



03449

ESTIMATE  INVOICE

ESTIMATE DATE: 9-2-2020

GOOD UNTIL: \_\_\_\_\_

charkey@golyons.com  
Brett Vancott MBE @gncr.com

CUSTOMER INFO:

NAME: Ducl Vancott  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: 530 621 4190

EMAIL: PVILLEBUD55@gmail.com  
ADDRESS: 3170 Serenity dr  
Placerville CA 95667

JOB DESCRIPTION & COSTS

2.5 hour dig	275 <sup>00</sup>
inspection	150 <sup>00</sup>

Not responsible for any unforeseen conditions that would prevent job progress or completion. Payment is due upon completion of service. Payments received after 15 days will be subject to a late fee plus 2% per month. (24% Annually). 2% Transaction fee over \$650. No further credit will be extended on past due accounts.

**AC SEPTIC SERVICE**  
EL DORADO COUNTY'S ONE STOP SEPTIC SHOP

P.O. BOX 1667 SHINGLE SPRINGS, CA 95682

(530) 444-0490 JEREMIAH@ACSEPTICSERVICE.COM  
WWW.ACSEPTICSERVICE.COM

SUB-TOTAL \_\_\_\_\_

TAXES & FEES \_\_\_\_\_

PERMIT FEES \_\_\_\_\_

TOTAL PROJECT 425<sup>00</sup>

PREPARED BY DJ



### TREATMENT TANK

TYPE OF SYSTEM BEING INSPECTED:

SEPTIC TANK    CESSPOOL    OTHER

TANK MATERIAL:

CONCRETE    BLOCK    STEEL    OTHER:

TREATMENT TANK VOLUME: 1250

TANK CONDITION EVALUATION:

	PASS	FAIL	NA	UNKNOWN
TOP & LIDS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INLET BAFFLE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTLET BAFFLE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRACKS OR LEAKS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEWAGE FLOW FROM STRUCTURE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN LID OPENED FOR INSPECTION?    YES    NO

LIQUID LEVEL BELOW TANK'S INLET INVERT?    YES    NO

LIQUID LEVEL BELOW TANK'S OUTLET INVERT?    YES    NO

WAS TANK PUMPED FOR THIS INSPECTION?    YES    NO

ARE ALL PORTIONS OF THE TANK(S) CLEAR OF STRUCTURES LIKE A DECK OR DRIVEWAY?    YES    NO

IS THE AREA CLEAR OF EVIDENCE THAT SEWAGE HAS SURFACED ABOVE THE TANK?    YES    NO

IS AN EFFLUENT FILTER A PART OF THE SYSTEM?    YES    NO  
IF YES, DOES IT APPEAR MAINTAINED?    YES    NO

ARE THERE ANY OTHER TYPES OF ACCESSORY UNITS PRESENT? IF SO, EXPLAIN:    YES    NO

DEPTH TO TOP OF TANK: 12 INCHES  
DEPTH TO TOP OF TANK ACCESS: \_\_\_\_\_ INCHES gravel level

### LEACHING FIELD/ABSORPTION AREA

TYPE OF ABSORPTION SYSTEM

LEACHING FIELD    MOUNDED    SEEPAGE PIT

CESSPOOL    OTHER: \_\_\_\_\_

WAS THE ABSORPTION SYSTEM LOCATED?    YES    NO

ARE INSPECTION PORTS PRESENT?    YES    NO

IF YES, HOW MANY?

WERE THE INSPECTION PORTS CHECKED?    YES    NO

WAS A SEPARATE PROBE DUG TO CONFIRM    YES    NO

OBSERVATIONS FROM THE INSPECTION PORTS?

