



# APACHE COUNTY — Community Development Department

P.O. Box 238 • St. Johns, AZ 85936 • Phone: (928) 337-7527 • Fax: (928) 337-7633

## CONDITIONAL USE PERMIT APPLICATION

### APPLICANT

Name Barbara Bartels

Mailing Address P.O. Box 685

Vernon AZ 85940

Contact Person Mary Gilbert

Phone 928 853 8892 Fax NA

Email cordez189v@gmail.com

### PROPERTY INFORMATION

Assessor's Parcel # 106-56-011A

Township 33 Range 10N Section 33 5 909.01'

Subdivision N.A.

Unit # \_\_\_\_\_ Lot # \_\_\_\_\_

Address/Location 4 ACR N3351

Vernon AZ 85940

Existing Zoning Agricultural

Existing Land Use Residential

Lot Size 1 acre

### CONDITIONAL USE PERMIT REQUEST

Please provide a brief description of the request.

The applicant needs to move from a 600 sq .ft.

Guest House to a manufactured 1,152 sq .ft.

House. Do I have the Commission's approval?

Temporary Use: \_\_\_ Yes  No

### SUBMITTAL CHECKLIST

- Pre-application meeting with a staff planner.
- A non-refundable filing fee.
- Proof of Ownership.
- Application, photographs, diagrams, site plans with the setbacks noted, drainage report and any other required information. Please be precise and detailed.
- Citizen Review Process as listed in ordinance Section 1106. A list of names and addresses of all the property owners within 300 feet of subject property.
- Map to property.
- All required items need to be submitted to Planning & Zoning at least 30 days prior to the next scheduled meeting.

### CERTIFICATION & SIGNATURE

Submittal of this application constitutes consent of the applicant in granting the Community Development Department access to the subject property during the course of project review. No further consent or notice shall be required.

I hereby certify that the information in this application is correct and agree to abide by the regulations of this jurisdiction.

#### Signature of Applicant

Barbara Bartels Date 8/22/22

#### Signature of Property Owner (if not the applicant)

\_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Received By [Signature] Date 8/25/22

Receipt # 1253 Fee 300

Permit # 2022-61

Related Cases \_\_\_\_\_

Appeal Filed By \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Fee \_\_\_\_\_

