Four Rivers
HOME INSPECTIONS

" Looking out for you"

A Real Estate Inspection prepared for:
Megan Daniel
property location:
1056 Greenbriar Dr. Canyon Lake, Texas



PROPERTY INSPECTION REPORT FORM

Megan Daniel	06/29/2023
Name of Client	*Date of Inspection*
1056 Greenbriar Dr, Canyon Lake, TX 78133	
Address of Inspected Property	
Kevin Kight	10084
Name of Inspector	*TREC License #*
Name of Sponsor (if applicable)	*TREC License #*

PURPOSE OF INSPECTION

A real estate inspection is a visual survey of a structure and a basic performance evaluation of the systems and components of a building. It provides information regarding the general condition of a residence at the time the inspection was conducted. *It is important* that you carefully read ALL of this information. Ask the inspector to clarify any items or comments that are unclear.

RESPONSIBILITY OF THE INSPECTOR

This inspection is governed by the Texas Real Estate Commission (TREC) Standards of Practice (SOPs), which dictates the minimum requirements for a real estate inspection.

The inspector IS required to:

- use this Property Inspection Report form for the inspection;
- inspect only those components and conditions that are present, visible, and accessible at the time of the inspection;
- indicate whether each item was inspected, not inspected, or not present;
- indicate an item as Deficient (D) if a condition exists that adversely and materially affects the performance of a system or component **OR** constitutes a hazard to life, limb or property as specified by the SOPs; and
- explain the inspector's findings in the corresponding section in the body of the report form.

The inspector IS NOT required to:

- identify all potential hazards;
- turn on decommissioned equipment, systems, utilities, or apply an open flame or light a pilot to operate any appliance;
- climb over obstacles, move furnishings or stored items;
- prioritize or emphasize the importance of one deficiency over another;
- provide follow-up services to verify that proper repairs have been made; or
- inspect system or component listed under the optional section of the SOPs (22 TAC 535.233).

RESPONSIBILITY OF THE CLIENT

While items identified as Deficient (D) in an inspection report DO NOT obligate any party to make repairs or take other actions, in the event that any further evaluations are needed, it is the responsibility of the client to obtain further evaluations and/or cost estimates from qualified service professionals regarding any items reported as Deficient (D). It is recommended that any further evaluations and/or cost estimates take place prior to the expiration of any contractual time limitations, such as option periods.

Please Note: Evaluations performed by service professionals in response to items reported as Deficient (D) on the report may lead to the discovery of additional deficiencies that were not present, visible, or accessible at the time of the inspection. Any repairs made after the date of the inspection may render information contained in this report obsolete or invalid.

REPORT LIMITATIONS

This report is provided for the benefit of the named client and is based on observations made by the named inspector on the date the inspection was performed (indicated above).

ONLY those items specifically noted as being inspected on the report were inspected.

This inspection IS NOT:

- a technically exhaustive inspection of the structure, its systems, or its components and may not reveal all deficiencies;
- an inspection to verify compliance with any building codes;
- an inspection to verify compliance with manufacturer's installation instructions for any system or component and DOES NOT imply insurability or warrantability of the structure or its components.

NOTICE CONCERNING HAZARDOUS CONDITIONS, DEFICIENCIES, AND CONTRACTUAL AGREEMENTS

Conditions may be present in your home that did not violate building codes or common practices in effect when the home was constructed but are considered hazardous by today's standards. Such conditions that were part of the home prior to the adoption of any current codes prohibiting them may not be required to be updated to meet current code requirements. However, if it can be reasonably determined that they are present at the time of the inspection, the potential for injury or property loss from these conditions is significant enough to require inspectors to report them as Deficient (D). Examples of such hazardous conditions include:

- malfunctioning, improperly installed or missing ground fault circuit protection (GFCI) devices and arc-fault devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as, smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

Please Note: items identified as Deficient (D) in an inspection report DO NOT obligate any party to make repairs or take other actions. The decision to correct a hazard or any deficiency identified in an inspection report is left up to the parties to the contract for the sale or purchase of the home.

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions.

INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Present at Inspection: Megan Daniel
Building Status: Owner Occupied B @ B
Weather Conditions: Fair Outside Temp: 85
Utilities On: Yes
Hall closet door was locked (not inspected)

INACCESSIBLE OR OBSTRUCTED AREAS

Attic Space is Limited - Viewed from Accessible Areas
Plumbing Areas - Only Visible Plumbing Inspected
Behind/Under Furniture and/or Stored Items
Walls/Ceilings Covered or Freshly Painted

Mold/Mildew investigations are NOT included with this report; it is beyond the scope of this inspection at the present time. Any reference of water intrusion is recommended that a professional investigation be obtained.

NOTICE: THIS REPORT IS PAID FOR BY AND PREPARED FOR THE CLIENT NAMED ABOVE.
THIS REPORT IS NOT VALID WITHOUT THE SIGNED SERVICE AGREEMENT AND IS NOT TRANSFERABLE.

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient

I	NI	NP	D

I. STRUCTURAL SYSTEMS

☑ ☐ ☐ ☐ **A. Foundations**

Type of Foundation(s):Slab
Comments:

Performance Opinion:
Note: *Weather conditions, leakage and other adverse factors are able to effect structures, and differential movements are likely to occur. The inspectors opinion is based on visual observations of accessible and unobstructed areas of the structure at the time of the inspection. Future performance of the structure cannot be predicted or warranted.*

The foundation appears to be performing the function intended

SUGGESTED FOUNDATION MAINTENANCE & CARE - *Proper drainage and moisture maintenance to all types of foundations due to the expansive nature of the area load bearing soils. Drainage must be directed away from all sides of the foundation with grade slopes. In most cases, floor coverings and/or stored articles prevent recognition of signs of settlement - cracking in all but the most severe cases. It is important to note, this was not a structural engineering survey nor was any specialized testing done of any sub-slab plumbing systems during this limited visual inspection, as these are specialized processes requiring excavation. In the event that structural movement is noted, client is advised to consult with a Structural Engineer who can isolate and identify causes, and determine what corrective steps, if any, should be considered to either correct and/or stop structural movement*.

☑ ☐ ☐ ☑ **B. Grading and Drainage**

Comments:
Note: Any area where the ground or grade does not slope away from the structure is to be considered an area of improper drainage. Six inches per 10 feet

	
Trees too close to the structure	Improper drainage from foundation in one or more areas

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I	NI	NP	D

☑ ☐ ☐ ☑ **C. Roof Covering Materials**
Type(s) of Roof Covering:Asphalt Shingles
Viewed From:Roof Level
Comments:

	
Tree branches are too close to the roof structure	Flashing was not installed properly at electrical riser

☑ ☐ ☐ ☐ **D. Roof Structures and Attics**
Viewed From: Plywood areas
Approximate Average Depth of Insulation:10-12"
Approximate Average Thickness of Vertical Insulation:3-4"
Comments:

☑ ☐ ☐ ☐ **E. Walls (Interior and Exterior)**
Interior Walls- Inspected
Comments:

Exterior Walls
Comments:
Type(s): Cement Board and Stone

☑ ☐ ☐ ☐ **F. Ceilings and Floors**
Comments:

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I	NI	NP	D

☑ ☐ ☐ ☑ **G. Doors (Interior and Exterior)**

Interior Doors- Inspected

Comments:

Exterior Doors

Comments:*Comments*:



Door sealed poorly

☑ ☐ ☐ ☑ **H. Windows**

Comments:

Inspection of the windows was limited due to furniture, window covers and/or stored items



Damaged window lock at living room (1)

☑ ☐ ☐ ☐ **I. Stairways (Interior and Exterior)**

Comments:

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I	NI	NP	D	
☑	☐	☐	☐	**J. Porches, Balconies, Decks, and Carports** *Comments*:

II. ELECTRICAL SYSTEMS

☑	☐	☐	☑	**A. Service Entrance and Panels** **Main Disconnect Panel** **Type of Wire:** Copper and Aluminum *Comments*:Overhead Service A/C condensing unit:Specifies max amp breaker of 35 and a 30 amp breaker is in use

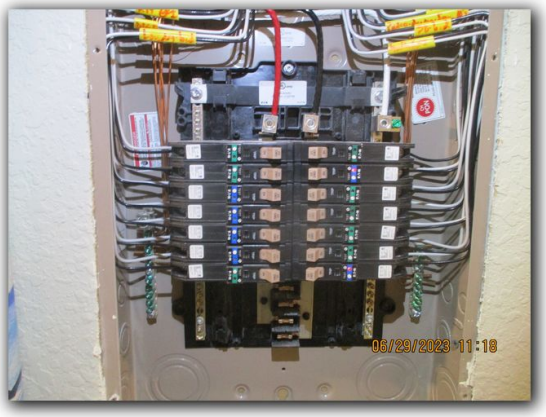


200 AMP



One or more knockouts are missing

Sub Panels **Type of Wire:** Copper
Comments:



