



County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rlvcoeh.org

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 - (951) 955-8980
47-950 Arabia Street • Suite A • Indio • CA 92201 - (760) 863-7570

Facility 9-Hacienda

Property Information: APN: Date of Inspection: 5.12.22

1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.

3. a. I examined existing subsurface sewage disposal system at the above location on 5.12.22 and determined that the tank capacity is 1000 gallons and that there is 150 sq. ft. of leach line bottom area. There are bedrooms in the dwelling and there are fixture units.

b. There are 1 leach line(s), each 50 ft. long Depth ft. Rock Plastic Chamber

c. There are Seepage pit(s), each ft. in diameter, and ft. TD. ft. Bl.

d. The leach bed is ft. by ft., total sq. ft. of leached area. Depth is ft.

4. a. Construction of septic tank (Please check one of the following):

Concrete Fiberglass Steel Other:

b. Internal dimensions of septic: Length 8 ft. Width 4 ft. Depth 4.5 ft.

c. Condition of tank (please check yes or no for each question): Inlet Tee present? Yes No Tank Structure deteriorated? Yes No Effluent Filter Present? Yes No Outlet Tee present? Yes No Two compartments? Yes No

d. Condition of D-Box: Level? Yes No Replaced? Yes No

e. GPS location of septic tank (in decimal degrees) Latitude, Longitude

5. a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No

b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No

c. Was the area around the lids oxidized? Yes No

d. Is design of system gravity feed? Yes No

e. Were well(s) observed on this or adjacent property? Yes No

If yes, indicate distance of well from: Septic tank 400 ft. Leach lines 412 Seepage Pits ft.

f. Distance from springs, lakes, and natural water courses (check all that apply): Septic Tank ft. Leach lines ft. Seepage Pits ft.

g. Is sewer within 200 ft. of structure and abuts property line? Yes No

Additional Comments:

h. How long has dwelling been vacant? (if applicable) 1 months weeks N/A

6. a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.

b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: Installation of new septic tank

I certify under penalty of perjury that the foregoing is true and correct.

Signature: Steven Wright Print Name: Steven Wright

Contractor License No.: 969430 Expiration Date: 01-2024

Pumper Co.: Wright Septic Phone Number: 951 654 4840

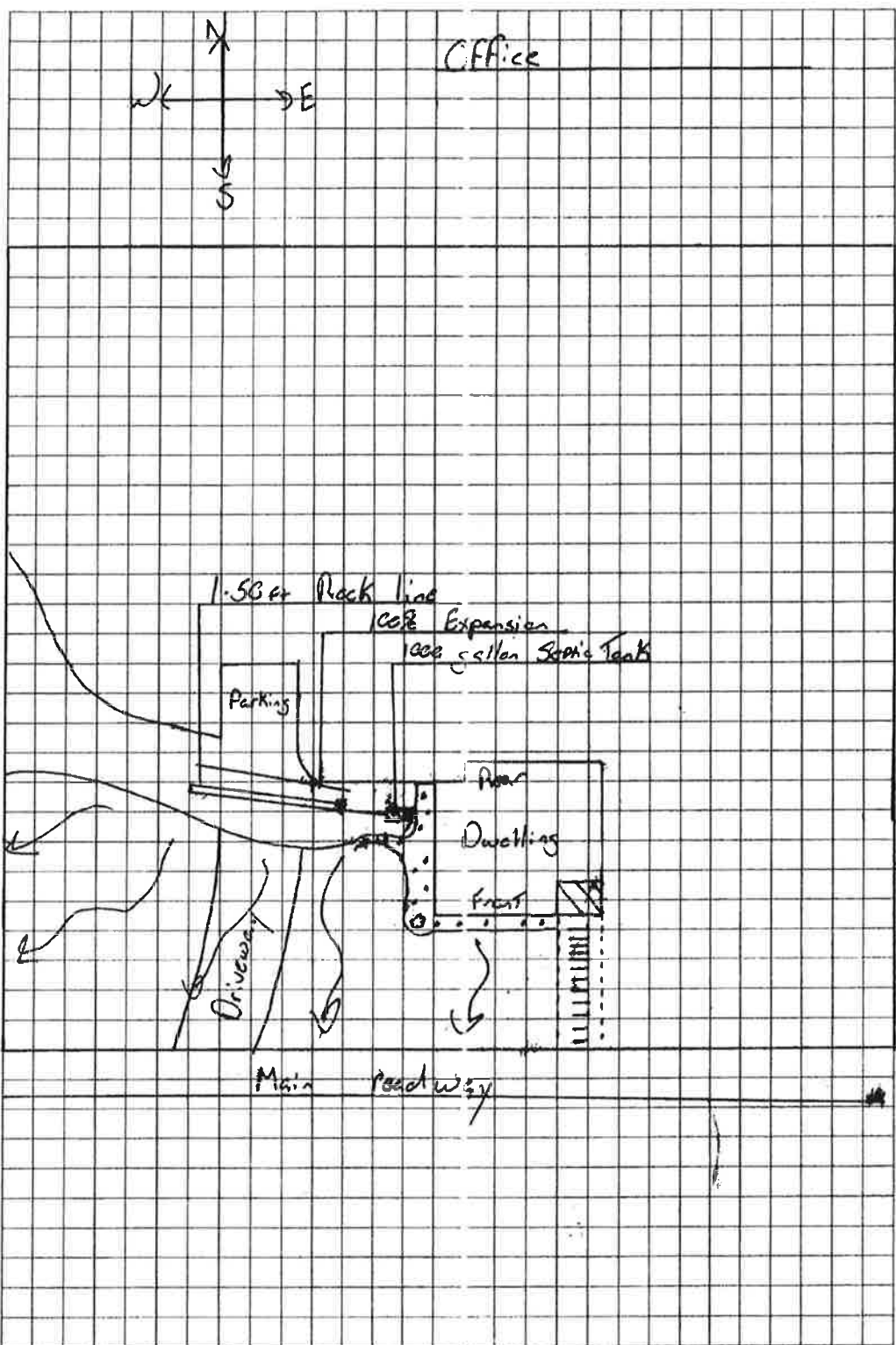
Address: 511 N. Dillon City: San Jacinto Zip: 92582

