

Bullard Septic Service
 1117 Walker Rd.
 Sanford, NC 27332
 919-499-1460

685717

Invoice

SOLD TO <i>VTA BellcoTec Remax Infinity</i>		SHIP TO <i>910 978-5537</i>	
ADDRESS <i>51 Peacock Rd.</i>		ADDRESS	
CITY, STATE, ZIP <i>Sanford NC 27332</i>		CITY, STATE, ZIP	
CUSTOMER ORDER NO. <i>VTA</i>	SOLD BY	TERMS	F.O.B.
			DATE <i>7/9/2019</i>

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>PUMP SEPTIC TANK FOR INSPECTION SYSTEM #1</i>			<i>200.00</i>
		<i>SEPTIC TANK INSPECTION SYSTEM #1</i>			<i>200.00</i>
		<i>PUMP SEPTIC TANK FOR INSPECTION SYSTEM #2</i>			<i>250.00</i>
		<i>SEPTIC TANK INSPECTION SYSTEM #2</i>			<i>300.00</i>
					<i>\$ 950.00</i>
		<i>Billot</i>			
		<i>Thank you</i>			
		<i>J Bullard</i>			

On-site Wastewater Inspection

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

Property Address 51 Peacock Lane
Street
Sanford City NC St 27332 Zip

Client Name: _____

Current owner of Record Brian Willson

Date of Inspection: 7/9/2019

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

4 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 HALBERT 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: Existing Tank Back of home, System #1

1' ft from house or structure

N/A ft from well if applicable

160' ft from water line if applicable

N/A ft. from property line if said property lines are known or marked

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

NO Access riser(s) yes no Describe: _____

YES Tank lids intact yes no

NO Tank has baffle wall yes no Describe condition of baffle wall: _____

YES Inflow to tank is noted as sufficient

NO Inflow to tank is noted as insufficient or blocked

NO Water level in tank is relative to tank outlet - 6" Low

YES Outlet T is present yes no Describe condition of Outlet T: 3" Plastic Tee

NO Outlet has filter yes no Describe condition of filter: _____

NO Effluent leaves the outlet yes no NO WATER AVAILABLE AT TIME OF INSPECTION

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

NO Percentage of solids in tank

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

Date tank was last pumped 7/9/2019 unknown

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 _____

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 90' Red Conventional Man

N/A ft. from property line if property lines are known or marked

3 ft from septic/pump tank

1 # of lines

90' length of lines

NO Evidence of past or current surfacing at time of inspection

_____ Briefly describe: _____

SOME Evidence of traffic over the dispersal field

SOME Vegetation, grading and drainage noted that may effect the condition of the system or system components

N/A Effluent is reaching the dispersal field NO WATER AVAILABLE AT TIME OF INSPECTION

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: SEPTIC TANK LOCATED 1' FROM STENOTUBE. AND DECK BUILT OVER TOP OF SEPTIC TANK. PLASTIC TOP ON ACCESS END OF TANK IS LOOSE.

Consequences of the adverse condition: _____



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

Other pertinent facts noted during inspection: ON THE WASTE END OF THE TANK THERE IS A WIRE AND TWO PIPE LAYING ACROSS THE ACCESS LID PREVENTING ENTRY See pic.

Inspector Name: Boyd J Bullard Jr Certification # 25371

Address 1117 WALKER RD SANFORD NC 27372

Phone 919 499-1460

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: Boyd J Bullard Jr Date 7/9/2019

On-site Wastewater Inspection

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

Property Address 51 Peacock Road
 Street
Sanford City 116 St 27332 Zip

Client Name: _____

Current owner of Record Brian Willson

Date of Inspection: 7/9/2019

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

2 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 HARRIS 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: SYSTEM IN FRONT OF HOME INSTALLED IN 1999. SYSTEM #2