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I	NI	NP	D

☑ ☐ ☐ ☑ **B. Branch Circuits, Connected Devices, and Fixtures**
Type of Wiring: Copper
Comments:

Outlet and Switches- Inspected
Comments:

Ground Fault Circuit Interrupt (GFCI) Safety Protection
Comments:
Kitchen, Bathrooms, Exterior and Garage are GFCI protected

No GFCI protection at dining and laundry rooms. This is considered a recognized safety hazard

Electrical Fixtures- Inspected
Comments:

Smoke and Fire Alarms- Inspected
Comments:

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

☑ ☐ ☐ ☐ **A. Heating Equipment**
Type of System: Central
Energy Source: Heat Pump
Comments:

☑ ☐ ☐ ☑ **B. Cooling Equipment**
Type of System: Central - Carrier 2022
Comments:
Unit #1: Supply Air Temp: 55°F Return Air Temp:77 °F Temp. Differential:22 °F

Temperature differential was within range of 14-23 degrees Fahrenheit



Refrigerant lines are not properly insulated at condenser

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I	NI	NP	D
☑	☐	☐	☑

C. Duct Systems, Chases, and Vents
Type of Ducting: Flex Ducting and Duct Board
Comments:



Ducting is not sealed properly at the plenum

IV. PLUMBING SYSTEMS

I	NI	NP	D
☑	☐	☐	☑

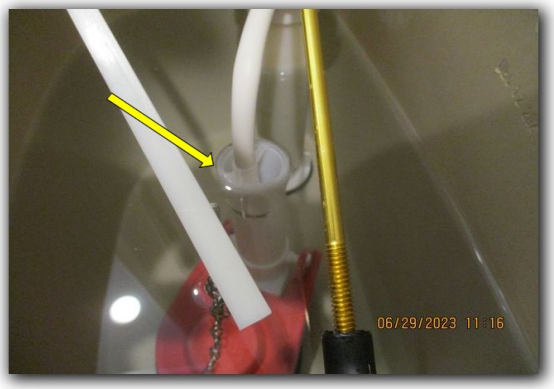
A. Plumbing Supply, Distribution Systems and Fixtures
Location of water meter: Back right
Location of main water supply valve: At meter
Static water pressure reading: 75 PSI
Type of supply piping material: Pex
Comments:

Water Source: Public
Sewer Type: Private

Sinks- Inspected

Bathtubs and Showers - Inspected

Commodes
Guest bath commode was free flowing



Tank water levels are too high

I=Inspected NI=Not Inspected NP=Not Present D=Deficient

I	NI	NP	D	

Washing Machine Connections - Inspected

Exterior Plumbing - Inspected

☑ ☐ ☐ ☐ **B. Drains, Wastes, and Vents**
Type of drain piping material: PVC
Comments:

☑ ☐ ☐ ☑ **C. Water Heating Equipment**
Energy Source:Electric
Comments:
Approximate age: 1 years **Capacity:** 47 gallons

Hot water temp. is: 120 °F (Water temp. above 100°F is a safety hazard)

Water heater Temperature and Pressure Relief Valve - Inspected

V. APPLIANCES

☑ ☐ ☐ ☐ **A. Dishwashers**
Comments:

☑ ☐ ☐ ☐ **B. Food Waste Disposers**
Comments:

☑ ☐ ☐ ☐ **C. Range Hood and Exhaust Systems**
Comments:

☑ ☐ ☐ ☐ **D. Ranges, Cooktops, and Ovens**
Comments:
Range Type: Electric

Oven: Electric Tested at 350°F, Variance noted: -2_ F (max 25°F)

☑ ☐ ☐ ☐ **E. Microwave Ovens**
Comments:

☑ ☐ ☐ ☐ **F. Mechanical Exhaust Vents and Bathroom Heaters**
Comments:

☐ ☑ ☑ ☐ **G. Garage Door Operators**
Comments:

☑ ☐ ☐ ☐ **H. Dryer Exhaust Systems**
Comments:

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.

1056 Greenbriar Dr	Canyon Lake	78133
Inspected Address	City	Zip Code

SCOPE OF INSPECTION

A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.

B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**

C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment; has rendered the pest(s) inactive.**

D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.

E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.

F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**

G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). The warranty should specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.

H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.

I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.

J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

1056 Greenbriar Dr | Canyon Lake | 78133

Inspected Address | City | Zip Code

1A. Burnett's Pest — Name of Inspection Company

1B. 0710914 — SPCS Business License Number

1C. 3300 Elder Hill Rd. | Driftwood | TX | 78619 | 512-912-6696

Address of Inspection Company | City | State | Zip | Telephone No.

1D. Joe Gunn — Name of Inspector (Please Print)

1.E Certified Applicator ☐ Technician ☒ (check one)

1F. 6/29/23 — Inspection Date

2. Megan Daniel — Name of Person Purchasing Inspection — Seller ☐ Agent ☐ Buyer ☒ Management Co. ☐ Other ☐

3. N/A — Owner/Seller

4.REPORT FORWARDED TO: Title Company or Mortgagee ☐ Purchaser of Service ☐ Seller ☐ Agent ☒ Buyer ☒
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A. 1 Residence

List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

5B. Type of Construction:
Foundation: Slab ☒ Pier & Beam ☐ Pier Type:_____ _____ Basement ☐ Other: _____
Siding: Wood ☐ Hardie Plank ☒ Brick ☐ Stone ☒ Stucco ☐ Other:_____
Roof: Composition ☒ Wood Shingle ☐ Metal ☐ Tile ☐ Other:_____

6A.This company has treated or is treating the structure for the following wood destroying insects: NONE
If treating for subterranean termites, the treatment was: Partial ☐ Spot ☐ Bait ☐ Other ☐
If treating for drywood termites or related insects, the treatment was: Full ☐ Limited ☐

6B. N/A — Date of Treatment by Inspecting Company | N/A — Common Name of Insect | N/A — Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes ☐ No ☒ List Insects: NONE

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase or sale of this property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this real estate transaction.

Signatures:

7A. [signature] 0880751

Inspector (Technician or Certified Applicator Name and License Number)

Others Present:

7B. NONE

Apprentices, Technicians, or Certified Applicators Name(s) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:

8A. Electric Breaker Box ☐
Water Heater Closet ☐
Beneath the Kitchen Sink ☒

8B. Date Posted: 6/29/23

9A.Were any areas of the property obstructed or inaccessible? Yes ▪ No
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.

9B.The obstructed or inaccessible areas include but are not limited to the following:

Attic	☐	Insulated area of attic	☒	Plumbing Areas	☒	Planter box abutting structure	☐
Deck	☐	Sub Floors	☐	Slab Joints	☒	Crawl Space	☐
Soil Grade Too High	☐	Heavy Foliage	☐	Eaves	☒	Weepholes	☐

Other ☐ Specify:_____

10A.Conditions conducive to wood destroying insect infestation: Yes ☒ No ☐
(Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.

10B.Conducive Conditions include but are not limited to:

Wood to Ground Contact (G)	☒	Formboards left in place (I)	☐	Excessive Moisture (J)	☐
Debris under or around structure (K)	☐	Footing too low or soil line too high (L)	☐	Wood Rot (M)	☐	Heavy Foliage (N)	☒
Planter box abutting structure (O)	☐	Wood Pile in Contact with Structure (Q)	☐	Wooden Fence in Contact with the Structure (R)	☐
Insufficient ventilation (T)	☐	Other (C) ☐	Specify: Marked on diagram.		

1056 Greenbriar Dr	Canyon Lake	78133
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11. Inspection Reveals Visible Evidence in or on the structure:	Active Infestation	Previous Infestation	Previous Treatment
11A.Subterranean Termites	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒
11B.Drywood Termites	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒
11C Formosan Termites	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒
11D.Carpenter Ants	Yes ☒ No ☐	Yes ☐ No ☒	Yes ☐ No ☒
11E .Other Wood Destroying Insects	Yes ☐ No ☒	Yes ☐ No ☒	Yes ☐ No ☒

Specify:

11F.Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified:

11G.Visible evidence of: Carpenter Ants has been observed in the following areas: Dining room windows.

