



Cave Creek Septic
35355 N 53rd Place, Cave Creek, Arizona 85331 United States
(602) 550-2022

BILL TO

Gary Annette
18212 North 43rd Place
Phoenix, AZ 85032 USA

INVOICE
20335566

INVOICE DATE
Feb 07, 2025

JOB ADDRESS

Gary Annette
18212 North 43rd Place
Phoenix, AZ 85032 USA

Completed Date: 2/7/2025

Payment Term: Due Upon Receipt

Due Date: 2/7/2025

DESCRIPTION OF WORK

ADEQ septic inspection on a 1250 gallon system.

System passed water test.

Inlet baffle needs to be replaced.

Laundry is not connected to septic system and is being discharged to the lawn area in the backyard. Gray water is allowed to be discharged to the surface Al's long as it absorbs within 12 hours and there isn't any staying water longer then a 12 hour period.

Paying with card.

TASK	DESCRIPTION	QTY	PRICE	TOTAL
inspection1250	inspection for a 1250 gal tank no digging involved	1.00	\$950.00	\$950.00
Credit Card Fee	This is a 3.5% charge	1.00	\$33.00	\$33.00


PAID ON	TYPE	MEMO	AMOUNT
2/7/2025	Visa		\$983.00

POTENTIAL SAVINGS	\$0.00
SUB-TOTAL	\$983.00
TAX	\$0.00
TOTAL DUE	\$983.00
PAYMENT	\$983.00
BALANCE DUE	\$0.00

Thank you for choosing Cave Creek Septic


CUSTOMER AUTHORIZATION

This invoice is agreed and acknowledged. Payment is due upon receipt. A service fee will be charged for any returned checks, and a financing charge of 1% per month shall be applied for overdue amounts.

Sign here  Date 2/7/2025

CUSTOMER ACKNOWLEDGEMENT

I find and agree that all work performed by Cave Creek Septic has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor.

Sign here  Date 2/7/2025



Cave Creek Septic
35355 N 53rd Place, Cave Creek, Arizona 85331 United States
(602) 550-2022

BILL TO

Gary Annette
18212 North 43rd Place
Phoenix, AZ 85032 USA

ESTIMATE
20367822

ESTIMATE DATE
Feb 07, 2025

JOB ADDRESS

Gary Annette
18212 North 43rd Place
Phoenix, AZ 85032 USA

Job: 20335566

ESTIMATE DETAILS

Inlet baffle : Dig inlet side of tank.
Remove all concrete baffle and replace with new plastic baffle.

SERVICE	DESCRIPTION	QTY	PRICE	TOTAL
inlet	1 Inlet baffle	1.00	\$1,200.00	\$1,200.00

POTENTIAL SAVINGS	\$0.00
SUB-TOTAL	\$1,200.00
TAX	\$0.00
TOTAL	\$1,200.00

Thank you for choosing Cave Creek Septic

CUSTOMER AUTHORIZATION

THIS IS AN ESTIMATE, NOT A CONTRACT FOR SERVICES. The summary above is furnished by Cave Creek Septic as a good faith estimate of work to be performed at the location described above and is based on our evaluation and does not include material price increases or additional labor and materials which may be required should unforeseen problems arise after the work has started.

I understand that Cave Creek Septic is not responsible for; removal of obstructions for access such as trees, walls, pavers, curbs etc. We are not responsible for final landscaping restoration, we will not return to fill or grade site settling issues if they occur, we are not responsible for repairing or repair costs of secondary utility lines such as; power, gas or irrigation lines etc.

Cave Creek Septic Service estimate disclosures:

Owner must supply water for dust control per Maricopa County Specs. Proposal is pending final design. Owner must provide

an updated site plan and floor plans. Price is subject to change if the engineer or Maricopa County changes the design and the Owner will be responsible for any additional engineering cost or permitting fees. Anything not detailed in this proposal is excluded from the contract. All landscaping services are excluded from this proposal. Cave Creek Septic Service is not responsible for undiscoverable conditions or any buried materials or utilities.

