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Payson, Arizona 85541  
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## GILA COUNTY COMMUNITY DEVELOPMENT

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### CLEARANCE LETTER CERTIFICATION

Date: \_\_\_\_\_ APN: \_\_\_\_\_

Certifying Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing & Physical Address: \_\_\_\_\_

**CESSPOOL:** Cesspool in use:  yes  no Is the Cesspool structurally sound?  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) and/or pit(s) \_\_\_\_\_ **Was the cesspool pumped: yes  no**

Cesspool is **"In Satisfactory Operating Condition"**:  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: \_\_\_\_\_

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

(OVER)

Any corrections or upgrades made: \_\_\_\_\_

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; \_\_\_\_\_

**A Sketch, of the Conventional Septic System with drainfield and/or cesspool with drainfield or pit (if applicable), is required: 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, 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 the end of each leach lines. The Clearance Letter Certification is valid for three (3) years from the date of certifying party signature.**