### COMMISSION ACTION

Approved  with Conditions  Denied

Resolution # \_\_\_\_\_ Date \_\_\_\_\_

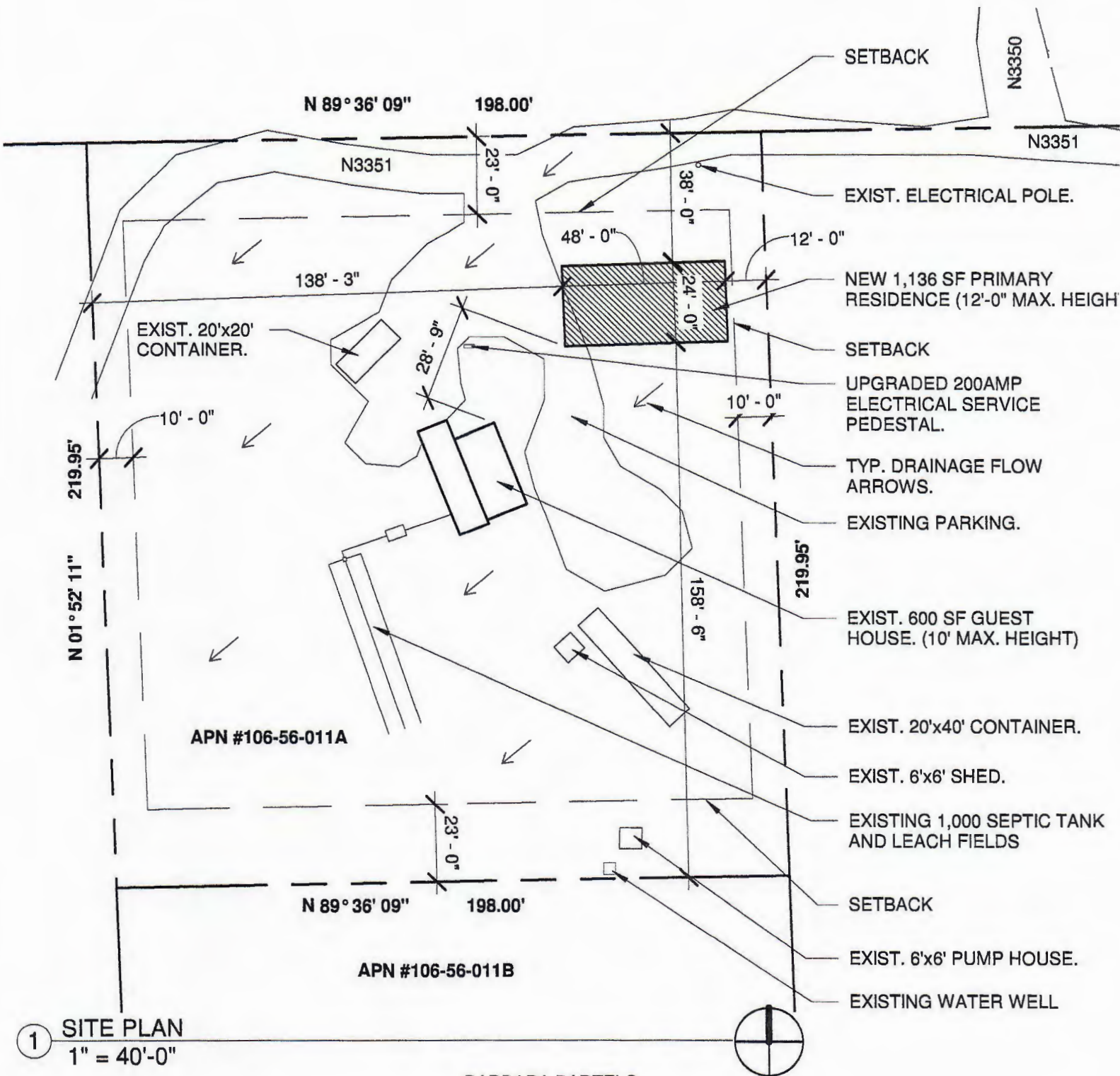
Chairman \_\_\_\_\_ Date \_\_\_\_\_

### BOARD ACTION

Approved  with Conditions  Denied

Ordinance # \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_



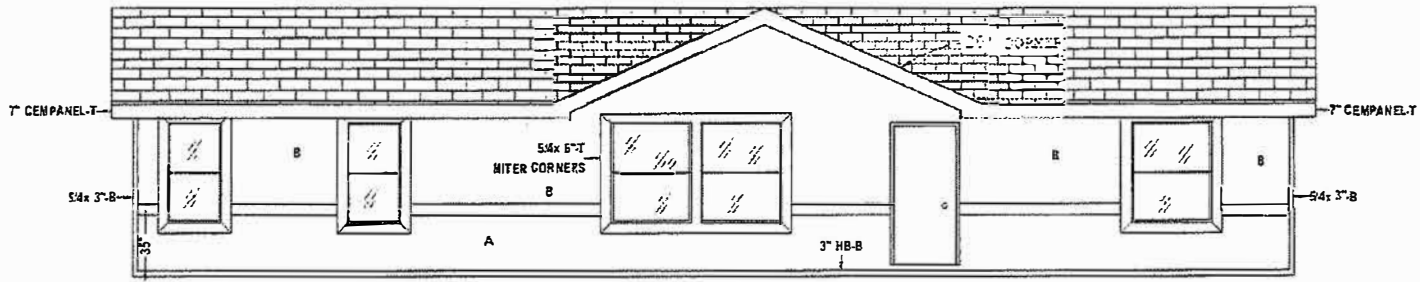
1 SITE PLAN  
1" = 40'-0"

BARBARA BARTELS  
4N 3351  
VERNON, AZ 85940

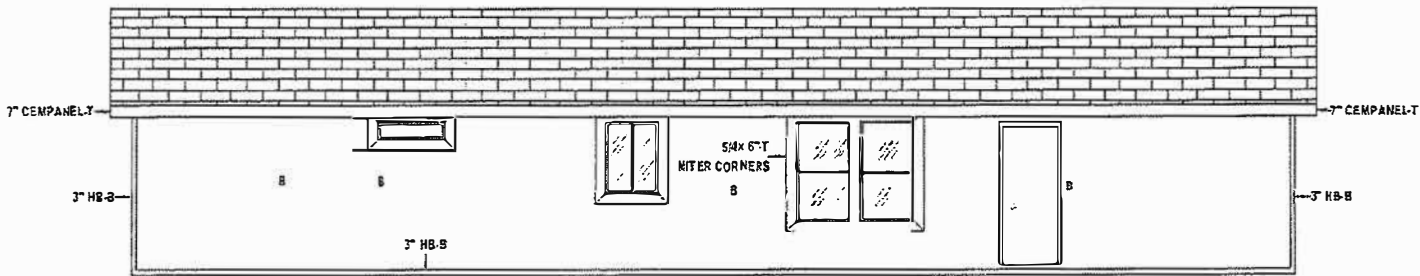
**ZONE:** AGRICULTURAL  
**SETBACKS:** 23'-0" FRONT AND REAR, 10' SIDES  
**LOT AREA:** 1.00 ACRE = 43,778 SQ. FT.  
**MAX. HEIGHT ALLOWED:** 35' - 12' PROVIDED  
**MIN. DISTANCE BETWEEN HOUSES:** 15'-0"

