

NAME: \_\_\_\_\_

ADDRESS: 3830 W. Josiah Tr.

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: 8-17-20 DRIVER: Chad CASH / CHECK / CC CHECK #: \_\_\_\_\_ AFTER HOURS: Y / N

REQUEST	DESCRIPTION	QTY	PRICE	AMOUNT
	PUMP SEPTIC RISER?			
<input checked="" type="checkbox"/>	OVERAGE PER 100 gal.	1500gal	\$25/100gal	\$375
	PUMP SEEPAGE PIT			
	TREAT SEEPAGE PIT			
<input checked="" type="checkbox"/>	LABOR	3hrs	\$80/hr	240
<input checked="" type="checkbox"/>	INSPECTION / CERTIFICATION	1	\$595.00	\$ 595.00
	BACTERIA TREATMENT			
	ELECTRONIC LOCATE			
	GREASE / GRIT TRAP			
	TAIL PIPE CHECK			
	INSTALL RISER			
	MATERIALS			
	HYDRO JETTING - CAMERA INSPECTIONS			
	ELECTRIC SEWER ROOTERING			
	LIFT STATION			\$1210
	MISCELLANEOUS			

NOTES & TANK LOCATION / DEPTH: <u>Locate &amp; Dig 1st, 2nd, 3rd &amp; 4th Compartment - Lift Station test fail</u>	SUBTOTAL	\$1210.00
<u>Clean 2 1000gal Septic Tanks -</u>	TAXES	
<u>Needs new pump.</u>	TOTAL	

Two tanks in line go 15' W 7' N to inlet from SW corner 3rd is 5' W 2nd compartment

ARE REPAIRS RECOMMENDED? ☐ IS HOMEOWNER AWARE? ☐ IF REQUIRED HAVE PITS BEEN LOCATED? ☐ WERE PICTURES TAKEN? ☐

TERMS: DUE ON RECEIPT - All delinquent accounts will be subject to a 1.5% per month finance charge on unpaid balances. This charge is computed at an annual percentage rate of 18% on the past due balance. All collection costs, court and attorney fees will be paid by purchaser.

**CREDIT CARD PAYMENTS ARE SUBJECT TO A 3% SURCHARGE.**

PLEASE NOTE: COOPERS SEPTIC ASSUMES NO RESPONSIBILITY FOR SUBSEQUENT SITE SETTLING, DAMAGED IRRIGATION LINES OR FINAL LANDSCAPING.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Cooper's Sewer and Drain, Inc.

1256 E. Baseline

Apache Jct., AZ 85219

Phone -- 480-982-7829

Fax -- 480-982-5055

ROC#281872

I have inspected the physical and operational condition of the on-site wastewater treatment facility serving the property at 3830 W. Sosiah Tr. on 8-17-20. I have completed ADEQ's Report of inspection to the best of my knowledge, and have based the information contained in that form on observations and working performance at the time of inspection.

Based on what we were able to observe and our experience with on-site wastewater technology, we submit this on-site wastewater treatment system inspection report based on the present condition of the on-site wastewater treatment system.

Cooper's Sewer and Drain has not been retained to warranty, 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 service, or failures, etc.) which may affect 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, or length of time. Cooper's Sewer and Drain disclaims any warranty, either expressed or implied, arising from the inspection of the wastewater treatment system on this report. We are also not ascertaining the impact the system is having on the environment.

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Seller \_\_\_\_\_ Date \_\_\_\_\_

Seller \_\_\_\_\_ Date \_\_\_\_\_

Please have all parties sign and return this form to Cooper's Sewer and Drain, Inc. by fax 480-982-5055 or by email [sewerboss@aol.com](mailto:sewerboss@aol.com)

**INSTRUCTIONS FOR PREPARING A  
REPORT OF INSPECTION  
FOR AN ON-SITE WASTEWATER TREATMENT FACILITY**

**INSTRUCTIONS**

Any person selling or transferring ownership of a property served by an on-site wastewater treatment facility (including a conventional septic tank system or and alternative on-site 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.

