

**INSTRUCTIONS FOR PREPARING A
REPORT OF INSPECTION
FOR AN ONSITE WASTEWATER TREATMENT FACILITY**

INSTRUCTIONS

Any person selling or transferring ownership of a property served by an onsite wastewater treatment facility (including a conventional septic tank system or an alternative onsite 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. If there is more than one onsite system in use on the property, the Inspector completes a *Report of Inspection* form for each system.

Before the transfer date (closing date) of the property, the seller provides the buyer with the completed *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 onsite 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 submits a complete *Notice of Transfer* form for the change of ownership, and files 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 Feb. 2, 2007, you can file your *Notice of Transfer* online. Visit the ADEQ website at https://static.azdeq.gov/forms/onsite_not.pdf for more information.**

Qualified inspectors are required to completely and accurately fill out this form to the best of their knowledge. The form has been updated to include:

Section 1 — Facility Information

Section 2 — General Treatment and Disposal Works

Section 3 — Design Flow and Septic Tank Sizing

Section 4 — Septic Tank Inspection and Plumbing: Complete this section if the site is served by a conventional system (septic tank to leachfield - 4.02 general permit) or if the septic tank is used with an alternative system.

Section 5 — Alternative System: Complete this section only if an alternative system is used at the site (4.03 – 4.22 general permit). This section can be combined with Section 4 if a septic tank is used.

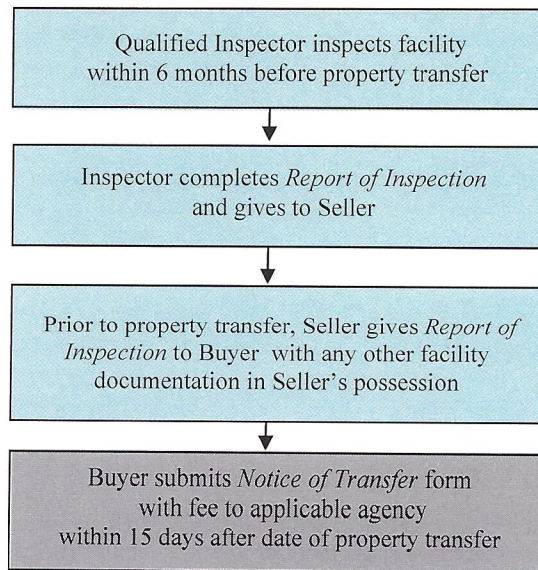


Figure 1. Flowchart of Notice of Transfer Process



TAX PARCEL NO. 109-01-026

DATE OF INSPECTION: 7/3/2024 Initials of Inspector ZDS

PROPERTY TRANSFER INSPECTION FORM

Arizona Administrative Code R18-9-A303.B, -A304.A & C, -A309A, and -A316

Note: While this document is approved by ADEQ, it is intended to be used by contractors. ADEQ staff does not facilitate or perform property transfer inspections.

Property Name: _____
Property Address: 47 Curly Horse Ranch Rd City: Sonoita County: Sanata Cruz
Seller/Transferor Name: _____
Seller/Transferor Address: _____ City: _____ State: _____ ZIP Code: 8637

Inspector Information

Inspector Name: Zach Smith
Company Address: 247 E Redwing Lane City: Huachcua City State: AZ ZIP Code: 85615
Company Name: Smith Septic Service LLC

Inspector qualifications and proof of training:

Check all that apply and provide answers as needed.

☒ ADEQ-Recognized Course: NAWT Date Completed: 1/18/2019

☐ Professional Engineer ☐ Registered Sanitarian ☐ Wastewater Treatment Plant Operator

(Expiration date: _____) (Expiration date: _____) (Grade: _____)

☐ Arizona Licensed Contractor for License Category: _____

☒ Owner of pumper truck and ADEQ Truck Registration No: ADEQ #2959

Employee Name Performing Inspection: Zach Smith

Records Obtained by Inspector

Were there facility permit, construction and/or operational records available for the inspection? ☒ Yes ☐ No

Check all that apply:

- ☐ Discharge Authorization (or Verification) issued on or after January 1, 2001, pursuant to R18-9-A301(D)(2)(c) Permit No. _____
- ☐ Approval of Construction, or other official permitting documents issued by ADEQ or its delegated county agency before January 1, 2001, Permit No. _____
- ☒ Site plan, plot plan, "as-built" drawings, or similar documents
- ☐ Documents relating to operation and/or maintenance (alternative systems)
- ☐ Other: _____

Cesspool

Is a cesspool serving the property? ☐ Yes ☒ No

Use of a cesspool is VIOLATION OF A.A.C. R18-9-A309. A.4. A cesspool shall not be used for sewage disposal.