**AREA CALCULATIONS:**  
 SQ. FT. OF NEW RESIDENCE: 1,136 SQ. FT.  
 SQ. FT. OF GUEST HOUSE: 600 SQ. FT.  
 SQ. FT. OF CONTAINERS: 1,272 SQ. FT.  
**TOTAL SF:** 3,008 SQ. FT.

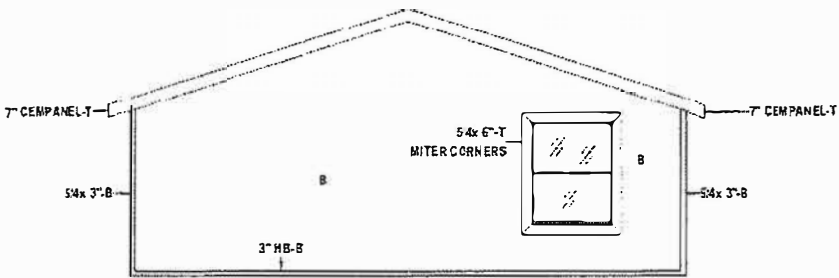
SITE PLAN FOR CONDITIONAL USE PERMIT  BARBARA BARTELS 4N 3351 VERNON AZ 85940	08/04/22	A-1
	1" = 40'-0"	
	SITE PLAN	



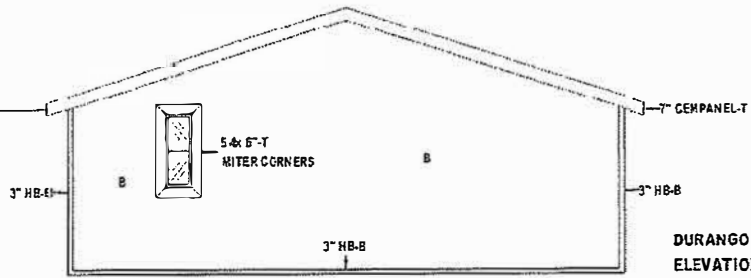
DOOR SIDE ELEVATION



OFF DOOR SIDE ELEVATION



FRONT ELEVATION



REAR ELEVATION

DURANGO  
ELEVATION: TYPICAL ELEVATION



**CAVCO INDUSTRIES**

**PRELIMINARY INVOICE**

2502 W. Durango  
 Phoenix, AZ 85009  
 Phone: 602-278-3554 Fax: 602-233-8070  
 a Cavco Company

Note: This Home may have used tires, rims and/or axles which have been inspected relative to appearance and the applicable safety standards.

No 2021-532708-00

Date Shipped	Invoice Date	Brand Name / Model	Year Model	
//	//	Dealers Network / 110DN24483A	2023	
Serial Numbers	Total Width	Total Length	Bedrooms	Baths
CAV110AZ21-19958A	23' 6"	48' 0"	3	2
CAV110AZ21-19958B	Total Weight			
	36,602			

Retailer **DEALERS NETWORK, LLC**  
 3165 S PRICE RD SUITE 100  
 CHANDLER, AZ 85248  
 Ph: 480-984-5100 Fax: 480-984-5182

Ship To **The Home Source, Inc.**  
 2250 E. Deuce of Clubs  
 Show Low, AZ 85901

ASM Purchase Auth./Verbal/P.O. Number  
 Ron Armstrong 55832

Customer Name

THIS HOME CONTAINS INSULATION AS FOLLOWS: **BARBARA BARTELS**  
 Location Ceiling Wall Floor  
 R-Value  
 Approximate Thickness