Balance due in full at completion of job. (Discharge authorization from county) *Unless prior written arrangements have been made for payment with authorized signature. Credit Card Payments accepted with a 3.5% processing fee added to total contract amount. (Material prices and overall prices are subject to change after 14 days of the original estimate)

** JOBS TOTALING MORE THAN \$10,000.00 OR MORE WILL HAVE A MECHANICS LEIN PLACED ON THE PROPERTY. (LEIN WILL BE REMOVED WHEN FIANL PAYMENT HAS BEEN RECEIVED)

** JOBS TOTALING \$20,000.00 OR MORE ARE SUBJECT TO TWENTY FIVE PERCENT (25%) PROGRESS PAYMENT DUE AT TANK DELIVERY.

Owner hereby acknowledges and agrees to assume all responsibility and risk thereof. Owner shall furnish any necessary variances that may be required by any applicable building or zoning ordinances and associated permits and fees. Contractor is not responsible for weather delays or acts of God. Additional costs for weather delays will be the sole responsibility of the property owner. Your septic system should always remain clear from vegetation. Roots will reduce the life of a septic system. If septic system is installed near vegetation, we recommend removal of all vegetation.

The contract is not binding upon Contractor unless and until same is accepted by an officer or agent thereof. Copies of Contract do not require acceptance. This agreement constitutes the entire Contract of the parties, and the parties are not bound by and oral expression, statement or representation which may be made by any salesman, employee or representative purporting to act for or on behalf of Contractor which is not recited herein.

It is agreed that this Agreement shall be governed by, construed, enforced in accordance with the laws of the State of Arizona. This agreement shall be bind and inure to the benefit of the respective heirs, personal representatives, successors and assigns of the parties. All delinquent accounts will be subject to a 1-1/2% per Month finance charge on unpaid balances. This charge is computed at an annual percentage rate of 18% on the total past due balance. In the event that any action is filed by Contractor in relation to this agreement, the Contractor shall be entitled to an award for any collection and attorney's fees and costs.

BY SIGNING YOU AGREE TO THE FULL TERMS AS THEY ARE DEFINED IN THIS AGREEMENT.

Sign here

Date



7100 E. Cave Creek Rd. #111
Cave Creek Arizona 85331
602-550-2022

**COMPANY DISCLAIMER
ADDRESS
18212 N 43rd Place
Phoenix Az. 85032**

Based on what we were able to observe and our experience with onsite wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report based on the present condition of the onsite wastewater treatment system. Cave Creek Septic Service has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future.

Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of a wastewater treatment system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer.

Ed Karp Inspector DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the wastewater treatment system or this report. We are also not ascertaining the impact the system is having on the environment. We highly recommend that the property buyer calls Cave Creek Septic Service before closing with any questions or concerns they may have from this report.



Septic Inspection Worksheet
Job site address

Inspector

1. Flow line Tank Size Compartment 1. 2.
2. Tank Material Concrete. Plastic Fiberglass
3. Baffle Tee material Plastic. Concrete Tank Baffle Yes. No
4. Depth of soil cover WATER TEST PASS. FAIL
5. Risers Yes No
6. Clean outs Yes No
7. Well Yes No Distance
8. Number of bedrooms 1 2 3 4 5 6
9. Scum thickness. Inlet Outlet
10. Sludge thickness. Inlet Outlet
11. Filter present. Yes No Serviced Yes. No
12. Roots. Yes. No
13. Cracks in tank Yes No
14. Corrosion Yes No
15. Inspection ports. YES. NO. How many