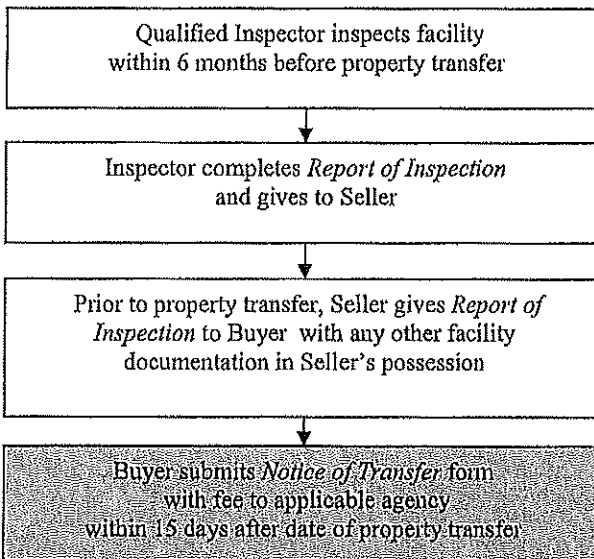
An inspector that is qualified under A.A.C. R18-9-A316, must complete the attached *Report of Inspection* form, and provide it to the seller as required by the Code. If there is more than one on-site system in use on the property, the Inspector shall complete a *Report of Inspection* form for each system.

Before the transfer date (closing date) of the property, the seller shall provide 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 on-site 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 shall submit a complete *Notice of Transfer* form (<http://www.azdeq.gov/environ/water/permits/download/presale.doc>) for the change of ownership, and file 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 February 2, 2007, you may be able to file your *Notice of Transfer* online. Go to the ADEQ web site at <http://www.azdeq.gov/environ/water/permits/onsitenot.html> for further information regarding this.

Qualified inspectors are required to completely and accurately fill out this form to the best of their knowledge.



**Figure 1. Flowchart of Notice of Transfer Process.**



## REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

**1 PROPERTY INFORMATION (All fields are required)**

Address 3830 W. Salsola Trl. County Pinal  
 City Queen Creek Zip 85142 Tax Parcel No. 509.20.009V  
☒ Residential property ☐ Non-residential property

**2 CURRENT OWNER INFORMATION (All fields are required)**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3 INSPECTOR INFORMATION (All fields are required)**

Inspector Name Chad Randall NAWT Inspector No. 14540 ITC  
 Company Name Cooper's Septic  
 Address 1256 E. Baseline  
Apache Jct., AZ 85119

Phone No. 480-982-7829 Fax 480-982-5055 Email administration@coopersseptic.com

**4 INSPECTOR QUALIFICATIONS (Inspectors must fill out Section A, and check at least one box in Section B)**

A. Coursework requirement		
Name of ADEQ-approved Course: <u>NAWT Inspection Training Course</u>		
City where Course was taken <u>Tucson, Arizona</u>		Date Completed: <u>Jan. 28-29<sup>th</sup> 2019</u>
B. License/Registration (check at least one box)		Registration/ License No.
<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. R18-13-1103. Check one: <input type="checkbox"/> Owner of license; <input checked="" type="checkbox"/> Employee of licensed owner		2100
<input type="checkbox"/> Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-101 through 116 (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 type="checkbox"/> Licensed Contractor (indicate type): <input type="checkbox"/> Residential B-4 or C-41; <input type="checkbox"/> Commercial A, A-12, or L-41; or <input type="checkbox"/> Dual KA or K-41		
<input type="checkbox"/> A person qualifying under another category designated by the Department (describe)		

**5 DOCUMENTS CONSULTED (Answer as applicable)**

- Were facility permit, construction and/or operational records available? ☒ No ☐ Yes (indicate below)
- A) ☒ Yes ☐ No Discharge Authorization (or Verification) issued on or after January 1, 2001 pursuant to R18-9-A301(D)(2)(c). If yes, indicate agency File No: \_\_\_\_\_ and date issued \_\_\_\_\_
- B) ☐ Yes ☒ No Approval of Construction issued by ADEQ or its delegated County agency before January 1, 2001. If yes, indicate agency File No. \_\_\_\_\_ and date issued \_\_\_\_\_
- C) ☐ Yes ☒ No Site plan, plot plan, "as-built" drawings, or similar documents (describe): \_\_\_\_\_
- D) ☐ Yes ☒ No Documents relating to operation and maintenance (alternative systems)
- E) ☐ Yes ☒ No Other (describe): \_\_\_\_\_

## 6 SITE AND USAGE INFORMATION (All fields are required)

Daily usage Test  
FAIL

## A) Domestic Water Source:

- ☐ Municipal System  
☒ Private Water Company  
☐ Shared Private Well  
☐ Individual Private Well  
☐ Hauled Water  
☐ No Water

B) Approximate Property Size: 1.25 ☐ Square Feet ☒ Acres

## C) Use of Property:

- ☒ Dwelling or Other Residential  
☐ Other (describe): \_\_\_\_\_

## D) Occupancy/Use:

- ☐ Full Time  
☐ Seasonal/Part time: About \_\_\_\_% of year  
☐ Intermittent  
☐ Vacant  
☒ Unknown

If dwelling, number of bedrooms: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 or more.

Number of on-site systems in use on this property?