Part Number/Description	Quantity	Price	Extension
<b>110DN-Dealers Network-24483A</b>	1		
Package - Colossal	1.00	\$3,195.00	\$3,195.00
Package - Insulation - 90"	1,136.00	\$2.50	\$2,840.00
Carpet - Shake It Up	91.00	\$4.00	\$364.00
Carpet Pad - Omit	83.00	\$-0.80	\$-66.40
Floor Register - Toe Kick (Ea)	2.00	\$100.00	\$200.00
Foundation Ready	2.00	\$150.00	\$300.00
Door - Interior - 30"	6.00	\$75.00	\$450.00
Closet Rod - Additional	1.00	\$50.00	\$50.00
Base Cab Pull Out Shelf	4.00	\$60.00	\$240.00
Overhead Cab - Utility - 2 Door w/Rod	1.00	\$295.00	\$295.00
Base Cab - Drawer Bank in M/Bath	1.00	\$200.00	\$200.00
Lavy - 36" High Cabinets in Master Bath	1.00	\$200.00	\$200.00
Base Cab - Drawer Bank in G/Bath	1.00	\$200.00	\$200.00
Shower - Glass Enclosure - 60" Bypass w/1/4" Glass	1.00	\$650.00	\$650.00
Toilets - Elongated - M/Bath	1.00	\$100.00	\$100.00
Toilets - Elongated - G/Bath	1.00	\$100.00	\$100.00
Icemaker - Plumbed & Installed	1.00	\$175.00	\$175.00
Sink - 8" Deep Stainless Steel	1.00	\$250.00	\$250.00
Dryer Vent Through Floor - Recessed Box	1.00	\$100.00	\$100.00
Ceiling Fan - Wire and Brace Only - Additional	2.00	\$100.00	\$200.00
Light - Chandelier in Breakfast Area - DVS	1.00	\$50.00	\$50.00
Recept - Exterior - GFI - Add	1.00	\$105.00	\$105.00
Recept - Interior - GFI - Add	1.00	\$85.00	\$85.00
Dormer - 20'	1.00	\$1,895.00	\$1,895.00
Dormer - w/Increased Roof Load (per 10 LBS)	1.00	\$250.00	\$250.00
Roof Load - 40 lb	1,136.00	\$1.55	\$1,760.60
Exterior Trim - 5/4 x 6"	4.00	\$35.00	\$140.00
Door - Exterior - Fiberglass 9 Light 2-8 ILO Standard	1.00	\$250.00	\$250.00
Window - 36 x 8 Vinyl	1.00	\$150.00	\$150.00
<b>Misc. General Construction</b>			

EXCHANGE PACKAGE DORMER FOR A 20' DORMER.

#4 ACR N-3351, VERNON, AZ JULY 16<sup>TH</sup> 2022



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

**INSTRUCTIONS**

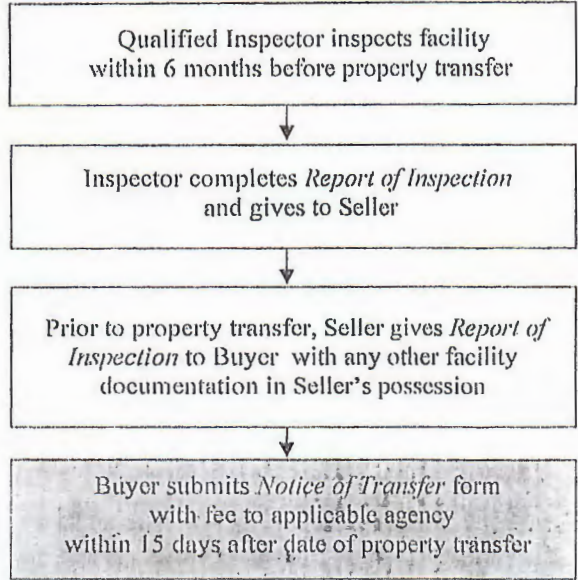
Any person selling or transferring ownership of a property served by an on-site wastewater treatment facility (including a conventional septic tank system or and alternative on-site wastewater treatment facility) must retain a qualified Inspector to inspect the facility within six months prior to transferring 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. If there is more than one on-site system in use on the property, the Inspector completes a *Report of Inspection* form for each system.

