ASAP PUMPING, Inc.

	7007 0 700 303-4125		Lic #C42 855 851
	365-4118 • 1-800-334-7255	1-12-	21
	c 2318 • Cathedral City, CA 92235 pping@aol.com www.asappumping.com		01
BILL TO	iping@aoi.com www.asappumping.com	PHONE	• • • • • • • • • • • • • • • • • • • •
ADDRESS	our they Lorace		
CITY			
		TECHNICIAN	a
	NO LOCATION 14435 VIA RISSO PALSO SPA		92264
DESCRIPTION	NOF WORK		10009
		unper Ti	and the same of th
AND	D WATER TESTED LEACH FINE		

QUANT.	DESCRIPTION OF SERVICES	PRICE	AMOUNT
	Pumping Fee per 1000 gal.		
	Rooter Service		
Maria de la companya	Camera		
	Labor		
	Septic Inspection		465
	Locating / Opening Fee		
- COMPULSION			
	Comments: Cond To full	100	
	bend The form	(000)	
		_	
		_	
	SYSTEM FAILING* YES NO		
* A FAI	LING SYSTEM MAY FILL BACK UP WITHIN A FEW DAYS AND CONTINUE TO HAVE PROBLEMS IF NOT RECTIFIED.)	
WAIVER: N	lot responsible for secondary damage such as water		
	hipped concrete, mark on street or driveways or trees. edge All work has been completed to my satisfaction.		
SIGNATUR		TOTAL	465
			700

REPORT OF INSPECTION - INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PRIMARY TREATMENT C	onsists of	Septic tank	☐ Cesspool		
Septic Tank:					
Distance from well:	N/A	eet. Material,	Fi Ban Glass	Number of comp	onents
. Total liquid capacity _		gant	nis. Capacity intel component,	7000	galloris
Inside length,	9	eet. Inside width,	feet. Liquid depth	1,fe	eet.
Cesspool:					
	fe	et Foundation.	feet, nearest lot line	at Infront Inside	Trear feet
Inside diameter.	feet	Depth.	feet, nearest lot line feet. Liquid capacity.	gallons. Lining n	naterial
SECONDARY TREATME	NT consists	of Tile disposal	field Seepage pits	Other (specify)	
Tile Disposal Field:					
Distance from well.	NA S	et, foundation.	feet, nearest lot line	at Afront Side	□rear 5 feet
Total length of tile line	s, 75	_feet, Number of li	nes, Distance be	tween lines,	feet
Trench width,	6_ inche	s. Total effective absorber	orption area at bottom of trenche	es, 400	square feet
Length of each line, _		feet. Depth,	top of tile to finish grade,		inches.
Type of filter material;		☐ Broken stone	Other (specify)		
Sewage Pitss:	r beneath the		inches. Depth of filter materi	al over tile,	inches.
Number of pits	Outsid	a diameter	feet. Lining material	an = = = = = = = = = = = = = = = = = = =	
Distance from well,	feel	building foundation_	feet, nearest lot line a	t	□ rear feet
Inspection made by:					
		*		1	
			Inspected by:	IAROLO YAKL	Tis
Date of Inspection:	1-12	- 21		T= 11	No seems of
Date of mobernon.	, , ,			(Title)	
				(Inte)	
Individual wells ar	e ∐a	e not customary in ne	e of main,inches. eighborhood. nity to furnish adequate supply o		
Properties in neighborhoo	d Dare	☐ are not being dev	reloped with both individual water	ar supply and nawara	dianonal austama
Lot size feet w	ide.	feet deep. Dwel	ling set back from property line,	feet	uisposai systems.
Individual water supply fro	m: 🗆	Drilled well	Driven well Dug well	Bored well.	
Distance of well from:					
Building foundation,_	fe	et, nearest lot line at	☐ front ☐ side	rear	feet;
cast iron sewer,	feet, t	ile sewer	feet, septic tankfeet,	disposal field,	feet;
Well Construction:	feet, cess	pool,feet	other sources of possible pollu	tion,	feet.
Diameter	inches Tota	I denth feet	. Type of casting,	Don'th of eaching	
Approximate depth to	pumping lev	el of water in well	feet. Approximate	Depin or casting, _	Teet.
Sealed watertight to c	lepth of	feet	Toes Approximate	yıcıd, y	anons per minute.
Exterior space around	casting sea	led with: Ceme	nt grout Puddled clay	Ordinary backfill	
Well cover: LCon	crete 📑	Wood Metal.	Openings in well cover watertig	ht: TYes TNo	1
Pump:	☐ Deep w	ell. Length of drop pi	pe,feet Pump capac	ity. gal	lons per minute.
rocated in Tas	ement L	JPumproom off base	ment Pumphouse above	ground Pump c	oit.
Pumproom properly of	Irained:	☐Yes ☐No. "	Pump mounting watertight:	☐Yes ☐No.	
Type of storage:	Pressure	Gravity. Capacity	, gallons.		
mas bacteriological exami	nation of wa	ter been made?	es ☐No. If answer is "Yes"	give date	
Quality of water Is Installation does	☐ Is not s	austactory for human	consumption.	N V 532	
Inspection made by:	State M	County II I ocal	Proved exhibits , it any. Health Authority		
			ricality and only.		
			Inspected by		
Date of inspection		1		8	
				(Tale)	

Form Approved OMB No. 2900-0088

PUBLIC SYSTEM COMMUNITY SYSTEM NODVIDUAL WES NO		HEAL	LTH AUTHORITY .	APPROVAL	RBAN DEVELOPMENT	HUD / FHA OR VA CASE NO.		
MONTOLIGE NAME AND ADDRESS (reduce ZP Code) PART I TO BE COMPLETED BY HUDFHA OR VA MONTOLIGE NAME AND ADDRESS (reduce ZP Code) PROPERTY ADDRESS UNH 35						HUD / FHA OR VA OFFICE		
MORTOLOGE NAME AND AGDRESS (Include 2P Code) MORTOLOGE NAME AND AGD						OR VA		
TOTAL NUMBER STHERE ARASE WATTER SUPPLY BY WATTER SUPPLY BY WATTER SUPPLY BY PURSUE SYSTEM COMMANTY SYSTEM MONDOUAL MONDO	MORTGAGE NAME ANI	D ADDRESS (Include ZIP	Code)					
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SEVACE DISPOSAL BY. PUBLIC SYSTEM COMMUNITY SYSTEM NON/DUAL PART II - TO BE COMPLETED BY HEALTH DEPARTMENT OR COMPLIANCE INSPECTOR SEPECTORS SKETCH (TO REPORT AS: BUILT DEVIATIONS FROM APPROVED PLAN) FROM OF HOUSE The subject property Not Inspected County Local Department of Health that this individual water-supply system is is not satisfactory as a domestic water supply for the subject property Not Inspected Not satisfactory as a domestic water supply It is the opinion of the State County Local Department of Health that this individual swage-disposal system with proper maintenance of Can be expected to function satisfactorily. This is an inspection not a warrharty. DATE SIGNATURE TITLE ASAP PLANFING, INC. TECHNICIAN NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided. NOTE: Use of the reverse of this is at the option of the health authority. PART III - FOR USE OF FIELD OFFICE I have reviewed the foregoing and the peritinent Compliance Inspection Report and recommend that the individual water-supply system be considered not acceptable and that the sewage-disposal be considered not acceptable not acceptable and that the sewage-disposal be considered not acceptable ITTLE HUD ARCHITECTURAL SECTION OF DEPUT WACHIEF APPRAISAL SECTION OF DESIGNREE						SYSTEM	DESIGNED FOR	
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