

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 W. CORNELIUS HARNETT BLVD.
LILLINGTON, NC 27546
910-893-7547 PHONE
910-893-9371 FAX

Application for Repair

EMAIL ADDRESS: Syeo.engregmail.com

NAME STEPHEN YEO PHONE NUMBER 919-867-9905

PHYSICAL ADDRESS 236 BRAXTONWOOD DR ANGLIER NC 27501

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) _____

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

BRAXTONWOOD 2 SS
SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 4 Basement

Garage: Yes No Dishwasher: Yes No Garbage Disposal: Yes No

Water Supply: Private Well Community System County

Directions from Lillington to your site: HWY 210 TO ANGLIER; RIGHT ON TIPPET;

RIGHT ON SS; RIGHT ON BRAXTONWOOD (ABOUT 1 MILE)

In order for Environmental Health to help you with your repair, you will need to comply by completing the following:

1. A "surveyed and recorded map" and "deed to your property" must be attached to this application. Please inform us of any wells on the property by showing on your survey map.
2. The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank is uncovered, property lines flagged, underground utilities marked, and the orange sign has been placed, you will need to call us at 910-893-7547 to confirm that your site is ready for evaluation.

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation letter. (Whichever is applicable.)

By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership changes.

Signature Stephen Yeo Date 3/11/21

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

Have you received a violation letter for a failing system from our office? [] YES [] NO

Also, within the last 5 years have you completed an application for repair for this site? [] YES [] NO

Year home was built (or year of septic tank installation) 2006

Installer of system DON'T KNOW

Septic Tank Pumper GRADE A SEPTIC

Designer of System DON'T KNOW

1. Number of people who live in house? 5 # adults 3 # children 8 # total

2. What is your average estimated daily water usage? _____ gallons/month or day _____ county water. If HCPU please give the name the bill is listed in STEPHEN YEO

3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly

4. When was the septic tank last pumped? 3/10/21 How often do you have it pumped? YEARLY

5. If you have a dishwasher, how often do you use it? [] daily [] every other day [] weekly

6. If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [] monthly

7. Do you have a water softener or treatment system? [] YES [] NO Where does it drain?

8. Do you use an "in tank" toilet bowl sanitizer? [] YES [] NO

9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [] NO If yes please list THYROID, ANTI DEPRESSANTS, DIABETIC

10. Do you put household cleaning chemicals down the drain? [] YES [] NO If so, what kind?
LYSOL, BLEACH

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [] NO

12. Have you installed any water fixtures since your system has been installed? [] YES [] NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets NONE

13. Do you have an underground lawn watering system? [] YES [] NO

14. Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list NO

15. Are there any underground utilities on your lot? Please check all that apply:

[] Power [] Phone [] Cable [] Gas [] Water

16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?

WATER COMING TO SURFACE AT DISTRIBUTION BOX. SEVERAL YEARS INTERMITTENTLY. PLEASE SEE ATTACHED SEPTIC INSPECTION REPORT.

17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [] YES [] NO If Yes, please list _____

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2015 Dec 04 03:12 PM NC Rev Stamp: \$ 567.00
Book: 3359 Page: 962 Fee: \$ 26.00
Instrument Number: 2015016842

HARNETT COUNTY TAX ID#
040683 0111 03

12-04-2015 BY MT

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$567.00 NO TITLE SEARCH NOR TAX ADVICE GIVEN

Parcel Identifier No. 0052949 Verified by _____ County on the ____ day of _____, 20____
By: _____

Mail/Box to: GRANTBE

This instrument was prepared by: Jonathan T. Sizemore, Attorney, Adams, Howell, Sizemore & Lenfestey, P.A.

Brief description for the Index: Lot 2, Braxton Subdivision, Phase 1

THIS DEED made this 19th day of November, 2015, by and between

GRANTOR	GRANTEE
Robert R. Stafford, III and wife, Shelby Z. Stafford 282 Braddock Drive Lillington, NC 27546	Stephen Yeo and wife, Glinda Yeo 236 Braxtonwood Drive Angier, NC 27501

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Black River Township, Harnett County, North Carolina and more particularly described as follows:

Lot 2, Braxton Subdivision, Phase 1, as recorded in Map Number 2000-466, Harnett County Registry.

Submitted electronically by Harrison and Devins in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

If checked, this property is the principal residence of the Grantor.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2323 Page 291.

