WHITE MOUNTAIN TESTING INC

P. O. Box 845
Taylor, AZ 85939

Phone (928) 536-2659
Fax (928) 536-2659

Invoice

DATE	INVOICE #
4/6/2023	16510

BILL TO

Realty Executives
Sean Geary
480-220-0127
sgearyrealty@gmail.com

APN / ADDRESS

8356 Silver Creek Dr
Show Low/WML
304-19-583
Lawyers Title
cynthany.nelson@ltic.com

TERMS
Due on receipt

DESCRIPTION	RATE	AMOUNT
Septic Inspection	225.00	225.00

Payments/Credits $0.00

Please remit to:White Mountain Testing
P.O. Box 845, Taylor, AZ. 85939

Balance Due $225.00

ADEQ Arizona Department of Environmental Quality

REPORT OF INSPECTION OF AN ON-SITE WASTEWATER TREATMENT FACILITY

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

Address 8356 Silver Creek Dr. W.M.L. County Navajo

City Show Low Zip 85901 Tax Parcel No. 304-49-583

☒ 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 Bret C. Caldwell NAWT Inspector No. 4713ITC

Company Name White Mountain Testing Inc.

Address P.O. Box 845

Taylor, AZ. 85939

Phone No. 928-536-2659 Fax Email wmtseptic@gmail.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: UA/NAWT Soil & Site Eval. for OSWW

City where Course was taken Online Zoom Date Completed: 1-2022

B. License/Registration (*check at least one box*)	**Registration/ License No.**	**Expiration Date**
☐ Owner of a vehicle with a Human Excreta Collection and Transportation License (a Septage Hauler license), issued pursuant to A.A.C. R18-13-1103. Check one: ☒ Owner of license; ☐ Employee of licensed owner	2684	N/A
☐ Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-101 through 116 (indicate type): ☐ Grade 1; ☐ Grade 2; ☐ Grade 3; ☐ Grade 4		
☐ Arizona Registered Sanitarian		
☐ Arizona Professional Engineer		
☐ Licensed Contractor (indicate type): ☐ Residential B-4 or C-41; ☐ Commercial A, A-12, or L-41; or ☐ Dual KA or K-41	ROC 179575	1-2024
☐ 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): _____

REPORT OF INSPECTION TAX PARCEL NO: 304-19-583 DATE OF INSPECTION: 4-5-23

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

A) Domestic Water Source:
- [X] Municipal System
- [ ] Private Water Company
- [ ] Shared Private Well
- [ ] Individual Private Well
- [ ] Hauled Water
- [ ] No Water

B) Approximate Property Size: 1 [ ] Square Feet [X] Acres

C) Use of Property:
- [X] Dwelling or Other Residential
- [ ] Other (describe): _____

D) Occupancy/Use:
- [ ] Full Time
- [ ] Seasonal/Part time: About ____% of year
- [X] Intermittent
- [X] 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?
- [X] One (most common)
- [ ] More than one (indicate number): ____

Note: If more than one on-site system is in use on this property, a *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):
- [X] 1) Designated in permitting documents issued on or after January 1, 2001
- [X] 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)
  - [X] Other (describe): Documents

F) Evaluation of actual flow versus the design flow indicated in E:
- [X] 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 _____
- [X] Appears to be weaker than typical residential sewage because Never Used
- [ ] Unknown or could not be determined

REPORT OF INSPECTION TAX PARCEL NO: 304-14-593 DATE OF INSPECTION: 4-5-23

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
☐ A) System constructed or authorized for Construction **BEFORE** January 1, 2001	☒ B) System authorized for construction **ON OR AFTER** January 1, 2001
☐ **Conventional Septic Tank System** ☐ Septic Tank ☐ Disposal Trench ☐ Disposal Bed ☐ Disposal by Chamber Technology ☐ Disposal by Seepage Pit ☐ Other:	☒ **GP 4.02 Conventional Septic Tank/ Disposal System** ☒ Septic Tank ☒ Disposal Trench ☐ Disposal Bed ☐ Disposal by Chamber Technology ☐ Disposal by Seepage Pit
Alternative Systems (check all that apply) ☐ Composting Toilet System ☐ Pressure Distribution System ☐ Gravelless Trench ☐ Natural Seal Evapotranspiration Bed ☐ Lined Evapotranspiration Bed ☐ Wisconsin Mound ☐ Engineered Pad System ☐ Intermittent Sand Filter ☐ Peat Filter ☐ Textile Filter ☐ Denitrifying System Using Separated Wastewater Streams (e.g., RUCK®) ☐ Sewage Vault ☐ Aerobic System ☐ Nitrate-Reactive Media Filter ☐ Cap System ☐ Constructed Wetland ☐ Sand-Lined Trench ☐ Disinfection Devices ☐ Surface Disposal ☐ Subsurface Drip Irrigation Disposal ☐ Design flow is 3,000 gpd or more ☐ Other _____	**Alternative Systems (check all that apply)** ☐ GP 4.03 Composting Toilet System ☐ GP 4.04 Pressure Distribution 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 ☐ 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)
Date of Construction: _____ Based on: ☐ Permitting documentation ☐ Other documentation ☐ Estimated ☐ 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: Never Used ☐ 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

