

On-site Wastewater Inspection

Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address 5348 Old Stage rd.
Street
Angier City NC St 27501 Zip

Client Name: Sherry Warley, c/o Camy McGregor

Current owner of Record Michael Shaw / Kathy M. Shaw

Date of Inspection: 7/16/26

3 Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

N/A Gallons per day for designed system size or number of bedrooms as stated in available local health department information

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

Copy of Operations permit from _____ County Environmental Health Attached

Operations permit not available

System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are attached not available

Type of water supply Well Public Water Community Water Spring

Location of Septic Tank and septic tank details:

9 1/2 ft from house or structure

100+ ft from well if applicable

est 10+ ft from water line if applicable

unknown ft. from property line if said property lines are known or marked

10" 15" distance from finished grade to top of tank or access riser

Access riser(s) yes no Describe _____

Tank lids intact yes no

Tank has baffle wall yes no Describe condition of baffle wall: unknown

unobserved Inflow to tank is noted as sufficient

Inflow to tank is noted as insufficient or blocked

Water level in tank is relative to tank outlet

Outlet T is present yes no Describe condition of Outlet T: _____

Outlet has filter yes no Describe condition of filter: _____

Effluent leaves the outlet yes no

Roots present in tank yes no Describe extent of roots: _____

NO Evidence of tank leakage Describe: _____

NO Evidence of non-permitted connections, such as downspouts or sump pumps

yes Connection present from house to tank

yes Connection present from tank to next component

10% Percentage of solids in tank

Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped 02/22/2012 unknown last known (by Hardee's Septic)

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

* see attached letter

Does system have pump tank? yes (complete blanks below) no

_____ ft from house or structure
 _____ ft from well or spring if applicable
 _____ ft from water line if applicable
 _____ ft. from property line if property lines are known or marked
 _____ Distance from finished grade to top of tank or access riser
 _____ Access risers in place yes no
 _____ ft from septic tank
 _____ Access risers in place Describe type: _____
 _____ Describe condition of tank lids _____

Location of control panel: _____
 _____ Electrical connections are in place and properly grounded
 _____ Audible and visible alarms (as applicable) work
 _____ Pump turns on and effluent is delivered to next component
 _____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: Conventional Accepted Innovative Experimental Controlled
 Demonstration Pretreatment; Type of Pretreatment _____
 Brief Description of System Type _____
 _____ ft. from property line if property lines are known or marked
 14' ~~9 1/2'~~ ft from septic/pump tank
 3 # of lines
 80' length of lines
 NO Evidence of past or current surfacing at time of inspection
 Briefly describe: _____
 NO Evidence of traffic over the dispersal field
 NO Vegetation, grading and drainage noted that may effect the condition of the system or system components
 1/5 Effluent is reaching the dispersal field

Conditions present that prevented or hindered the inspection

Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: see attached letter

Inspector Name: Gregory Hardee Certification # 46871
 Address 1061 White Memorial Church Rd Willow Spring 27592
 Phone 919-439-2060

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: _____ Date _____