12' ft from house or structure

N/A ft from well if applicable

80' ft from water line if applicable

N/A ft. from property line if said property lines are known or marked

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

NO Access riser(s) yes no Describe _____

YES Tank lids intact yes no

YES Tank has baffle wall yes no Describe condition of baffle wall: Good

YES Inflow to tank is noted as sufficient

NO Inflow to tank is noted as insufficient or blocked

YES Water level in tank is relative to tank outlet

YES Outlet T is present yes no Describe condition of Outlet T: Good concrete Tee

NO Outlet has filter yes no Describe condition of filter: _____

YES Effluent leaves the outlet yes no

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

30% Percentage of solids in tank

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

Date tank was last pumped 7/9/2019 unknown

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 _____

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

23' ft from house or structure
N/A ft from well or spring if applicable
70' ft from water line if applicable
N/A ft from property line if known or marked
2" Distance from finished grade to top of tank or access riser
Yes Access risers in place Yes No
2' ft from septic tank
Yes Access risers in place Describe type: Concrete
Yes Describe condition of tank lids: Good
Location of control panel: NEXT TO LIST
Yes Electrical connections are in place and properly grounded
Yes Audible and visible alarms (as applicable) work
Yes 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

Type of system: Conventional Accepted Innovative Experimental Controlled Demonstration Pretreatment: Type of Pretreatment

Brief Description of System Type: PUMP TO 150' POLYMERAL AMIN SYSTEM
ft. from property line if known or marked
N/A
ft. from septic/pump tank
3
of lines
150'
length of lines
Evidence of past or current surfacing at time of inspection
N/A
Briefly describe:
Evidence of traffic over the dispersal field
N/A
Vegetation, grading and drainage noted that may effect the condition of the system or system components
Some
Effluent is reaching the dispersal field
Yes

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: The total number of bacteria is close to 500,000 and match to support 5 ft
Consequences of the adverse condition:
Client should contact HANCOCK County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection:

Inspector Name: BOYD J BULLARD JR Certification # 25321
Address: 1117 WALKER RD SUMFORD AL 37382
Phone: 918 499-1460
Inspector Signature: Boyd J Bullard Jr
Date: 7/9/2019
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.

NETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 12909

OPERATIONS PERMIT

Name: (owner) Brian + Sue-Ling Wilson New Installation Septic Tank
 Property Location: SR# OFF SR 115 Peacock Dr. Repairs Nitrification Line
 Subdivision Buffalo Lake Lot # 206
 TAX ID# _____ Quadrant # _____
 Contractor: Larry Sharp Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other Pump to Polystyrene Aggregate ^{IWWS-95-3R}

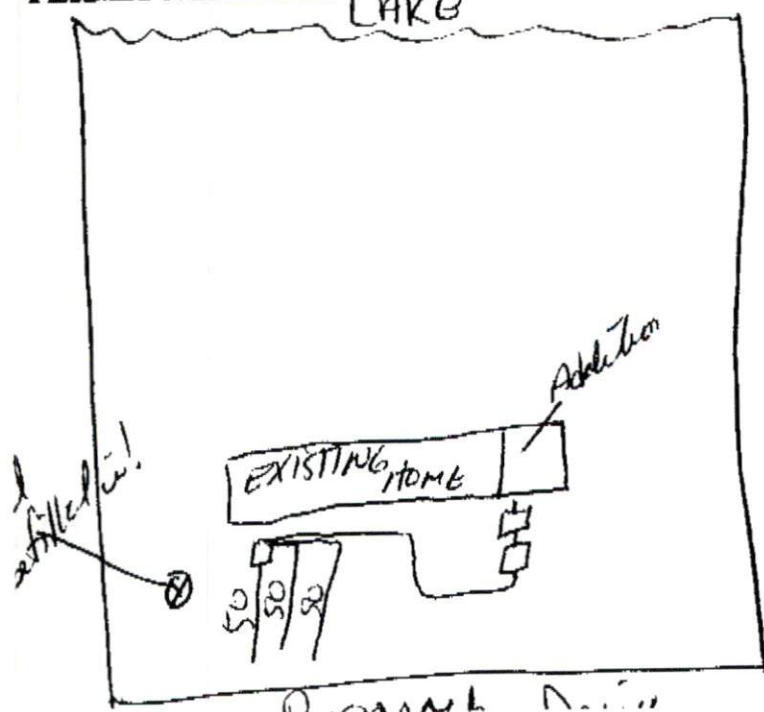
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24" in.

