



INDIVIDUAL SEWAGE DISPOSAL SYSTEM TRANSFER CERTIFICATION

Pima County Development Services Department
Public Works Building, 201 N Stone Ave, 1st Floor, Tucson, AZ 85701-1207

Date: 11/22/2024

Property Owner: SCHMIDT RALPH V JR & LINDA S ESTRA CP/RS

Activity: P24EQ01615

Pima County System Records: No

Reference: The individual sewage disposal system serving the property located at:

18301 S SONOITA HY

Transfer Certification Inspection completed by:

Andrew Nieschalk, 17214ITC
BUSY D PUMPING

Reference the attached Report of Inspection.

Based on the transfer certification inspection completed regarding the individual sewage disposal system located at the above-referenced property address, the system is deemed to be in good repair and functioning properly in accordance with applicable requirements of Pima County Code § 7.021.050.

However, while the Report of Inspection indicates conformance with applicable requirements at the time of inspection, this is not a guarantee of continued future performance. Continuing proper functioning will be dependent on proper maintenance and operation of the system.

It is important that you carefully review and understand the contents of the Report of Inspection and related documents that you may have received.

PIMA COUNTY PIMA COUNTY DEVELOPMENT SERVICES DEPARTMENT

BY: Irene Barriga

DATE: 11/22/2024



REPORT OF INSPECTION

FOR AN ON-SITE WASTEWATER TREATMENT FACILITY

| | | | |
|--|---|---|--|
| 1 PROPERTY INFORMATION | | | |
| Address | 18301 S Sonoita Hwy | County | Pima |
| City | Vail | Tax Parcel No. | 305-95-010E |
| State | AZ | Zip | 85641 |
| | | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Non-residential |
| 2 CURRENT OWNER INFORMATION | | | |
| Name | | | |
| Mailing Address | | | |
| City | | State | Zip |
| 3 INSPECTOR INFORMATION | | | |
| Name | Andy Nieschalk | | |
| Company Name | Busy D Pumping, Inc | | |
| Address | 3255 E District St | | |
| City, State, Zip | Tucson, AZ 85714 | | |
| Phone | 520-751-7765 | Fax | |
| Email | info@busydpumping.com | | |
| 4 INSPECTOR QUALIFICATIONS (CHECK APPLICABLE BOX) | | | |
| Description of Qualifications | Reference Number | Expiration Date | |
| <input checked="" 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, Article 11. Check one: <input type="checkbox"/> Owner of license; <input type="checkbox"/> Employee of license | 3798 | 03/2025 | |
| <input type="checkbox"/> Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-112 through 114. (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 checked="" type="checkbox"/> Licensed Contractor (indicate type) <input type="checkbox"/> B-4 or C-41; <input type="checkbox"/> A, A-12, or L-41; <input checked="" type="checkbox"/> KA or K-41 or K-80 | ROC224763 | 09/2025 | |
| <input checked="" type="checkbox"/> NAWT certified as recognized by ADEQ | | | |
| 5 FACILITY TYPE | | | |
| <input type="checkbox"/> Conventional septic tank/disposal system | | | |
| <input type="checkbox"/> Alternative on-site system (describe): | | | |
| 6 DOCUMENTS CONSULTED | | | |
| Were facility permit, construction and/or operational records available for the inspection? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate below) | | | |
| A) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Construction Authorization (or Provisional Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(1)(c) (File No_____). | | |
| B) <input type="checkbox"/> Yes <input type="checkbox"/> No | Discharge Authorization (or Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(2)(c) (File No_____). | | |
| C) <input type="checkbox"/> Yes <input type="checkbox"/> No | Approval to Construct, Approval of Construction, or other official permitting documents issued by PDEQ before January 1, 2001. If yes, date of issuance _____ | | |
| D) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Site plan, plot plan, "as-built" drawings, or similar documents, describe _____ | | |
| E) <input type="checkbox"/> Yes <input type="checkbox"/> No | Documents relating to operation and/or maintenance (alternative systems) | | |
| F) <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (describe): _____ | | |
| 7 FACILITY INFORMATION | | | |