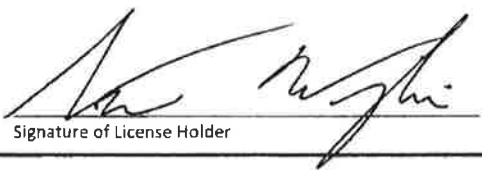
Name: Paradise Valley Ranch
Address: 43700 Cactus Valley
City: Hemet Zip: 92544

WRIGHT SEPTIC
P.O. Box 1196 • San Jacinto, CA 92581
PH# (951) 654-4840 or (951) 654-3075
FAX# (951) 654-3575
Email: wrightseptic@yahoo.com
License # 169430

Date: 3-1-21
Technician: Steven Wright

Map 1" = 40' 4/8




Signature of License Holder



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
- 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

Facility #5/Ponderosa/System #1

Property Information: APN: _____ Date of Inspection: 5-12-22
 1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.

3. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 1000 gallons and that there is 480 sq. ft. of leach line bottom area. There are _____ bedrooms in the dwelling and there are _____ fixture units.

b. There are 2 leach line(s), each 80 ft. long Depth _____ ft. Rock Plastic Chamber

c. There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. Bl.

d. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft.

4. a. Construction of septic tank (Please check one of the following):
 Concrete Fiberglass Steel Other: _____

b. Internal dimensions of septic: Length 8 ft. Width 4 ft. Depth 4.5 ft.

c. Condition of tank (please check yes or no for each question):
 Inlet Tee present? Yes No
 Tank Structure deteriorated? Yes No
 Outlet Tee present? Yes No
 Effluent Filter Present? Yes No
 Two compartments? Yes No

d. Condition of D-Box: Level? Yes No Replaced? Yes No

e. GPS location of septic tank (in decimal degrees) _____ Latitude, Longitude

5. a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No

b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No

c. Was the area around the lids oxidized? Yes No

d. Is design of system gravity feed? Yes No

e. Were well(s) observed on this or adjacent property? Yes No
 If yes, indicate distance of well from: Septic tank 360 ft. Leach lines 145 Seepage Pits _____ ft.

f. Distance from springs, lakes, and natural water courses (check all that apply):
 Septic Tank 200 ft. Leach lines 200 ft. Seepage Pits _____ ft.

g. Is sewer within 200 ft. of structure and abuts property line? Yes No

Additional Comments: _____

h. How long has dwelling been vacant? (if applicable) 12 months _____ weeks N/A

6. a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.

b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: Installation of new Septic Tank

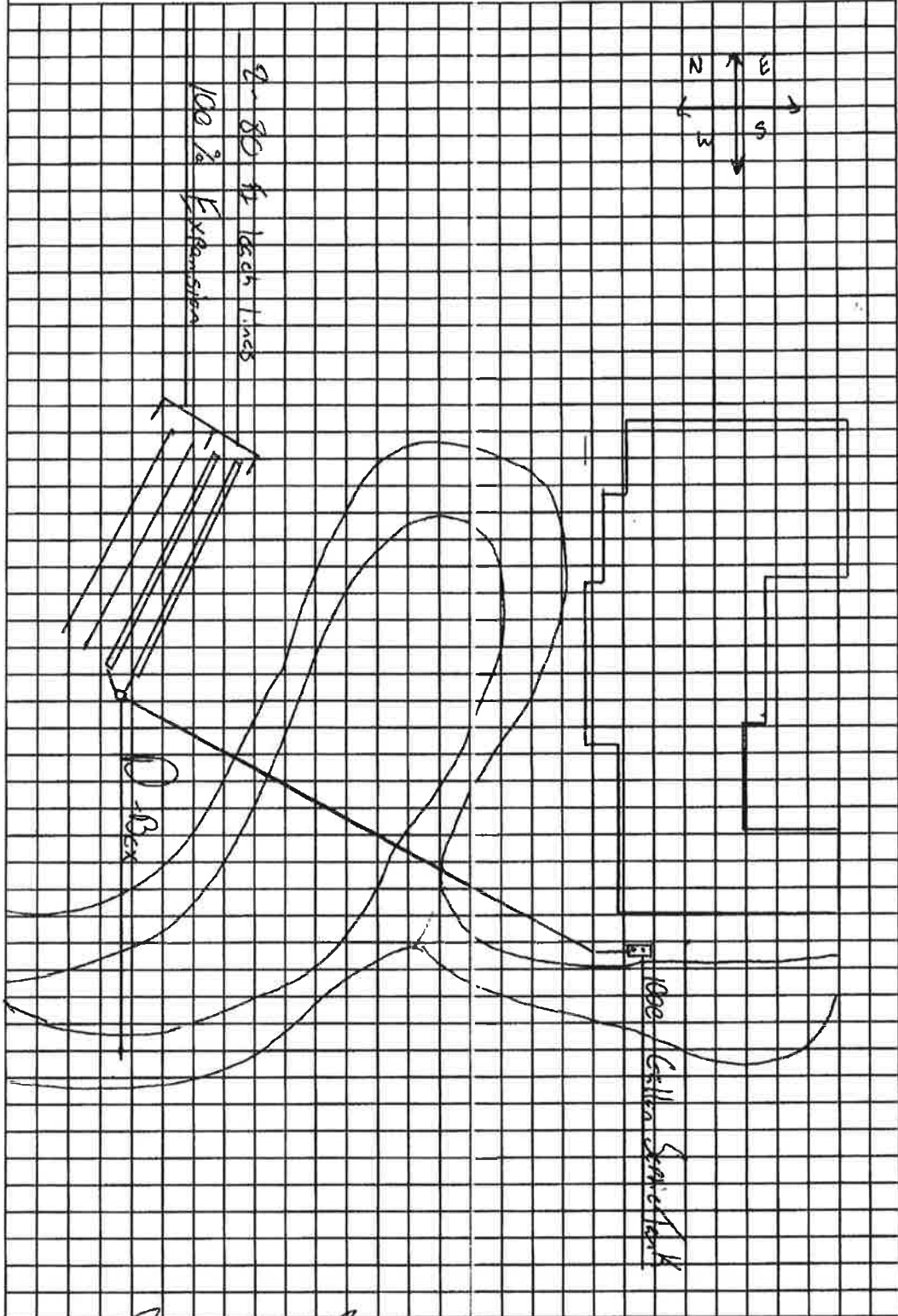
I certify under penalty of perjury that the foregoing is true and correct.

