



826 E. Monroe Ave. Buckeye, Az. 85326
Office (623) 386-4112 Fax (623) 594-2856
support@duckspumping.com
www.duckspumping.com

Invoice

Date	Invoice #
6/8/2021	8318

Title Company
Susan Hill Clear Title Agency of Az. Shill@cleartitleaz.com 480-278-8441

Owner or Real Estate Agent
Carmen Lance Realty One Group Carmen@thelanceteam.com 623-261-5772

Job Address

31546 W. Grant St. Buckeye				Escrow #	Due Date
					6/23/2021
Item	Quantity	Description	Rate	Date Served	Amount
Inspection		Septic Pump, Inspection and Certification - Inspection expires (6) months from the date service	700.00	6/7/2021	700.00
Please remit payment to:			Payments/Credits \$0.00		
826 E. Monroe Ave.			Balance Due \$700.00		
Buckeye, AZ 85326					

Thank you for your business!

REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

1 PROPERTY INFORMATION (All fields are required)

Address 31546 W. Grant St. County Maricopa
City Buckeye, Az. Zip Tax Parcel No.
☒ 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 Ernesto Nunez Jr NAWT Inspector No. 13329ITC
Company Name Duck's Septic Pump & Install, Inc.
Address 826 E. Monroe Ave.
Buckeye, AZ. 85326
Phone No. (623)386-4112 Fax (623)594-2856 Email support@duckspumping.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: NAWT Inspector Training & Certification
City where Course was taken Casa Grande, AZ Date Completed: August, 2018

B. License/Registration (check at least one box)

	Registration/ License No.	Expiration Date
<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 checked="" type="checkbox"/> Owner of license; <input type="checkbox"/> Employee of licensed owner	0034	Nov. 2019
<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 checked="" type="checkbox"/> Licensed Contractor (indicate type): <input checked="" 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	139467	Oct. 2020
<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: 4 ☐ 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: 600 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"> <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: _____ 	<input checked="" type="checkbox"/> GP 4.02 Conventional Septic Tank/ Disposal System <ul style="list-style-type: none"> <input checked="" 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) <ul style="list-style-type: none"> <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 _____ 	Alternative Systems (check all that apply) <ul style="list-style-type: none"> <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 Construction: _____ Based on: <ul style="list-style-type: none"> <input type="checkbox"/> Permitting documentation <input type="checkbox"/> Other documentation <input type="checkbox"/> Estimated <input type="checkbox"/> Unknown Construction Date 	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 determinedD) 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: 10" to Tank inches or _____ feetG) Septic tank risers: ☐ Present ☒ Not presentH) Capacity of septic tank: 1,250 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 63 inchesii) Primary (upstream) chamber: Scum depth 4 inches, Sludge depth 8 inchesiii) Secondary (downstream) chamber: Scum depth 3 inches, Sludge depth 5 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): N/AO) 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 PitNo. of pits _____ ☐ Unknown☐ Alternative disposal works technology (provide further details in Item 10E)☒ Unknown or could not be determinedB) 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) ____ ☐ 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

It is impossible to determine the longevity of a leach field / pit.


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) Please Read Carefully.

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


Ernesto Nunez Jr.

Date of Inspection:

