08-028V

Name of Establishment \_\_\_\_\_  
(COMMERCIAL ONLY)

Name of Property Owner Jimmy Williams

☐ For COMMERCIAL INSTALLATION

Type of Business \_\_\_\_\_

Maximum number of users (patrons, employees, members, etc.) \_\_\_\_\_

Industrial Wastes (if any) to \_\_\_\_\_ Treated? \_\_\_\_\_

☒ DOMESTIC INSTALLATION

Total Number of Bedrooms (3) Junction Box ☐ Diversion Valve ☒

Size of Septic Tank to be installed (liquid capacity below overflow line) 1,000 gallons.

Type of material tank is constructed of \_\_\_\_\_

Proposed Method of Effluent Disposal:

Trench: Area Required 1011'0", Total Length 56 Width \_\_\_\_\_

Total Depth 11 Effect. Depth 9

I, the undersigned, having read Y.C.H.D. Regulations # 3 and #4, do hereby agree to assume complete responsibility to insure that these installations will be made in full compliance with all regulations of the Yavapai County Health Department and the Arizona State Department of Health which are applicable at the time of the installations. I also understand that failure to comply with said regulations is subject to fine or imprisonment or both.

Date 10-31-84 PRESCOTT, ARIZ. 86301

Jimmy Williams 414 N. ARIZONA AVE 778-3339  
Applicant's Signature Mailing Address Telephone Number

Date Issued 10-31-84 By Margi Tager Permit No. 24205

**THIS PAGE WILL NOT REPRODUCE**  
**RECORD OF PERCOLATION TEST**

Percolation Test			Stabilized Rate		
Date _____					
Time	Water Level	Amount of Fall	Time	Water Level	Amount of Fall

**RECORD OF INSPECTION**

**(1) SEPTIC TANK (Partitioned?)**

- a. Dimensions (effective) L 100 W 40 D 8
- b. Liquid Capacity 1000
- c. Distance from Foundation 10' IN ft.
- d. Pipe Material PVC
- e. Approved: yes ☒ no ☐
- f. Junction Box
- g. Diversion Valve

Inspection No. \_\_\_\_\_  
Remarks: \_\_\_\_\_

Inspection No. \_\_\_\_\_  
Remarks: \_\_\_\_\_

Inspection No. \_\_\_\_\_  
Remarks: \_\_\_\_\_

**(2) LEACHING AREA**

Sq. Ft. \_\_\_\_\_

- No. Lines 2, Filter Depth: Top 2 Bottom 8
- a. Dimensions L 100 W 40 D 8
- b. Pitch 0 in/ft.
- c. Pipe Material PVC
- d. Type of Fill ROCK
- e. Distance from Foundation 10' IN ft.
- f. Distance from Lot Lines 50' + ft.
- g. Distance from Water Supply 100' IN ft.
- h. Approved: yes ☒ no ☐

INSPECTOR: M. T. Day  
DATE APPROVED: 1-23-85  
DISAPPROVED: \_\_\_\_\_  
Other Comments: \_\_\_\_\_

**(3) EFFLUENT DISPOSAL - OTHER METHOD**

\_\_\_\_\_

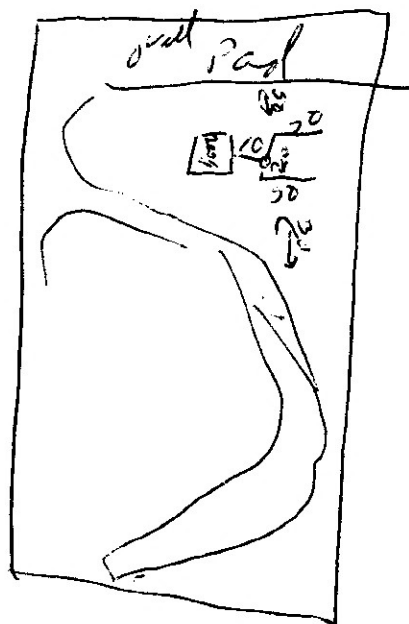
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Revision