French Drain: _____ Linear feet

Date: 27 Jan 99
Inspected by: Vernath Hill
Environmental Health Specialist

PERMIT NO. 14835
LAKE



HOLD FOR still
~~* Well~~ ^{still} must be filled in!
 * Needs alarm & box checked.
 * old 080298
 Pump tank & alarm
 O.K. WED 27 Jan 99

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

No 14835

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Brian & Sue-Ling Wilson

New Installation Septic Tank

Property Location: SR# 51 Peapack Rd

Repairs Nitrification Line

off of 52115

Subdivision Buffalo Lakes Lot # 206

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Br Addition Lot Size: .389 AC

Basement with Plumbing: House Total 4 Garage: MULT meet on-site

Water Supply: Well Public Community

Distance From Well: 50 ft. Existing well on property to be filled in.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Polystyrene Aggregate Trench

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons SEE-222 Log TJWS-95-3R

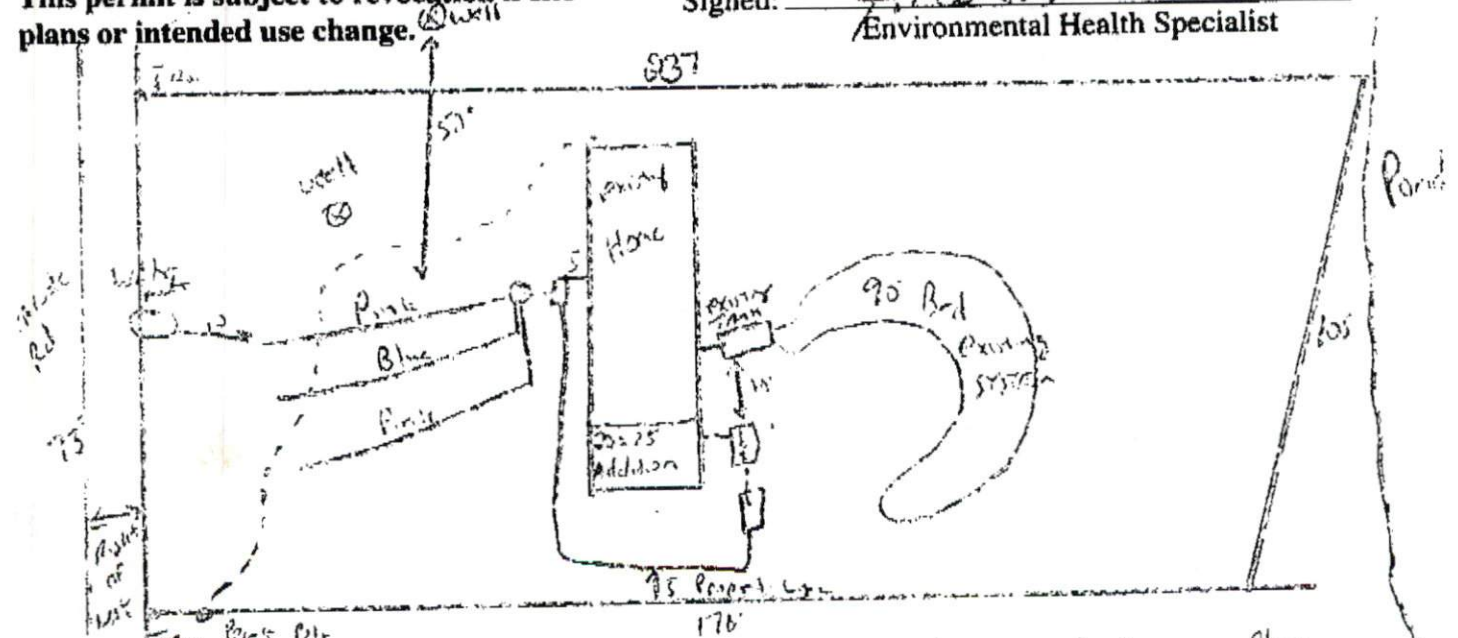
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