- ☒ One (most common) Note: If more than one on-site system is in use on this property, a  
☐ More than one (indicate number): \_\_\_\_ Report of Inspection form should be completed for each system.

E) Estimated 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 or estimated based on (check one):  
☒ For a dwelling, number of bedrooms times 150 gallons per day per bedroom  
☐ For a dwelling, fixture count as tabulated in A.A.C. R18-9-A314(4)(a)(i)  
☐ If not a dwelling, summation of unit flows from Table 1, Unit Design Flows (AAC. R18-9-E323)  
☐ Other (describe): \_\_\_\_\_

## F) Evaluation of actual flow versus the design flow indicated in E:

- ☒ 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 of bedrooms appears greater than number upon which original design may have been based)  
☐ Fixture count  
☐ Water meter/usage records  
☐ Other (describe): \_\_\_\_\_  
☐ Unknown or could not be determined

## G) Strength of sewage received by on-site wastewater treatment facility:

- ☒ Appears representative of typical residential sewage strength  
Includes waste from kitchen garbage disposal?  
☐ Yes ☐ No ☒ Unknown or could not be determined.  
☐ Appears to exceed strength of typical residential sewage because \_\_\_\_\_  
☐ Appears to be weaker than typical residential sewage because \_\_\_\_\_  
☐ Unknown or could not be determined

**7 GENERAL TREATMENT AND DISPOSAL WORKS INFORMATION (Complete either Section A or Section B)**

The system consists of the following treatment and disposal technologies (check either column A or column B, and all applicable boxes in the selected column that describe the overall system).

SECTION A	SECTION B
<input type="checkbox"/> A) System constructed or authorized for Construction BEFORE January 1, 2001	<input checked="" type="checkbox"/> B) System authorized for construction ON OR AFTER January 1, 2001
<input type="checkbox"/> Conventional Septic Tank System <ul style="list-style-type: none"> <li><input type="checkbox"/> Septic Tank</li> <li><input type="checkbox"/> Disposal Trench</li> <li><input type="checkbox"/> Disposal Bed</li> <li><input type="checkbox"/> Disposal by Chamber Technology</li> <li><input type="checkbox"/> Disposal by Seepage Pit</li> <li><input type="checkbox"/> Other:</li> </ul>	<input checked="" type="checkbox"/> GP 4.02 Conventional Septic Tank/ Disposal System <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Septic Tank</li> <li><input checked="" type="checkbox"/> Disposal Trench</li> <li><input type="checkbox"/> Disposal Bed</li> <li><input type="checkbox"/> Disposal by Chamber Technology</li> <li><input type="checkbox"/> Disposal by Seepage Pit</li> </ul>
<b>Alternative Systems (check all that apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Composting Toilet System</li> <li><input type="checkbox"/> Pressure Distribution System</li> <li><input type="checkbox"/> Gravelless Trench</li> <li><input type="checkbox"/> Natural Seal Evapotranspiration Bed</li> <li><input type="checkbox"/> Lined Evapotranspiration Bed</li> <li><input type="checkbox"/> Wisconsin Mound</li> <li><input type="checkbox"/> Engineered Pad System</li> <li><input type="checkbox"/> Intermittent Sand Filter</li> <li><input type="checkbox"/> Peat Filter</li> <li><input type="checkbox"/> Textile Filter</li> <li><input type="checkbox"/> Denitrifying System Using Separated Wastewater Streams (e.g., RUCK®)</li> <li><input type="checkbox"/> Sewage Vault</li> <li><input type="checkbox"/> Aerobic System</li> <li><input type="checkbox"/> Nitrate-Reactive Media Filter</li> <li><input type="checkbox"/> Cap System</li> <li><input type="checkbox"/> Constructed Wetland</li> <li><input type="checkbox"/> Sand-Lined Trench</li> <li><input type="checkbox"/> Disinfection Devices</li> <li><input type="checkbox"/> Surface Disposal</li> <li><input type="checkbox"/> Subsurface Drip Irrigation Disposal</li> <li><input type="checkbox"/> Design flow is 3,000 gpd or more</li> <li><input type="checkbox"/> Other _____</li> </ul>	<b>Alternative Systems (check all that apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> GP 4.03 Composting Toilet System</li> <li><input type="checkbox"/> GP 4.04 Pressure Distribution System</li> <li><input type="checkbox"/> GP 4.05 Gravelless Trench</li> <li><input type="checkbox"/> GP 4.06 Natural Seal Evapotranspiration Bed</li> <li><input type="checkbox"/> GP 4.07 Lined Evapotranspiration Bed</li> <li><input type="checkbox"/> GP 4.08 Wisconsin Mound</li> <li><input type="checkbox"/> GP 4.09 Engineered Pad System</li> <li><input type="checkbox"/> GP 4.10 Intermittent Sand Filter</li> <li><input type="checkbox"/> GP 4.11 Peat Filter</li> <li><input type="checkbox"/> GP 4.12 Textile Filter</li> <li><input type="checkbox"/> GP 4.13 Denitrifying System Using Separated Wastewater Streams</li> <li><input type="checkbox"/> GP 4.14 Sewage Vault</li> <li><input type="checkbox"/> GP 4.15 Aerobic System</li> <li><input type="checkbox"/> GP 4.16 Nitrate-Reactive Media Filter</li> <li><input type="checkbox"/> GP 4.17 Cap System</li> <li><input type="checkbox"/> GP 4.18 Constructed Wetland</li> <li><input type="checkbox"/> GP 4.19 Sand-Lined Trench</li> <li><input type="checkbox"/> GP 4.20 Disinfection Device</li> <li><input type="checkbox"/> GP 4.21 Surface Disposal</li> <li><input type="checkbox"/> GP 4.22 Subsurface Drip Irrigation Disposal</li> <li><input type="checkbox"/> GP 4.23 Design flow from 3,000 to less than 24,000 Gallons Per Day (4.23 GP)</li> </ul>
Date of Construction: _____ Based on: <ul style="list-style-type: none"> <li><input type="checkbox"/> Permitting documentation</li> <li><input type="checkbox"/> Other documentation</li> <li><input type="checkbox"/> Estimated</li> <li><input type="checkbox"/> Unknown Construction Date</li> </ul>	Date of Discharge Authorization for system (or Verification if issued from 1/1/2001 through 12/11/2005): <u>2005</u>

- C) Date of last inspection and/or pumping of septic tank: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ☒ Unknown
- D) Repairs or alterations to the facility since original installation? ☐ Yes ☒ No ☐ Unknown
- E) Is facility currently being serviced under a maintenance contract? ☐ Yes ☒ No ☐ Unknown

**8 SEPTIC TANK INSPECTION AND PUMPING INFORMATION (for Conventional Septic Systems or Alternative Systems that use a Septic Tank)**A) Was the septic tank 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 before inspection
- ☐ Pumping or servicing was not necessary at the time of inspection based on manufacturer's written operation and maintenance instructions (applicable only to alternative technologies).
- ☐ 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).

Additional Information: \_\_\_\_\_

B) Septic tank material: ☒ Pre-cast concrete ☐ Fiberglass ☐ Plastic ☐ Other: \_\_\_\_\_  
☐ Could not be determined

C) Liquid level in septic tank before pumping:

☒ Normal ☐ Below normal ☐ Above normal ☐ Could not be determinedD) Access openings in septic tank: ☐ One ☐ Two ☐ Three ☐ None ☒ Other (describe) \_\_\_\_\_4 openingsE) Number of compartments in septic tank: ☐ One ☐ Two ☒ Other (describe) 2 tank4 compartmentsF) Depth of soil cover over tank access port or riser: 28 inches or \_\_\_\_\_ feetG) Septic tank risers: ☐ Present ☒ Not presentH) Capacity of septic tank: 2000 gallons

Based on:

- ☐ Measurements/dimensions of tank ☒ Volume Pumped ☐ Estimate
- ☐ Capacity could not be determined

I) Scum/Sludge (measured before pumping):

i) Tank depth (air-liquid interface to bottom of tank): 4 ft 3 inchesii) Primary (upstream) chamber: Scum depth 5 inches, Sludge depth 15 inchesiii) Secondary (downstream) chamber: Scum depth 1 inches, Sludge depth 3 inchesJ) Baffle or sanitary "T" material: ☐ Pre-cast concrete ☐ Fiberglass ☒ Plastic ☐ Clay  
☐ Other: \_\_\_\_\_

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

L) Is there evidence of leakage into septic tank (infiltration)? ☐ Yes ☒ No ☐ Could not be determinedM) Is there evidence of leakage out of the septic tank (exfiltration)? ☐ Yes ☒ No  
☐ Could not be determinedN) Is there evidence of: ☐ Root invasion ☐ Cracks in tank ☐ Damaged lids or risers  
☐ Other (describe): \_\_\_\_\_O) Is a sewer line cleanout present between building drain and septic tank? ☒ Yes ☐ No  
☐ Not determinedP) Effluent filter: ☐ Present ☒ Not present ☐ Could not be determined ☐ Filter serviced.Q) Repairs or other maintenance done to septic tank as part of this inspection? ☒ No ☐ Yes  
(describe at Item 12B)

**9 DISPOSAL WORKS INSPECTION** (All fields are required)

A) Disposal is by:

- ☒ Trench  
☐ Bed  
☐ Chamber Technology  
☐ Seepage Pit  
 No. of pits \_\_\_\_\_ ☐ Unknown  
☐ Alternative disposal works technology (provide further details in Item 10E)  
☐ Unknown 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, eroded/damaged containment berm or drainage control feature  
☐ 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

If yes: Type of component:

Opened for inspection? ☐ Yes ☐ NoOperational status? ☐ Functioning properly ☐ Not functioning properly☐ Could not be determined (describe): \_\_\_\_\_E) Are inspection ports present in disposal works? ☐ No ☐ Yes ☒ Not determined

i) If yes, number of functional ports: \_\_\_\_\_

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

	Port 1	Port 2	Port 3	Port 4
Bottom of Port				
Wastewater (liquid) surface				

F) Is a reserve disposal area available? ☐ Yes ☐ No ☒ Unknown or could not be determinedG) Repairs or other maintenance done to disposal works as part of this inspection? ☒ No ☐ Yes  
(describe in Item 12B)



**10 ALTERNATIVE SYSTEMS INSPECTION (ADDENDUM- COMPONENTS AND APPURTENANCES)**A) Are there wastewater-containing tanks or vessels other than a septic tank? ☐ No ☐ Yes

If yes, were tank(s) or vessel(s) pumped as part of this inspection?

☐ Yes☐ No, because the tank or vessel was put into service less than 12 months before inspection.☐ No, because pumping or servicing was not necessary at the time of inspection based on manufacturer's written operation and maintenance instructions.☐ No, because no accumulation of floating or settled waste was present in tank(s) or vessel(s).B) Is there a pump or pumps? ☐ No ☒ Yes (number) 1 ☐ Not determinedC) Are there system controls (switches, alarms, fluid level controls, etc.)? ☐ No ☒ Yes ☐ Not determined

i) If yes, system settings were:

☒ Checked ☐ Not checked ☐ Adjusted (describe): \_\_\_\_\_D) Are there other mechanical components or appurtenances? ☒ Yes ☐ No ☐ Not determinedi) If yes, describe mechanical components and appurtenances: LIFT Station - Disposal

E) Are there any disposal works components other than trench, bed, chamber technology, or seepage pit?

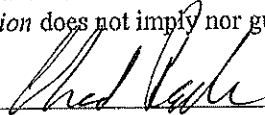
☐ No☐ Not determined☐ Yes (describe): \_\_\_\_\_

F) Describe any tests conducted, maintenance performed (other than pumping or adjustments of system controls), or repairs completed to any of the treatment or disposal components or appurtenances addressed in this Section:

Pump is NO goodG) Repairs or other maintenance done to components/appurtenances as part of this inspection? ☒ No ☐ Yes  
(describe in Item 12B)**11 OTHER COMMENTS****12 INSPECTION SUMMARY (Check All That Apply)**☒ A) Physical and operational condition of the on-site wastewater treatment facility, at time of inspection, appears to be:☐ Functional☐ Functional with concerns☒ Not Functional☐ B) Repairs were made as part of this inspection (describe): \_\_\_\_\_☒ C) Repairs are recommended (describe):New LIFT Station pump**13 INSPECTOR'S CERTIFICATION (Required)**

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 *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.