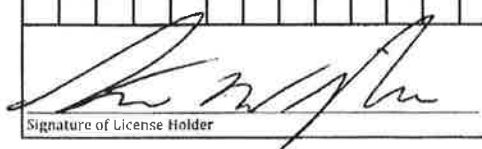
Signature: _____ Print Name: Steven Wright
 Contractor License No.: 969430 Expiration Date: 01-2024
 Pumper Co.: Wright Septic Phone Number: 951-654-4840
 Address: 561 N. Dillon City: San Jacinto Zip: 92582

Name: Paradise Valley
Address: 43700 Cactus Valley
City: Hemer Zip: 52544
Ponderosa
System #1

WRIGHT SEPTIC
P.O. Box 1196, San Jacinto, CA 92581
951-654-1840
Email: wrightseptic@yahoo.com
License: 919430

Date: 3-15-21
Technician: Steven Wright
Map 1" = 40
M




Signature of License Holder



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rlvcoeh.org

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
- 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

Facility #5/Ponderosa / System #2

Property Information: APN: _____ Date of Inspection: 5-12-22
 1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 1500 gallons and that there is 600 sq. ft. of leach line bottom area. There are _____ bedrooms in the dwelling and there are _____ fixture units.
 b. There are 2 leach line(s), each 100 ft. long Depth _____ ft. Rock Plastic Chamber
 c. There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. BI.
 d. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft.
4. a. Construction of septic tank (Please check one of the following):
 Concrete Fiberglass Steel Other: _____
 b. Internal dimensions of septic: Length 9 ft. Width 5 ft. Depth 4.5 ft.
 c. Condition of tank (please check yes or no for each question):
 Inlet Tee present? Yes No
 Tank Structure deteriorated? Yes No
 Outlet Tee present? Yes No
 Effluent Filter Present? Yes No
 Two compartments? Yes No
 d. Condition of D-Box: Level? Yes No Replaced? Yes No
 e. GPS location of septic tank (in decimal degrees) _____, _____ Latitude, Longitude
5. a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No
 b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No
 c. Was the area around the lids oxidized? Yes No
 d. Is design of system gravity feed? Yes No
 e. Were well(s) observed on this or adjacent property? Yes No
 If yes, indicate distance of well from: Septic tank 200 ft. Leach lines 220 ft. Seepage Pits _____ ft.
 f. Distance from springs, lakes, and natural water courses (check all that apply):
 Septic Tank _____ ft. Leach lines _____ ft. Seepage Pits _____ ft.
 g. Is sewer within 200 ft. of structure and abuts property line? Yes No
 Additional Comments: _____
 h. How long has dwelling been vacant? (if applicable) 12 months _____ weeks N/A
6. a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
 b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: Installation of New Septic Tank

I certify under penalty of perjury that the foregoing is true and correct.

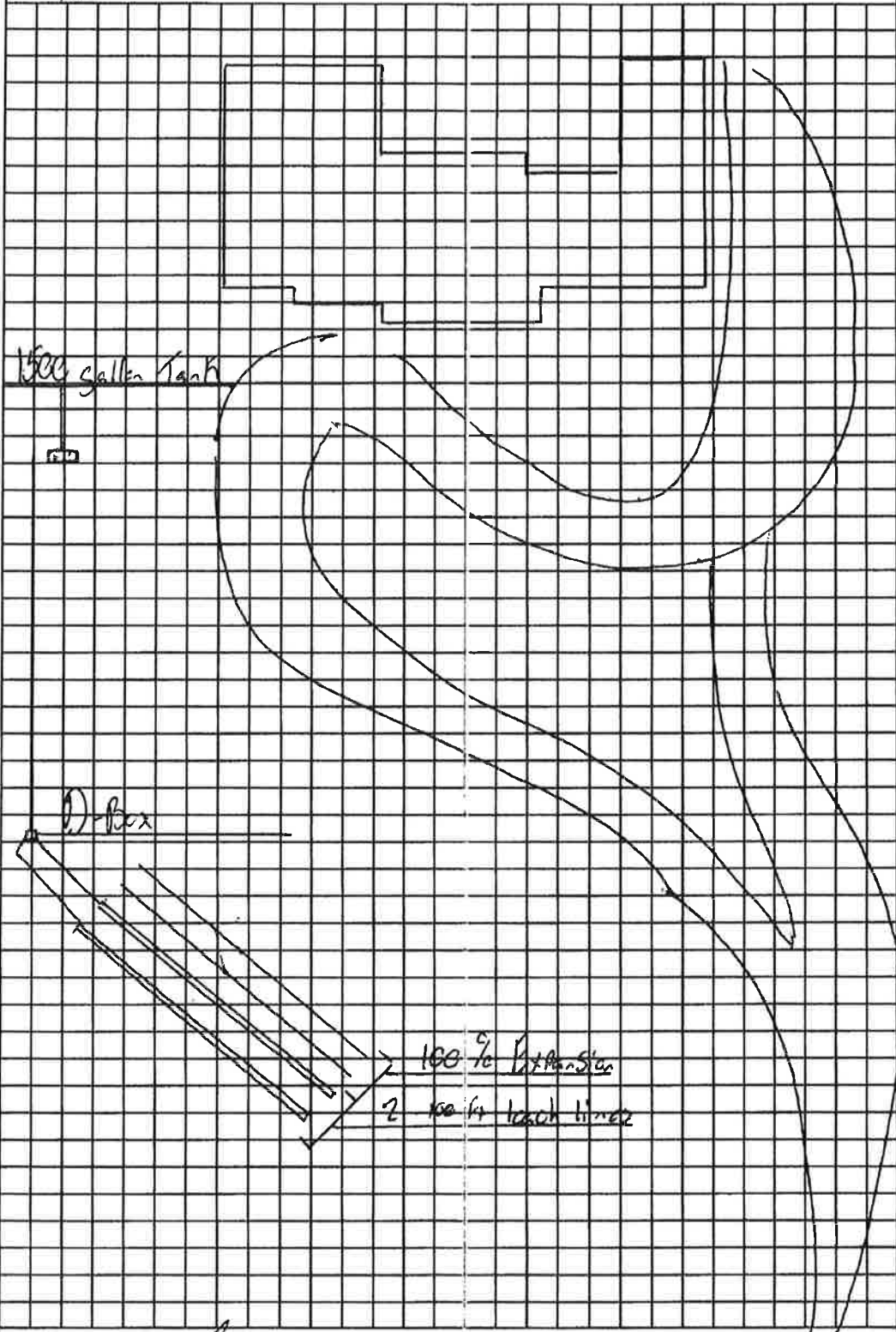
Signature: [Signature] Print Name: Steven Wright
 Contractor License No.: 969430 Expiration Date: 01-2024
 Pumper Co.: Wright Septic Phone Number: 951 654 4840
 Address: 501 D. Dillion City: San Jacinto Zip: 92582

Name: Paradise Valley
Address: 43200 Cactus Valley
City: Hemecr Zip: 92814

WRIGHT SEPTIC
P.O. Box 1196, San Jacinto, CA 92581
951-654-4840
Email: wrightseptic@yahoo.com
License: 969430

Date: 3-13-21
Technician: Steven Wright
Map 1" = 40
M

Panderosa
System #2



Steven Wright
Signature of License Holder



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980 *Facility #3 Pool House/Gym*
 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

Property Information: APN: _____ Date of Inspection: 5-12-22
 1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3. a. I examined existing subsurface sewage disposal system at the above location on _____ and determined that the tank capacity is 1500 gallons and that there is 360 sq. ft. of leach line bottom area. There are _____ bedrooms in the dwelling and there are _____ fixture units.
- b. There are 2 leach line(s), each 60 ft. long Depth 3.5 ft. Rock Plastic Chamber
- c. There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. BI.
- d. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft.
4. a. Construction of septic tank (Please check one of the following):
 Concrete Fiberglass Steel Other: _____
- b. Internal dimensions of septic: Length 8 ft. Width 5.5 ft. Depth 4.5 ft.
- c. Condition of tank (please check yes or no for each question):
 Inlet Tee present? Yes No
 Tank Structure deteriorated? Yes No
 Outlet Tee present? Yes No
 Effluent Filter Present? Yes No
 Two compartments? Yes No
- d. Condition of D-Box: Level? Yes No Replaced? Yes No
- e. GPS location of septic tank (in decimal degrees) _____, _____ Latitude, Longitude
5. a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No
 b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No
 c. Was the area around the lids oxidized? Yes No
 d. Is design of system gravity feed? Yes No
 e. Were well(s) observed on this or adjacent property? Yes No
 If yes, indicate distance of well from: Septic tank 400 ft. Leach lines 420 Seepage Pits _____ ft.
 f. Distance from springs, lakes, and natural water courses (check all that apply):
 Septic Tank _____ ft. Leach lines _____ ft. Seepage Pits _____ ft.
 g. Is sewer within 200 ft. of structure and abuts property line? Yes No
 Additional Comments: _____
- h. How long has dwelling been vacant? (if applicable) 6 months _____ weeks N/A
6. a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
 b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: _____

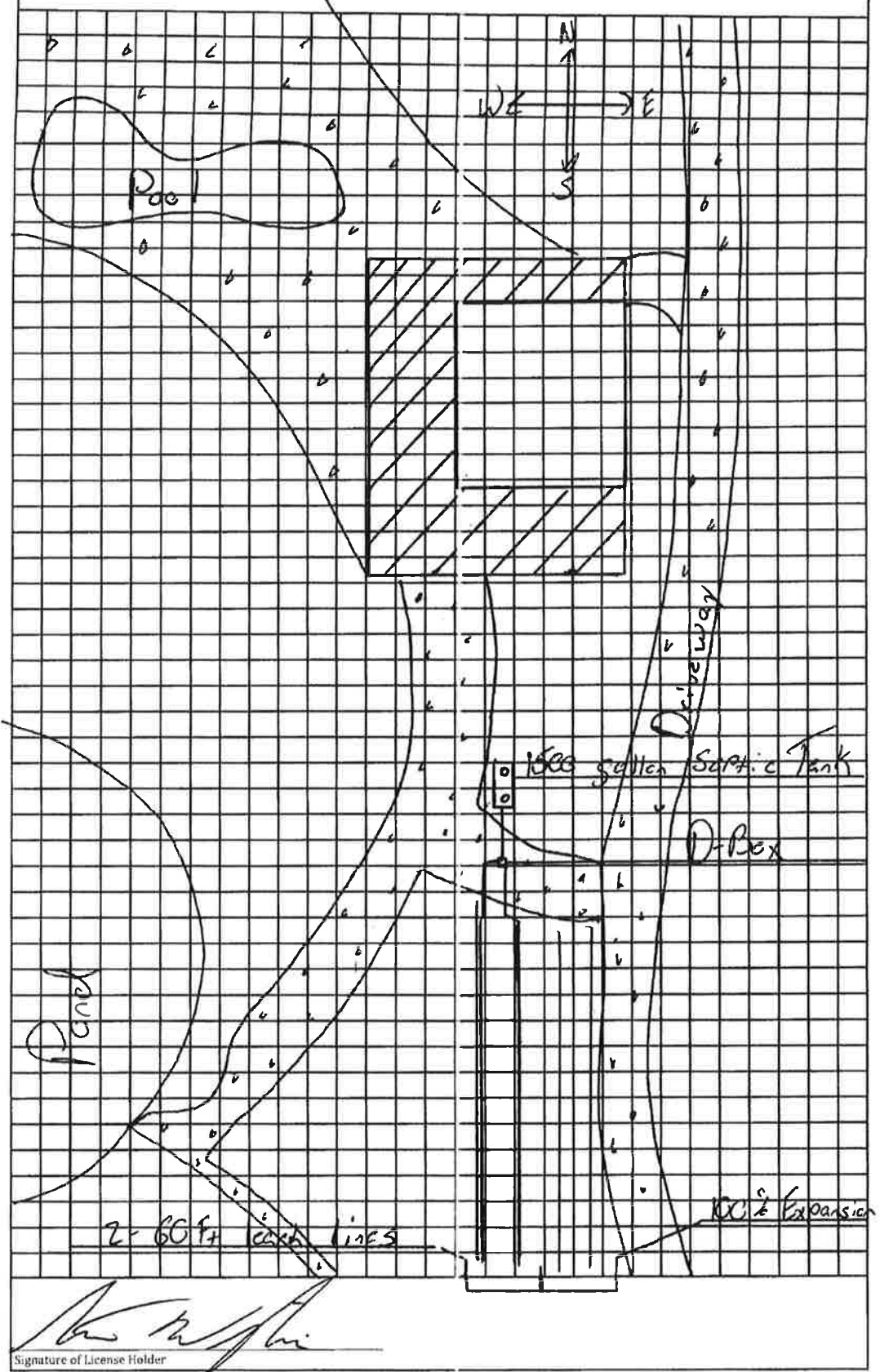
I certify under penalty of perjury that the foregoing is true and correct.

Signature: [Signature] Print Name: Steven Wright
 Contractor License No.: 965430 Expiration Date: 01-2024
 Pumper Co.: Wright Septic Phone Number: 951-654-4840
 Address: 511 N. Dillon City: San Jacinto Zip: 92582

Name: Paradise Valley
Address: 43700 Cactus Valley
City: Hemet Zip: 92544
Main Pool
House

WRIGHT SEPTIC
P.O. Box 1196, San Jacinto, CA 92581
951-654-4840
Email: wrightseptic@yahoo.com
License: 969430

Date: 3-13-21
Technician: Steven Wright
Map 1" = 20
M



[Handwritten Signature]
Signature of License Holder



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

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CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980

47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

Facility #1 Silverado

Property Information: APN: _____ Date of Inspection: 5-12-22
 1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.

3. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 2000 gallons and that there is 450 sq. ft. of leach line bottom area. There are _____ bedrooms in the dwelling and there are _____ fixture units.
 b. There are 2 leach line(s), each 75 ft. long Depth 3 ft. Rock Plastic Chamber
 c. There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. BI.
 d. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft.

4. a. Construction of septic tank (Please check one of the following):
 Concrete Fiberglass Steel Other: _____
 b. Internal dimensions of septic: Length 17 ft. Width 4 ft. Depth 4 ft.
 c. Condition of tank (please check yes or no for each question):
 Inlet Tee present? Yes No
 Tank Structure deteriorated? Yes No
 Outlet Tee present? Yes No
 Effluent Filter Present? Yes No
 Two compartments? Yes No
 d. Condition of D-Box: Level? Yes No Replaced? Yes No
 e. GPS location of septic tank (in decimal degrees) _____, _____ Latitude, Longitude

5. a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No
 b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No
 c. Was the area around the lids oxidized? Yes No
 d. Is design of system gravity feed? Yes No
 e. Were well(s) observed on this or adjacent property? Yes No
 If yes, indicate distance of well from: Septic tank 400 ft. Leach lines 415 Seepage Pits _____ ft.
 f. Distance from springs, lakes, and natural water courses (check all that apply):
The Springs Septic Tank _____ ft. Leach lines _____ ft. Seepage Pits _____ ft.
 g. Is sewer within 200 ft. of structure and abuts property line? Yes No

Additional Comments: _____

h. How long has dwelling been vacant? (if applicable) _____ months _____ weeks N/A

6. a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
 b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: _____

I certify under penalty of perjury that the foregoing is true and correct.

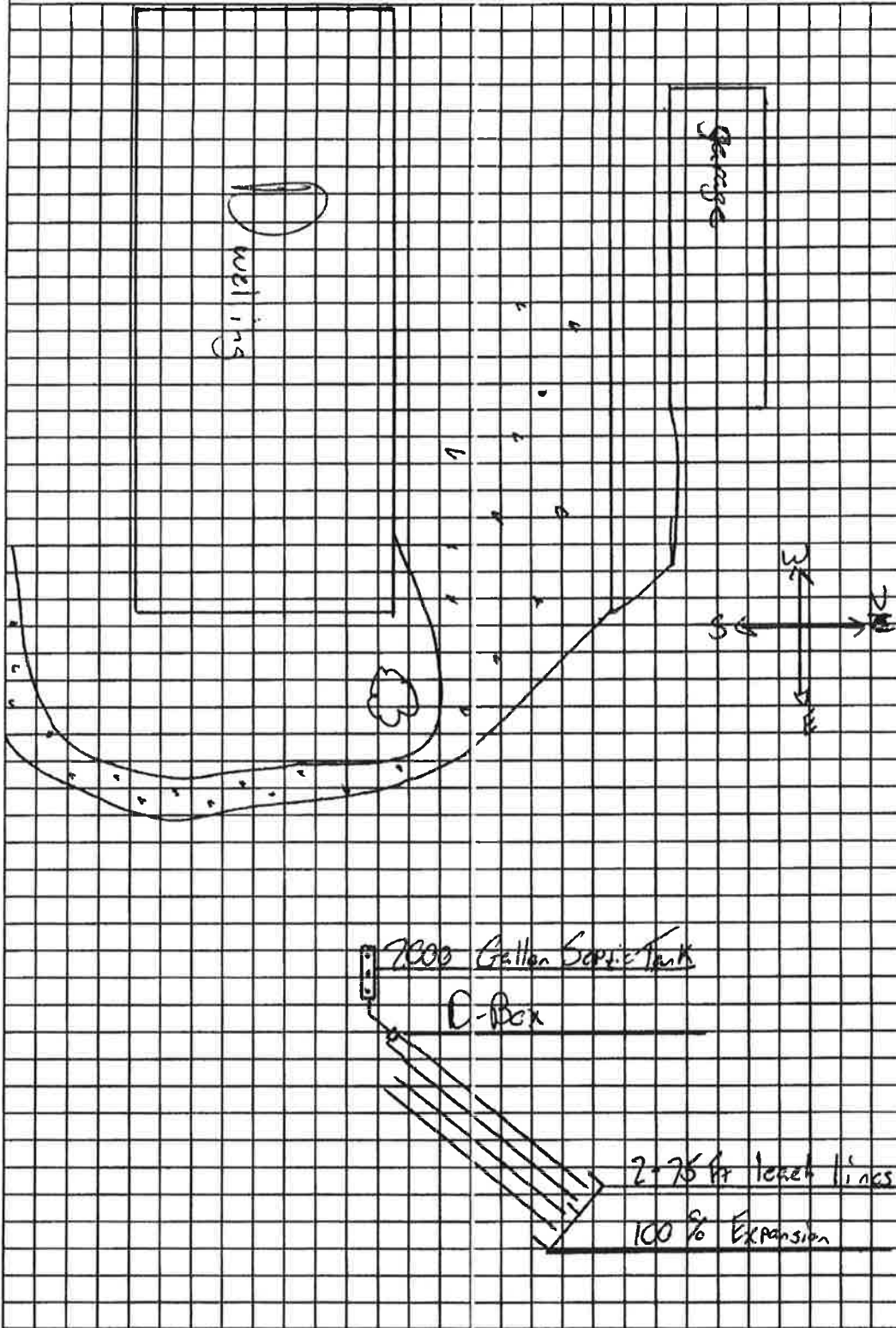
Signature: [Signature] Print Name: Steven Wright
 Contractor License No.: 969430 Expiration Date: 01-2024
 Pumper Co.: Wright Septic Phone Number: 951-654-4840
 Address: 561 N. Dillen City: San Jacinto Zip: 92582

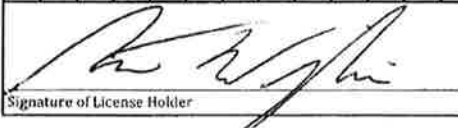
Name: Paradise Valley
Address: 43700 Cactus Valley
City: Hemet Zip: 92544

WRIGHT SEPTIC
P.O. Box 1196, San Jacinto, CA 92581
951-654-1840
Email: wrightseptic@yahoo.com
License: 909430

Date: 13-13-21
Technician: Steven Wright
Map 1" = 40
M

Main House




Signature of License Holder



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

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CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
- 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

Facility 8-Guest Cottage

Property Information: APN: _____ Date of Inspection: 5-12-22
 1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 1200 gallons and that there is 150 sq. ft. of leach line bottom area. There are _____ bedrooms in the dwelling and there are _____ fixture units.
 b. There are 1 leach line(s), each 50 ft. long Depth _____ ft. Rock Plastic Chamber
 c. There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. Bl.
 d. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft.
4. a. Construction of septic tank (Please check one of the following):
 Concrete Fiberglass Steel Other: _____
 b. Internal dimensions of septic: Length 7 ft. Width 5.5 ft. Depth 4 ft.
 c. Condition of tank (please check yes or no for each question):
 Inlet Tee present? Yes No
 Tank Structure deteriorated? Yes No
 Outlet Tee present? Yes No
 Effluent Filter Present? Yes No
 Two compartments? Yes No
 N/A. Condition of D-Box: Level? Yes No Replaced? Yes No
 e. GPS location of septic tank (in decimal degrees) _____, _____ Latitude, Longitude
5. a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No
 b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No
 c. Was the area around the lids oxidized? Yes No
 d. Is design of system gravity feed? Yes No
 e. Were well(s) observed on this or adjacent property? Yes No
 If yes, indicate distance of well from: Septic tank 150 ft. Leach lines 160 Seepage Pits _____ ft.
 f. Distance from springs, lakes, and natural water courses (check all that apply):
 Septic Tank 150 ft. Leach lines 160 ft. Seepage Pits _____ ft.
 g. Is sewer within 200 ft. of structure and abuts property line? Yes No
 Additional Comments: _____
 h. How long has dwelling been vacant? (if applicable) 12 months _____ weeks N/A
6. a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
 b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: _____

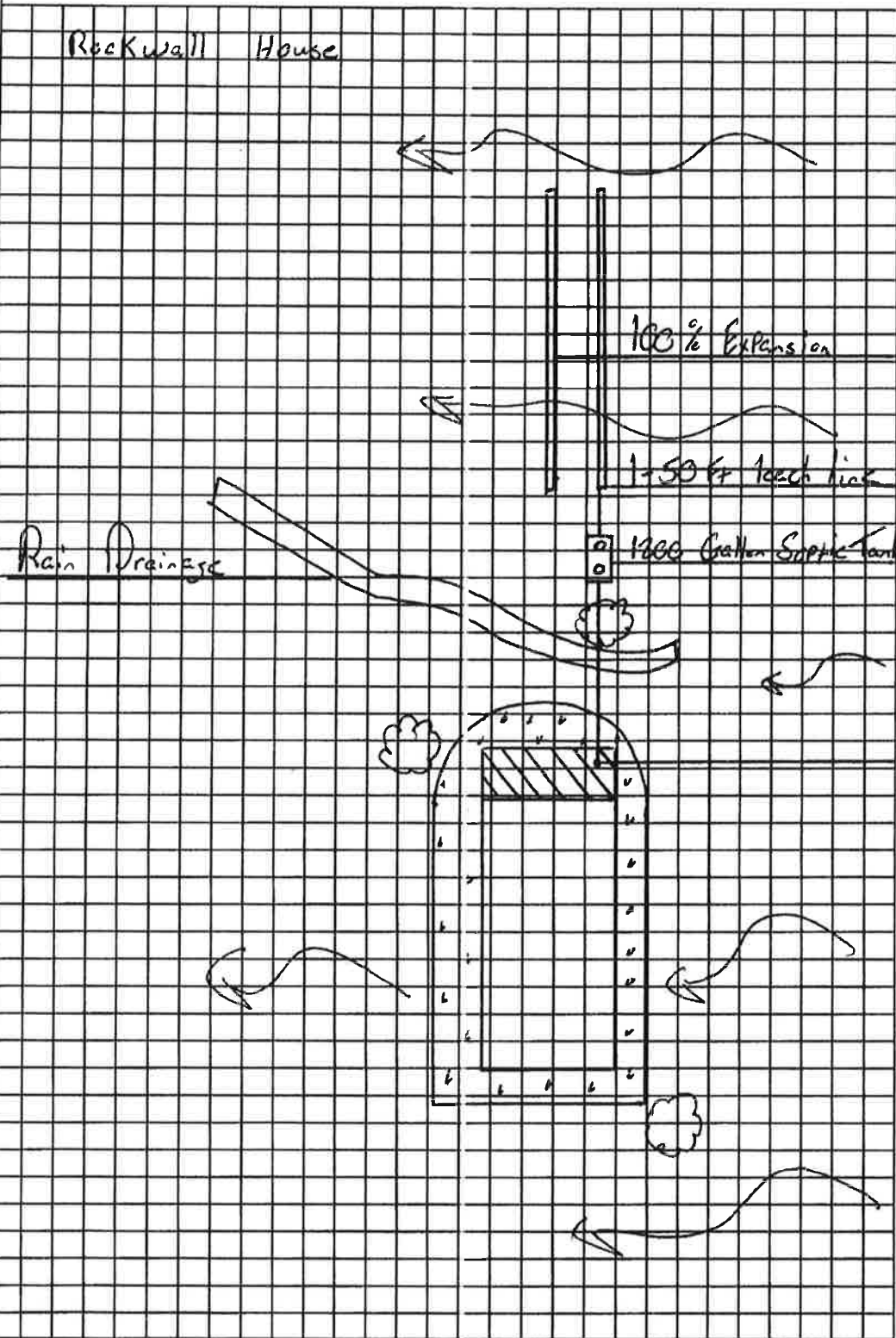
I certify under penalty of perjury that the foregoing is true and correct.

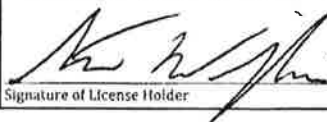
Signature: *Steven Wright* Print Name: Steven Wright
 Contractor License No.: 969430 Expiration Date: 01-2024
 Pumper Co.: Wright - Scottie Phone Number: 951-654-4840
 Address: 511 N. Dillon City: San Jacinto Zip: 92582

Name: Paradise Valley
Address: 43200 Cactus Valley
City: Hemet Zip: 92544

WRIGHT SEPTIC
P.O. Box 1196, San Jacinto, CA 92581
951-654-1840
Email: wrightseptic@yahoo.com
License: 959430

Date: 3-18-21
Technician: Steven Wright
Map 1" = 20
M




Signature of License Holder



County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

#4/Chaparra

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980

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Property Information: APN: _____ Date of Inspection: 5-12-22

1. Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.

3. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 1000 gallons and that there is 4K sq. ft. of leach line bottom area. There are _____ bedrooms in the dwelling and there are _____ fixture units.
b. There are _____ leach line(s), each _____ ft. long Depth _____ ft. [] Rock [] Plastic Chamber
c. There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. BI.
d. The leach bed is 10 ft. by 10 ft., total 4K sq. ft. of leached area. Depth is _____ ft.