Before the transfer date (closing date) of the property, the seller provides the buyer with the completed *Report of Inspection* form and any other documents in their possession that relate to the permitting or operation and maintenance of the septic tanks systems or alternative 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 submits a complete *Notice of Transfer* form for the change of ownership, and files it with the applicable agency indicated in the *Notice of Transfer* instructions. Information from this *Report of Inspection* form is needed to fill out the *Notice of Transfer* that must be submitted by the Buyer. **Effective Feb. 2, 2007, you can file your *Notice of Transfer* online. Visit the ADEQ website at [https://static.azdeq.gov/forms/onsite\\_not.pdf](https://static.azdeq.gov/forms/onsite_not.pdf) for more information.**

Qualified inspectors are required to completely and accurately fill out this form to the best of their knowledge. The form has been updated to include:  
Section 1 — Facility Information  
Section 2 — General Treatment and Disposal Works  
Section 3 — Design Flow and Septic Tank Sizing  
Section 4 — Septic Tank Inspection and Plumbing: Complete this section if the site is served by a conventional system (septic tank to leachfield - 4.02 general permit) or if the septic tank is used with an alternative system.  
Section 5 — Alternative System: Complete this section only if an alternative system is used at the site (4.03 – 4.22 general permit). This section can be combined with Section 4 if a septic tank is used.



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



106-56-011A<sup>1</sup>  
TAX PARCEL NO.

JULY 16<sup>TH</sup> 2022  
DATE OF INSPECTION:

Initials of Inspector BA

**PROPERTY TRANSFER INSPECTION FORM**

Arizona Administrative Code R18-9-A303.B, -A304.A & C, -A309A, and -A316

Note: While this document is approved by ADEQ, it is intended to be used by contractors. ADEQ staff does not facilitate or perform property transfer inspections.

Property Name: \_\_\_\_\_  
Property Address: #4 ACR N3351 City: VERNON County: APACHE  
Seller/Transferor Name: BARBARA BARTELS  
Seller/Transferor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Inspector Information**

Inspector Name: BARON LAETZSCH  
Company Address: 904 CAVALLO TRAIL City: SHOW LOW State: AZ ZIP Code: 85901  
Company Name: SAME

Inspector qualifications and proof of training:  
Check all that apply and provide answers as needed.

ADEQ-Recognized Course: N.A.W.T. Date Completed: JAN 2022

Professional Engineer  Registered Sanitarian  Wastewater Treatment Plant Operator  
(Expiration date: 1-2024) (Expiration date: \_\_\_\_\_) (Grade: \_\_\_\_\_)

Arizona Licensed Contractor for License Category: \_\_\_\_\_

Owner of pumper truck and ADEQ Truck Registration No: \_\_\_\_\_

Employee Name Performing Inspection: BARON LAETZSCH

**Records Obtained by Inspector**

Were there facility permit, construction and/or operational records available for the inspection?  Yes  No

Check all that apply:

- Discharge Authorization (or Verification) issued on or after January 1, 2001, pursuant to R18-9-A301(D)(2)(c) Permit No. \_\_\_\_\_
- Approval of Construction, or other official permitting documents issued by ADEQ or its delegated county agency before January 1, 2001, Permit No. \_\_\_\_\_
- Site plan, plot plan, "as-built" drawings, or similar documents
- Documents relating to operation and/or maintenance (alternative systems)
- Other: VACANT LOT FOR FUTURE 3 BEDROOM MFG HOME. THERE IS AN EXISTING ONE BEDROOM TRAILER/HOUSE CONNECTED TO THIS SYSTEM

**Cesspool**

Is a cesspool serving the property?  Yes  No

Use of a cesspool is VIOLATION OF A.A.C. R18-9-A309. A.4. A cesspool shall not be used for sewage disposal.

If a cesspool is found on a property subject to the Transfer Inspection, per R18-9-A316, the inspector shall:

Disclose to the Buyer that the inspection no longer qualifies as an inspection for the Transfer of Ownership program and that ADEQ does not recognize a cesspool as a legitimate on-site wastewater treatment facility.

SIGNATURE OF INSPECTOR: Baron Laetzsch

DATE: July 16, 2022



106-56-011 A" TAX PARCEL NO.

July 16<sup>TH</sup> 2022 DATE OF INSPECTION:

Initials of Inspector B

Summary of Inspection

On-Site Wastewater Treatment Facility Inspection Overview

On-Site Wastewater Treatment Facility Serves (check all that apply):

- Residence/Dwelling Single family Multi-family/Shared Commercial

Other (Explain):

Type of Facility (check all that apply):

- Conventional System Alternative System Gray Water System Observed

Number of On-Site Wastewater Systems on the property: ONE

Note: A separate Report of Inspection is required for each On-Site Wastewater System.