33 N. STONE AVENUE, SUITE 700, TUCSON, ARIZONA 85701

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REPORT OF INSPECTION

- A) Domestic Water Source:
☐ Municipal System
☐ Private Water Company
☒ Individual Private Well
☐ Shared Private Well
☐ Hauled Water
- B) Approximate Property Size 18 ☐ Square Feet ☒ Acres
- C) Use of Property:
☒ Residential
☐ Other, (describe): _____
- D) Occupancy Use:
☐ Full Time
☐ Seasonal/Part time: About ____ % of year
☐ Intermittent
☒ Vacant
☐ Unknown
- E) Date of last facility inspection and/or pumping of septic tank 2009 ☐ unknown
- F) Any known repairs or alterations to the facility since original installation? ☐ Yes ☒ No ☐ Unknown
- G) 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/estimated/apparent based on (check one):
☒ For a dwelling, number of bedrooms times 150 gallons per day
☐ For a dwelling, fixture count as tabulated in R18-9-A314(4)(a)(i)
☐ Summation of unit flows from Table 1 (if not a dwelling)
☐ Other (describe): _____
- H) Assessment of actual flow versus the design flow indicated above:
☒ 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 greater than number that permitted design flow was based on)
☐ Fixture count
☐ Water meter/usage records
☐ Other
☐ Unknown or could not be determined
- J) Strength of sewage received by on-site wastewater treatment facility:
☒ Appears representative of typical sewage strength
☐ Appears to exceed strength of typical sewage because _____
☐ Appears to be weaker than typical sewage because _____
☐ Unknown or could not be determined

8 GENERAL TREATMENT AND DISPOSAL WORKS INFORMATION

This system consists of the following treatment and disposal technologies (check either column A or column B and all applicable boxes in the selected column).

- | | |
|---|---|
| <p>A) System authorized for construction before January 1, 2001</p> <p><input type="checkbox"/> 1) Conventional system</p> <p style="margin-left: 20px;"> <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 </p> <p><input type="checkbox"/> 2) Composting Toilet</p> <p><input type="checkbox"/> 3) Disposal by Pressure Distribution System</p> <p><input type="checkbox"/> 4) Disposal by Gravelless Trench</p> <p><input type="checkbox"/> 5) Natural Seal Evapotranspiration Bed</p> <p><input type="checkbox"/> 6) Lined Evapotranspiration Bed</p> <p><input type="checkbox"/> 7) Wisconsin Mound</p> | <p>B) System authorized for construction on or after January 1, 2001</p> <p><input checked="" type="checkbox"/> 1) Septic Tank/Conventional Disposal (4.02 GP)</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input checked="" type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit </p> <p><input type="checkbox"/> 2) Composting Toilet (4.03 GP)</p> <p><input type="checkbox"/> 3) Pressure Distribution System (4.04 GP)</p> <p><input type="checkbox"/> 4) Gravelless Trench (4.05 GP)</p> <p><input type="checkbox"/> 5) Natural Seal Evapotranspiration Bed (4.06 GP)</p> <p><input type="checkbox"/> 6) Lined Evapotranspiration Bed (4.07 GP)</p> <p><input type="checkbox"/> 7) Wisconsin Mound (4.08 GP)</p> |
|---|---|

REPORT OF INSPECTION

- ☐ 8) Engineered Pad System
☐ 9) Intermittent Sand Filter
☐ 10) Peat Filter
☐ 11) Textile Filter
☐ 12) Denitrifying System Using Separated Wastewater Streams
☐ 13) Sewage Vault
☐ 14) Aerobic System
☐ 15) Nitrate-Reactive Media Filter
☐ 16) Cap System
☐ 17) Constructed Wetland
☐ 18) Sand-Lined Trench
☐ 19) Disinfection Devices
☐ 20) Surface Disposal
☐ 21) Subsurface Drip Irrigation Disposal
☐ 22) Design flow is equal to or more than 3,000 gpd
☐ 23) Other _____

