

REQUEST FOR SEPTIC SYSTEM INSPECTION

Arrowhead Inspections
2275 Twilight Canyon Trail
Colorado Springs, CO 80926

Office: 719-576-8975
Fax: 719-576-1261

Septic System Inspection

Please carefully review this inspection proposal located at: _____

City _____ County _____ Zip _____

Please answer the following:

1. Is building occupied? **YES NO** If unoccupied, for how long? _____ **months**
2. Last pumping service date (mm/yy) _____/_____ Service provider _____
3. System age: _____ **years.** Number of bedrooms _____
4. Will someone be available to sign the Work Order and Load Ticket? **YES NO** If no one is present, the building must be unlocked for water access.
5. Is the soil removed from 2 separate above ground concrete 24" lids and rebar handles exposed? **YES NO**
6. Has the county map and system perk test been made available to Arrow Inspections? **If in El Paso County Arrowhead will obtain map for you. YES NO**
7. Can a large service truck locate within 60 feet of the tank? **YES NO**
8. Will Arrowhead Septic, Inc. be pumping your septic on the same day? **YES NO**
9. Is there a garbage disposal? **YES NO**
10. Is there a water softener with salt back flush? **YES NO**

Reports will be available four working days after inspection is performed

INITIALS _____

****If we arrive to do an inspection 4 through 6 are not available, there will be a \$120.00 trip charge and the inspection must be rescheduled**

Charges:

- Inspection with tank pumping: \$225
- Inspection Only: \$275
- Re Inspect: \$90
- Private consultations or extra trips: billed to the nearest quarter hour at \$125.00 per hour plus inspection charge.
- Septic tank pumping: based on size (see price list).
- Mileage, if applicable, \$2.50 per mile (one way) outside a 20 mile radius.
- Beyond 60 feet, there is a \$5.00 charge for each additional 15 feet of hose.

INITIALS _____

If this proposal is satisfactory, please sign and fax back. Signature indicates understanding and agreement with proposal and payment policies. A credit card must be on file prior to service date. Payment is due and payable upon service completion. Service will not begin until signed request, access, and system map are received.

Signature of Responsible Party _____ **Date** _____

Credit Card Billing Address _____ **Phone #** _____

Inspection Report should be sent to: **FAX** (_____) _____

EMAIL _____

Contact **Arrow Inspections** with questions or clarification requests. **Thank you for your patronage!**

PROPERTY AND DRIVEWAY ENTRY RELEASE

Arrowhead Septic, Inc.

"Septic tank and grease trap specialist"

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Statement:

I, _____, release MKT Corp., K.L. Tallent, and/or any employees of **Arrowhead Septic, Inc.** from all damages or claims to facilities and properties, including driveways designated as access and service areas. By signing this release, the customer accepts full responsibility for providing safe and adequate property access.

Property location:

Address _____

City _____ County _____ Zip _____

Signature of Responsible Party _____

Date _____

Phone # _____

Driver signature _____ -

MKT Corp.
Arrowhead Septic, Inc.

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