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Globe Arizona 85501
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608 N. Highway 260
Payson, Arizona 85541
(928)474-9276
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GILA COUNTY COMMUNITY DEVELOPMENT

CLEARANCE LETTER CERTIFICATION

Date: _____ APN: _____

Certifying Company: _____ Phone: _____

Current Owners Name: _____ Phone: _____

Mailing Address: _____

Property Address: _____

CESSPOOL

Cesspool in use: yes no Is there more than one cesspool on the property: yes no

Disposal method after cesspool: If any specify what it is e.g. leach line(s) or pit(s) _____

Was the cesspool pumped: yes no

Is the Cesspool structurally sound? yes no Is there evidence of hydraulic overload? yes no

Comments: _____

SEPTIC TANK

Septic Tank Material: pre-cast concrete fiberglass poly other (specify) _____

Number of compartments: one two Depth of soil cover over tank: _____

Permanent marker to grade: yes no Type of marker: _____ Risers: yes no _____

Effluent filter: yes no Diverter-valve: yes no D-box : yes no

INSIDE Dimensions in feet of Septic Tank:

____length ft x ____width ft x ____depth ft (below outlet level) x 7.48=_____ **Working Volume** in gallons

Liquid level in tank: at outlet pipe below outlet pipe above outlet pipe. Depth of liquid from bottom of tank _____ ft

Scum/Sludge measurements: Primary chamber: Scum depth _____ in, Sludge depth _____ in

Secondary chamber: Scum depth _____ in, Sludge depth _____ in

Septic tank should be pumped if: Scum + Sludge > 25-33% of tank volume below outlet level or Scum > 3" &/or Sludge > 12"

Was the Tank Pumped: yes no Estimate approximate age of septic system components: _____

Disposal method after tank: trench chamber bed old pit other _____

Number of leach lines: _____ Length of each line: _____ Size & Number of pits: _____

On-site Wastewater System is **"In Satisfactory Operating Condition"**: yes no Comments: _____

Note repairs or upgrades: _____

(OVER)

Bedroom and Fixture Count (required to be physically verified):

Full Bathroom(s) _____ Kitchen(s) _____ Utility Sink(s) _____ Other _____
Half Bathroom(s) _____ Laundry _____ Extra Sinks _____ Other _____
Bedrooms _____ Office/Den _____ Game room _____ Other _____

A Sketch, of the Conventional Septic System with drainfield or pit (and/or cesspool if applicable), is required (Below):
The exact location of the system is required. Provide North arrow, accurate measurements from the tank and drainfield to the home and the property line so that the components can be easily located in the future, show road name and existing pins (if the pins are not in place please state that on the sketch.....measurements from two pins is more accurate for use on a site plan). Please flag the 4 corners of the septic tank and both ends of each leach line.

I have inspected the physical and operational condition of the septic system serving this property on the date indicated below. I have completed this report to the best of my knowledge and have based the information contained in this form on observation and work performed at the time of inspection. This certification does not imply nor guarantee any future performance of this system.

Certifying Party Signature: _____ Date: _____

Name printed; _____

The Clearance Letter Certification is valid for three (3) years from the date of certifying party signature.