

**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.

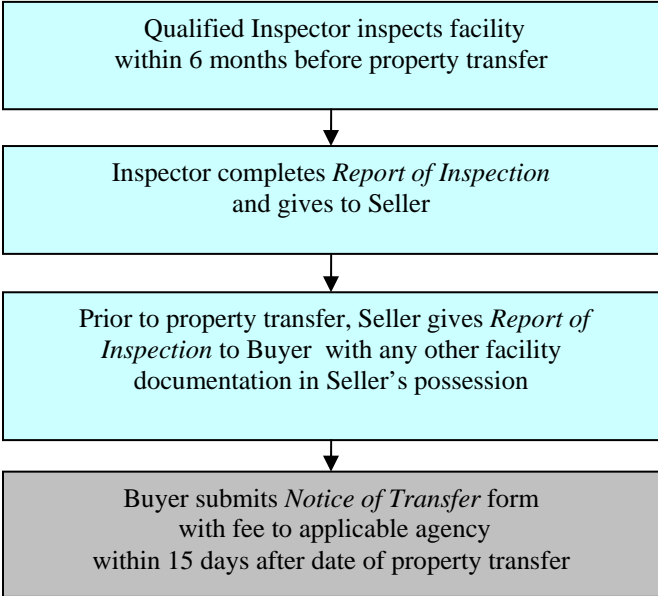


Figure 1. Flowchart of Notice of Transfer Process.

REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

1 PROPERTY INFORMATION *(All fields are required)*

Address _____ County _____
 _____ Tax Parcel No. _____
 City _____ Zip _____
 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 _____ NAWT Inspector No. _____
 Company Name _____
 Address _____

 Phone No. _____ Fax _____ Email _____

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: _____		
City where Course was taken _____		Date Completed: _____
B. License/Registration <i>(check at least one box)</i>	Registration/ License No.	Expiration Date
<input 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 type="checkbox"/> Employee of licensed owner		
<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)

- A) Domestic Water Source:
 - Municipal System
 - Private Water Company
 - Shared Private Well
 - Individual Private Well
 - Hauled Water
 - No Water
- B) Approximate Property Size: _____ 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: _____ 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 type="checkbox"/> Conventional Septic Tank System <input type="checkbox"/> Septic Tank <input type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit <input type="checkbox"/> Other: Alternative Systems (check all that apply) <input type="checkbox"/> Composting Toilet System <input type="checkbox"/> Pressure Distribution System <input type="checkbox"/> Gravelless Trench <input type="checkbox"/> Natural Seal Evapotranspiration Bed <input type="checkbox"/> Lined Evapotranspiration Bed <input type="checkbox"/> Wisconsin Mound <input type="checkbox"/> Engineered Pad System <input type="checkbox"/> Intermittent Sand Filter <input type="checkbox"/> Peat Filter <input type="checkbox"/> Textile Filter <input type="checkbox"/> Denitrifying System Using Separated Wastewater Streams (e.g., RUCK®) <input type="checkbox"/> Sewage Vault <input type="checkbox"/> Aerobic System <input type="checkbox"/> Nitrate-Reactive Media Filter <input type="checkbox"/> Cap System <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Sand-Lined Trench <input type="checkbox"/> Disinfection Devices <input type="checkbox"/> Surface Disposal <input type="checkbox"/> Subsurface Drip Irrigation Disposal <input type="checkbox"/> Design flow is 3,000 gpd or more <input type="checkbox"/> Other _____ Date of Construction: _____ Based on: <input type="checkbox"/> Permitting documentation <input type="checkbox"/> Other documentation <input type="checkbox"/> Estimated <input type="checkbox"/> Unknown Construction Date	<input type="checkbox"/> B) System authorized for construction ON OR AFTER January 1, 2001 <input type="checkbox"/> GP 4.02 Conventional Septic Tank/ Disposal System <input type="checkbox"/> Septic Tank <input type="checkbox"/> Disposal Trench <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal by Chamber Technology <input type="checkbox"/> Disposal by Seepage Pit Alternative Systems (check all that apply) <input type="checkbox"/> GP 4.03 Composting Toilet System <input type="checkbox"/> GP 4.04 Pressure Distribution System <input type="checkbox"/> GP 4.05 Gravelless Trench <input type="checkbox"/> GP 4.06 Natural Seal Evapotranspiration Bed <input type="checkbox"/> GP 4.07 Lined Evapotranspiration Bed <input type="checkbox"/> GP 4.08 Wisconsin Mound <input type="checkbox"/> GP 4.09 Engineered Pad System <input type="checkbox"/> GP 4.10 Intermittent Sand Filter <input type="checkbox"/> GP 4.11 Peat Filter <input type="checkbox"/> GP 4.12 Textile Filter <input type="checkbox"/> GP 4.13 Denitrifying System Using Separated Wastewater Streams <input type="checkbox"/> GP 4.14 Sewage Vault <input type="checkbox"/> GP 4.15 Aerobic System <input type="checkbox"/> GP 4.16 Nitrate-Reactive Media Filter <input type="checkbox"/> GP 4.17 Cap System <input type="checkbox"/> GP 4.18 Constructed Wetland <input type="checkbox"/> GP 4.19 Sand-Lined Trench <input type="checkbox"/> GP 4.20 Disinfection Device <input type="checkbox"/> GP 4.21 Surface Disposal <input type="checkbox"/> GP 4.22 Subsurface Drip Irrigation Disposal <input type="checkbox"/> GP 4.23 Design flow from 3,000 to less than 24,000 Gallons Per Day (4.23 GP) Date of Discharge Authorization for system (or Verification if issued from 1/1/2001 through 12/11/2005): _____

- 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 determined
 D) Access openings in septic tank: One Two Three None Other (describe) _____

E) Number of compartments in septic tank: One Two Other (describe) _____

F) Depth of soil cover over tank access port or riser: _____ inches or _____ feet

G) Septic tank risers: Present Not present

H) Capacity of septic tank: _____ 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): _____ ft _____ inches
 ii) Primary (upstream) chamber: Scum depth _____ inches, Sludge depth _____ inches
 iii) Secondary (downstream) chamber: Scum depth _____ inches, Sludge depth _____ inches

J) 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 determined

M) Is there evidence of leakage out of the septic tank (exfiltration)? Yes No
 Could not be determined

N) 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 determined

P) 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 No
- Operational 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 determined

G) 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) ___ Not determined
- C) 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 determined
 i) If yes, describe mechanical components and appurtenances: _____
- 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:

- G) 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): _____

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: _____

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.

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14 SKETCHES/PLANS/MAPS (Optional)

A large grid of graph paper for sketches, plans, or maps. The grid consists of 20 columns and 20 rows of squares. The top row is shaded light blue and contains the section header. The rest of the grid is white with black grid lines.