

B&L

BRYANT & LASSITER SEPTIC TANK SERVICE, INC.

P.O. Box 157 • Potecasi, NC 27867

Phone (252) 587-4321

Customer Order No. _____ Phone _____ Date 9/4/25

Name RD Home Sales

Address _____

QTY.	DESCRIPTION	PRICE	AMOUNT
	Septic Inspection		600.00
	at		
	9157 US-158		
	Conway, NC		
	Paid - cc		
	Jm 9/4/2025		
		TAX	
		TOTAL	600.00

Received By _____

Thank You
We Appreciate Your Business

54254

BRYANT & LASSITER SEPTIC TANK SERVICE, INC.

P.O. BOX 157, POTECASTI, N.C. 27867 · PHONE 252-587-4321

MICHAEL WRENN

NC ONSITE WASTEWATER INSPECTOR #60531

VA LICENSE # 1944002180

SEPTIC SYSTEM INSPECTION

Name RD Home Sales
Name of Realty Company Gilbert Jenkins Realty
Property Address 9157 US-158 City Conway State NC
Date of inspection 9/4/2025 Weather cond. Sunny Age of house 44 Age of system 44
Original system? Yes House was Occupied Vacant-If so how long? 10 months
Where is grey water going? Septic Is there a garbage disposal? NO
Water service: Public water Well water
If applicable, is the distance between the well and leach field acceptable according to state code? _____

Type of System	<input checked="" type="checkbox"/> Septic Tank	Type of drainage field	<input checked="" type="checkbox"/> Conventional System
	<input type="checkbox"/> Septic Tank & Pump Tank		<input type="checkbox"/> Sand Mound
	<input type="checkbox"/> Pre-treat/Alternative system		<input type="checkbox"/> Drip System
	<input type="checkbox"/> Other		<input type="checkbox"/> Chambered panels
			<input type="checkbox"/> E Z Flow, LPP

If other, please explain: _____

PROCEDURES

This system inspection must conform to state and county standards. We will inspect the tank structure and components for defects such as cracks, leaks or damage. We will inspect/probe the leach field for indications of saturation or failure. We will properly close the tank and restore the earth to approximate grade.

SYSTEM EVALUATION

SEPTIC TANK: Acceptable Unacceptable # of tanks 1 # of drainfields 1
PUMP TANK: N/A Acceptable Unacceptable If so, explain _____
PRETREATMENT: N/A Acceptable Unacceptable If so, explain _____
WATER LEVEL: Acceptable Below Outlet High-Above outlet
SLUDGE LEVEL: 10 in. Acceptable High
INLET TEE(IF REQUIRED) N/A Acceptable Unacceptable If so, explain _____
OUTLET TEE: Acceptable Unacceptable If so, explain _____
BAFFLE WALL: N/A Acceptable Unacceptable If so, explain _____
LID: Acceptable Unacceptable If so, explain _____
DRAIN FIELD: Acceptable Unacceptable If so, explain _____
DID YOU PUMP THE SEPTIC TANK? Yes No
SYSTEM FUNCTION: Acceptable Unacceptable If so, explain _____

*If repairs are necessary, the owner should call the Local Health Dept., or a Certified Contractor.

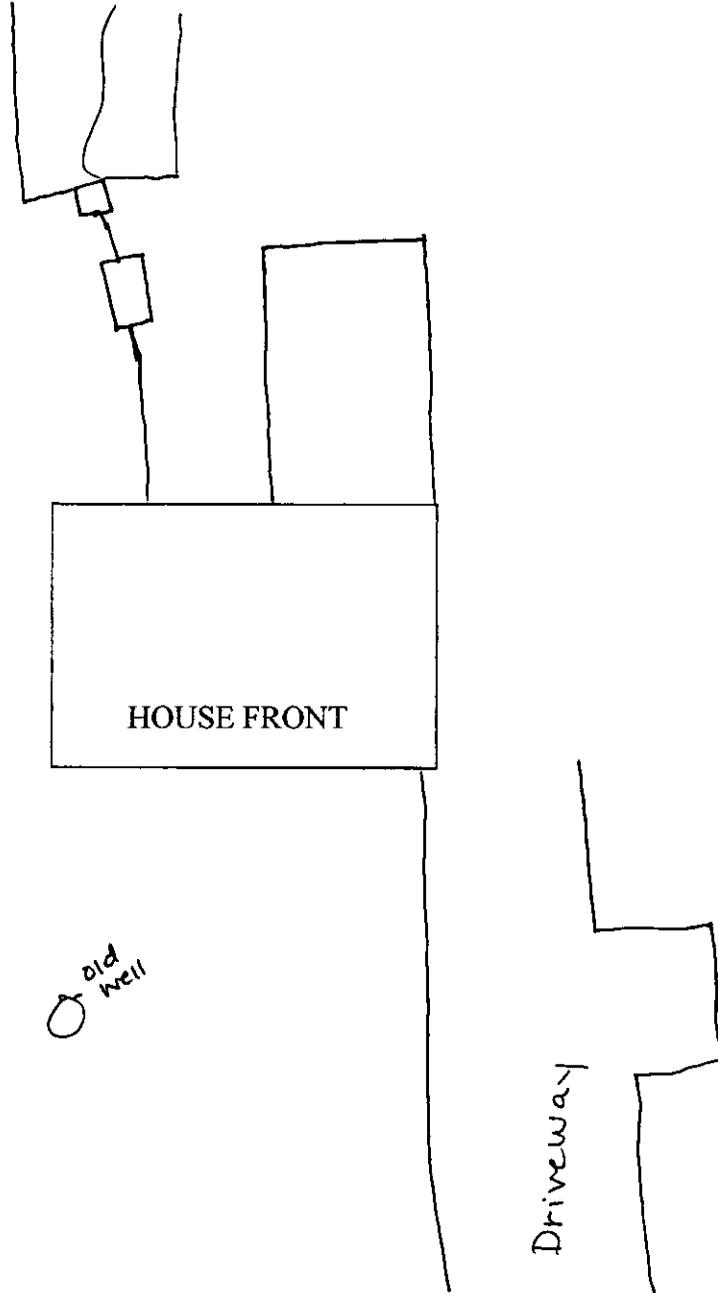
ADDITIONAL COMMENTS Distribution box has been replaced since the system was put in.

SEPTIC SYSTEM INSPECTION (CONT.)

**SEPTIC SYSTEM LOCATION (PLEASE SKETCH)
FRONT (FACING STREET)**

Please mark location of well on diagram.

NOT TO SCALE



Notice To Customer: Bryant & Lassiter Septic Tank Service, Inc. in no way warrants the continued proper operation of the system covered by this inspection. This inspection covers the physical condition of the tank and system components and not the suitability of the soils to absorb effluent water. Any physical deficiency we find in the system is reported on this form.

Inspected by Michael Wren

Date 9/4/2025