Age of inspected On-Site Wastewater Treatment Facility: 20 years

If estimated, explain how it was determined: AS PER OWNER'S STATEMENTS

On-site Wastewater Treatment Facility

Septic Tank Condition: Operational Operational with concerns Not Operational

Disposal Works Condition: Operational Operational with concerns Not Operational

Alternative System - On-Site System Condition: Operational Operational with concerns Not Operational

Alternative Disposal Works Condition: Operational Operational with concerns Not Operational

For any operational concerns see page 7 in the comments section.

1. Facility Information

A) Domestic Water Source:

- Hauled Water Municipal System Private Water Company Shared Private Well Private Well

If a well is nearby, state the distance from Well to Wastewater System APPROX 108 FEET FROM TANK

B) Type of Wastewater Source:

- Residential Commercial Other 98 FEET TO END OF FIELD

C) Occupancy/Use:

- Full Time Seasonal/Part Time Vacant Unknown

2. General Treatment and Disposal Works

This system consists of the following systems and technology:

- GP 4.02 Conventional Septic Tank/ Disposal System GP 4.05 Gravelless Trench GP 4.06 Natural Seal Evapotranspiration Bed GP 4.07 Lined Evapotranspiration Bed GP 4.08 Wisconsin Mound GP 4.09 Engineered Pad System GP 4.10 Intermittent Sand Filter GP 4.11 Peat Filter GP 4.12 Textile Filter



106-56-011A"  
TAX PARCEL NO.

July 16<sup>TH</sup> 2022  
DATE OF INSPECTION:

Initials of Inspector BR

- GP 4.13 Denitrifying System Using Separated Wastewater Streams
- GP 4.14 Sewage Vault
- GP 4.15 Aerobic System
- GP 4.16 Nitrate-Reactive Media Filter
- GP 4.17 Cap System
- GP 4.18 Constructed Wetland
- GP 4.19 Sand-Lined Trench

- GP 4.20 Disinfection Device
  - GP 4.21 Surface Disposal
  - GP 4.22 Subsurface Drip Irrigation Disposal
  - GP 4.23 Design flow from 3,000 to less than 24,000 Gallons Per Day (4.23 GP)
- Is there a current Performance Assurance Plan?  
 Yes  No

**3. Design Flow and Septic Tank Sizing**

A) Estimated Design Flow: 450 gallons per day  Unknown

- B) Basis for design flow:
- Designated in permitting documents
  - Calculated or estimated based on (check all that apply):
    - Number of bedrooms for a dwelling: 3
    - Fixture count for a dwelling: \_\_\_\_\_
    - If not a dwelling: \_\_\_\_\_ gallons per day

C) Evaluation of actual flow versus the design flow (determined in 1A):

- Actual flow did not appear to exceed design flow
- Actual flow may exceed design flow
- Unknown

D) Inspector Comments: I CONDUCTED A 100 GALLON FLOW TEST ON THIS SYSTEM. GOOD FLOW IN & OUT OF TANK TO FIELD. THIS SYSTEM APPEARS TO BE OPERATING AS IT WAS DESIGNED.

**4. Septic Tank Inspection and Pumping**

A) How many septic tanks are associated with this onsite wastewater treatment facility?  1  2 or more

- B) Septic tank liquid level measured before pumping (measured in inches from the bottom of the tank)
- Primary (inlet) chamber: Scum thickness 1 inches, Sludge thickness 0 inches
  - Secondary (outlet) chamber: Scum thickness 0 inches, Sludge thickness 0 inches
  - Liquid level not determined

C) Was each septic tank or other wastewater treatment container on the property pumped or otherwise serviced to remove, to the maximum extent possible, solid, floating, and liquid waste accumulations?  Yes  No

If yes, what is the name of the septic hauler company? \_\_\_\_\_

License number issued by ADEQ: \_\_\_\_\_

- If no, select one of the following reasons pumping was not performed:
- A Discharge Authorization for the on-site wastewater treatment facility was issued and the facility was put into service within 12 months before the transfer of ownership inspection,
  - Pumping or servicing was not necessary at the time of the inspection based on the manufacturer's written operation and maintenance instructions, or
  - No accumulation of floating or settled waste was present in the septic tank or wastewater treatment container.

D) Indicate the date the inspection was performed. July 16<sup>TH</sup> 2022



106-56-011A" TAX PARCEL NO.