06/07/21

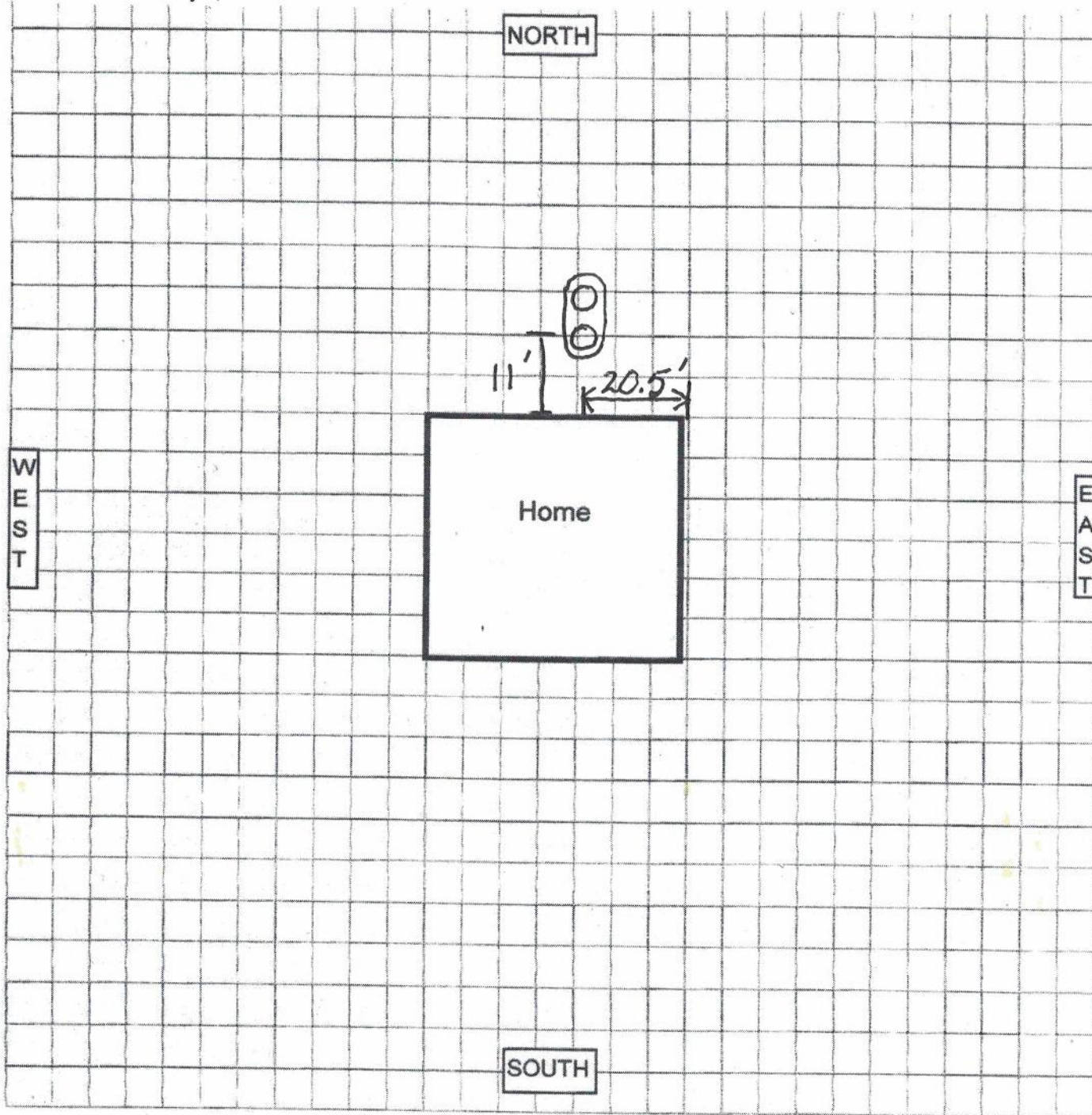
NOTE TO BUYER:

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)

ADDRESS: 31546 W. Grant St.
Buckeye, Az.



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

1 Property Information (All fields are required)			
Address <u>31546 W. Grant St.</u>		County <u>Maricopa</u>	
City <u>Buckeye, Az.</u>		Tax Parcel No. _____	
Zip _____		<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 _____			
Mailing Address _____			
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 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 <u>Ernesto Nunez Jr.</u>		NAWT Inspector No. <u>13329ITC</u>	
Company Name <u>Duck's Septic Pump & Install, Inc.</u>			
Address <u>826 E. Monroe Ave.</u>			
<u>Buckeye, AZ. 85326</u>			
Phone No. <u>(623)386-4112</u>		Fax <u>(623)594-2856</u> Email <u>support@duckspumping.com</u>	
5 Date of Facility Construction (Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)			
<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			
Department Use Only			
Check # and Amount			Date Stamp
Date Entered into OWN			
Clerk Initials			

6 Facility Type (Refer to Item 7 of the REPORT OF INSPECTION form)

- ☒ 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
- ☐ 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): 06/07/21

Design flow of facility (from Item 6E of Report of Inspection form): 600 gallons per day

Please indicate any file number/dates as indicated in Item 5 of Report of Inspection form:

- ☐ Discharge Authorization issued on or after January 1, 2001 (Item 5A of Report of Inspection form):
File No. _____ Date issued: _____, or
- ☐ Approval of Construction or other permitting document issued by ADEQ or a County agency 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: 1

Was the Septic tank(s) pumped as part of inspection (Item 8A of Report of Inspection form)? ☒ Yes ☐ No

If the answer is No above, please indicate why the septic tank(s) were not pumped:

- ☐ The septic tank was put into service less than 12 months before inspection, or
- ☐ 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
- ☐ 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)? ☐ Yes ☒ No

8 Form Submittal and Buyer/Transferee Advisory (All information is required)

- ☐ Date of property transfer (closing date): _____
- ☐ Date of submittal of this Notice of Transfer form: _____
- ☐ 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:

- ☐ Buyer/Transferee, or
- ☐ 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: _____

☐ Escrow Officer/Title Company, or ☐ Other (indicate): _____

9 Certification/Signature (All information is required)

- ☐ 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
- ☐ 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: _____