



Septic Inspection Request Form

Desert Septic
PO Box 12220
Casa Grande, AZ 85130
Desertsepticllc@gmail.com
(520) 705-9922

PLEASE READ: Please fill the form out in its entirety. The ADEQ inspection is required for the sale of a property on septic in Arizona. Please fill the form out in its entirety. Incomplete forms will be returned and can delay scheduling. The only time an ADEQ inspection is not required for the sale of a property is if the septic system has never been put into service. Waivers are not legal. If our schedule allows, expedited inspections can be completed for an additional fee of \$250.00. Inspectors do not perform or process inspections on weekends or holidays. If there is more than one onsite system present on the property, the inspector shall complete a Report of Inspection form for each (Arizona Administrative Code, A.A.C R 18-9-A316.) **Please request inspections 10-14 days in advance.** If filling out by hand, please write legibly. NOTE: Escrow is allotted a 15-day grace period. On the 16th day, a \$50.00 fee will be added to the invoice and resubmitted to title. If unpaid within (30) days, an additional \$25.00 late fee will be added for every unpaid month afterward. **PLEASE ALLOW 2-3 BUSINESS DAYS FOR REPORT TO BE WRITTEN & SENT OUT AFTER SITE VISIT.** Email form to: desertsepticllc@gmail.com

Agent: _____ Phone: _____

Email: _____ Seller Name (first, last): _____

Property Address: _____

City: _____ Zip: _____ APN: _____ LAND SIZE: _____

***WATER IS REQUIRED TO BE ON DURING INSPECTION. IS WATER ON? YES: ___ NO: ___**

The Inspector needs water present in order to perform a complete inspection. If water isn't available, arrangements **MUST** be made prior to the scheduled inspection date.

WATER CO ___ WELL ___ SHARED WELL ___ HAULED ___ VACANT: Y ___ N ___

HOME YEAR: _____ # of BEDROOMS: ___ OFFICE/DEN: ___ GATE CODE: _____

ESCROW OFFICER: _____ EMAIL: _____ # _____

CLOSING DATE: _____ *PAYMENT OPTION: CC ___ CHECK ___ CASH ___ BILL TO ESCROW: _____

INSPECTION PAYOR(NAME): _____ #: _____

EMAIL: _____

BILLING ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

By signing below you agree to be the responsible party for payment and agree to the above terms.

SIGNATURE REQUIRED: _____ **DATE:** _____