

MAPLES SEPTIC TANK SERVICES, INC.

80 Thomas Kelly Road

Sanford, NC 27380

(919) 258-3750 Phone (919) 258-2614 Fax

Inspection Certification #24751

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 on date of inspection.

Address of Property: 429 Calvary Church Rd

Current Owner on Record _____

Inspection Requested by: Mary Lemons

Other Name _____ Phone: 919-499-3889

Company/Contact Number: ERA Strather Real Estate

Date of Inspection: 9/23/2020

Copy of Operations permit from _____

NO Operations Permit not available. County of Environmental Health attached.

Type of water supply: well Public Water _____ Community Water _____

Location of Septic Tank and Septic Tank details: has 2 wells not in service

_____ ft from house or structure Tank is half under House

_____ ft from well if applicable

25' ft from water line if applicable

100' ft from property line

18" approximate distance from surface to top of tank

Access (stairs) yes no describe: _____

Tank lid intact yes no _____

NO Tank has baffle wall

inflow to tank is noted as sufficient

_____ inflow to tank is noted as insufficient or blocked

Outlet has a filter yes no _____ unknown

Outlet T is present yes no _____

Effluent leaves the outlet yes no _____ unknown

Roots present in tank yes no _____ unknown

___ Evidence of infiltration into tank of surface water yes ___ no

___ Evidence of tank leakage noted

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

Garbage Disposal ___ yes ___ no unknown

Number of bedrooms 3

Date tank was last pumped 9/23/2020

Percentage of sludge detected in tank 0 %

Does System have a pump tank? yes (complete blanks below) ___ no

12' ft from house or structure

___ ft from wall if applicable

25' ft from water line if applicable

100' ft from property line

___ Approximate distance from surface to top of tank

___ Access riser(s) in place yes ___ no

5' ft from Septic tank

Location of control Panel

NO Electrical connections are in place and properly grounded

NO Alarm is working properly

YES Pump is working properly

YES Dosing volume correct

___ Unable to operate pump/alarm due to lack of electricity at site at time of inspection

System requires a subsurface operator ___ yes no

If yes, Operator Name _____ Contact number _____

Copy of most recent operator report attached ___ yes ___ no

Drain field located:

10' ft from property line

250' ft from septic/pump tank

3 # of lines located

300 ft length of system

Type of system Conventional ___ Innovative ___ Experimental ___ Controlled Demo

___ Pretreatment: Type of Pretreatment

Owner Description of System Type: Gravel

NO Evidence of past or current surfacing at time of inspection

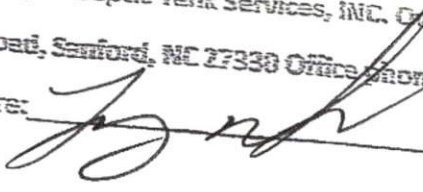
yes Large trees or other vegetation noted over drain field area, if YES briefly describe

NO Evidence of traffic over drain field, if YES briefly describe

Other pertinent facts noted during inspection: Septic Tank is half under House no Baffle wall
Electrical Lines over Tank needs new Septic Tank pump Tank needs to be updated no Alarm
P Box needs new lid Contact Harnett County for Repair Permit

Inspector Name: Maples Septic Tank Services, INC. Owner Terry R. Maples Certification #24751

50 Thomas Kelly Road, Sanford, NC 27330 Office phone (919) 258-3750 Cell (919) 356-5755

Inspector's Signature: 

Date: 9/23/2020

Maples Septic Services

80 Thomas Kelly Rd
 Sanford, NC
 27330

Estimate

Date	Estimate #
9/24/2020	58

Name / Address
Mary Lemons 429 Calvary Church Rd

Project

Description	Qty	Rate	Total
Pump old tank if needed		850.00	850.00
Fill with concrete			
Set new 1000 gal tank & filter		1,850.00	1,850.00
Update pump tank		850.00	850.00
New lid on D-Box		75.00	75.00
Tax		237.15	237.15
This quote depends on if we don't have to move any power lines or redo any plumbing			
		Total	\$3,862.15

Maples Septic Services

80 Thomas Kelly Rd
Sanford, NC
27330

Invoice

Date	Invoice #
9/24/2020	852

Bill To
Mary Lemons 429 Calvary Church Rd

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Pumping fee	200.00	200.00
	Inspection fee (Pump system)	300.00	300.00
<i>pd ck 3858 9-24-20</i>			
Total			\$500.00