

Little Colorado Sanitary District

Report of Inspection Form

When completed, please mail to:
Saguaro Accounting PLLC
PO Box 527
Pinetop, AZ 85935

or fax to: 928-367-3501

or email to: eleanor@saguarocpa.com

The Little Colorado Sanitary District collection system is designed to only accept liquid effluent from solids separation tanks. The purpose of this inspection is to verify that the solids separation tank is functioning properly and that the solids are being separated from the liquids, and that the solids are not entering the collection system. **Each tank requires a separate form.**

1. Property Information

Address _____ Tax Parcel No. _____

2. Current Owner Information

Name _____
Mailing Address _____
City _____ State _____ Zip _____

3. Inspector Information

Inspector Name _____
License Type/Number _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax _____ Email _____

4. Site and Usage Information

Approximate Property Size (Acres) _____
Use of Property: Commercial Residential
Does this Solids Separation Tank function in conjunction with a grease trap? Yes No
Number of tanks on parcel _____
Tank number being inspected for this report _____
Structure(s) being serviced by solids separation tank being inspected _____
Occupancy/Use
Full Time Seasonal/Part Time: About _____ %
Intermittent Vacant Unknown
If dwelling, number of bedrooms: 1 2 3 4 5 6 or more

5. Solids Separation Tank Inspection and Pumping Information

Any structural hazards nearby (driveway, trees, large shrubs, etc.)? Yes No

If Yes, please explain. _____

Date of last inspection _____ Date of last pumping of solids separation tank _____

What is the thickness of the scum in inlet chamber?(SC) _____ (See Attached Diagram)

What is the thickness of the scum in outlet chamber?(SC) _____

What is the thickness of the sludge in inlet chamber?(SL) _____

What is the thickness of the sludge in outlet chamber?(SL) _____

What is the distance from the liquid level to the bottom of the tank in the inlet chamber?(DW) _____

What is the distance from the liquid level to the bottom of the tank in the outlet chamber?(DW) _____

If $(SC + SL)/DW > 33\%$ for any chamber, then the tank must be pumped.

What District's Engineer approved device was used to determine thicknesses and depth? _____

What is the distance from the top of scum to top of outlet baffle?(SBT) _____

If SBT is less than one inch then the tank must be pumped.

What is the distance from the bottom of scum to bottom of outlet baffle?(SBB) _____

If SBB is less than three inches then the tank must be pumped.

Was the Solids Separation Tank pumped as part of this inspection? Yes No

If No, the Tank was not pumped because:

___ The Solids Separation Tank does not appear to be in operation

___ Sludge and scum occupied less than 33% of the capacity of each chamber

Additional Information _____

If Yes, the Tank was pumped because:

___ More than 33% of the capacity of the tank was filled with sludge and scum

___ Distance from the top of scum to top of outlet baffle is less than one inch.

___ Distance from the bottom of scum to the bottom of the outlet baffle is less than three inches.

___ Other

Additional Information _____

Liquid Level in solids separation tank before pumping:

Normal Below Normal Above Normal Could not be determined

Depth of soil cover over tank access port _____

Solids Separation Tank Riser Present Not Present

If not present, please provide a sketch on the back of this form of the tank in relation to the existing building. Please show the measurements from three points on the building to the access port of the tank.

Solids Separation Tank Riser Material _____

Solids Separation Tank Riser Condition _____

Does the Solids Separation Tank Riser need to be replaced? ___ Yes ___ No

Tank construction - Metal _____ Cement _____ Other _____

One compartment _____ Multiple compartments _____

Top seam _____ Mid seam: _____

Approximate capacity in gallons _____

Integrity of baffles: Inlet Present _____ Not present _____

Outlet Present _____ Not present _____

Is there a clean-out on the outlet side of the tank? Yes No

If yes, approximate distance from tank _____

Does the clean-out have a lock? _____
Is the tank structurally sound? _____
Is there evidence of leakage into the tank? _____
Is there evidence of leakage out of the tank? _____
Is there an effluent filter and was it cleaned as part of this inspection? _____
If No, the filter was not cleaned because: _____

Is there a home pump station on the parcel? Yes No

Repairs or other maintenance done to tank as part of this inspection? Yes No
If Yes, please explain: _____

6. Inspection Summary

Does it appear that the tank is functioning properly to separate the solids from the liquids until the next required inspection? Yes No
What improvements are recommended? _____

7. Inspector's Information

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 Name _____ Date of Inspection _____