REPORT OF INSPECTION TAX PARCEL NO: 304-19-583 DATE OF INSPECTION: 4-5-23

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: 8" Front LID inches or _____ feet

G) Septic tank risers: ☒ Present ☐ Not present Back LID

H) Capacity of septic tank: 1000 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: 2 ft 11 inches
ii) Primary (upstream) chamber: Scum depth 0 inches, Sludge depth 0 inches
iii) Secondary (downstream) chamber: Scum depth 0 inches, Sludge depth 0 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): NONE

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. Checked

Q) Repairs or other maintenance done to septic tank as part of this inspection? ☒ No ☐ Yes
(describe at Item 12B)

REPORT OF INSPECTION TAX PARCEL NO: 304-19-593 DATE OF INSPECTION: 4-5-23

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

A) Disposal is by:
- [x] 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? [x] 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?: [x] 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 [x] Yes
If yes: Type of component:
Opened for inspection? ? [ ] Yes [x] No
Operational status? [ ] Functioning properly [ ] Not functioning properly
[ ] Could not be determined (describe): _____

E) Are inspection ports present in disposal works? [ ] No [x] Yes [ ] Not determined
i) If yes, number of functional ports: 4
ii) If yes, indicate depth (in inches) from top of each port to:

	Port 1	Port 2	Port 3	Port 4
Bottom of Port	5'0"	5'6"	6'0"	6'0"
Wastewater (liquid) surface	0"	0"	0"	0"

F) Is a reserve disposal area available? [x] Yes [ ] No [ ] Unknown or could not be determined

G) Repairs or other maintenance done to **disposal works** as part of this inspection? [x] No [ ] Yes (describe in Item 12B)

REPORT OF INSPECTION TAX PARCEL NO: 304-19-583 DATE OF INSPECTION: 4-5-23

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 Bret C Cold Date of Inspection: 4-5-23

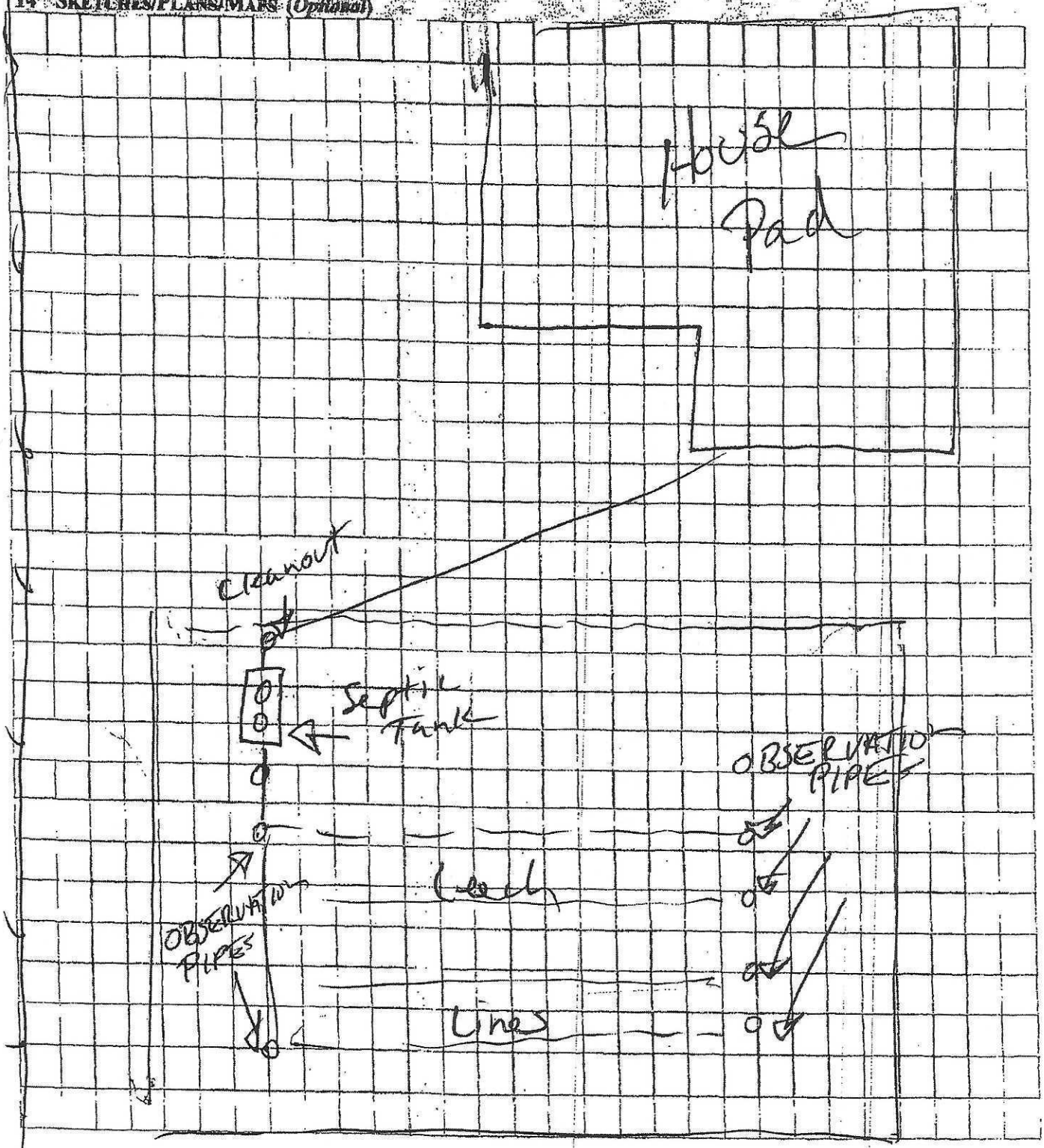
NOTE TO BUYER:

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.

REPORT OF INSPECTION TAX PARCEL NO: 304-19-583 DATE OF INSPECTION: 4-5-23

14 SKETCHES/PLANS/MAPS (Optional)



ADEQ Arizona Department of Environmental Quality

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).

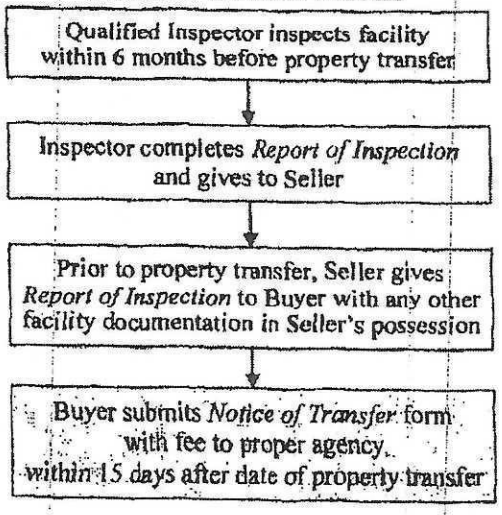
WHAT IS REQUIRED TO TRANSFER OWNERSHIP OF MY ON-SITE FACILITY?

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.

Notice of Transfer Process



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.

PLEASE DOWNLOAD THE LATEST UPDATE OF THIS FORM AT:
http://azdeq.gov/environ/water/permits/download/presale.doc , or
http://azdeq.gov/environ/water/permits/download/presale.pdf

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 Community Development Aquafer Protection Division Att: Septic Transfer
P.O. Box 2973
Florence, AZ 85132-2973
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. 26th Street
Yuma, AZ 85364
Tel: (928) 817-5084

ADEQ Arizona Department of Environmental Quality

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

1 Property Information *(All fields are required)*

Address 8356 Silver Creek Dr County Navajo
Lot 1
City Show Low Zip 85901 Tax Parcel No. 304-19-583
☒ Residential property, or ☐ 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

☐ **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):

☐ A Discharge Authorization was issued by ADEQ or its delegated county agency to operate the facility.
Discharge Authorization File No.:
Discharge Authorization Date:

☐ The facility has never been put into service before this property transfer.

4 Inspector Information *(All fields are required)*

Inspector Name Bret C. Caldwell NAWT Inspector No. 4713ITC
Company Name White Mountain Testing Inc.
Address P.O. Box 845
Taylor AZ, 85939
Phone No. 928-536-2659 Fax Email

5 Date of Facility Construction *(Copy from either Item 7A or 7B of the REPORT OF INSPECTION form)*

☐ Before January 1, 2001, or

☑ On or after January 1, 2001 as authorized by ADEQ or its delegated county agency

		Date Stamp
Check # and Amount		
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): ~~4-5-23~~ – 4-5-23

Design flow of facility (from Item 6E of *Report of Inspection* form): 450 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: _____