**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 and 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.

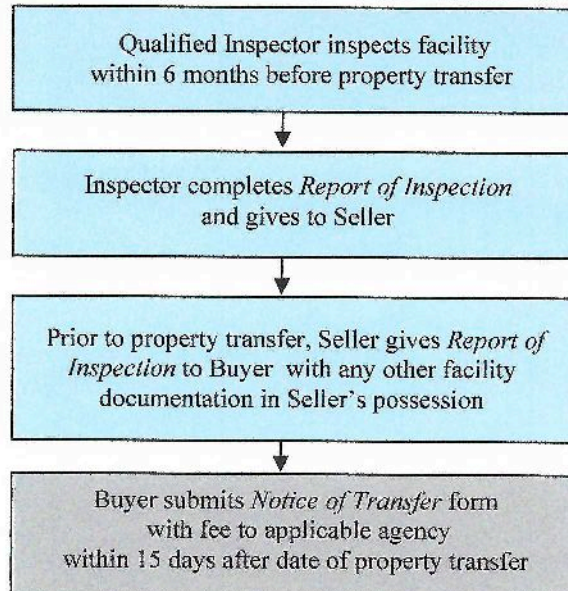


Figure 1. Flowchart of Notice of Transfer Process

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: 18212 N 43rd Place City: Phoenix County: Maricopa
Seller/Transferor Name: Arnett Family Trust
Seller/Transferor Address: Same City: _____ State: _____ ZIP Code: _____

Inspector Information

Inspector Name: Kurtis Bell NAWT (1486ITC)
Company Address: 7100 E Cave Creek Rd City: Cave Creek State: AZ ZIP Code: 85331
Company Name: Cave Creek Septic

Inspector qualifications and proof of training:

Check all that apply and provide answers as needed.

☒ ADEQ-Recognized Course: NAWT 1486ITC Date Completed: 8/26/2023

☐ 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: _____

Employee Name Performing Inspection: Kurtis Bell NAWT 1486ITC

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: [Signature] DATE: 02/07/2025

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: 63 years

If estimated, explain how it was determined: Based off age of the home

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 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: 600 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: 4
 - ☐ Fixture count for a dwelling: _____
 - ☐ 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: _____

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) _____

- ☒ Primary (inlet) chamber: Scum thickness 6 inches, Sludge thickness 10 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? Cave Creek septic

License number issued by ADEQ: NV-21-0017

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. 2/7/2025

E) The Capacity of the septic tank is 1250 gallons, based on: ☒ Measurement/dimensions of tank: 52 inch flow line
☒ 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: UNKNOWN

Method of distribution

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

Was the distribution component inspected? ☐ Yes ☒ No

What 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: _____

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

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

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

Was an operational (hydraulic load) test performed on the disposal works? ☐ Yes ☒ No

Was 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:

Inlet baffle needs to be replaced

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: 

Date: 02/07/2025

Printed name: Kurtis Bell

5. Alternative System

Alternative System should be evaluated by a qualified Inspector (A.A.C. R18-9 A316.B.1 through B.3) that possesses sufficient knowledge or has been trained by the product manufacturer to allow access to their systems without voiding the warranties.

Qualified Inspector: _____

Name of Manufacturer: _____

Model/Capacity: _____

Alternative System Information:

Type of Treatment Equipment Present: _____

Aerator is working properly? ☐ Yes ☐ N/A ☐ No (explain in comments)

System appears to have been properly maintained? ☐ Yes ☐ No (explain in comments)

Pump Systems ☐ Yes ☐ No

Functionality:

Is pump operating properly? ☐ Yes ☐ No

High Level Alarm Works? ☐ Yes ☐ No

Alarms and pumps on separate circuits? ☐ Yes ☐ No

Is pump wiring protected? ☐ Yes ☐ No

Both Audible and visual alarm present? ☐ Yes ☐ No

Pump Cycle operating as designed? ☐ Yes ☐ No

Is there a riser to grade with secure lid? ☐ Yes ☐ No

Is tank watertight and structurally sound? ☐ Yes ☐ No

Is there a Check Valve & Purge/Vent Hole ☐ Yes ☐ No

Inspectors comments:

5.1. Alternative System Disposal Works

Was the location of the disposal works determined?

☐ Yes (see location on sketch found on page)

☐ No Explain: _____

Disposal works please indicate type:

☐ Trench ☐ Bed ☐ Chamber ☐ Seepage pit

☐ Drip ☐ Low Pressure Pipe

Method of distribution

☐ Diversion valve ☐ Drop box ☐ Distribution box ☐ Manifold ☐ Serial loading

☐ Pressurized ☐ Unknown ☐ Other

If other than operational, (Explain): _____

i) Was the distribution component inspected?

