



Alternative Septic System Final Inspection

Inspection shall be performed by an Arizona registered Professional Engineer
Please contact Pima County DEQ 48 hours prior to inspection at 520-724-7400

Property Address: _____ PDEQ Project Number: _____

Inspector Name: _____ Date of Inspection: _____

Contractor Name: _____ Contractor License Number: _____

Septic Tank: R18-9-A314

- ___ Tank leak tested and Certificate of watertightness has been completed by responsible person
- ___ Tank size and location match site plan or new location shown on As-built
- ___ Tank is level
- ___ Manufacturer, tank size, max depth of cover, and date of manufacture marked on top of tank
Mfr. _____ Size _____ gallons Material _____
- ___ Inlet & Outlet clearly and permanently marked above or to the right or left of openings
- ___ Inlet/outlet openings and vertical leg at least 4" but not smaller than size of connecting sewer
 - a. Extends at least 4" above & at least 12" below liquid surface
 - b. Inlet invert installed 2" above outlet invert
- ___ Appropriate risers installed if the depth of cover is greater than 6 inches
- ___ Access openings at least 20" wide
 - a. One over inlet, one over outlet
 - b. If inlet compartment is over 12 feet long, 3rd opening provided over baffle
- ___ Appropriate baffle in place OR
 - ___ Baffle removed
- ___ Effluent filter installed and is accessible
- ___ Plumbing and distribution piping is appropriate size / material, and connections water tight

Pump Tank and Pumps: R18-9-A314 and R18-9-E304

- ___ Tank leak tested and Certificate of watertightness has been completed by responsible person
- ___ Tank size and location match site plan or new location shown on As-built
- ___ Manufacturer, tank size, max depth of cover, and date of manufacture marked on top of tank
Mfr. _____ Size _____ gallons Material _____
- ___ Appropriate risers installed if depth of cover is greater than 6 inches
- ___ Tank is level
- ___ Appropriate baffle in place OR
 - ___ Baffle removed
- ___ Pump for TREATMENT DEVICE: HP _____ Model Number: _____
- ___ Float settings for TREATMENT DEVICE pump:
Reference Point/Datum _____ Pump On _____ Pump Off _____ High Water Alarm _____
- ___ Pump for TREATMENT DEVICE operates properly as confirmed by squirt/pressure test
Squirt Height or Distal Pressure _____
- ___ Pump for DISPOSAL FIELD: HP _____ Model Number: _____
- ___ Float settings for DISPOSAL FIELD pump:
Reference Point/Datum _____ Pump On _____ Pump Off _____ High Water Alarm _____
- ___ Pump for DISPOSAL FIELD operates properly as confirmed by squirt/pressure test
Squirt Height or Distal Pressure _____
- ___ High water alarm(s) tested
- ___ Electrical wiring and control box specs match site plan and design report



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Proprietary Secondary Treatment Devices: R18-9-E309, E311, E312, E315, or E316

- ___ Secondary treatment device specs and location match site plan
Manufacturer: _____ Model Number: _____
- ___ Telemetry tested to confirm communication with service provider, if applicable
- ___ If time-dosed, timer operates properly Interval _____
- ___ Blower / aerator for aerobic treatment unit operates properly

Disinfection Device: R18-9-E320

- ___ Disinfection device specs and location match site plan Model Number: _____
- ___ Disinfection device drains between doses and is on a solid foundation
- ___ Fail-safe for disinfection device verified Type: _____
- ___ Size of contact chamber for disinfection device matches site plan Size: _____

Disposal Field: R18-9-E302, E305, E306, E307, E308, E309, E310, E317, E318, E319, or E322

- ___ Disposal field size and location match site plan. Length: _____ Width: _____ Depth: _____
- ___ Number of disposal field laterals matches site plan Number of Laterals: _____
- ___ Spacing between disposal field laterals matches site plan Distance: _____
- ___ Spacing between emitters matches site plan Distance: _____
- ___ Type & depths of media (sand/gravel/soil) below AND above disposal field laterals match site plan
Sand _____ Gravel _____ Soil _____
- ___ Construction material (PVC, polyethylene) and thickness of disposal field laterals match site plan
- ___ Emitters discharge uniformly as confirmed during pump testing
- ___ Flushing system operates properly as confirmed during pump testing
- ___ Air vacuum relief valves, ball valves, and/or check valves installed correctly
- ___ Observation port(s) installed and properly restrained Burial Depth _____
- ___ Geotextile fabric installed correctly to cover entire length & width
- ___ PVC liner for sand filter or E-T bed passes leak test Rate of Leakage _____
- ___ Disposal field has adequate drainage, berms, and /or rip-rap to protect from erosion and flooding
- ___ Distribution box is level, on stable surface and inlet at least 1" above outlet, if applicable

Description of As-Built changes: _____

Additional Observations: _____

Approved _____ Rejected _____ Signature _____

Engineer's Seal: