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asappumping@aol.com www.asappumping.com

BILL TO Courtney Lorack
ADDRESS

ESCROW #

BILL TO Courtney Lorack
ADDRESS

PHONE _____

ADDRESS

CITY

TECHNICIAN *Harold*

JOB NAME AND LOCATION
04435 VIA RISSO PALM SPRINGS, CA. 92264

DESCRIPTION OF WORK
SEPTIC INSPECTION - OPEN - PUMPED TANK
AND WATER TESTED LEACH FIELD

[illegible]

REPORT OF INSPECTION - INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PRIMARY TREATMENT consists of ☒ Septic tank ☐ Cesspool

Septic Tank:

Distance from well: N/A feet. Material, FIBERGLASS Number of components 2
Total liquid capacity 1200 gallons. Capacity inlet component, 1000 gallons.
Inside length, 9 feet. Inside width, 6 feet. Liquid depth, 5 feet.

Cesspool:

Distance from well, _____ feet. Foundation, _____ feet, nearest lot line at ☐ front ☐ side ☐ rear _____ feet
Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of ☐ Tile disposal field ☐ Seepage pits ☐ Other (specify) _____

Tile Disposal Field:

Distance from well, N/A feet, foundation, 15 feet, nearest lot line at ☒ front ☐ side ☐ rear 15 feet.
Total length of tile lines, 75 feet, Number of lines, 1. Distance between lines, _____ feet.
Trench width, 36 inches. Total effective absorption area at bottom of trenches, 400 square feet.
Length of each line, _____ feet. Depth, top of tile to finish grade, 24 inches.
Type of filter material: ☒ Gravel ☐ Broken stone ☐ Other (specify) _____
Depth of filter material beneath tile, 12 inches. Depth of filter material over tile, _____ inches.

Sewage Pits:

Number of pits, _____. Outside diameter, _____ feet. Lining material _____
Distance from well, _____ feet, building foundation _____ feet, nearest lot line at ☐ front ☐ side ☐ rear _____ feet.

Inspection made by: ☐ State ☐ County ☐ Local Health Authority

Inspected by: NARCO YAKUTS

Date of Inspection: 1-12-21 TECH
(Title)

REPORT OF INSPECTION - INDIVIDUAL WATER SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells ☐ are ☐ are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood ☐ are ☐ are not being developed with both individual water supply and sewage disposal systems.

Lot size _____ feet wide, _____ feet deep. Dwelling set back from property line, _____ feet.

Individual water supply from: ☐ Drilled well ☐ Driven well ☐ Dug well ☐ Bored well.

Distance of well from:

Building foundation, _____ feet, nearest lot line at ☐ front ☐ side ☐ rear _____ feet;
cast iron sewer, _____ feet, tile sewer _____ feet, septic tank _____ feet, disposal field, _____ feet;
sewage pit, _____ feet, cesspool, _____ feet, other sources of possible pollution, _____ feet.

Well Construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____. Depth of casing, _____ feet.
Approximate depth to pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.

Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: ☐ Cement grout ☐ Puddled clay ☐ Ordinary backfill.

Well cover: ☐ Concrete ☐ Wood ☐ Metal. Openings in well cover watertight: ☐ Yes ☐ No.

Pump: ☐ Shallow well ☐ Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in ☐ Basement ☐ Pumproom off basement ☐ Pumphouse above ground ☐ Pump pit.

Pumproom properly drained: ☐ Yes ☐ No. Pump mounting watertight: ☐ Yes ☐ No.

Type of storage: ☐ Pressure ☐ Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? ☐ Yes ☐ No. If answer is "Yes" give date _____

Quality of water ☐ Is ☐ Is not satisfactory for human consumption.

Installation ☐ does ☐ does not comply with approved exhibits, if any.

Inspection made by: ☐ State ☐ County ☐ Local Health Authority.

Inspected by _____

Date of inspection _____ (Title)

VETERANS ADMINISTRATION / U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER-SUPPLY AND SEWAGE-DISPOSAL SYSTEM

HUD / FHA OR VA CASE NO.

