

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: rodneysears@whispercap.com

OWNER NAME Rodney L SEARS PHONE 919 422-5612

PHYSICAL ADDRESS 1760 Purfoy Road Fuquay Varina NC 27526

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 390 Lambert Lane FV NC 27526

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME Rodney L SEARS

SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRACT

Type of Dwelling: Modular Mobile Home Stick built Other _____

Number of bedrooms 3 Basement

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

Water Supply: Private Well Community System County

Directions from Lillington to your site: 401 (R) on Rawls Rd (L) Purfoy Rd
House on left Pass W&B Ford Dr.

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.

Rodney L Sears
Owner Signature

10/23/24
Date

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

Year home was built (or year of septic tank installation) ~~1980~~ 1987
Installer of system 2000
Septic Tank Pumper 2000
Designer of System 2000

1. Number of people who live in house? 2 # adults 2 # children 4 # 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 _____

3. If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly
4. When was the septic tank last pumped? July 2004 How often do you have it pumped? N/A
5. If you have a dishwasher, how often do you use it? [] daily [] every other day [X] weekly
6. If you have a washing machine, how often do you use it? [] daily [] every other day [] weekly [X] monthly
7. Do you have a water softener or treatment system? [] YES [X] NO Where does it drain?

8. Do you use an "in tank" toilet bowl sanitizer? [] YES [X] NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? [] YES [X] NO If yes please list _____
10. Do you put household cleaning chemicals down the drain? [] YES [X] NO If so, what kind?

11. Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [X] NO
12. Have you installed any water fixtures since your system has been installed? [] YES [X] NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets _____

13. Do you have an underground lawn watering system? [] YES [X] 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 Garage
15. Are there any underground utilities on your lot? Please check all that apply:
[X] 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?
Nothing is wrong / Inspector says there is
See page

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 [X] NO If Yes, please list _____

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2018 SEP 19 02:21:31 PM
BK: 3639 PG: 902-903
FEE: \$26.00
INSTRUMENT # 2018013392

HARNETT COUNTY TAX ID#

040665-0024-01

9-19-18 BY [Signature]

CCLINTON



2018013392

NORTH CAROLINA NON-WARRANTY DEED

Excise Tax: 0

Parcel Identifier No. 04 0665 002401 Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail/Box to: Hold for Box 182

This instrument was prepared by: Alicia Jurney, Smith Debnam Narron Drake Saintsing & Myers, LLP (without title search)

Brief description for the Index: Lot 1, 1.08 acres Graham Howard

THIS DEED made this 3rd day of April, 2017, by and between

GRANTOR

GRANTEE

Jeanette M. Sears
7635 Almaden Way
Cary, NC 27518

Rodney L. Sears
1760 Purfoy Road
Fuquay-Varina, NC 27526

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:

Being all of Lot 1, containing 1.08 acres of the property of Graham Howard, as shown in Plat Cabinet D, Slide 67D, Harnett County Registry, reference to which is hereby made for greater certainty of description.

It is the intention of the parties hereto that the property described herein shall be considered separate property of the Grantee pursuant to the Equitable Distribution Act (N.C.G.S. 50-20) and Grantor relinquishes all right or claim to said property provided in said Act. This Deed is made pursuant to a Consent Order on equitable distribution between the parties hereto, and is for a valuable consideration set out in said Order.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 936 Page 602.

Title to the property hereinabove described is subject to the following exceptions:

Easements of record.

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.

The Grantor makes no warranty, express or implied, as to title to the property hereinabove described.