Date: 6-3-98

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
Environmental Health Specialist



Old Well To be Filled In - Re Route underground power - Phone -
 Add Water Lines so that they are 10' from septic system
 24" Ditch Depth Follow contours maintain All Required
 Set Backs. SYSTEM IS SIZED FOR A 4 BR HOME - would we able
 to health enter house with all existing system files.

NETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 12909

OPERATIONS PERMIT

Name: (owner) Brian + Sue-Ling Wilson New Installation Septic Tank

Property Location: SR# off SR1115 Peacock Dr. Repairs Nitrification Line

Subdivision Buffalo Lake Lot # 206

TAX ID# _____ Quadrant # _____

Contractor: Larry Sharp Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other Pump to Polystyrene Aggregate *IWWS-95-3R*

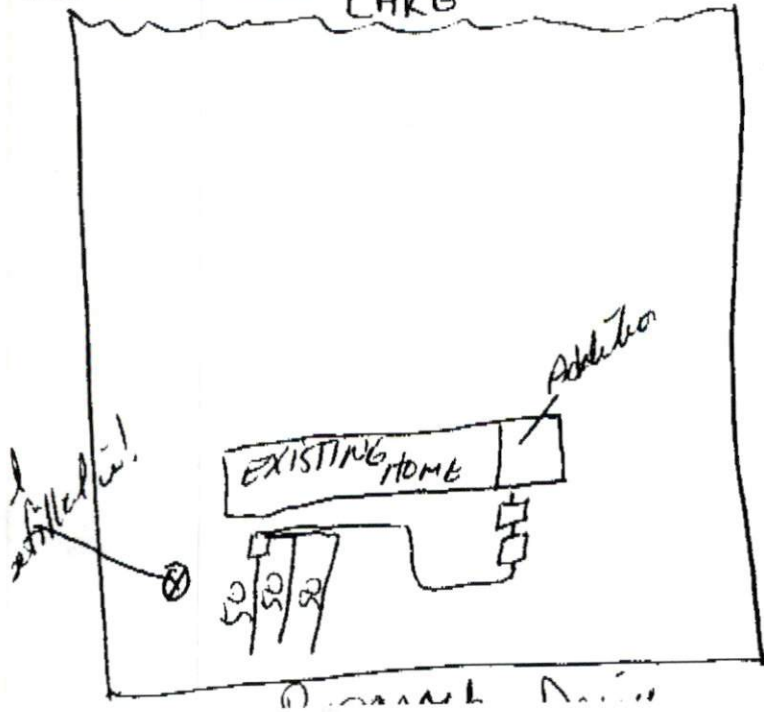
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24" in.

French Drain: _____ Linear feet

PERMIT NO. 14835
LAKE

Date: 27 Jan 99
Inspected by: Vernath Hill
Environmental Health Specialist



~~HOLD FOR~~ still
* Well must be filled in!
* Needs alarm & box checked.
* OK 08 Dec 98
Pump tank & alarm
OK. VED 27 Jan 99

Robeson County Health Department Operation Permit

Permit No.

System Type: IIa Types V and VI systems expire in 5 years.
(In Accordance With Table Va.) H450 1030711
Owner must contact health department 6 months prior to expiration for permit renewal.