JULY 16<sup>TH</sup> 2022 DATE OF INSPECTION:

Initials of Inspector BZ

E) The Capacity of the septic tank is APPROX 1000 gallons, based on:  Measurement/dimensions of tank: \_\_\_\_\_  Volume Pumped  Estimate  Permit Document  Capacity not determined (Explain): \_\_\_\_\_

F) Septic tank material:  Pre-cast concrete  Fiberglass  Plastic  Steel  Cast-in-place concrete  Other (Describe): \_\_\_\_\_

G) Access openings in septic tank:  One  Two  Three  Other (Describe): \_\_\_\_\_

H) Septic tank lids & risers:  Present  Not Present  
If present, was the lid(s) securely fastened  Yes  No  
Note: Risers aide on-going system maintenance - minimum 20" diameter.

I) Number of compartments in septic tank:  One  Two  Other (Describe): \_\_\_\_\_

J) Was there evidence of a compromised tank (infiltration) or (exfiltration) of the septic tank?  Yes  No

K) Was there evidence of a septic tank deficiency? (Check all applicable deficiencies observed. Describe extent and location in comment section)  
 Root invasion  Exposed rebar  
 Cracks in tank  Damaged inlet pipe NONE FOUND  
 Damaged lids or risers  Damaged outlet pipe  
 Deteriorating concrete  Other concerns describe in inspector comments

L) Baffle/sanitary "T" material:  Pre-cast concrete  Fiberglass  Plastic  Clay  Could not be determined (explain in comments)

Condition of baffles and sanitary "Ts": BeZ  
Inlet baffle or "T":  Present  Operational  Not operational  Not present  Not determined  
Outlet baffle or "T":  Present  Operational  Not operational  Not present  Not determined  
Interior baffle:  Present  Operational  Not operational  Not present  Not determined

M) Effluent filter (screen):  Present  Not Present  Serviced  Not serviced

Note: as of January 2001, effluent filters (screens) are required on all new septic tanks.  
Routine work recommended to maintain the facility (Some work may require a Construction Authorization from your local agency or ADEQ. Refer to A.A.C. R-18 A309 A.9.a and b and local codes as applicable).

Inspector comments, including all necessary routine work:  
OWNER - ADD EFFLUENT FILTER TO OUT GOING SIDE OF TANK

4.1. Disposal Works

Was the location of the disposal works determined?  
 Yes (see sketch on last page)  No (explain why): \_\_\_\_\_

Disposal works please indicate type:  
 Trench  Bed  Chamber  Seepage pit  Other: \_\_\_\_\_

Method of distribution  
 Diversion valve  Drop box  Distribution box  Manifold  Serial loading  
 Pressurized  Unknown ESJ



106-56-011A" TAX PARCEL NO.

JULY 16<sup>TH</sup> 2022 DATE OF INSPECTION:

Initials of Inspector BL

Was the distribution component inspected?  Yes  No

What type of material is the supply line made of:  PVC  Orangeburg  Tile  Other ABS

Were inspection ports present in disposal works?  Present  Not present

If inspection ports are present:

i) Number of ports: 2 WERE FOUND. OWNER SAID THERE ARE 3

ii) Indicate depth (in inches) of liquid in each port (point of reference would be grade):

3' Port 1 40" Port 2 \_\_\_\_\_ Port 3 \_\_\_\_\_ Port 4  
\_\_\_\_\_ Port 5 \_\_\_\_\_ Port 6 \_\_\_\_\_ Port 7 \_\_\_\_\_ Port 8

Was an operational (hydraulic load) test performed on the disposal works?  Yes  No

Was there evidence of a disposal works deficiency?  Yes  No

(check all applicable deficiencies observed, describe as necessary in comment section).

- Crushed outlet pipe
- Root invasion
- High water lines in tank indicating previous backups
- D-box or valve not functioning properly
- Surfacing over disposal works or from inspection ports
- Unusually lush vegetation over disposal works
- Erosion over disposal works unusual settling
- Ponding water in the distribution media
- Animal intrusion
- Operational (water loading) test failure
- Could Not Determine

NONE FOUND

Were repairs or other maintenance recommended to disposal works as part of this inspection?  Yes  No

Inspector Comments:

INSTALL A NEW EFFLUENT FILTER

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. By signing this form, I hereby verify that I have completed an ADEQ approved course and that I have personally witnessed and conducted the inspection of this property.