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

By: _____ (Entity Name) Jeanette M. Sears (SEAL)
Print/Type Name: **Jeanette M. Sears**

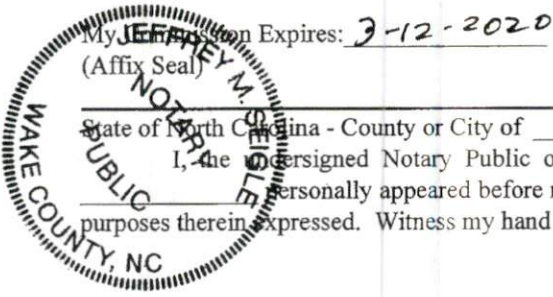
By: _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

By: _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

By: _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

State of NC - County or City of Wake
I, the undersigned Notary Public of the County or City of Wake and State aforesaid, certify that **Jeanette M. Sears** 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 3rd day of April, 2017.

Jeffrey M. Seigle
Jeffrey M. Seigle Notary Public
Notary's Printed or Typed Name



My Commission Expires: 3-12-2020
(Affix Seal)

State of North Carolina - County or City of _____
I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ 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 _____ day of _____, 2017.

My Commission Expires: _____
(Affix Seal) _____ Notary Public
Notary's Printed or Typed Name

PC#D Slide 67-D



LOT #	TOTAL AREA	AREA IN C/W	NET AREA
1	47,347 sq ft	2,625 sq ft	44,722 sq ft
2	47,070 sq ft	2,450 sq ft	44,620 sq ft
3	15,581 sq ft	2,450 sq ft	13,131 sq ft
4	65,221 sq ft	2,450 sq ft	62,771 sq ft
5	53,445 sq ft	2,442 sq ft	51,003 sq ft
16	59,410 sq ft	2,440 sq ft	56,970 sq ft

LEGEND
 --- Lines Surveyed
 - - - Lines Not Surveyed
 EIP --- Existing Iron Pipe Control Corner
 ECM --- Existing Concrete Monument
 NIP --- New Iron Pipe
 PKM --- P.K. Mark
 DMC --- Double Meridian Distance
 R/W --- Right of Way
 OB --- Old Book
 CM --- Concrete Monument
 ELS --- Existing Lighted Stake

NORTH CAROLINA WAKE COUNTY
 I, Charles A. Billing, certify that this plan was drawn under my supervision from the actual survey made under my supervision and description recorded on Book L-2434 of page 664 that the plan is correct and that the boundaries are shown as broken lines plotted from information found in Book L-2434 of page 664 that this plan was prepared in accordance with G.S. 42-20 as amended. Witness my hand and official seal this 15th day of April, 1987.
 Notary Public
 Charles A. Billing
 Seal of Office
 Registrar of Deeds

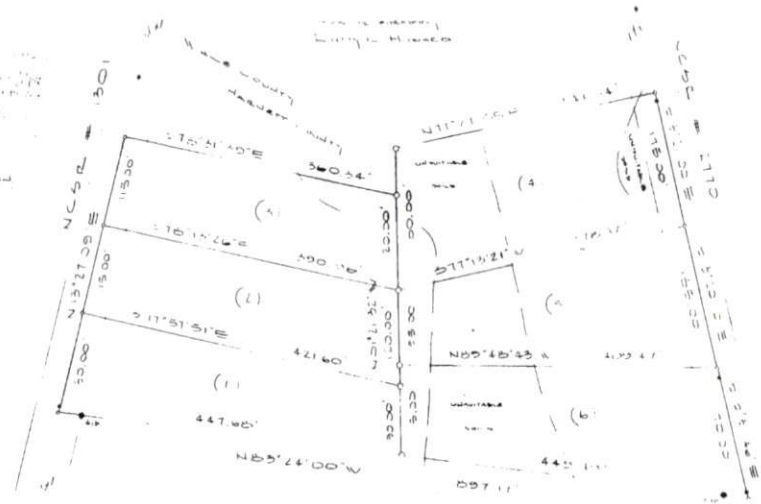
NORTH CAROLINA WAKE COUNTY
 I, Charles A. Billing, Registrar of Deeds, do hereby certify that the foregoing certificate of Margaret C. Baker is correct. This instrument was presented for registration and recorded in Public Book 1987 page 664 this 29th day of April, 1987 at 5:50 P.M.