IS THE AREA OF THE ABSORPTION SYSTEM FREE OF SEWAGE ODORS?    YES    NO

DOES SEWAGE FLOW FROM THE TREATMENT TANK TO THE ABSORPTION SYSTEM WITHOUT FLOWING BACK?    YES    NO

IS THE AREA ABOVE OR NEAR ANY OF THE SYSTEM COMPONENTS FREE FROM VISIBLE SIGNS OF EFFLUENT OR SEWAGE?    YES    NO

ARE THE AREAS AT OR NEAR THE INLET INVERT FREE FROM VISIBLE SIGNS OF EFFLUENT OR SEWAGE?    YES    NO

ARE AREAS ABOVE OR NEAR SYSTEM COMPONENTS FREE FROM EXCESSIVELY LUSH VEGETATION?    YES    NO

IF EXPOSED, IS THE DISTRIBUTION BOX IN SATISFACTORY CONDITION?    YES    NO

IS THE AREA DIRECTLY OVER ANY PART OF THE ABSORPTION FIELD FREE FROM ANY EVIDENCE OF LARGE OBJECTS (CARS, POOLS, ETC)?    YES    NO

### SEPTIC SYSTEM LOADING & DYE TEST

WATER RAN AT \_\_\_\_\_ FOR \_\_\_\_\_ MINUTES PRIOR TO INTRODUCING TRACER DYE.

TRACER DYE PLACED AT: \_\_\_\_\_

WATER RAN AT THESE FIXTURES: \_\_\_\_\_

WATER RAN FOR 15 MINUTES AT AN ESTIMATED AVERAGE FLOW OF 10 GPM.

TOTAL TEST VOLUME OF WATER ESTIMATED AT: 150 GALLONS.

PASS    FAIL

NOTES/OBSERVATIONS: \_\_\_\_\_



# SEPTIC INSPECTION

INSPECTOR NAME: DJ  
INSPECTION DATE: 9-2-2020

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## CUSTOMER INFO:

NAME: Bret VanCott  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: 530 621 4190

EMAIL: BretVanCottMBE@gmail.com  
INSPECTION ADDRESS: 3170 Serenity Dr.  
Pleasantville CA 95667

## PRELIMINARY INSPECTION INFO

WEATHER: Sunny

AGE OF SYSTEM: \_\_\_\_\_

### TYPE OF DWELLING

RESIDENTIAL      BEDROOMS: \_\_\_\_\_  
 NON-RESIDENTIAL      DESCRIBE: \_\_\_\_\_

HOW MANY SYSTEMS ARE BEING INSPECTED? 1

LIST ANY COMMERCIAL ACTIVITIES OR HIGH-IMPACT HOBBIES: unknown

DESCRIBE ANY PRIOR PROBLEMS AND/OR REPAIR HISTORY INCLUDING SOIL FRACTURING AND/OR THE USE OF CHEMICAL ADDITIVES unknown

OTHER NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE A SITE PLAN OR SEPTIC MAP AVAILABLE?  YES  NO

IS THE DWELLING CURRENTLY BEING OCCUPIED?  YES  NO  
IF SO, HOW MANY OCCUPANTS 3

IF NOT, DATE LAST OCCUPIED \_\_\_\_\_ unknown

IF THERE IS A WASHING MACHINE, IS IT CONNECTED TO A SEPARATE GRAY WATER DISPOSAL SYSTEM?  YES  NO

IS THERE A GARBAGE DISPOSAL SYSTEM?  YES  NO  
ARE THERE ANY SUMP PUMPS THAT DISCHARGE TO THE SYSTEM?  YES  NO

HAVE THERE BEEN ANY HISTORICAL SEWAGE BACKUPS INTO THE STRUCTURE  YES  NO

DOES ALL SEWAGE ENTER THE SYSTEM WITH NO TYPE OF SEWAGE BYPASS AVAILABLE?  YES  NO

IF NOT, EXPLAIN: \_\_\_\_\_

## SEPTIC TANK PUMPING

IS THE SEPTIC TANK PUMPED REGULARLY?  YES  NO

FREQUENCY? \_\_\_\_\_

DATE OF LAST PUMPING? \_\_\_\_\_