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Arizona Department of Environmental Quality

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.**

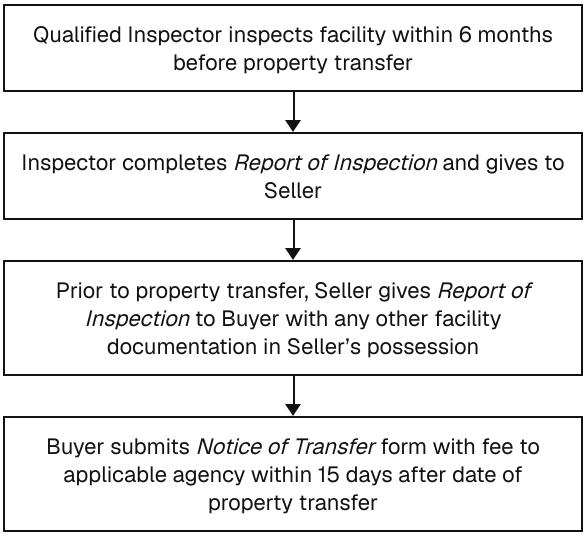

Figure 1. Flowchart of Notice of Transfer Process

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.

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TAX PARCEL NO. DATE OF INSPECTION: Initials of Inspector _____

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: _____ City: _____ County: _____

Seller/Transferor Name: _____

Seller/Transferor Address: _____ City: _____ State: _____ ZIP Code: _____

Inspector Information

Inspector Name: _____

Company Address: _____ City: _____ State: _____ ZIP Code: _____

Company Name: _____

Inspector qualifications and proof of training:

Check all that apply and provide answers as needed.

☐ ADEQ-Recognized Course: _____ Date Completed: _____

☐ Professional Engineer *(Expiration date: _____)*

☐ Registered Sanitarian *(Expiration date: _____)*

☐ Wastewater Treatment Plant Operator *(Grade: _____)*

☐ Arizona Licensed Contractor for License Category: _____

☐ Owner of pumper truck and ADEQ Truck Registration No: _____

Employee Name Performing Inspection: _____

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: _____ DATE: _____

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TAX PARCEL NO. DATE OF INSPECTION: Initials of Inspector _____

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: _____

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

Age of inspected Onsite Wastewater Treatment Facility: _____ years

If estimated, explain how it was determined: _____

Onsite Wastewater Treatment Facility

Septic Tank Condition: (for details, see Sections 3 and 4)	◯ Operational	◯ Operational with concerns	◯ Not Operational
Disposal Works Condition: (for details, see Sections 4.1)	◯ Operational	◯ Operational with concerns	◯ Not Operational
Alternative System - Onsite System Condition: (for details, see Section 5)	◯ Operational	◯ Operational with concerns	◯ Not Operational
Alternative Disposal Works Condition: (for details, see Section 5.1)	◯ Operational	◯ Operational with concerns	◯ Not Operational

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:

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

☐ GP 4.03 Composting Toilet

☐ 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)

Is there a current Performance Assurance Plan?
◯ Yes ◯ No

3. Design Flow and Septic Tank Sizing

A) Estimated Design Flow: _____ 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: _____
  - ☐ 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 _____ inches, Sludge thickness _____ 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? _____

License number issued by ADEQ: _____

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. _____

E) The Capacity of the septic tank is _____ 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

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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:

_____

_____

_____

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: _____

Printed name: _____

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 _____

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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: _____ Date: _____

Printed name: _____

Alternative System Inspector:

Organization Responsible for Completing Inspection: _____

Contact Name: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

REQUIRED SKETCH OF ONSITE WASTEWATER TREATMENT FACILTY:

For reproducible results, show dimensions from structures that will not change, such as corners of the house. Triangulation may be used. Include measurements from property lines. All labeling must be legible. Show details, such as the road and North arrow, in relation to building corners to get the correct orientation. Show all located components. **An acceptable As Built or Record Drawing can be substituted**.