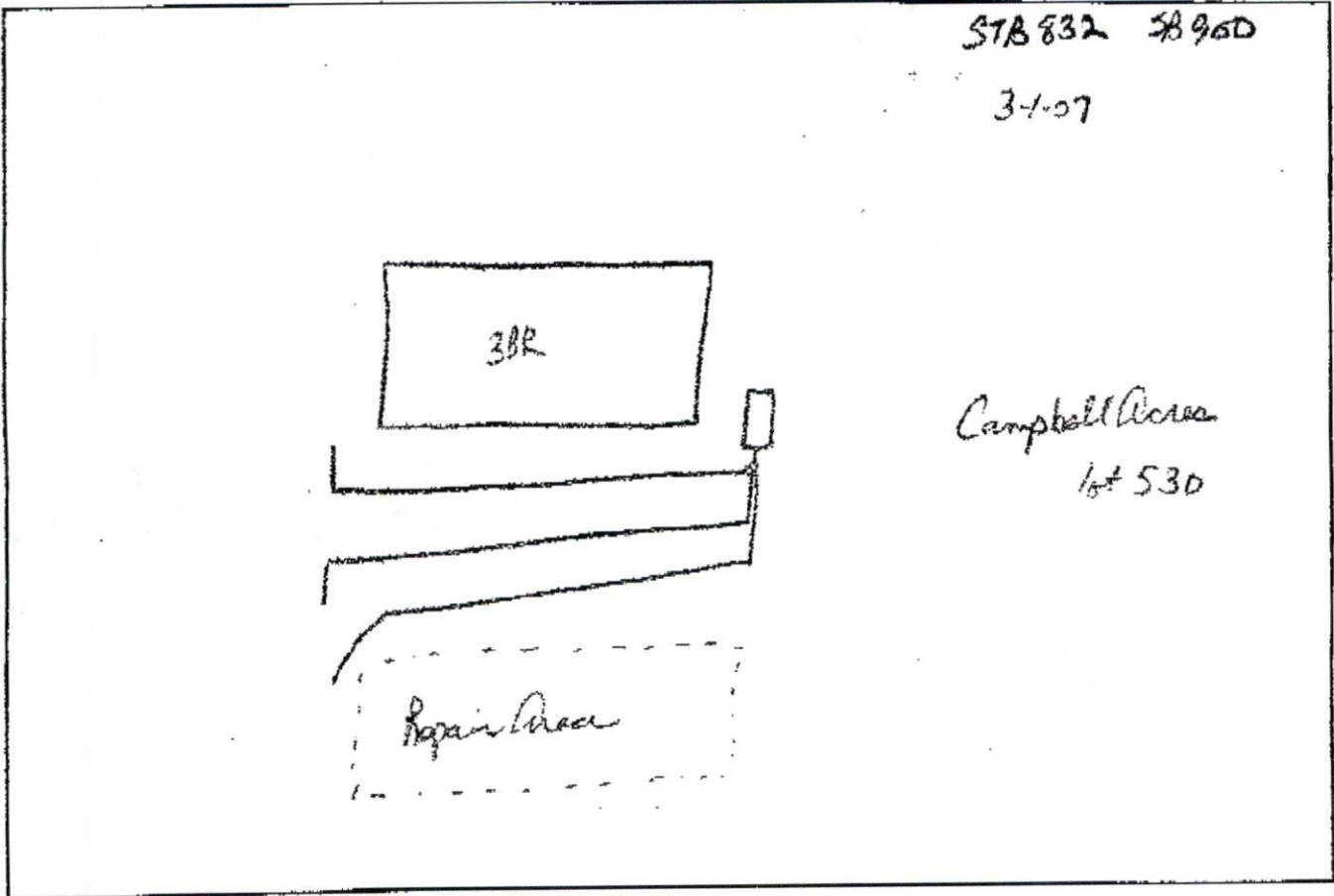
Haskell Couron
Owner's Name

Meck Johnson
Authorized State Agent

Lester Soper
System Installer

5-8-07
Date of Operation Permit Issuance

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1981. Other: _____
Subsurface system operator required? Yes _____ No
- IV. Operation: 100 gal 57 w/ 3-80 conventional tanks
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- V. Other: _____

COUNTY HEALTH DEPT.
RBCHD 802 (09/02)

78 Talbot Circle

A 4183