NORTH CAROLINA WAKE COUNTY
 The foregoing certificate of Margaret C. Baker is certified to be correct. This instrument was presented for registration and recorded in Public Book 1987 page 664 this 29th day of April, 1987 at 5:50 P.M.

Recorded in Book of Maps 1987 Vol. - 1664

I hereby certify that lots shown on this plot for subdivision have been tentatively reviewed for minimum space and siting requirements for sewage disposal and water supply system. Based on this preliminary review, it appears that lots on this plot meet appropriate Wake County Health Department regulations. **NOTE: THIS PRELIMINARY CERTIFICATION DOES NOT REPRESENT APPROVAL OR A PERMIT FOR ANY SITE WORK. FINAL APPROVAL REQUIRES ISSUANCE OF THE APPROPRIATE WAKE COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING.**

Date _____
 Wake County Health Director or Authorized Representative



NOTES
 1. THIS PLAN IS SUBJECT TO THE WAKE COUNTY HEALTH DEPARTMENT REGULATIONS.
 2. THE OWNER OF THIS LAND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE WAKE COUNTY HEALTH DEPARTMENT.
 3. THIS PLAN IS SUBJECT TO THE WAKE COUNTY HEALTH DEPARTMENT REGULATIONS.
 4. THE OWNER OF THIS LAND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE WAKE COUNTY HEALTH DEPARTMENT.

Subdivision Already Approved + recorded in Wake County Public Books
 Charles A. Billing

Wake County Registration
 I hereby certify that this record plan has been found to comply with the Subdivision Laws of Wake County, North Carolina, and that this plan has been approved for recording in the office of the Registrar of Deeds in Wake County.
 4-29-87
 Charles A. Billing
 Registrar of Deeds
 approval applies to Wake County only

REVISIONS	GRAHAM HOWARD		FURQUAY LAND SURVEYING, INC.		
A-13-87 - ADD APPROX. 1/4 AC. COUNTY ROAD	TOWNSHIP: MOORE CREEK	COUNTY: WAKE	DATE: 4-14-87	SURVEYED BY: DEF	FIELD BOOK
	HEWES CREEK	Wake	SCALE: 1" = 100'	DRAWN BY: DEF	DRAWING NO.
	STATE: NORTH CAROLINA	Wake	CHECKED & CLOSURE BY: DEF	DEF	DEF
	ZONE: R-30	TAX MAP: 88-5	PARCEL: 7		

PC#D Slide 67-B PC-D 67-D



Engineers and Soil Scientists

Agri-Waste Technology, Inc.

501 N Salem Street, Suite 203, Apex, NC 27502

agriwaste.com | 919.859.0669

Septic System Inspection Report

1760 Purfoy Rd
Fuquay-Varina, North Carolina

Prepared for: Viktor Mirchandani, Buyer
XCOPY: Bernardo Lundy, ERA Live Moore
Prepared By: Brent Purdum
Report Date: October 10, 2024



Engineers and Soil Scientists

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501 N Salem Street, Suite 203, Apex, NC 27502

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**SEPTIC SYSTEM INSPECTION REPORT FOR:
1760 Purfoy Rd
Fuquay-Varina, North Carolina**

PREPARED FOR: Viktor Mirchandani, Buyer
XCOPY: Bernardo Lundy, ERA Live Moore
PREPARED BY: Brent Purdum
DATE: October 10, 2024

The septic system serving the home at 1760 Purfoy Rd Fuquay-Varina, North Carolina was inspected by Brent Purdum of Agri-Waste Technology, Inc., on October 10, 2024. The septic system is a conventional gravity system with a drainfield and a septic tank. The Harnett County Health Department was unable to locate any documentation for the septic system. A copy of the septic system inspection checklist completed during the October 10, 2024, inspection is in Attachment 2. A detailed discussion of the inspection is below.

General septic system information can be found on the North Carolina State University Soil Science Department website. The address is www.soil.ncsu.edu. Some routine septic system maintenance information is in Attachment 3 following this report.