Inspector's Signature



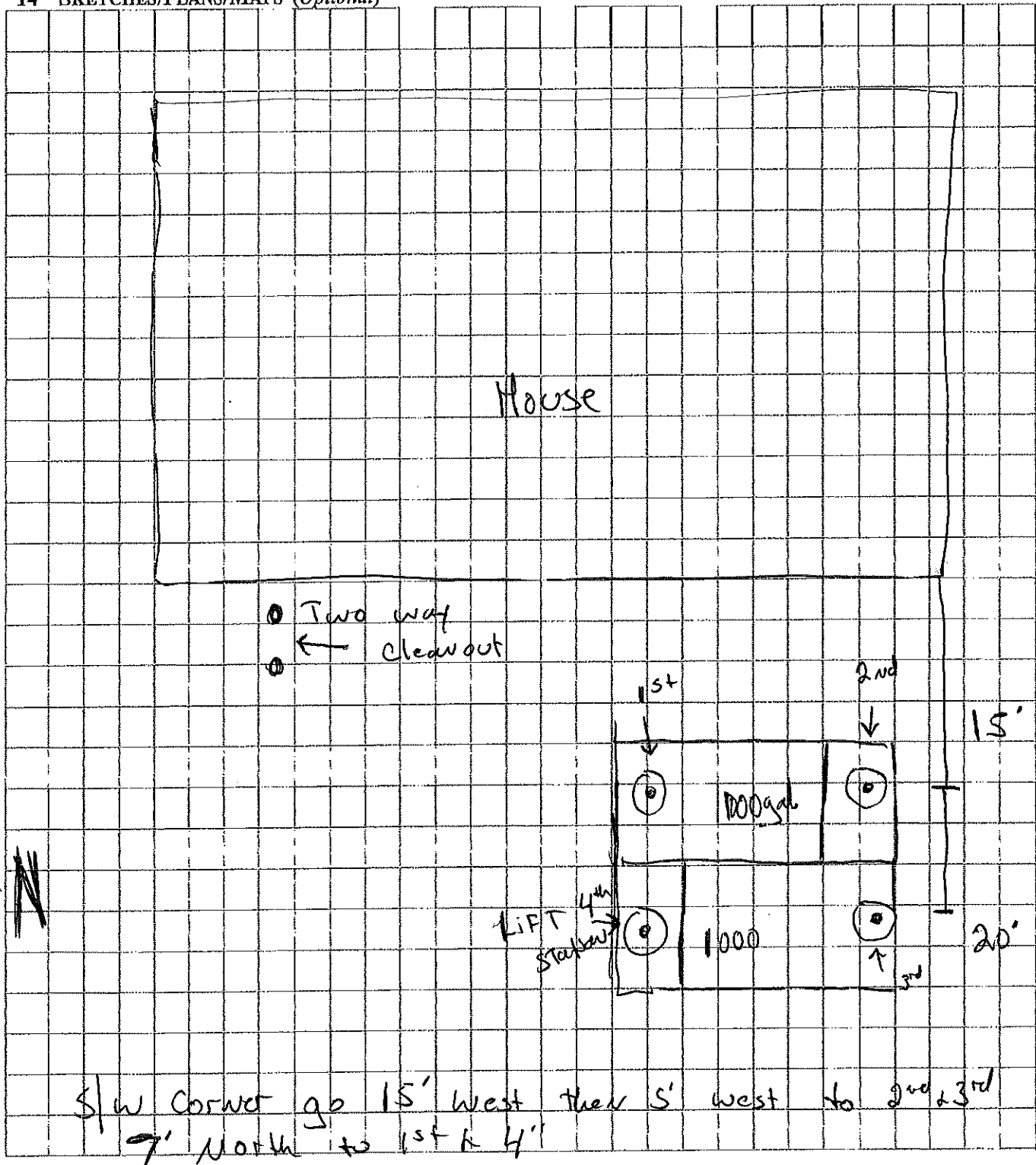
Date of Inspection:

8-17-20**NOTE TO BUYER:**

Within 15 calendar days after the date of property transfer, the Buyer shall submit a complete *Notice of Transfer* form (<http://www.azdeq.gov/environ/water/permits/download/presale.doc>) for the change of ownership, and file 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 February 2, 2007, you may be able to file your *Notice of Transfer* online. Go to the ADEQ web site at <http://www.azdeq.gov/environ/water/permits/onsitenot.html> for further information regarding this.

## 14 SKETCHES/PLANS/MAPS (Optional)



**ENGINEERING REVIEW SECTION**  
INSTRUCTIONS FOR NOTICE OF TRANSFER FOR AN  
ON-SITE WASTEWATER TREATMENT FACILITY

**OVERVIEW OF REQUIREMENTS AND PROCESS**

Any person selling or transferring ownership of a property served by an on-site wastewater treatment facility (including a conventional septic tank system or alternative on-site 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). Typically, such an inspection is triggered by the resale of a home by an owner, whether with or without the assistance of a real estate professional.

The requirement to have the on-site wastewater treatment facility inspected within six months prior to property transfer is a provision of Arizona law, and takes precedence over any conflicting terms that may exist in any contract pertaining to the property transfer.

A person shall not use a cesspool for sewage disposal (per Arizona Administrative Code, A.A.C. R18-9-A309(A)(4)).

**WHAT IS REQUIRED TO TRANSFER OWNERSHIP OF MY ON-SITE FACILITY?**

An inspector that is qualified under A.A.C. R18-9-A316, must complete a *Report of Inspection* form and provide it to the seller as required by the Code. Any significant amount of waste must also be pumped from each tank. If there is more than one on-site system in use on the property, the Inspector shall complete a *Report of Inspection* form for each system.

Before the transfer date (closing date) of the property, the seller shall provide the buyer with the completed *Report of Inspection* form and any other documents they may have in their possession that relate to the permitting or operation and maintenance of the septic tanks systems or alternative on-site wastewater treatment facility.

