

On-site Wastewater Inspection

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

Property Address 315 Miller street
Emerald Isle Street NC
City St Zip

Client Name: Bobby Thomas

Current owner of Record _____

Date of Inspection: 3/6/23

_____ 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 _____

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:

5 ft from house or structure

_____ ft from well if applicable

_____ ft from water line if applicable and readily visible

75 ft. from property line if said property lines are known

4" 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

no 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

10% Percentage of solids in tank

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

Date tank was last pumped _____ 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

_____ ft from septic tank

_____ Distance from finished grade to top of tank or access riser

_____ Access risers in place yes no

_____ Describe type of access risers: _____

_____ Describe condition of tank lids _____

Location of control panel: _____

Condition of control panel: _____

_____ 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 _____

125 ft. from property line if property lines are known

0 ft from septic/pump tank

1 # of lines

60ft 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 affect the condition of the system or system components

yes 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: _____

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: _____

System working as intended.

Inspector Name: Edgar Meza Cisneros Certification #70291

Address: Craven Ag Services, Inc. 2115 Hwy 55 W, New Bern, NC 28562

Phone: 252-775-9555

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: E. Meza Date 3/10/23

Call Ahead COD on file
 Schedule DATE Friday 3/10/23 AM PM

**Craven
AG SERVICES, INC.**

2115 Hwy 55 West
New Bern NC 28562

(252) 633-5334 Phone
(252) 633-6005 Fax
cravenagservices@gmail.com

WORK ORDER

Verona Bass
 Bobby Thomas
 Van Parker
 252 241 9616
 Contact & Number

315 Miller Street
 Emerald Isle NC
 City State Zip Code

Billing Approved /EMAIL V.parker@coastland.com

Not liable for any damage to yards, landscaping, or driveways while gaining access to service tanks.

CERTIFIED INSPECTION Septic Tank Grease Trap \$ 250.00
 Pump Septic Tank Pump Grease Trap Gallons \$ _____
 Pump out Pump Tank Pump Lift Station Gallons \$ _____
 Install Sanitary Tee Install Lid or Riser Install D-Box \$ _____
 Line Jet Drain Lines \$ _____

Above and Beyond Normal Service:

Excessive Vegetation / Root Removal Excessive digging to uncover tank lids
 Tank in Extreme condition extra work Service Call \$ _____
 Additional Hoses over 3 (90ft.) to reach tank-- \$ 10.00 per hose

AFTER HOURS / WEEKEND SERVICE

TECH COMMENTS: Card convenience fee 3.5% \$ _____

PAID

TOTAL \$ 258.75

We accept Cash, Check, or Credit (Visa and Master Card with a 3.5% bank charge added) CK # _____ CASH

All Waste will be removed and disposed of according to the Division of North Carolina Solid Waste and Regulations.
 Disposal Site Permit # SDTF-25-08 Pumping Permit # NCS-00912

Card Number _____ Expiration 3/10/23 C/C# _____ Zip Code _____
 Client's Signature _____ Date _____ Service Technician E. [Signature]

Thank You, We Appreciate Your Business!