

Wiggins Environmental, Inc.

12018 Strain Community Road
Fayetteville, AR 72701
479-422-2094

Wiggins.randall03@gmail.com

Invoice

Date of service: 7-28-23

Bill to: Lenders Title
Krista 444-3333

Property location: 15995 Viney Grove Rd.
Fayetteville, AR 72704

Interested parties:

Laurie Godfiron / Will Bridges Collins Callaway §
Kaley Ellise Collins Callaway
Seller Buyers

Please make checks payable to Wiggins Environmental, Inc.
(local banks please)

Services provided:

Inspection - property with existing septic system	\$ <u>200⁰⁰</u>
Site evaluation	\$ _____
Site evaluation and septic system design	\$ _____
Permit application fee - Arkansas Department of Health	\$ _____
Backhoe operator fee	\$ _____
Other: _____	\$ _____
Total balance due	\$ <u>200⁰⁰</u>

Thank you for the opportunity to be of service.
Please call if I can be of additional assistance.

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SEPTIC SYSTEM SITE EVALUATION FORM Parcel number: 001-12650-000

Owner/Seller: Laurie Godfirmon; 479-225-6985; amberdalegirl@yahoo.com

Robert Burch; robertburch718@gmail.com

Realtor: Dan Ashley; Carlton Realty, Inc.; (479) 263-5593 Mobile; danashley@carltonrealtyinc.com

Buyer/Other: Will Bridges Collins Callaway & Kaley Ellise Collins Callaway

Title Company: Lenders Title; kmiller@lenderstitle.com; 479-444-3333 *Krista Miller*

CC: _____

Purpose for Inspection: Ordinance 37 Water Service/911 Request
Permit # None Attached Not available on actdatascout.com

Property location: 15995 Viney Grove Rd, Fayetteville, AR 72704 Closing: 7/31

Home with existing septic system Undeveloped

At the time of inspection: Vacant GW 7-28-23
 No health nuisance was observed at the time Malfunctioning at the time

Notes: The existing system was installed prior to ADH regulations. Approximately 1970, according to David Cowen ADH, EHS. Outlet end of old concrete tank with a plug type cover from a recent pumping. GW

Notice to buyer, please read before closing

Wiggins Environmental, Inc. recommends that older systems be pumped and baffles or sanitary tees should be checked, as well as tank suitability, prior to closing. Additionally, if a permit is not available, have the pump company explore, with their routers, to determine what is in the ground.

The purpose of the current inspection is to observe likely locations of the septic system on the site to discover any existing health nuisance at *the time of inspection*. It is not a guarantee that a proper system exists. This inspection meets the requirements for Washington County Ordinance 37.

This report does not suggest that any system will function in the future.

The following information was taken from the permit filed under the parcel number cited above:

Property type: UNK House # of Bedrooms N/A Business # of Employees

Water Usage Bill Available: Yes No Gallons per day/# of bedrooms: UNK

Actual number of bedrooms (water usage) consistent with design: Yes No Unknown

Structure currently inhabited: Y/N N Time vacant: 24 months Unknown _____

Construction permit by ADH: Y/N N Date issued _____ Unknown _____

Operation permit by ADH: Y/N N Date Issued _____ Unknown: _____

Permit Attached: Yes No _____

Date system installed: _____ Unknown:

By: _____ Licensed Installer _____ Homeowner Unknown

Type of System: Gravity _____ Pump _____ Serial Distribution _____

_____ Unknown Other: _____

Tank size: _____ gal. Unknown Tank material: Concrete Unknown: _____

Risers in place: Y/N N Baffles (T's) in place: Y/N _____ Unknown

Date tank was last pumped: 4 mths Unknown: _____ Pumping recommended, if unknown: Y/N N

Pump functional: Y/N _____ N/A Unknown _____ Clean out accessible: Y/N not seen

D-Box accessible: Y/N N D. valve accessible: Y/N _____ N/A

Number of field lines: _____ Unknown Length of lines _____ Unknown

Treatment unit: Y/N N Operational: Y/N _____

Drip Irrigation System: Y/N N Maintenance contract current: Y/N _____

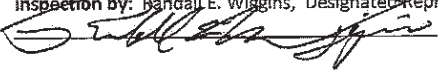
Surface Discharging System: Y/N N Disinfection type: _____

Disinfection Functional: Y/N N/A Setbacks maintained: Y/N _____

Areas of wetness or ponding observed: Y/N N Explain: _____

Any unapproved discharge pipes observed Y/N N Explain: _____

Inspection by: Bandall E. Wiggins, Designated Representative #: 255



Date of inspection: _____ Date received at Health Department: _____ Date forwarded: _____

ADH/EHS: _____ Signature: _____