

Alliance SEPTIC SERVICE

Lic#1009043

PO BOX 3357 PASO ROBLES CA 93447 805-221-5493

Inspection/Certification

Date of Inspection: **1/19/23**

Property Owner: **Lorene Colvin**

Inspection Address: **2045 Vista De La Vina, Templeton Ca 93465**

Realtor/Finance Company: **Alicia Bartlett**

Title Company: **Fidelity Title**

I examined the existing septic system at the location above and determined:

Septic tank capacity: **1500**

Septic tank construction: **Concrete**

Liquid level in tank: **Good**

Gravity/Pump system: **Gravity**

Condition of tank: **Good**

Condition of internal piping: **Good**

Effluent filter present: **No**

Condition of access lids: **Good**

Septic tank pumped during inspection: **Yes**

Back flow from leach field before or after pumping septic tank: **No**

Operational leach field 30-minute water test: **Passed**

Setback issues from dwellings, wells, or natural water courses: **None**

Evidence of surfacing effluent found on property: **No**

Comments: **Septic tank should be serviced every 3-5 years.**

X : It is my opinion that, as of now, the septic system appears to be in good working order and can be expected to function correctly with proper maintenance. No repairs are needed at this time.

: It is my opinion that, as of now, the septic system is NOT in good working order and will NOT function properly without the following repairs:



Brian Padgett – Alliance Septic Service

* The results of this inspection in no way guarantee future function of the septic system or its components. Future functionality will depend on proper usage, environment, and maintenance.

* This inspection is good for 90 days.

*Color and texture of soil may look different upon completion over excavated/graded areas.

* Sewer pipes from the building(s) to the wastewater system, and greywater diversions of any kind are not included in this inspection.



Alliance Septic Service

PO Box 3357
Paso Robles CA 93447

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 1/20/2023 | 5548 |

Due Upon Receipt

| |
|--|
| Bill To |
| Fidelity National Title - CB 7055 Morro Rd Atascadero Ca 93422 |

| |
|-----------------|
| P.O. No. |
| |

| |
|----------------|
| Project |
| |

| Quantity | Description | Rate | Amount |
|----------|---|--------|--------|
| 1 | Escrow inspection on a 1500 gallon septic system - 2045 Vista De La Vina, Templeton | 200.00 | 200.00 |
| 1 | Pump septic tank (up to 1200 gallons) | 550.00 | 550.00 |
| 300 | Overage (1500 gallon septic tank) | 0.35 | 105.00 |
| 2.5 | Labor | 150.00 | 375.00 |

There will be an additional \$25 service fee, plus bank fees, added for declined payments.

| | |
|--------------|-------------------|
| Total | \$1,230.00 |
|--------------|-------------------|

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|----------------|
| Phone # |
|----------------|

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|------------|
| 8052215493 |
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| |
|---------------------------------|
| E-Mail |
| alliancesepticservice@gmail.com |

| | |
|-------------------------|--------|
| Payments/Credits | \$0.00 |
|-------------------------|--------|

| | |
|--------------------|------------|
| Balance Due | \$1,230.00 |
|--------------------|------------|

Existing Septic System Verification Form

| | | |
|---|-----------------------------|------------------------------|
| Certification of Existing Subsurface Sewage Disposal System | | Date of Inspection: 11-19-23 |
| APN Number: | Permit Number: | |
| Property Address: 2045 VISTA de LA VISTA | Owner's Name: LORENE COLVIN | |

I, Jesse Templeton, examined the existing subsurface sewage disposal system at the above location on the date noted above and determined that the septic tank capacity is 150 gallons.

There are _____ bedrooms in the dwelling.

There are _____ leach lines, each leach line is _____ feet long.

There are _____ seepage pits, each _____ feet in diameter and _____ feet deep.

The leach bed is _____ feet by _____ feet, totaling _____ square feet of leach bed area.

The septic tank is constructed (choose one): concrete fiberglass other (please specify)

The septic tank is in good condition. The inlet and outlet tees are present, and the baffle is not cracked, broken, or displaced. (Please verify and comment below): YES NO

Comments: Good

While pumping the tank, did effluent flow back into the tank from the absorption system? YES NO

Prior to pumping, was the liquid level in the tank above the outlet tee? YES NO

Is the system design gravity feed? YES NO

Are there wells located on the adjacent property? YES* NO

* Indicate distance of the well(s) from: Septic Tank _____ ft. , Leach lines _____ ft. , Seepage Pit _____ ft.

Indicate distances from springs, lakes, and other natural drainage course for the following:

Septic Tank _____ ft. Leach lines _____ ft. Seepage Pits _____ ft.

Additional Comments: _____

Initial: JA It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.

Initial: _____ It is my opinion that the system is not in good working order and will not function properly without the following repairs: _____

I certify under penalty of perjury that the foregoing is true and correct:

Signature [Signature] C-42 State License Number _____ Expiration Date _____

Alliance Septic Service

Name of Company holding C-42 License (Sanitation System Contractor) PO Box 3357 Paso Robles Ca 93447

Address _____ CSLB License # 1009043
Phone Number _____
Phone: 805-221-5493