

SEPTIC SYSTEM REPORT OF INSPECTION

Date of inspection: 12-9-24 (mm/dd/yyyy)

PROPERTY INFORMATION ( All fields are required)

Address: 66 cosmo place County: lumpkin
City: dahlonega State: ga Zip: 30533
Subdivision/Business Park Name:

- Residential: # of occupants: Non-Residential: # of Employees/Seating
# of Bedrooms/Bathrooms: Garbage Disposal Hot tub/Jacuzzi
Average Water Consumption: Per Month: 3 Bedrooms: 6-8 Thousand Gallons 4 Bedrooms: 8-10 Thousand Gallons
5 Bedrooms: 10-12 Thousand Gallons Other:

1. CURRENT OWNER INFORMATION: (All fields are required)

Name: Jerry Broaded
Mailing Address:
City: State: Zip:

2. INSPECTOR INFORMATION (All Fields are required)

Inspector Name: vini santos Company Name: Master Rooter

3. SEPTIC TANK INSPECTION (All fields are required)

- A. Septic tank material: Pre-cast Concrete Fiberglass Other:
B. Tank Specs: Rectangle Round/Oval One Compartment Multi-Compartment:
C. Waste Level before pumping: Normal Below Normal Above Normal Could Not Determine
D. Access openings in tank: 1 2 3 None Other:
E. Depth of soil cover over tank access port or riser: 18 inches or feet
F. Septic tank risers: Present Not Present
G. # of Septic Tanks: 1 Capacity of septic tank: 1000 Gallons
H. Baffle or Sanitary "T" material: Pre-cast Concrete Fiberglass Plastic Clay Other:
I. Condition of baffles and sanitary "Ts":
i. Inlet baffle or "T": Functional Not Functional Not present Not determined
ii. Outlet baffle or "T": Functional Not Functional Not present Not determined
iii. Interior baffle: Functional Not Functional Not present Not determined
J. Is there evidence of leakage in to septic tank (infiltration)? Yes No Could Not Be Determined
K. Is there evidence of leakage outside of septic tank: Yes No Could Not Be Determined
L. Is there evidence of: Root Invasion Cracks in tank Damaged lids or Risers Other:
M. Pump Tank: Gallons Pump: HP Filter Distribution Box High Water Alarm Cleanout
Other:
N. Repairs Recommended:
O. Repairs Performed:
P. Repairs Not Performed:

4. ABSORPTION FIELD INSPECTION

- A. Evidence of malfunction: No Yes (check all applicable conditions observed)
Wet Areas Unusual green/lush vegetation Sewage Smell Surface Discharge Unknown Discharge Pipes
Impaired hydraulic capacity (backups) Erosion Apparent root invasion Other:
\*\*\*ALL NEGATIVE ITEMS SHOULD BE ADDRESSED\*\*\*

I have inspected the physical and operational conditions of the septic system serving this property on the date indicated. I have completed this Report of Inspection to the best of my knowledge. This report is non-transferrable. A certified Copy of this Report of Inspection will be sent to the current homeowner within 5-7 business days.

vini santos IP-20777-RP-ST 12/11/24
Inspector's Signature State of Georgia License # Date