4. a. Construction of septic tank (Please check one of the following):
[] Concrete [] Fiberglass [] Steel [] Other: _____
b. Internal dimensions of septic: Length 8 ft. Width 4 ft. Depth 4.5 ft.
c. Condition of tank (please check yes or no for each question):
Tank Structure deteriorated? [] Yes [] No
Effluent Filter Present? [] Yes [] No
Inlet Tee present? [] Yes [] No
Outlet Tee present? [] Yes [] No
Two compartments? [] Yes [] No
N/A. Condition of D-Box: Level? [] Yes [] No Replaced? [] Yes [] No
e. GPS location of septic tank (in decimal degrees) _____ Latitude, Longitude

5. a. While pumping the tank, did effluent flow back into tank from absorption system? [] Yes [] No
b. Prior to pumping, was the liquid level in the tank above the outlet tee? [] Yes [] No
c. Was the area around the lids oxidized? [] Yes [] No
d. Is design of system gravity feed? [] Yes [] No
e. Were well(s) observed on this or adjacent property? [] Yes [] No
If yes, indicate distance of well from: Septic tank 150 ft. Leach lines 180 Seepage Pits _____ ft.
f. Distance from springs, lakes, and natural water courses (check all that apply):
[] Septic Tank _____ ft. [] Leach lines _____ ft. [] Seepage Pits _____ ft.
g. Is sewer within 200 ft. of structure and abuts property line? [] Yes [] No

Additional Comments: _____
h. How long has dwelling been vacant? (if applicable) 12 months _____ weeks [] N/A

6. a. [] It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
b. [] It is my opinion that the system is not in good working order and will not function properly without the following repairs: Installation of a permit approved system

I certify under penalty of perjury that the foregoing is true and correct.

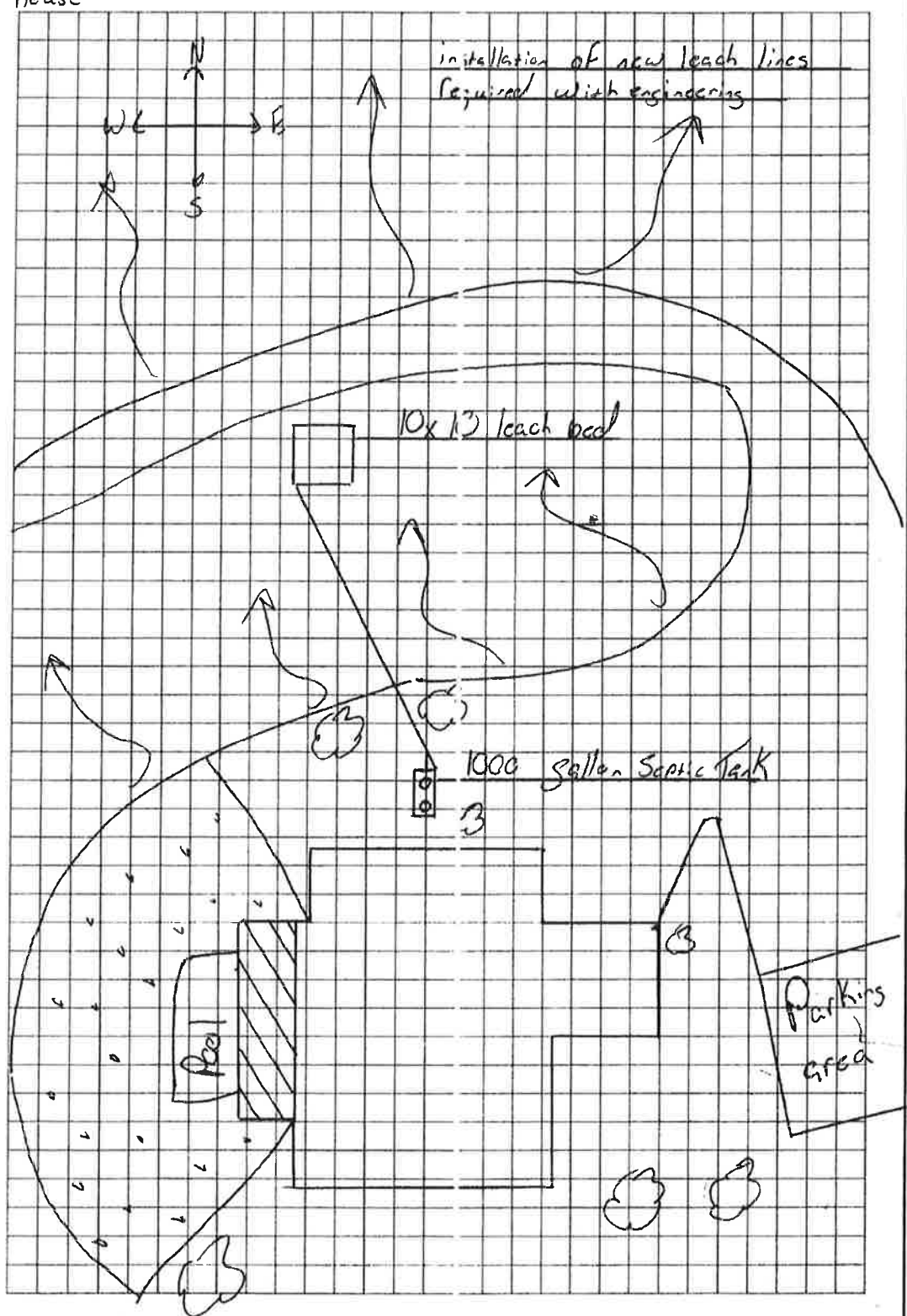
Signature: [Signature] Print Name: Steven Wright
Contractor License No.: 969430 Expiration Date: 01-2024
Pumper Co.: Wright Septic Phone Number: 951-654-480
Address: 511 N. Dillen City: San Jacinto Zip: 92582

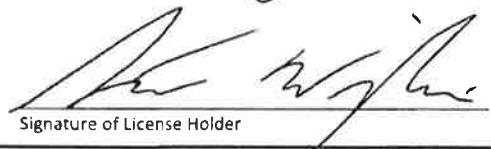
Name: Paradise Valley
Address: 43200 Cactus Valley
City: Hemet Zip: 92544

WRIGHT SEPTIC
P.O. Box 1196 • San Jacinto, CA 92581
PH# (951) 654-4840 or (951) 654-3075
FAX# (951) 654-3575
Email: wrightseptic@yahoo.com
License # 69430

Date: 3-13-21
Technician: Steven Wright
Map 1" = 20

Small pool
House




Signature of License Holder