If a cesspool is found on a property subject to the Transfer Inspection, per R18-9-A316, the Inspector shall:

Disclose to the Buyer that the inspection no longer qualifies as an inspection for the Transfer of Ownership program and that ADEQ does not recognize a cesspool as a legitimate onsite wastewater treatment facility.

SIGNATURE OF INSPECTOR: Zach Smith DATE: 7-6-24

Summary of Inspection

Onsite Wastewater Treatment Facility Inspection Overview

Onsite Wastewater Treatment Facility Serves (check all that apply):

☒ Residence/Dwelling ☐ Single family ☐ Multi-family/Shared ☐ Commercial

Other (Explain): _____

Type of Facility (check all that apply):

☒ Conventional System ☐ Alternative System ☐ Gray Water System Observed

Number of Onsite Wastewater Systems on the property: 1

Note: A separate Report of Inspection is required for each Onsite Wastewater System.

Age of inspected Onsite Wastewater Treatment Facility: ukn years

If estimated, explain how it was determined: _____

Onsite Wastewater Treatment Facility

Septic Tank Condition: ☒ Operational ☐ Operational with concerns ☐ Not Operational
(for details, see Sections 3 and 4)

Disposal Works Condition: ☒ Operational ☐ Operational with concerns ☐ Not Operational
(for details, see Sections 4.1)

Alternative System - Onsite System Condition: ☐ Operational ☐ Operational with concerns ☐ Not Operational
(for details, see Section 5)

Alternative Disposal Works Condition: ☐ Operational ☐ Operational with concerns ☐ Not Operational
(for details, see Section 5.1)

For any operational concerns see page 7 in the comments section.

1. Facility Information

A) Domestic Water Source:

☒ Hauled Water ☐ Municipal System ☐ Private Water Company ☐ Shared Private Well ☒ Private Well

If a well is nearby, state the distance from Well to Wastewater System _____

B) Type of Wastewater Source:

☒ Residential ☐ Commercial ☐ Other _____

C) Occupancy/Use: ☒ Full Time ☐ Seasonal/Part Time ☐ Vacant ☐ Unknown

2. General Treatment and Disposal Works

This system consists of the following systems and technology:

- | | |
|---|--|
| <input checked="" type="checkbox"/> GP 4.02 Conventional Septic Tank/ Disposal System | <input type="checkbox"/> GP 4.05 Gravelless Trench |
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> GP 4.06 Natural Seal Evapotranspiration Bed |
| <input checked="" type="checkbox"/> Disposal Trench | <input type="checkbox"/> GP 4.07 Lined Evapotranspiration Bed |
| <input type="checkbox"/> Disposal Bed | <input type="checkbox"/> GP 4.08 Wisconsin Mound |
| <input type="checkbox"/> Disposal by Chamber Technology | <input type="checkbox"/> GP 4.09 Engineered Pad System |
| <input type="checkbox"/> Disposal by Seepage Pit | <input type="checkbox"/> GP 4.10 Intermittent Sand Filter |
| <input type="checkbox"/> GP 4.03 Composting Toilet | <input type="checkbox"/> GP 4.11 Peat Filter |
| <input type="checkbox"/> GP 4.04 Pressure Distribution System | <input type="checkbox"/> 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)
- Is there a current Performance Assurance Plan?
- ☒ Yes ☐ No

3. Design Flow and Septic Tank Sizing

- A) Estimated Design Flow: 450 gallons per day ☐ Unknown
- B) Basis for design flow:
- ☐ Designated in permitting documents
- ☒ Calculated or estimated based on (check all that apply):
- ☒ Number of bedrooms for a dwelling: 3
- ☐ Fixture count for a dwelling: 16
- ☐ If not a dwelling: _____ gallons per day
- C) Evaluation of actual flow versus the design flow (determined in 1A):
- ☒ Actual flow did not appear to exceed design flow
- ☐ Actual flow may exceed design flow
- ☐ Unknown
- D) Inspector Comments: system in good working order

4. Septic Tank Inspection and Pumping

- A) How many septic tanks are associated with this onsite wastewater treatment facility? ☒ 1 ☐ 2 or more
- B) Septic tank liquid level measured *before* pumping (measured in inches from the bottom of the tank) 59
- ☐ Primary (inlet) chamber: Scum thickness 0 inches, Sludge thickness 0 inches
- ☐ Secondary (outlet) chamber: Scum thickness _____ inches, Sludge thickness _____ inches
- ☐ Liquid level not determined
- C) Was each septic tank or other wastewater treatment container on the property pumped or otherwise serviced to remove, to the maximum extent possible, solid, floating, and liquid waste accumulations? ☒ Yes ☐ No
- If yes, what is the name of the septic hauler company? Smith Septic Service
- License number issued by ADEQ: 2959
- If no, select one of the following reasons pumping was not performed:
- ☐ A Discharge Authorization for the onsite wastewater treatment facility was issued and the facility was put into service within 12 months before the transfer of ownership inspection,
- ☐ Pumping or servicing was not necessary at the time of the inspection based on the manufacturer's written operation and maintenance instructions, or
- ☐ No accumulation of floating or settled waste was present in the septic tank or wastewater treatment container.
- D) Indicate the date the inspection was performed. 7/3/2024