Septic Drainfield

Ponding was present over the drainfield line. Surfacing was present over parts of the drainfield line.

Septic Tank

The septic tank was excavated on the outlet end and opened during the inspection. A gutter pipe was discharging over top of the septic tank. There did not appear to be any wastewater backing up into the septic tank. However, the home has been vacant and there was no water available for simulated flow. Attachment 3 contains a table entitled *Estimated Septic Tank Inspection and Pumping Frequency in Years* that indicates the recommended pumping frequency based on the number of occupants in the house and the septic tank size.

Conclusions

- 1) The home is vacant and no water was available to simulate water flow.
- 2) There is evidence of a drain pipe diverting water onto the septic tank.
- 3) The outlet baffle is degrading but is still functioning properly.
- 4) Ponding was present over the drainfield line.
- 5) Surfacing was present over parts of the drainfield line.

We appreciate the opportunity to assist you. Please contact us with any questions, concerns, or comments.

As indicated in the AGREEMENT FOR PROFESSIONAL ENVIRONMENTAL SERVICES "Point of sale well/septic system inspections constitute a snapshot evaluation in time of the system(s) and do not guarantee future performance of the system(s) due to numerous factors including, but not necessarily limited to, the following: water use patterns of the inhabitants of the dwelling, occupancy of the dwelling (no occupancy for an extended period of time or occupancy in excess of the system design parameters), acts of God or natural disasters, lack of visibility of many of the system components, placement of inappropriate items into the system (non-degradable items, water softener brine, etc.), physical disturbance of or damage to the system or system components, etc. Furthermore, only the aboveground components of the well that are visible from the soil surface are inspected."

**ATTACHMENT 1: Harnett County Health Department
Documentation**

Rhonda Barker

From: Kelley Hinson <khinson@harnett.org>
Sent: Friday, September 27, 2024 7:55 AM
To: Rhonda Barker
Subject: RE: Permit Request

We are not able to locate anything on the address listed below

Kelley Hinson

Office Assistant IV
Environmental Health

Phone: (910) 893-7547 **Fax:** (910) 718-0415 | **Email :** khinson@harnett.org | **Online:** www.harnett.org/
Address: 307 W Cornelius Harnett Blvd Lillington NC 27546 (Physical)



Privacy & Confidentiality Notice

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and shall be disclosed to third parties when required by statutes. (NCGS Ch. 132)

From: Rhonda Barker <rbarker@agriwaste.com>
Sent: Thursday, September 26, 2024 3:14 PM
To: Kelley Hinson <khinson@harnett.org>
Subject: Permit Request

Good Day,

I need to request a copy of the existing Well & Septic permit for
Address: 1760 Purfoy Road
Pin: 0665-51-9522
Parcel: 040665

Thank you!



Rhonda Barker
Inspections Administrative Assistant
rbarker@agriwaste.com | Direct: 919.629.6408

Agri-Waste Technology, Inc. (AWT)
501 N. Salem Street, Suite 203, Apex, NC 27502
agriwaste.com | Office: 919.859.0669



ATTACHMENT 2: Septic System Inspection Checklist

SUBSURFACE WASTEWATER SYSTEM INSPECTION REPORT

<u>10/10/2024</u>	<u>Brent Purdum</u>	<u>9925I</u>
Date of Inspection	Inspector's Name	Certification Number
<u>Permit Number Mirchandani</u>	<u>Date of Operation Permit 1760 Purfoy Rd Fuquay-Varina, North Carolina</u>	<u>Advertised # of Bedrooms -</u>
<u>Buyer</u>	<u>Address of Property</u>	<u>Current Owner Well</u>
<u>Tax Map</u>	<u>Parcel</u>	<u>Lot #</u>
	<u>PIN</u>	<u>Water Source</u>

INSPECTION RESULTS:

COLLECTION/TANK SYSTEM:

	YES	/	NO	/	NA	
Evidence of leaks ?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Water level in tank: <u>ok</u>						-Wastewater did not appear to be backing up within the septic tank. However, the home is vacant and there was no water available to simulate flow.
Tank risers accessible, free of infiltration and surface water diverted ?						
Inlet riser?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Type: <u>Not Present</u>						
Outlet riser?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	-There is a gutter pipe that appears to be diverting water onto the septic tank.
Type: <u>Not Present</u>						
Estimated distance from soil surface to Top of tank: <u>12</u> inches						
Tank has baffle wall?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	-The outlet baffle is degrading but is still functioning properly.
Outlet T is present/intact?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Roots present in tank?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Inlet pipe clear/unobstructed?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Outlet pipe clear/unobstructed?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	
Septic tank needs pumping?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	
Inches of solids: <u>-</u>						
Date of last tank pumping known?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
If known, when: <u>-</u>						
Estimated Distance From:						
House/Structure: <u>10+</u> ft						
Well: <u>50+</u> ft						
Water Line: <u>-</u> ft						
Property Line: <u>10+</u> ft						
Septic tank filter cleaned?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	

PRETREATMENT SYSTEM:

(Sand Filter or Peat Biofilter)						
Certified operator required?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Filter surface maintained ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Evidence of ponding ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Filter effluent free of excess solids ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Peat modules free of damage, accessible, properly ventilated & free of insects ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Samples collected at this inspection ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	

EFFLUENT DOSING SYSTEM:

Required pumps present & functional ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
High water alarm operating properly ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
Floats, valves, etc. in good condition ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
Control panel & components in good condition ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
Evidence of leaks ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
Water level in tank:					
Tank riser accessible, free of infiltration and surface water diverted ?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
Type: _____					
Roots present in tank?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>
Estimated distance from soil surface to Top of tank: _____ inches					

Date of last tank pumping known? / /
 If known, when: ___ / ___ / ___
 Estimated Distance From:
 House/Structure: ___ ft
 Well: ___ ft
 Water Line: ___ ft
 Property Line: ___ ft
 Septic Tank: ___ ft
 Effluent free of excess solids? / /
 Inches of solids(pump/dose tank): _____
 Elapsed time readings? _____
 Counter readings? _____

DISPOSAL FIELD:

Evidence of effluent surfacing?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Evidence of effluent ponding in trenches?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	-Ponding was present over the drainfield line.
Surface water effectively diverted?	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	
Diversions/swales properly maintained?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	
Vegetative cover maintained?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Protected from traffic/unauthorized uses?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	-Surfacing was present over parts of the drainfield line.
Distribution devices in good condition?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input checked="" type="checkbox"/>	
Field free of settled or low areas?	<input checked="" type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	

Estimated Distance From:
 House/Structure: 10+ ft
 Well: 50+ ft
 Water Line: ___ ft
 Property Line: 10+ ft
 Septic Tank: 5+ ft

PRESSURE DISTRIBUTION SYSTEM:

Certified operator required?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Turnups/cleanouts/valves intact & accessible?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Laterals free of excess solids?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Laterals flushed this inspection?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	
Pressure heads properly adjusted?	<input type="checkbox"/>	/	<input type="checkbox"/>	/	<input type="checkbox"/>	

SYSTEM PERFORMANCE:

Design Pressure Head (ft): _____ Adjusted Pressure Head (ft): _____
 Design Delivery Rate (gpm): _____ Measured Delivery Rate (gpm): _____ % of Design: _____
 Dosing Volume (gal.): _____
 Note: Delivery Rate(gpm) = (_____ inches drawdown _____ gallons/in) _____ minutes of run time
 Dose Volume(gal.) = _____ inches between float on & float off _____ gallons/in.

"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."

See Electronic Form

Signature

ADDITIONAL COMMENTS:

ATTACHMENT 4: Pictures

October 10, 2024 Tank Interior



October 10, 2024 Ponding Evidence

