PDEQ Pima County Department of Environmental Quality

INSTRUCTIONS FOR A

REPORT OF INSPECTION

FOR AN ON-SITE WASTEWATER TREATMENT FACILITY

INSTRUCTIONS

Within six months before the date of a property transfer, the person who is transferring a property served by an on-site wastewater treatment facility (conventional or alternative) shall retain a qualified inspector to perform a transfer of ownership inspection of the on-site wastewater treatment facility (see Figure 1). The ***Report of Inspection*** form shall be completed by the inspector, who shall give it to the person transferring the property in accordance with Arizona Administrative Code (A.A.C.) R18-9-A316 and Pima County Code 7.21.050.

The person transferring the property shall provide to the person to whom the property is transferred (buyer) the completed ***Report of Inspection*** form and any other documents in the person's possession relating to permitting, operation, and maintenance of the on-site wastewater treatment facility.

The person transferring the property shall submit a copy of the ***Report of Inspection*** form and a $50.00 fee to PDEQ. The ***Report of Inspection*** form and the Fee should be submitted to the Pima County Development Services Department's Septic counter located at 201 N. Stone Avenue, Tucson, Arizona 85701.

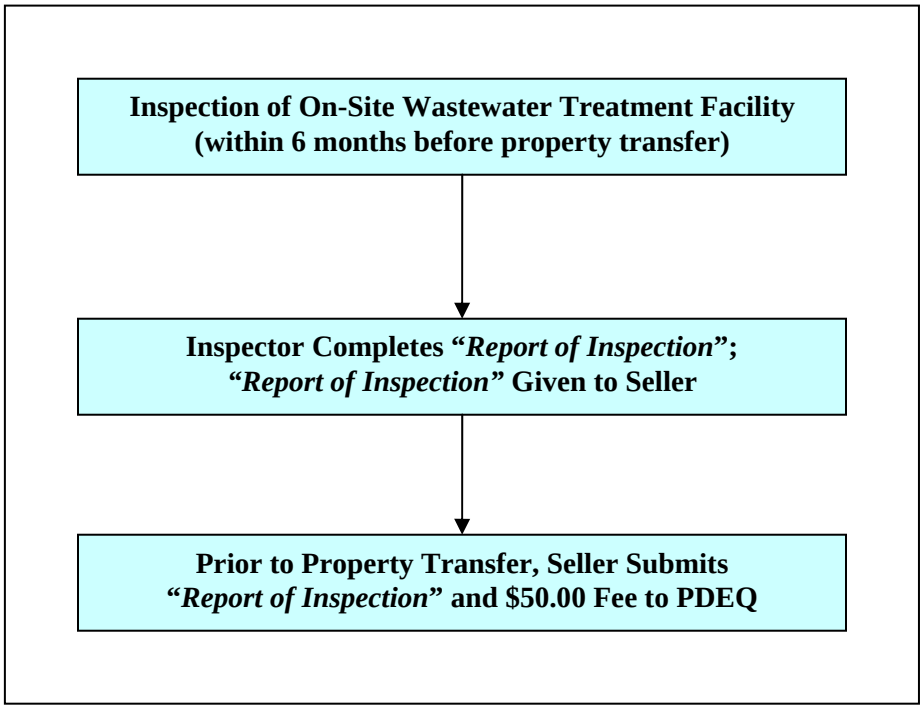

Figure 1. *Report of Inspection* Process Flowchart.

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REPORT OF INSPECTION

FOR AN ON-SITE WASTEWATER TREATMENT FACILITY

1 PROPERTY INFORMATION

Address _____ County _____

City _____ Tax Parcel No. _____

State _____ Zip _____ ☐ Residential ☐ Non-residential

2 CURRENT OWNER INFORMATION

Name _____

Mailing Address _____

_____

City _____ State _____ Zip _____

3 INSPECTOR INFORMATION

Name _____

Company Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

4 INSPECTOR QUALIFICATIONS (CHECK APPLICABLE BOX)

Description of Qualifications	Reference Number	Expiration Date
☐ 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: ☐ Owner of license; ☐ Employee of license		
☐ Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-112 through 114. (indicate type): ☐ Grade 1; ☐ Grade 2; ☐ Grade 3; ☐ Grade 4		
☐ Arizona Registered Sanitarian		
☐ Arizona Professional Engineer		
☐ Licensed Contractor (indicate type) ☐ B-4 or C-41; ☐ A, A-12, or L-41; ☐ KA or K-41 or K-80		
☐ NAWT certified as recognized by ADEQ		

5 FACILITY TYPE

☐ Conventional septic tank/disposal system

☐ Alternative on-site system (describe):

6 DOCUMENTS CONSULTED

Were facility permit, construction and/or operational records available for the inspection? ☐ No ☐ Yes (indicate below)

A) ☐ Yes ☐ No Construction Authorization (or Provisional Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(1)(c) (File No_____).

B) ☐ Yes ☐ No Discharge Authorization (or Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(2)(c) (File No_____).

C) ☐ Yes ☐ 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) ☐ Yes ☐ No Site plan, plot plan, "as-built" drawings, or similar documents, describe _____

E) ☐ Yes ☐ No Documents relating to operation and/or maintenance (alternative systems)

F) ☐ Yes ☐ No Other (describe): _____

7 FACILITY INFORMATION

A) Domestic Water Source:
- ☐ Municipal System
- ☐ Private Water Company
- ☐ Individual Private Well
- ☐ Shared Private Well
- ☐ Hauled Water

B) Approximate Property Size _____ ☐ 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 _____ ☐ unknown

F) Any known repairs or alterations to the facility since original installation? ☐ Yes ☐ No ☐ Unknown

G) 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/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).

A) System authorized for construction before January 1, 2001

- ☐ 1) Conventional system
  - ☐ Septic Tank
  - ☐ Disposal Trench
  - ☐ Disposal Bed
  - ☐ Disposal by Chamber Technology
  - ☐ Disposal by Seepage Pit
- ☐ 2) Composting Toilet
- ☐ 3) Disposal by Pressure Distribution System
- ☐ 4) Disposal by Gravelless Trench
- ☐ 5) Natural Seal Evapotranspiration Bed
- ☐ 6) Lined Evapotranspiration Bed
- ☐ 7) Wisconsin Mound

B) System authorized for construction on or after January 1, 2001

- ☐ 1) Septic Tank/Conventional Disposal (4.02 GP)
  - ☐ Septic Tank
  - ☐ Disposal Trench
  - ☐ Disposal Bed
  - ☐ Disposal by Chamber Technology
  - ☐ Disposal by Seepage Pit
- ☐ 2) Composting Toilet (4.03 GP)
- ☐ 3) Pressure Distribution System (4.04 GP)
- ☐ 4) Gravelless Trench (4.05 GP)
- ☐ 5) Natural Seal Evapotranspiration Bed (4.06 GP)
- ☐ 6) Lined Evapotranspiration Bed (4.07 GP)
- ☐ 7) Wisconsin Mound (4.08 GP)

- ☐ 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 _____ 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

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 ____ (number) ☐ Not determined

I) Capacity of septic tank: _____ 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: _____ ft _____ inches

ii) Primary (upstream) chamber: Scum depth ____ inches/ Sludge depth ____ inches
iii) Secondary (downstream) chamber: Scum depth ____ inches/ Sludge depth ____ 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: _____.
ii) If yes, indicate (in inches) from top of each port to:

	Port 1	Port 2	Port 3	Port 4
Port Bottom				
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)

_____

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

   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)

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:

15 SKETCHES/PLANS/MAPS

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