E) The Capacity of the septic tank is 1000 gallons, based on: ☐ Measurement/dimensions of tank: _____
☒ Volume Pumped ☐ Estimate ☐ Permit Document
☐ Capacity not determined (Explain): _____

F) Septic tank material:

☒ Pre-cast concrete ☐ Fiberglass ☐ Plastic ☐ Steel ☐ Cast-in-place concrete
☐ Other (Describe): _____

G) Access openings in septic tank: ☐ One ☒ Two ☐ Three ☐ Other (Describe): _____

H) Septic tank lids & risers: ☐ Present ☒ Not Present

If present, was the lid(s) securely fastened ☐ Yes ☒ No

Note: Risers aide on-going system maintenance - minimum 20" diameter.

I) Number of compartments in septic tank: ☐ One ☒ Two ☐ Other (Describe): _____

J) Was there evidence of a compromised tank (infiltration) or (exfiltration) of the septic tank? ☐ Yes ☒ No

K) Was there evidence of a septic tank deficiency? (Check all applicable deficiencies observed. Describe extent and location in comment section)

☐ Root invasion ☐ Exposed rebar
☐ Cracks in tank ☐ Damaged inlet pipe
☐ Damaged lids or risers ☐ Damaged outlet pipe
☐ Deteriorating concrete ☒ Other concerns describe in inspector comments

L) Baffle/sanitary "T" material:

☐ Pre-cast concrete ☐ Fiberglass ☒ Plastic ☐ Clay ☐ Could not be determined (explain in comments)

Condition of baffles and sanitary "Ts":

Inlet baffle or "T": ☒ Present ☐ Operational ☒ Not operational ☐ Not present ☐ Not determined

Outlet baffle or "T": ☒ Present ☒ Operational ☒ Not operational ☐ Not present ☐ Not determined

Interior baffle: ☒ Present ☐ Operational ☐ Not operational ☒ Not present ☐ Not determined

M) Effluent filter (screen): ☐ Present ☒ Not Present ☐ Serviced ☐ Not serviced

Note: as of January 2001, effluent filters (screens) are required on all new septic tanks.

Routine work recommended to maintain the facility (Some work may require a Construction Authorization from your local agency or ADEQ. Refer to A.A.C. R-18 A309 A.9.a and b and local codes as applicable).

Inspector comments, including all necessary routine work:

4.1. Disposal Works

Was the location of the disposal works determined?

☒ Yes (see sketch on last page) ☐ No (explain why): _____

Disposal works please indicate type:

☒ Trench ☐ Bed ☐ Chamber ☐ Seepage pit ☐ Other: _____

Method of distribution

☐ Diversion valve ☐ Drop box ☒ Distribution box ☐ Manifold ☐ Serial loading
☐ Pressurized ☐ Unknown



TAX PARCEL NO. 109-01-026

DATE OF INSPECTION: 7/3/2024 Initials of Inspector ZDSWas the distribution component inspected? ☒ Yes ☐ NoWhat type of material is the supply line made of: ☒ PVC ☐ Orangeburg ☐ Tile ☐ Other _____Were inspection ports present in disposal works? ☐ Present ☒ Not present

If inspection ports are present:

i) Number of ports: 0

ii) Indicate depth (in inches) of liquid in each port (point of reference would be grade):

0 Port 1 0 Port 2 0 Port 3 _____ Port 4

_____ Port 5 _____ Port 6 _____ Port 7 _____ Port 8

Was an operational (hydraulic load) test performed on the disposal works? ☒ Yes ☐ NoWas there evidence of a disposal works deficiency? ☐ Yes ☒ No

(check all applicable deficiencies observed, describe as necessary in comment section).

- ☐ Crushed outlet pipe
- ☐ Root invasion
- ☐ High water lines in tank indicating previous backups
- ☐ D-box or valve not functioning properly
- ☐ Surfacing over disposal works or from inspection ports
- ☐ Unusually lush vegetation over disposal works
- ☐ Erosion over disposal works unusual settling
- ☐ Ponding water in the distribution media
- ☐ Animal intrusion
- ☐ Operational (water loading) test failure
- ☐ Could Not Determine

Were repairs or other maintenance recommended to disposal works as part of this inspection? ☐ Yes ☒ No

Inspector Comments:

system in good working order

I have inspected the physical and operational condition of the onsite 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. By signing this form, I hereby verify that I have completed an ADEQ approved course and that I have personally witnessed and conducted the inspection of this property.

Signature: Zacharick D SmithDate: 7-6-24Printed name: Zacharick D Smith