- ☐ 8) Engineered Pad System (4.09 GP)
☐ 9) Intermittent Sand Filter (4.10 GP)
☐ 10) Peat Filter (4.11 GP)
☐ 11) Textile Filter (4.12 GP)
☐ 12) Denitrifying System Using Separated Wastewater Streams (4.13 GP)
☐ 13) Sewage Vault (4.14 GP)
☐ 14) Aerobic System (4.15 GP)
☐ 15) Nitrate-Reactive Media Filter (4.16 GP)
☐ 16) Cap System (4.17 GP)
☐ 17) Constructed Wetland (4.18 GP)
☐ 18) Sand-Lined Trench (4.19 GP)
☐ 19) Disinfection Devices (4.20 GP)
☐ 20) Surface Disposal (4.21 GP)
☐ 21) Subsurface Drip Irrigation Disposal (4.22 GP)
☐ 22) Combination of the above; design flow between 3000 to 23,999 Gallons Per Day (4.23 GP)

Date of Construction 2009

Date of Discharge Authorization _____

- ☒ Based on permitting documentation
☐ Based on other documentation
☐ Estimated
☐ Not known

9 SEPTIC TANK INSPECTION AND PUMPING INFORMATION (FOR CONVENTIONAL SEPTIC SYSTEMS AND ALTERNATIVE SYSTEMS USING A SEPTIC TANK)

- A) Date of last facility inspection and or pumping of septic tank 2009
 B) Repairs or alterations to the facility since original installation? ☐ Yes ☒ No ☐ Unknown
 C) Is the facility currently being serviced under a maintenance contract? ☐ Yes ☒ No ☐ Unknown
 D) Is the septic tank being 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 ago
☐ Pumping or servicing was not necessary at the time of inspection based on manufacturers written operation and maintenance inspections (probably not applicable to septic tanks, only alternative technologies).
☐ No accumulation of floating or settled waste was present in the septic tank (may be applicable to certain remote or seasonal systems getting little use).
 E) Septic tank material:
☒ Pre-cast concrete
☐ Fiberglass
☐ Plastic
☐ Other
☐ Could not determined
 F) Liquid level in septic tank before pumping:
☒ Normal
☐ Below normal
☐ Above normal
☐ Could Not determined
 G) Access openings in septic tank: ☐ One ☐ Two ☒ Three ☐ None ☐ Not determined
 H) Number of compartments: ☐ One ☐ Two ☒ More than two 3 (number) ☐ Not determined
 I) Capacity of septic tank: 1000 gallons
 Based on:
☒ Measurements
☐ Volume Pumped
☐ Estimate
☐ Capacity could not be determined
 J) Scum/Sludge (measured before pumping)
 i) Tank depth (air-liquid interface to bottom of tank): 4 ft 0 inches

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- ii) Primary (upstream) chamber: Scum depth 0 inches/ Sludge depth 12 inches
 iii) Secondary (downstream) chamber: Scum depth 0 inches/ Sludge depth 0 inches

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

D) Evidence of leakage into septic tank (infiltration)? ☐ Yes ☒ No ☐ Could not be determined

E) Evidence of leakage out of the septic tank (exfiltration)? ☐ Yes ☒ No ☐ Could not be determined

L) Effluent filter: ☒ Present ☐ Not present ☐ Could not be determined ☒ Filter serviced.