Signature: [Handwritten Signature]

Date: JULY 16<sup>TH</sup> 2022

Printed name: BARON LAETZSCH



106-56-011A" TAX PARCEL NO.

JULY 16<sup>TH</sup> 2022 DATE OF INSPECTION:

Initials of Inspector BA

5. Alternative System

Alternative System should be evaluated by a qualified inspector (A.A.C. R18-9 A316.B.1 through B.3) that possesses sufficient knowledge or has been trained by the product manufacturer to allow access to their systems without voiding the warranties.

Qualified Inspector: \_\_\_\_\_

Name of Manufacturer: \_\_\_\_\_

Model/Capacity: \_\_\_\_\_

Alternative System Information:

Type of Treatment Equipment Present: \_\_\_\_\_

Aerator is working properly?  Yes  N/A  No (explain in comments)

System appears to have been properly maintained?  Yes  No (explain in comments)

Pump Systems  Yes  No

Functionality:

Is pump operating properly?  Yes  No

High Level Alarm Works?  Yes  No

Alarms and pumps on separate circuits?  Yes  No

Is pump wiring protected?  Yes  No

Both Audible and visual alarm present?  Yes  No

Pump Cycle operating as designed?  Yes  No

Is there a riser to grade with secure lid?  Yes  No

Is tank watertight and structurally sound?  Yes  No

Is there a Check Valve & Purge/Vent Hole  Yes  No

Inspectors comments: \_\_\_\_\_

5.1. Alternative System Disposal Works

Was the location of the disposal works determined?

Yes (see location on sketch found on page )

No Explain: \_\_\_\_\_

Disposal works please indicate type:

Trench  Bed  Chamber  Seepage pit  
 Drip  Low Pressure Pipe

Method of distribution

Diversion valve  Drop box  Distribution box  Manifold  Serial loading  
 Pressurized  Unknown  Other

If other than operational, (Explain): \_\_\_\_\_

i) Was the distribution component inspected?

Yes, describe in method used: \_\_\_\_\_

No (Explain): \_\_\_\_\_

ii) Operational status of component:  Operational  Operational with concerns  Not Operational

Could not be determined (Explain): \_\_\_\_\_

What type of material is the supply line made of:

PVC  Orangeburg  Tile  Other \_\_\_\_\_



106-56-011A  
TAX PARCEL NO.

July 16<sup>TH</sup> 2022  
DATE OF INSPECTION:

Initials of Inspector

BY BY

Were inspection ports present in disposal works?  Present  Not present

If inspection ports are present:

- i) Number of ports: \_\_\_\_\_
- ii) Indicate depth (in inches) of liquid in each port (point of reference would be grade):  
 \_\_\_\_\_ Port 1    \_\_\_\_\_ Port 2    \_\_\_\_\_ Port 3    \_\_\_\_\_ Port 4  
 \_\_\_\_\_ Port 5    \_\_\_\_\_ Port 6    \_\_\_\_\_ Port 7    \_\_\_\_\_ Port 8

Was an operational (water loading) test performed on the disposal works?  
 Yes  No (Explain):

Was there evidence of a disposal works deficiency?  Yes  No

(check all applicable deficiencies observed, describe all in Comment section.)

- Crushed outlet pipe
- Root invasion
- High water lines in tank indicating previous backups
- D-box or valve not functioning properly
- Surfacing over disposal works (soil treatment area) or from inspection ports
- Unusually lush vegetation over disposal works (soil treatment area)
- Erosion over disposal works (soil treatment area) or unusual settling
- Ponding water in the distribution media
- Animal intrusion
- Operational (water loading) test failure
- Other problems (describe): \_\_\_\_\_
- Could not determine (Explain): \_\_\_\_\_

Were repairs or other maintenance done to disposal works as part of this inspection?  Yes  No

Physical and operational condition of the disposal works, at time of inspection, appeared to be:

- Operational
- Operational with Concerns
- Not Operational

Note: some repairs may require Construction Authorization from your local agency or ADEQ.

Describe the process used and other inspector comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have inspected the physical and operational condition of the 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. By signing this form, I hereby verify that I have completed an ADEQ approved course and that I have personally witnessed and conducted the inspection of this property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Alternative System Inspector:

Organization Responsible for Completing Inspection: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED SKETCH OF ON-SITE WASTEWATER TREATMENT FACILITY:**

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

*See professionally drawn to scale  
site map. Page 9*

FUTURE 3 BEDROOM  
SITE

