

Advanced Home Inspections

10:15 January 25, 2014

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Septic Info

Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

General Information

Property Information

Property Address 45908 Hwy 3
City Oklahoma City State Okla. Zip -----
Contact Name Jack Frost

Client Information

Client Name John and Jane Doe

Inspection Company

Inspector Name Deveral Bridges
Company Name Advanced Home Inspections
Company Address 200 Wright Lane
City Chandler State OK Zip 74834
Phone 405-240-0216 Fax -----
E-Mail deveral@sbcglobal.net

Conditions

Inspection Date 1/23/14
Sewage Disposal Septic How Verified Visual Inspection
Water Source Well How Verified Visual Inspection

Septic Information

- | | A | NP | NI | M | D | |
|----|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Location: South of house. |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drain Field Obstructed by: No obstructions |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Septic Tank Riser: |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of last pumping: Unknown |
| 5. | Is there a well on the property? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | |
| 6. | Are copies of local forms attached? (If Available) <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | |

System Evaluation

- | | A | NP | NI | M | D | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Method of Inspection: Walkover Due to the nature of septic system design, most of the system is not visible. It is possible that problems with the system may exist which were not visible at the time of inspection.
Check for leaks, proper drainage and any signs of previous system backup. |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drains: PVC |

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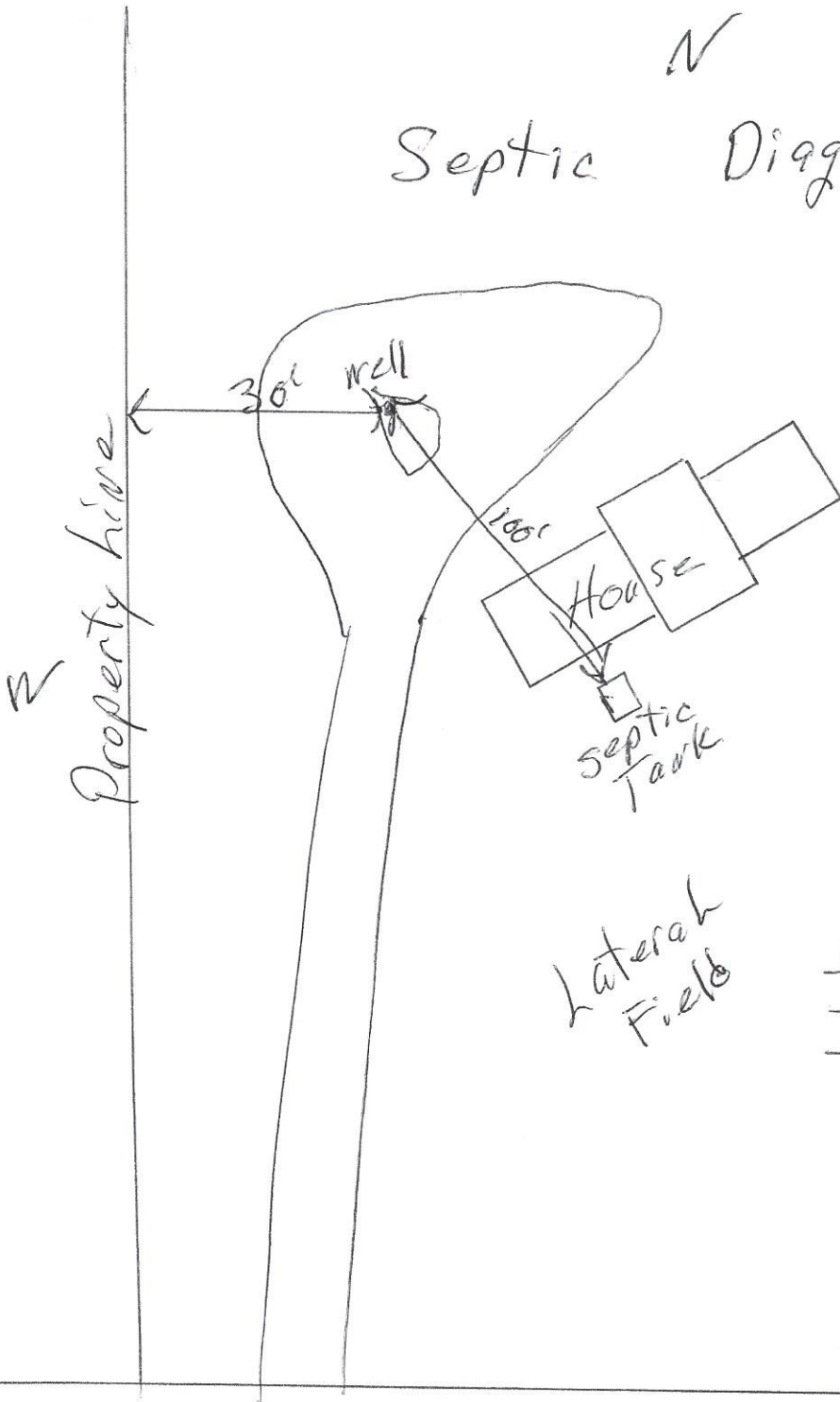
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Septic Info

System Operation

- | | A | N | P | N | I | M | D | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Location of Drain Field: South of house and tank |
| 2. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leach Field Seepage: |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Well or Cesspool Present: |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Location of Dry Well/Cesspool: |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access Cover: Concrete |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total System Operation: Appears to be operating normally |

Septic Diagram

Not To
Scale



Distances

Well To property Line	30'
well To Septic Tank	100'
Well To Lat. Field	150'