☐ Yes, describe method used: _____

☐ No (Explain): _____

ii) Operational status of component: ☐ Operational ☐ Operational with concerns ☐ Not Operational

☐ Could not be determined (Explain): _____

What 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: _____
- ii) Indicate depth (in inches) of liquid in each port (point of reference would be grade):
- | | | | |
|--------------|--------------|--------------|--------------|
| _____ Port 1 | _____ Port 2 | _____ Port 3 | _____ Port 4 |
| _____ Port 5 | _____ Port 6 | _____ Port 7 | _____ Port 8 |

Was an operational (water loading) test performed on the disposal works?

☐ Yes ☐ No (Explain):

Was there evidence of a disposal works deficiency? ☐ Yes ☐ No

(check all applicable deficiencies observed, describe all 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 (soil treatment area) or from inspection ports
- ☐ Unusually lush vegetation over disposal works (soil treatment area)
- ☐ Erosion over disposal works (soil treatment area) or unusual settling
- ☐ Ponding water in the distribution media
- ☐ Animal intrusion
- ☐ Operational (water loading) test failure
- ☐ Other problems (describe): _____
- ☐ Could not determine (Explain): _____

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

Physical and operational condition of the disposal works, at time of inspection, appeared to be:

☐ Operational ☐ Operational with Concerns ☐ Not Operational

Note: some repairs may require Construction Authorization from your local agency or ADEQ.

Describe the process used and other inspector comments:

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: [Signature]
Printed name: Kurtis Bell

Date: _____

Alternative System Inspector:

Organization Responsible for Completing Inspection: _____

Contact Name: _____ Phone: _____

Email: _____

Signature: _____ Date: _____



Feature Information

(1 of 2)

Clear ?

215-14-208

Owner Information

Owner Name: ARNETT FAMILY TRUST
In Care Of: ARNETT GARY JAMES TR
Property Address: 18212 N 43RD PL PHOENIX 85032
Mailing Address: 18212 N 43RD PL PHOENIX AZ USA 85032
Deed Number: 20220357905
Sale Date:
Sale Price: \$

Property Information

Lat/Long: 33.652118, -111.988910
S/T/R: 31.4N 4E
Jurisdiction: PHOENIX
PUC: 0131
Lot Size (sq ft): 9,906
MCR #: 86-27
Subdivision: VILLA THERESA AMENDED
Lot #: 108
Tract/Block: /
Floor: 1
Construction:

Home FAQ Contact Us Help Version 3.0

Basemaps

Current Basemap(s):



2025 Aerials
(flown:)

Available Basemap Options:



2024 Aerials
(flown: 10/2023-



2023 Aerials
(flown: 10/2022-



2022 Aerials
(flown: 10/2021-



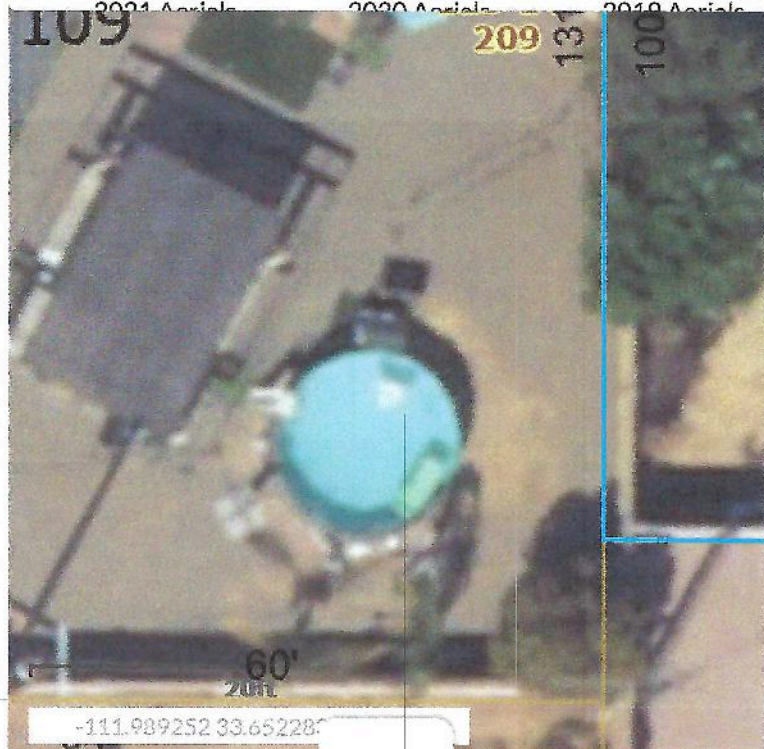
2021 Aerials



2020 Aerials



2019 Aerials





N 43RD PL

E VILLA MARIA

N 43RD PL



**WATER & WASTE MANAGEMENT DIVISION
ONSITE WASTEWATER PROGRAM**
301 West Jefferson Street, Suite 170
Phoenix, AZ 85003
Phone: (602) 506-6666 | Fax: (602) 506-6925
SepticQuestions@maricopa.gov | esd.maricopa.gov

**NOTICE OF TRANSFER OF OWNERSHIP
FOR AN ONSITE WASTEWATER TREATMENT FACILITY**

1 Property Information (All fields are required)			
Address 18212 N. 43RD PL.		County Maricopa	
		Tax Parcel No. 215-14-208	
City Phoenix	Zip 85032	<input checked="" type="checkbox"/> Residential property, or <input type="checkbox"/> Non-residential property	
2 Transferor/Seller/Former Owner of Property (All fields are required)			
Name Arnett Family Trust			
Mailing Address same			
City	State	Zip	
Phone No.	Fax	Email	
3 Transferee/Buyer/New Owner of Property (All fields are required)			
Name			
Mailing Address			
City	State	Zip	
Phone No.	Fax	Email	
<input type="checkbox"/> Transferee/Buyer must check this box if the On-site Wastewater Treatment Facility is Exempted From Inspection			
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, Maricopa County, 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.			
4 Inspector Information (All fields are required)			
Inspector Name	Kurtis Bell	NAWT Inspector No.	1486ITC
Company Name	Cave Creek Septic		
Address	7100 E Cave Creek Rd		
	Cave Creek Az. 85331		
Phone No.	602-550-2022	Fax	Email cavecreekseptic@gmail.com
5 Date of Facility Construction (Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)			
<input checked="" 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, Maricopa County			
Department Use Only		Date Stamp	
Check # and Amount			
Date Completed/By			
File Number			

File Number

6 Facility Type (Refer to Item 7 of the REPORT OF INSPECTION form)
<input checked="" 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)
7 Inspection Information (Copy all required information from the REPORT OF INSPECTION form)
Date of Inspection (from Item 13 of Report of Inspection form): <u>02/07/2025</u> Design flow of facility (from Item 6E of Report of Inspection form): <u>450</u> gallons per day Please indicate any file number/dates as indicated in Item 5 of Report of Inspection form: <input type="checkbox"/> Discharge Authorization issued on or after January 1, 2001 (Item 5A of Report of Inspection form): File No. _____ Date issued: _____, or <input type="checkbox"/> Approval of Construction or other permitting document issued by ADEQ or Maricopa County before January 1, 2001 (Item 5B of Report of Inspection 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 Report of Inspection form)? <input checked="" 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 Report of Inspection form)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8 Form Submittal and Buyer/Transferee Advisory (All information is required)
<input type="checkbox"/> Date of property transfer (closing date): _____ <input type="checkbox"/> Date of submittal of this Notice of Transfer form: _____ <input type="checkbox"/> Check this box to confirm the \$50 filing fee is being submitted with this Notice of Transfer 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): _____
9 Certification/Signature (All information is required)
<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: _____

The Notice of Transfer will be complete once payment has been made.