HUD / FHA OR VA OFFICE

IMPORTANT - This form should be completed and filed as required by existing law 38 U.S.C. 1804 and 1810.

PART I - TO BE COMPLETED BY HUD/FHA OR VA

MORTGAGE NAME AND ADDRESS (include ZIP Code)

MORTGAGE OR SPONSOR

PROPERTY ADDRESS

64435 Via Rizzo
PALM SPRINGS, CA. 92264

SUBDIVISION / LOT NO.

TOTAL NUMBER

LIVING UNITS

BEDROOMS

BATHS

IS THERE A BASE-
MENT?IS THIS A NEW
INSTALLATION?CAN THE ATTIC OR OTHER AREA BE MADE INTO
ADDITIONAL BEDROOMS? (If "YES," how many?)

1

4

5

☐ YES ☒ NO☐ YES ☒ NO☐ YES ☒ NO

WATER SUPPLY BY:

☒ PUBLIC SYSTEM☐ COMMUNITY SYSTEM☐ INDIVIDUAL

SEWAGE DISPOSAL BY:

☐ PUBLIC SYSTEM☐ COMMUNITY SYSTEM☒ INDIVIDUAL

SYSTEM DESIGNED FOR

NO. OF BEDROOMS

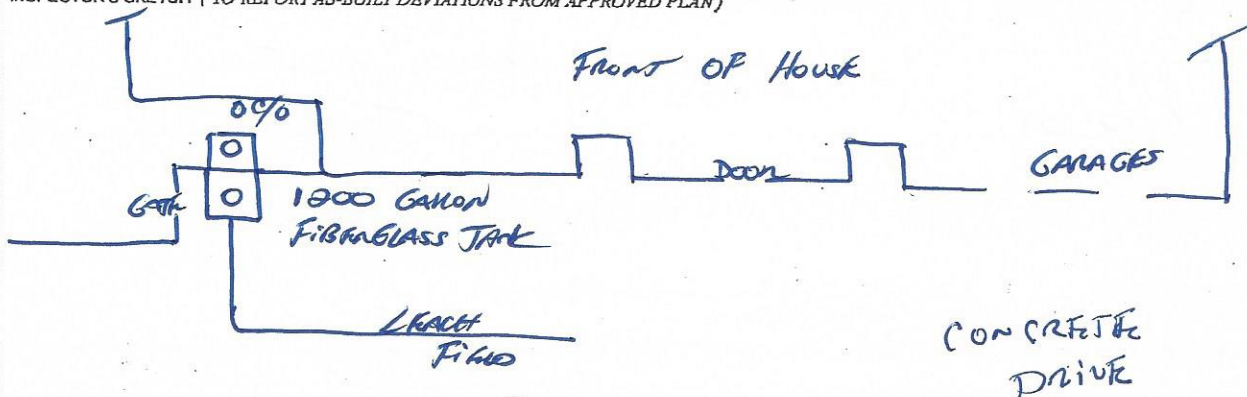
GARBAGE DISPOSAL

4

☒ YES ☐ NO

PART II - TO BE COMPLETED BY HEALTH DEPARTMENT OR COMPLIANCE INSPECTOR

INSPECTOR'S SKETCH (TO REPORT AS-BUILT DEVIATIONS FROM APPROVED PLAN)

It is the opinion of the ☐ State ☐ 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**It is the opinion of the ☒ State ☐ County ☐ Local Department of Health that the individual sewage-disposal system with proper maintenance ☒ Can be expected to function satisfactorily, and is not likely to create unsanitary conditions. ☐ Cannot be expected to function satisfactorily. **This is an inspection not a warranty.**

DATE

1-12-21

SIGNATURE

Haskel YL

TITLE ASAP-PUMPING, INC. TECHNICIAN

LIC # C42-855851

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 pertinent Compliance Inspection Report and recommend that the individual water-supply system be considered ☐ acceptable ☐ not acceptable and that the sewage-disposal be considered ☐ acceptable ☐ not acceptable.

DATE

SIGNATURE

TITLE

☐ HUD ARCHITECTURAL SECTION CHIEF OR DEPUTY CHIEF☐ VA CHIEF APPRAISAL SECTION OR DESIGNEE