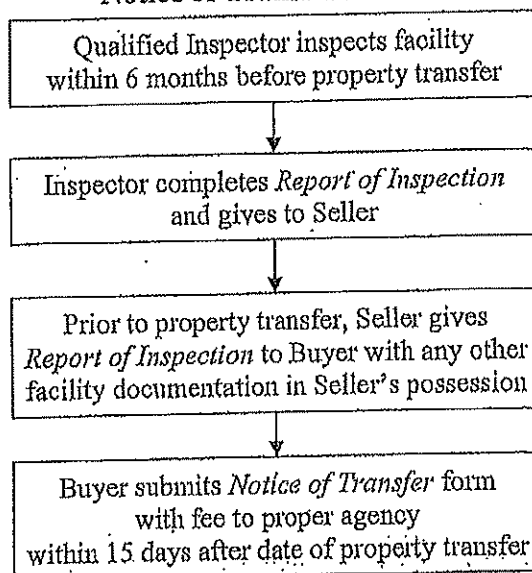
Within 15 calendar days after the date of property transfer, the Buyer shall submit a completed *Notice of Transfer* form for the change of ownership, and file it with the proper agency indicated in the filing instructions.

A qualified inspector will have available a current *Report of Inspection* form.

**FILING BY MAIL** For instructions to submit a *Notice of Transfer* form and fee by mail, see Page ii. Property buyers, or anyone submitting this *Notice of Transfer* form on their behalf, are required to completely and accurately fill out this form to the best of their knowledge.

**FILING ONLINE** You may also file your *Notice of Transfer* online. For further information, go to ADEQ website <http://www.azdeq.gov/environ/water/engineering/not.html>.

**Notice of Transfer Process**



## FILING INSTRUCTIONS

A Notice of Transfer is filed by the property assessor parcel number. A Notice of Transfer is required for each individual parcel and may include information for one or more treatment facilities on the parcel.

A separate transfer fee must be submitted for each parcel. Individual payment for two or more transfer fees will not be accepted and will be returned to the individual or company submitting the payment. The transfer fee is \$50 per parcel, regardless of the number of treatment facilities on the parcel.

When submitting an Onsite Wastewater Septic Treatment Facility Notice of Transfer (NOT) by mail, please complete the entire NOT form. Submittal of the seven-page Report of Inspection is not accepted as the two-page Notice of Transfer form. A Report of Inspection is for the confidential use of the transferor/seller and transferee/buyer. An incomplete form or a payment payable to a county agency received by ADEQ will be returned to the individual or company submitting the Notice of Transfer by mail.

### FILING A NOTICE OF TRANSFER BY MAIL

The *Notice of Transfer* form and fee must be filed with the proper county or state agency when submitting an Onsite Wastewater Septic Treatment Facility *Notice of Transfer* by mail.

#### Pima County

ADEQ does not process Notice of Transfer submittals for properties located in Pima County. Please contact Pima County Development Services for information regarding Notice of Transfer submittals and fees at:

Pima County Development Services  
Septic Counter – Pima County Notice of Transfer  
201 N Stone Avenue  
Tucson, AZ 85701  
(520) 740-6498

#### Navajo County

For properties located in Navajo County, ALL forms and fees for a *Notice of Transfer* are to be submitted to the state agency, Arizona Department of Environmental Quality, and can be filed by mail or filed online. Make payment payable to "ADEQ" and mail with the completed form to the state agency address listed below.

#### All Other Counties

For properties located in all other counties, the proper agency to submit the *Notice of Transfer* form and fee to is determined by the year of construction of the treatment facility.

For a property with a treatment facility constructed Before January 1, 2001, submit the form and fee to the state agency. Make payment payable to "ADEQ" and mail with the completed form to:

Arizona Department of Environmental Quality  
NOT Program – Fifth Floor  
1110 West Washington Street  
Phoenix, AZ 85007

For a property with a treatment facility constructed On January 1, 2001 or After January 1, 2001, submit the form and fee to the county agency in which the property is located. Make payment payable to the proper county agency listed below and mail with the completed form to the appropriate county agency address:

## MAILING ADDRESSES FOR COUNTY AGENCIES

**Apache County Environmental Health Services**  
P.O. Box 697  
St. Johns, AZ 85936  
Tel: (928) 337-7607

**Cochise County Planning, Zoning and Building Safety**  
1415 W. Melody Lane, Bldg. E  
Bisbee, AZ 85603  
Tel: (520) 432-9240

**Coconino County Health Department Environmental Quality Services**  
2500 Ft. Valley Road, Building 1  
Flagstaff, AZ 86001  
Tel: (928) 679-8764