L) Repairs or other maintenance done to septic tank? ☒ No ☐ Yes (describe):

10 DISPOSAL WORKS INSPECTION (FOR A SYSTEM UTILIZING CONVENTIONAL DISPOSAL BY TRENCH, BED, CHAMBER TECHNOLOGY, OR SEEPAGE PIT)

A) Disposal is by:

- ☐ Trench
☐ Bed
☐ Trench
☒ Chamber Technology
☐ Seepage Pit
 No. of pits ☐ Not Known
☐ Not known 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
☐ 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 (Please note component type, whether opened for observation, and condition functionality)

E) Are inspection ports present in disposal field? ☐ No ☒ Yes ☐ Not determined

i) If yes, number of functional ports: 2.

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

| | Port 1 | Port 2 | Port 3 | Port 4 |
|-----------------------------|--------|--------|--------|--------|
| Port Bottom | 4' | 4' | | |
| Wastewater (liquid) surface | - | - | | |

F) Is a reserve disposal area available? ☐ Yes ☐ No ☒ Unknown or could not be determined

G) Repairs or other maintenance done to disposal works? ☒ No ☐ Yes (Describe)

11 OTHER COMPONENTS/APPURTENANCES (USE THIS SECTION FOR ALTERNATIVE SYSTEMS ONLY)

A) Is there a pump chamber? ☐ Yes ☒ No ☐ Not determined

i) If pump chamber exists, was maintenance performed? ☐ No ☐ Yes (describe)

ii) If pump chamber exists, were repairs performed? ☐ No ☐ Yes (describe)

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B) Is there a pump or pumps? ☐ Yes ☐ No ☐ Not determined

i) If yes, number of pumps:

ii) If pump(s) exist, was maintenance performed? ☐ No ☐ Yes (describe)

iii) If pump(s) exist, were repairs performed? ☐ No ☐ Yes (describe)

C) Are there system controls (pumps, alarms, fluid level controls, etc.)? ☐ Yes ☐ No ☐ Not determined

i) If yes, describe controls: **Alarm for aerator**

ii) If system controls exist, was maintenance performed? ☐ No ☐ Yes (describe)

Checked for proper operation

iii) If system controls exist, were repairs performed? ☐ No ☐ Yes (describe)

D) Were system settings checked? ☐ No ☐ Yes (settings OK) ☐ Yes (settings adjusted, describe)

E) Are there other mechanical components or appurtenances? ☐ Yes ☐ No ☐ Not determined

i) If yes, describe mechanical components and appurtenances:

ii) If mechanical components and appurtenances exist, was maintenance performed? ☐ No ☐ Yes (describe)

iii) If mechanical components and appurtenances exist, were repairs performed? ☐ No ☐ Yes (describe)

F) Other alternative system components inspected, test conducted, or maintenance or repair performed? ☐ No ☐ Yes (describe)

Chlorintor. No chlorine

12 PUMPING AND SERVICING

A) ☒ Each septic tank or other wastewater treatment container on the property was pumped or otherwise serviced to remove, to the maximum extent possible, solid, floating, and liquid waste accumulations.

B) ☐ Pumping or servicing was not performed for one of the following reasons (check one):

i) ☐ A Discharge Authorization for the on-site wastewater treatment facility was issued and the facility was put into service within 12 months before the transfer of ownership inspection,

ii) ☐ Pumping or servicing was not necessary at the time of the inspection based on the manufacturer's written operation and maintenance instructions

iii) ☐ No accumulation of floating or settled waste was present in the septic tank or wastewater treatment container


13 OTHER INFORMATION

Is other information attached? ☐ No ☐ Yes: Total number of pages attached _____.

14 INSPECTOR'S CERTIFICATION

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 inspection report 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. This report does not imply nor guarantee any future performance of this facility in any way.

