

Septic Inspection Request Form

Desert Septic PO Box 12220 Casa Grande, AZ 85130 Desertsepticll@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 \$150.00. 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.** We will not move scheduled clients who submitted their requests by the required time frame to accommodate expedited requests. 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. On the 31st day of an unpaid inspection, Desert Septic reserves the right to plug the septic line and notify Pinal County Environmental Health for non-payment. A \$145.00 trip fee will apply to schedule a plug removal.

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 COWELL	SHARED WELL HAULE	D VACANT: Y N	<u> </u>
HOME YEAR:	# of BEDROOMS: OFF	ICE/DEN: GATE CODE:	: <u></u>
ESCROW OFFICER:	EMAIL:		#
CLOSING DATE:	PAYMENT OPTION: 0	CCCHECKCASH	BILL TO ESCROW:
BUYERs NAME:	EMAIL:	#	<u> </u>
•	≣):	#:	
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:	: