

On-site Wastewater Inspection

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

Property Address 271 Epster Street NC 27546
Lillington City St Zip

Client Name: Anton Pillow

Current owner of Record _____

Date of Inspection: 4-4-2024

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

_____ 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 N/A

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:

13 ft from house or structure

~~_____~~ ft from well if applicable

~~_____~~ ft from water line if applicable

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

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

N/A Access riser(s) yes no Describe _____

Tank lids intact yes no Outlet lid cracked

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

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: _____

Evidence of non-permitted connections, such as downspouts or sump pumps

Connection present from house to tank

Connection present from tank to next component

0 Percentage of solids in tank

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

Date tank was last pumped 4-4-2024 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 NONE

Brief Description of System Type _____

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

6 ft from septic/pump tank

2 # of lines

75 length of lines

NO Evidence of past or current surfacing at time of inspection

Briefly describe: _____

NO Evidence of traffic over the dispersal field

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

_____ 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: N/A

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: The Distribution Box needs to be replaced. The outlet lid needs to be replaced. The septic tank was verified to be a 1000 gallon tank. All work listed above has been completed.

Inspector Name: D.C. Carter Certification # 3266 I

Address 708 Mayflower Court Fayetteville NC 28314

Phone 910-867-5388

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: B/Carter DC Date 4-4-2024