A map showing the above described property is recorded in Map Number 2000-466.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

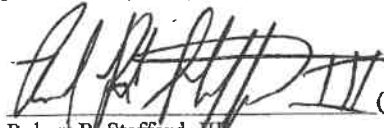
And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

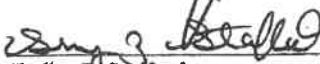
This conveyance is expressly made subject to the lien created by all the Grantors' real 2015 Harnett County ad valorem taxes on said tract of land which the Grantee(s) agree to assume and pay in full when due.

Subject to all easements, rights-of-way, covenants and other restrictions as shown on the public record or as would be disclosed by an accurate survey and inspection of the land.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

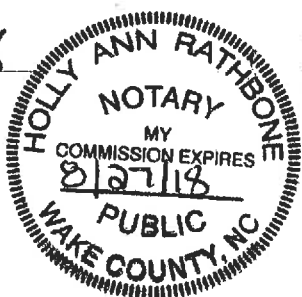
Grantor(s):

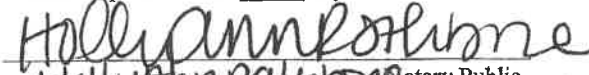
 (SEAL)
Robert R. Stafford, III

 (SEAL)
Shelby Z. Stafford

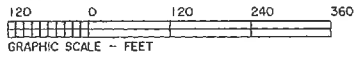
State of NC - County or City of Harnett
I, the undersigned Notary Public of the County or City of Wake and State aforesaid, certify that Robert R. Stafford III and wife, Shelby Z. Stafford, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 23 day of November, 2015.

My Commission Expires: 8/27/18
(Affix Seal)




Holly Ann Rathbone Notary Public
Notary's Printed or Typed Name

**FINAL SUBDIVISION PLAT
BRAXTON PHASE I**
TOWN OF ANGIER
BLACK RIVER TOWNSHIP - HARNETT COUNTY
NORTH CAROLINA - APRIL 11, 2000
PIN H 0673.04-91-8981 & 0683-01-3639
SCALE: 1" = 120'



BENTON W. DEWAR AND ASSOCIATES
PROFESSIONAL LAND SURVEYORS
5920 HONEYCUTT ROAD
HOLLY SPRINGS, NC 27540
PH. # (919)-552-9813

CERTIFICATE OF OWNERSHIP AND DEDICATION

I, heretby certify that I am the owner of the property shown and described herein, which is located in the subdivision jurisdiction of the Town of Angier and that I hereby adopt this plan of subdivision with my free consent, established minimum building setback lines, and dedicate all streets, alleys, parks, and other sites and easements to public or private use as noted. Furthermore, I heretby dedicate all sanitary sewers, storm sewers, and water lines to the Town of Angier.

[Signature]
DATE: 2-19-2000
OWNER

I, heretby certify that this subdivision plat shown herein has been found to comply with the Subdivision Regulations of the Town of Angier, North Carolina, and that this plat has been approved by the Angier Town Planning Board for recording in the Office of the Registrar of Deeds of Harnett County.

[Signature]
Chairman of the Planning Board
Angier, North Carolina

CURVE	RADIUS	TANGENT	LENGTH	DELTA	CHORD	CH-BEARING
C-1	50.00'	31.23'	55.84'	63°49'00"	52.98'	S 88°04'06"W
C-2	50.00'	37.28'	64.04'	73°02'35"	56.75'	N 23°14'37"W
C-3	25.00'	26.40'	114.28'	29°06'06"	113.06'	N 21°58'27"E
C-4	25.00'	27.63'	41.77'	84°43'33"	37.06'	N 84°03'17"E

Tax ID # 04-0683-0111
+ Pt of # 04-0683-0080

NORTH CAROLINA
HARNETT COUNTY
I, the undersigned, do hereby certify that the above described property is the property of the undersigned and that the same is being offered for sale and the proceeds therefrom are to be used for the purpose of the undersigned.
Date: August 2000
By: *[Signature]*
Notary Public for North Carolina

THE LOT(S) ON THIS PLAT HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT. BASED ON THIS REVIEW, IT APPEARS THAT THE LOT(S) ON THIS PLAT MEET APPROPRIATE REGULATIONS. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE APPROPRIATE HARNETT COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL FOR A PERMIT FOR ANY SITE WORK.
Date: 7/21/2000
Environmental Health

REVIEW OFFICER'S CERTIFICATE
STATE OF NORTH CAROLINA
COUNTY OF HARNETT
I, Jennifer S. Harrop, REVIEW OFFICER OF HARNETT COUNTY/TOWN, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
[Signature]
REVIEW OFFICER
DATE: 8-2-2000

I, BENTON W. DEWAR, PROFESSIONAL LAND SURVEYOR NO. 3040, CERTIFY THAT THIS PLAT IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND, THAT IS REGULATED BY COUNTY OR MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.
[Signature]
BENTON W. DEWAR, NCPLS - 3040
I, BENTON W. DEWAR CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1:10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 3661 PAGE 266; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED, WITNESS MY ORIGINAL SIGNATURE REGISTRATION NUMBER AND SEAL THIS 10th DAY OF July 19 2000
[Signature]
BENTON W. DEWAR, NCPLS - 3040

RECORDED IN MAP # 2000-466 HARNETT CO. REG.

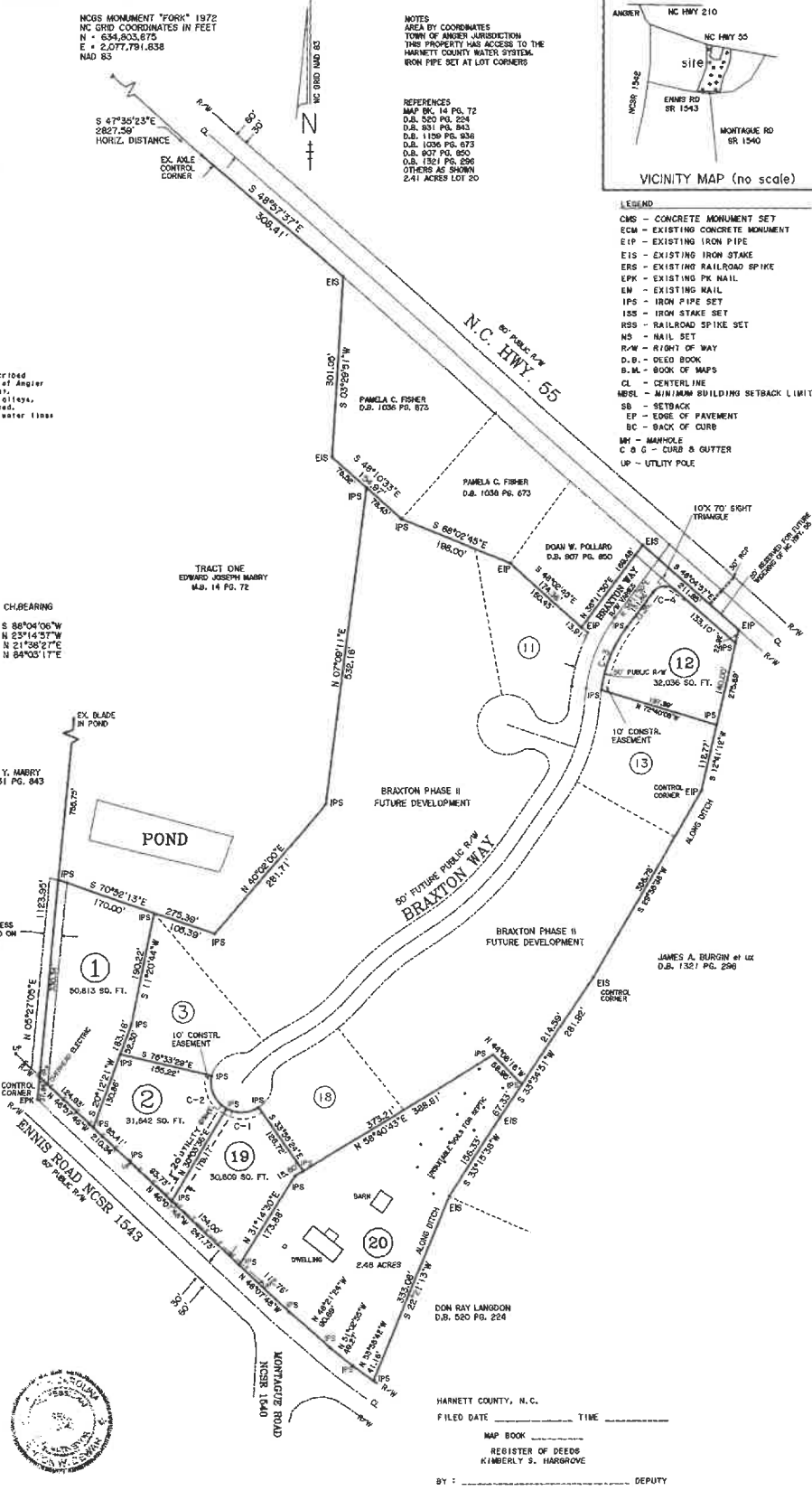
NODS MONUMENT "PORK" 1972
NC GRID COORDINATES IN FEET
N = 634,803.675
E = 2,077,791.838
NAD 83

NOTES
AREA BY COORDINATES
TOWN OF ANGIER JURISDICTION
THIS PROPERTY HAS ACCESS TO THE
HARNETT COUNTY WATER SYSTEM
IRON PIPE SET AT LOT CORNERS

REFERENCES
MAP BK. 14 PG. 72
D.B. 520 PG. 224
D.B. 501 PG. 843
D.B. 1159 PG. 936
D.B. 1036 PG. 873
D.B. 807 PG. 850
D.B. 1321 PG. 296
OTHERS AS SHOWN
2.41 ACRES LOT 20



- LEGEND**
- CMS - CONCRETE MONUMENT SET
 - ECM - EXISTING CONCRETE MONUMENT
 - EIP - EXISTING IRON PIPE
 - EIS - EXISTING IRON STAKE
 - ERS - EXISTING RAILROAD SPIKE
 - EPK - EXISTING PK. NAIL
 - EM - EXISTING NAIL
 - IFS - IRON PIPE SET
 - ISS - IRON STAKE SET
 - RSS - RAILROAD SPIKE SET
 - NS - NAIL SET
 - R/W - RIGHT OF WAY
 - D.B. - DEED BOOK
 - B.M. - BOOK OF MAPS
 - CL - CENTERLINE
 - MBSL - MINIMUM BUILDING SETBACK LIMIT
 - SB - SETBACK
 - EP - EDGE OF PAVEMENT
 - BC - BACK OF CURB
 - MM - MANHOLE
 - C & G - CURB & GUTTER
 - UP - UTILITY POLE



HARNETT COUNTY, N.C.
FILED DATE _____ TIME _____
MAP BOOK _____
REGISTER OF DEEDS
KIMBERLY S. HARGROVE
BY: _____ DEPUTY

00-33L
MARR-00-500

Map # 2000-466

15-3567

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT No 17657

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) Donald Gregory New Installation Septic Tank
Property Location: SR# 55 Hwy Repairs Nitrification Line

Subdivision: Braxton wood Lot # 2

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 4 Lot Size: _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

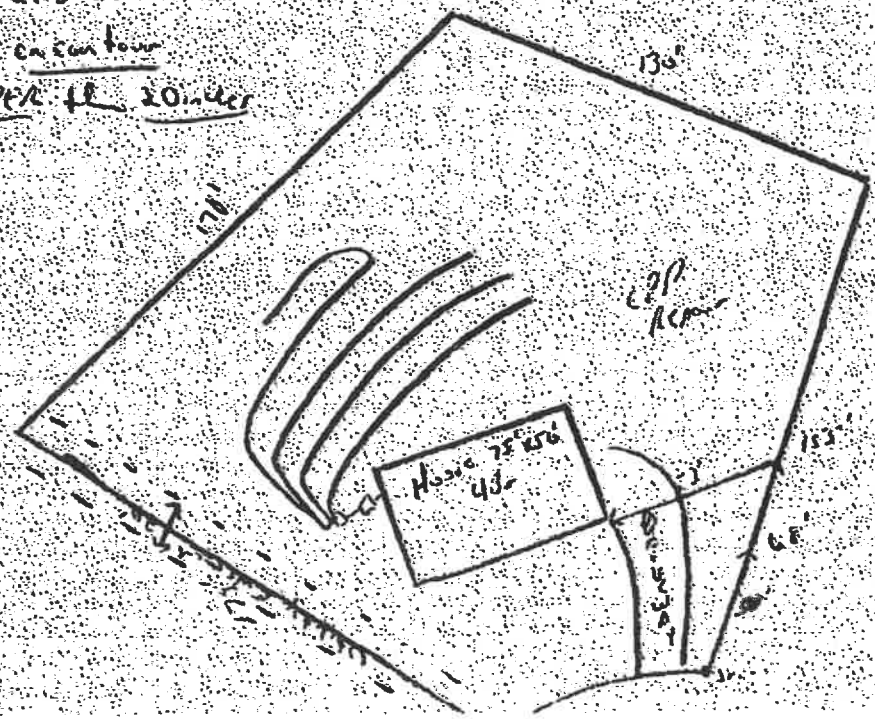
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 16-20 in.
French Drain Required: _____ Linear feet