INSPECTOR SIGNATURE:

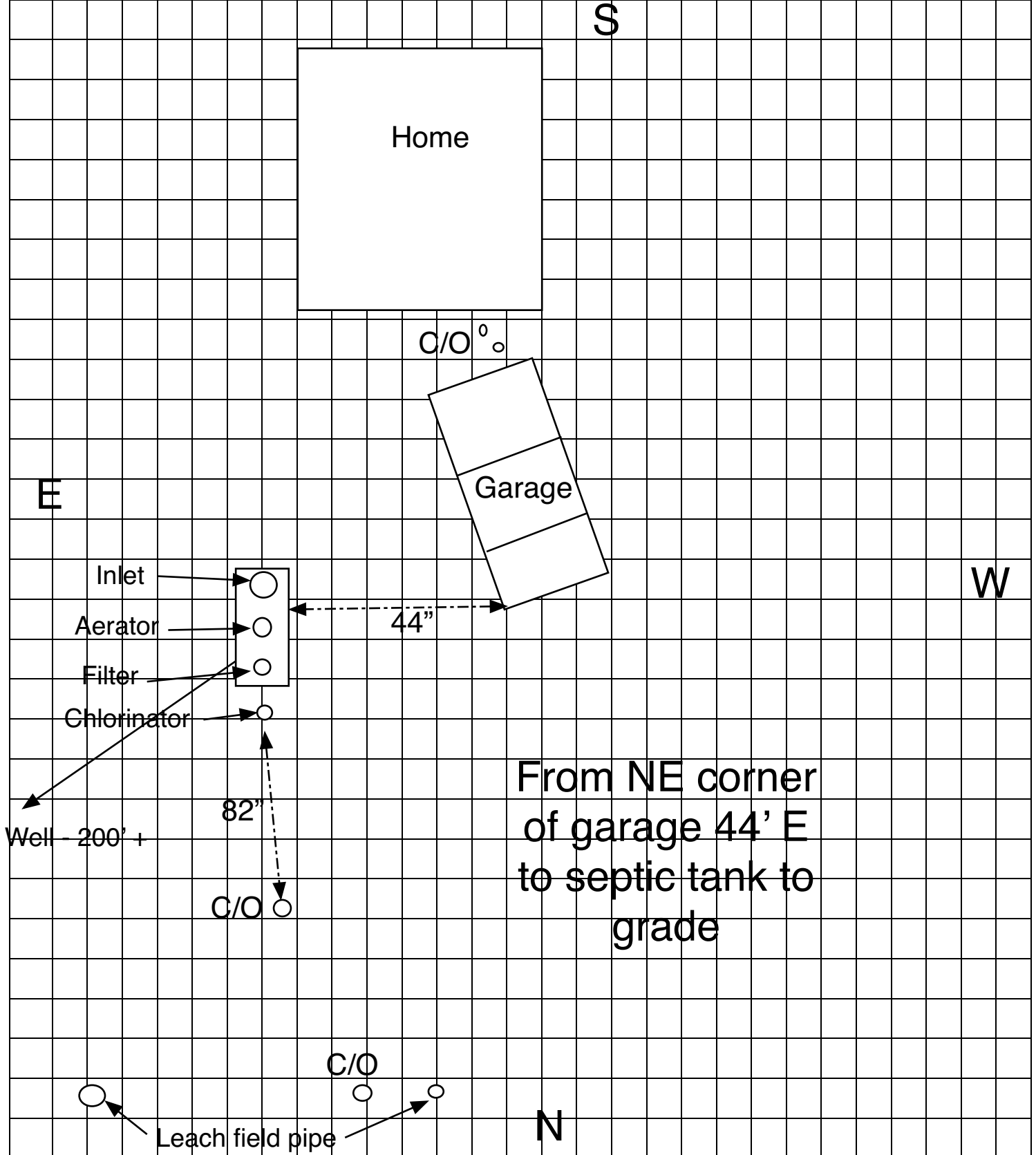


DATE OF INSPECTION:

11/21/2024

18301 S Sonoita Highway

15 SKETCHES/PLANS/MAPS



THIS SHEET MAY BE USED FOR ADDITIONAL INFORMATION AS REQUIRED. PLEASE REFERENCE THE ITEM NUMBER ON REPORT OF INSPECTION.

Pump tank every three years