**Gila County Community Development Wastewater Dept**  
608 E. Highway 260  
Payson, AZ 85541  
Tel: (928) 474-9276

**Graham County Health Department**  
826 W. Main  
Safford, AZ 85546  
Tel: (928) 428-1962

**Greenlee County**  
P.O. Box 936  
Clifton, AZ 85533  
Tel: (928) 865-2601

**La Paz County Health Department**  
1112 Joshua Street, #206  
Parker, AZ 85344  
Tel: (928) 669-1100

**Maricopa County Environmental Services**  
1001 N. Central, Suite 695  
Phoenix, AZ 85004  
Tel: (602) 506-6616

**Mohave County Health Department**  
P.O. Box 7000  
Attention: Environmental Health  
Kingman, AZ 86402-7000  
Tel: (928) 757-0901

**Pinal County Environmental Services**  
P.O. Box 2517  
Attention: Septic Transfer  
Florence, AZ 85132-2517  
Tel: (520) 866-6633

**Santa Cruz County Health Department**  
2150 N. Congress Drive  
Nogales, AZ 85621  
Tel: (520) 375-7900

**Yavapai County Development Services Environmental Unit**  
1120 Commerce Dr.  
Prescott, AZ 86305  
Tel: (928) 771-3214

**Yuma County Developmental Services**  
ATTN: Environmental Health Section  
2351 W. 26<sup>th</sup> Street  
Yuma, AZ 85364  
Tel: (928) 817-5084





MARICOPA COUNTY ENVIRONMENTAL SERVICE  
DEPARTMENT WATER & WASTE MANAGEMENT DIVISION  
ONSITE WASTEWATER PROGRAM  
501 North 44th Street, Suite 200, Phoenix, AZ 85008  
Phone: (602) 506-6666 Fax: (602) 506-6925  
Email: [SepticQuestions@mail.maricopa.gov](mailto:SepticQuestions@mail.maricopa.gov)



File Number:

NOTICE OF TRANSFER OF OWNERSHIP  
FOR AN ONSITE WASTEWATER TREATMENT FACILITY

<b>1 Property Information (All fields are required)</b>	
Address <u>3830 W. Josiah Trl.</u>	County <u>Pinal</u>
City <u>Queen Creek</u> Zip <u>85142</u>	Tax Parcel No. <u>509.20.0090</u>
<input checked="" type="checkbox"/> Residential property, or <input type="checkbox"/> Non-residential property	
<b>2 Transferor/Seller/Former Owner of Property (All fields are required)</b>	
Name _____	
Mailing Address _____	
City _____	State _____ Zip _____
Phone No. _____	Fax _____ Email _____
<b>3 Transferee /Buyer/New Owner of Property (All fields are required)</b>	
Name _____	
Mailing Address _____	
City _____	State _____ Zip _____
Phone No. _____	Fax _____ Email _____
<input type="checkbox"/> <b>Transferee/Buyer must check this box if the On-site Wastewater Treatment Facility is Exempted From Inspection</b>	
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.	
<b>4 Inspector Information (All fields are required)</b>	
Inspector Name <u>Chad Randall</u>	NAWT Inspector No. <u>14540 ITC</u>
Company Name <u>Cooper's Septic</u>	
Address <u>1256 E. Baseline</u>	
<u>Apache Jct., AZ 85119</u>	
Phone No. <u>480-982-7829</u>	Fax <u>480-982-5055</u> Email <u>administration@CoopersSeptic.com</u>
<b>5 Date of Facility Construction (Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)</b>	
<input type="checkbox"/> Before January 1, 2001, or	
<input checked="" type="checkbox"/> On or after January 1, 2001 as authorized by ADEQ or its delegated county agency, Maricopa County	
Department Use Only	
Check # and Amount	Date Stamp
Date Completed/By	
File Number	

<b>6</b>	<b>Facility Type (Refer to Item 7 of the REPORT OF INSPECTION form)</b> <input 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 checked="" type="checkbox"/> Alternative on-site system (not common—any system using an alternative technology for treatment or disposal)
<b>7</b>	<b>Inspection Information (Copy all required information from the REPORT OF INSPECTION form)</b> Date of Inspection (from Item 13 of Report of Inspection form): <u>8.17.20</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 checked="" 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: <u>2</u> 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
<b>8</b>	<b>Form Submittal and Buyer/Transferee Advisory (All information is required)</b> <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: _____ <input type="checkbox"/> Escrow Officer/Title Company, or <input type="checkbox"/> Other (indicate): _____ Relationship of submitter : _____
<b>9</b>	<b>Certification/Signature (All information is required)</b> <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: _____

If you file your Notice of Transfer by email, once processed by the Department, you will receive an email with instructions and options for payment of the Notice of Transfer \$50 filing fee. The Notice of Transfer will be complete once payment has been made. Checks must be made payable to Maricopa County Environmental Services Department (M.C.E.S.D.).