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

Date: 8/10/2012
Signed: Brian M. Jones R.J.
Environmental Health Specialist

* Maintain all setbacks
* Road fiber on contour
* ALL DEEPER. FL. 20 inches



Print this page



Property Description:

LOT#2 BRAXTON S/D PH I MAP#2000-466

Harnett County GIS

PID: 040683 0111 03

PIN: 0673-91-8245.000

REID: 0052949

Subdivision:

Taxable Acreage: 0.720 AC ac

Caclulated Acreage: 0.79 ac

Account Number: 1500017779

Owners: YEO STEPHEN & YEO GLINDA

Owner Address : 236 BRAXTONWOOD DR ANGIER, NC 27501

Property Address: 236 BRAXTONWOOD DR ANGIER, NC 27501

City, State, Zip: ANGIER, NC, 27501

Building Count: 1

Township Code: 04

Fire Tax District: Angier Black River

Parcel Building Value: \$241210

Parcel Outbuilding Value : \$0

Parcel Land Value : \$40000

Parcel Special Land Value : \$0

Total Value : \$281210

Parcel Deferred Value : \$0

Total Assessed Value : \$281210

Neighborhood: 00457

Actual Year Built: 2006

TotalAcutalAreaHeated: 3248 Sq/Ft

Sale Month and Year: 12 / 2015

Sale Price: \$283500

Deed Book & Page: 3359-0962

Deed Date: 1449187200000

Plat Book & Page: 2000-466

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$269130

Prior Outbuilding Value : \$0

Prior Land Value : \$35000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$304130



Grade A Septic Inspectors, LLC

4066 NC Hwy 55 E

Dunn NC 28334

910-729-9004/ 919-586-1785

Julian Stanbro: Certification # 5843

Nicholas Stanbro: Certification # 6141

Client: Steve Yeo

Address: 236 Braxtonwood Dr
Angier, NC 27501

3/10/2021

Receipt

Pumping Camera Service	
Solid material was noted in drain lines Client stated at one point dump trucks were driven in yard Crushed parts in drain lines.	
Paid	
Cash:	Card:
Check: X #1085	Total: \$550-

Receipt #: 000802

GERALD TEMPLE BACKHOE SERVICE LLC

1636 Temple Rd.
BUNN LEVEL, NORTH CAROLINA 28323
(910) 893-4953

CUSTOMER'S ORDER NO.		PHONE		DATE	
		919-518-7541		11-4-15	
NAME <i>Neil Jones</i>					
ADDRESS <i>Burgess & Stephen + Glinda Jones Jeller Rob Woodford</i>					
SOLD BY	CASH	G.O.B.	CHARGE	ON ACCT.	W/USE RETD.
QTY.	DESCRIPTION			PRICE	AMOUNT
	Septic Tank				
	Drain Line				
	Backhoe Rental				
	Septic Tank Pumped				
	<i>Inspection of septic system at 236 Bampton Woods, Virginia NC 2750' Lot # 2</i>				<i>350.00</i>
RECEIVED BY				TAX	
				TOTAL	<i>350.00</i>

All claims on returned goods MUST be accompanied by this bill.

6483

Thank You

P1

On-site Wastewater Pre-inspection Contract

Client Name: Neil Jones

Client Address: _____

Client Phone: 919-518 7541

Property Address: 236 Brixton Woods Angier 27501 Lot #2

Client is: Owner of Record Realtor Lender Buyer Seller
 Other (Describe) _____

Certified Inspector Name: Derald Temple

Company Name: Derald Temple Backhoe Services LLC

Company Address: 1636 Temple Rd
Bunnalee NC 28323

Inspector Certification Number: 1781 Inspector Phone: 910-893-4953

Certification Expires: December 31, 2015 910-814-7312-C
910-893-3184-Fay

The on-site wastewater system inspection, hereinafter referred to as Inspection, shall be performed in accordance with the Standards of Practice of the North Carolina On-site Wastewater Contractors and Inspectors Certification Board. Minimum Inspection Requirements can be viewed at www.ncowcicb.info

Services provided shall include: Inspection meeting minimum requirements
 Pumping of Tank
 Other (Describe) _____

Cost of Services to be provided: \$ 50.00

- Inspector is not required to report on:
- 1) Life expectancy of any component or system
 - 2) The causes of the need for a repair
 - 3) The methods, materials and costs of corrections
 - 4) The suitability of the property for any specialized use
 - 5) The market value of the property or its marketability
 - 6) The advisability or inadvisability of purchase of the property
 - 7) Normal wear and tear to the system

P2

Inspector is not required to:

- 1 Identify property lines
- 2 Offer warranties or guarantees of any kind
- 3 Calculate the strength, adequacy, or efficiency of any system or component
 - 1) Operate any system or component that does not respond to normal operating controls
 - 2) Move excessive vegetation, structures, personal items, panels, furniture, equipment, snow, ice, or debris that obstruct access to or visibility of the system and any related components
 - 3) Determine the presence or absence of any suspected adverse environmental condition or hazardous substance, including toxics, carcinogens, noise, and contaminants in the building or in soil, water, and air
 - 4) Determine the effectiveness of any system installed to control or remove suspected hazardous substances
 - 5) Predict future condition, including failure of components
 - 6) Project operating costs of components
- 0) Evaluate acoustical characteristics of any system or component
 - 1) Inspect equipment or accessories that are not listed as components to be inspected
 - 2) Conduct dosing volume calculations
 - 3) Evaluate soil conditions beyond saturation or ponding
 - 4) Evaluate for the presence or condition of buried fuel storage tanks
 - 5) Evaluate the system for proper sizing, design, or use of proper materials
 - 6) Perform a hydraulic load test on the system

Inspector is required to:

- 1) Uncover tank lids and distribution devices so as to gain access unless locked. The distribution box may remain covered if the Inspector has an alternate method of observing its condition
- 2) Probe system components where deterioration is suspected
- 3) Report the methods used to inspect the on-site wastewater system
- 4) Open readily accessible and readily openable components except when access is obstructed or when access could damage the system or property
- 5) Report signs of abnormal or harmful water entry into or out of the system or components

As required by 21 NCAC 39 .1002 (i) (1) this contract must be provided by Inspector and signed by client or client's representative prior to inspection being performed.

Acceptance of Inspection stated above and permission to access property is hereby granted with signature below. Furthermore signature below acknowledges receipt of copy of this contract:

Signature of Client or Client's Representative

Derald Temple
Signature of Inspector

Date

11-4-2015
Date

P3

On-site Wastewater Inspection

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

Property Address 236 Brayton Woods Street Sot # 2
Amoria City NC St 27501 Zip

Client Name: Neil Jones

Current owner of Record Robert & Shelly Stafford

Date of Inspection: 11-4-2015

4 Advertisised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative
480 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 He [unclear] 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 _____ and maintenance reports are attached not available

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

Type of water supply Well Public Community Water Spring

Location of Septic Tank and septic tank details:
67 ft from house or structure

H.C. Water ft from well if applicable

107 ft from water line if applicable

6 ft from property line if adjacent property lines are known or marked.

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: _____

yes Inflow to tank is noted as sufficient

yes Inflow to tank is noted as insufficient or blocked

yes 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

0.5% Percentage of solids in tank

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

Date tank was last pumped 11-4-2015 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 _____

P4

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

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: E 2 flow

10 ft. from property line if property lines are known or marked

3 ft. from septic pump tank

3 # of lines

80 length of lines

no Evidence of past or current surfacing at time of inspection

no 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

yes Effluent is seeping 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: D-Box lid was replaced

Inspector Name: Donald Temple Certification # 11781

Address: 1636 Temple Rd Basin NC 28323

Phone: 910-893-4933

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 present fact of system facts in place on date of inspection.

Inspector Signature: Donald Temple Date: 11-4-15