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Payson, Arizona 85541
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GILA COUNTY COMMUNITY DEVELOPMENT

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 Conventional and/or Alternative On-site Wastewater Systems)

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 installed: yes no

Effluent filter: yes no, if no filter was one installed: yes no Diverter-valve: yes no D-box: yes no

Inside Dimensions of Septic Tank:

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

Liquid level in tank: normal below normal above normal Depth of liquid from bottom of tank _____

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 drip sprinkler other (specify e.g. lines, low pressure, pit) _____

Number of leach lines: _____ Length of each line: _____ Size of pit: _____

For Alternative systems-are there any pumps, motors, control panels, alarms associated with the system: yes no
If yes, sketch in all components and label them. Are all components in working order: yes no

Manufacturer of Alternative Treatment Unit: _____

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

(OVER)

Additional Comments: _____

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 or Alternative Septic System with drainfield and/or cesspool with drainfield (if applicable) is Required: The exact location of the system is required. Provide North arrow, measurements from the tank and drainfield to the home and the property line, show road name and location, other structures 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 the leach lines. **The Clearance Letter Certification is valid for three (3) years from the date of certifying party signature.**