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H, and I, Scope of Inspection) Yes ☒ No ☐

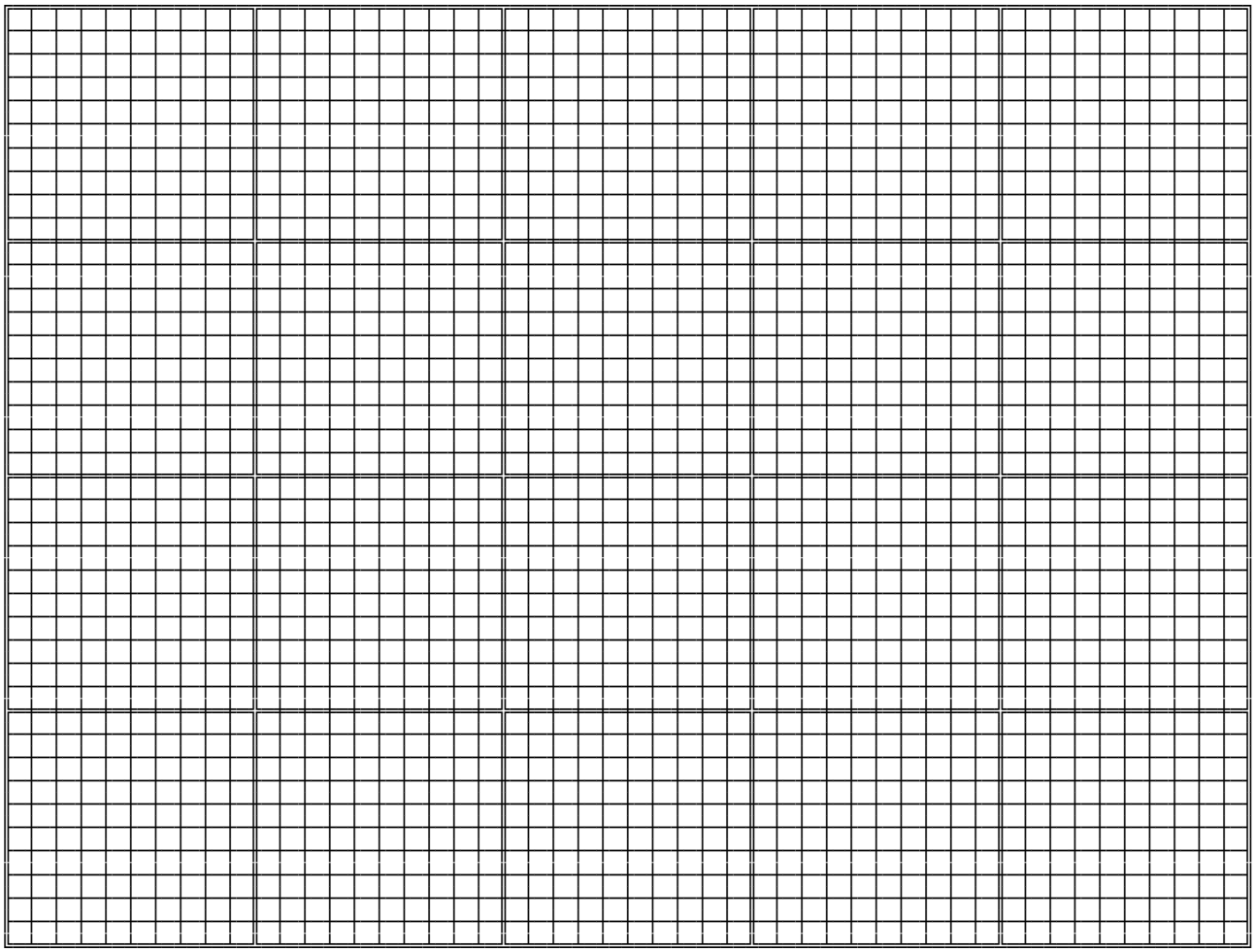
12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes ☒ No ☐

Specify reason:

Refer to Scope of Inspection Part J

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) – Specify AH- Active Carpenter Ants



Additional Comments 11F. No previous treatment(s) observed.

12B. Trim all foliage so it is not in contact with the structure. Set wood steps on top of concrete blocks.

See attached diagram - not to scale.

1056 Greenbriar Dr	Canyon Lake	78133
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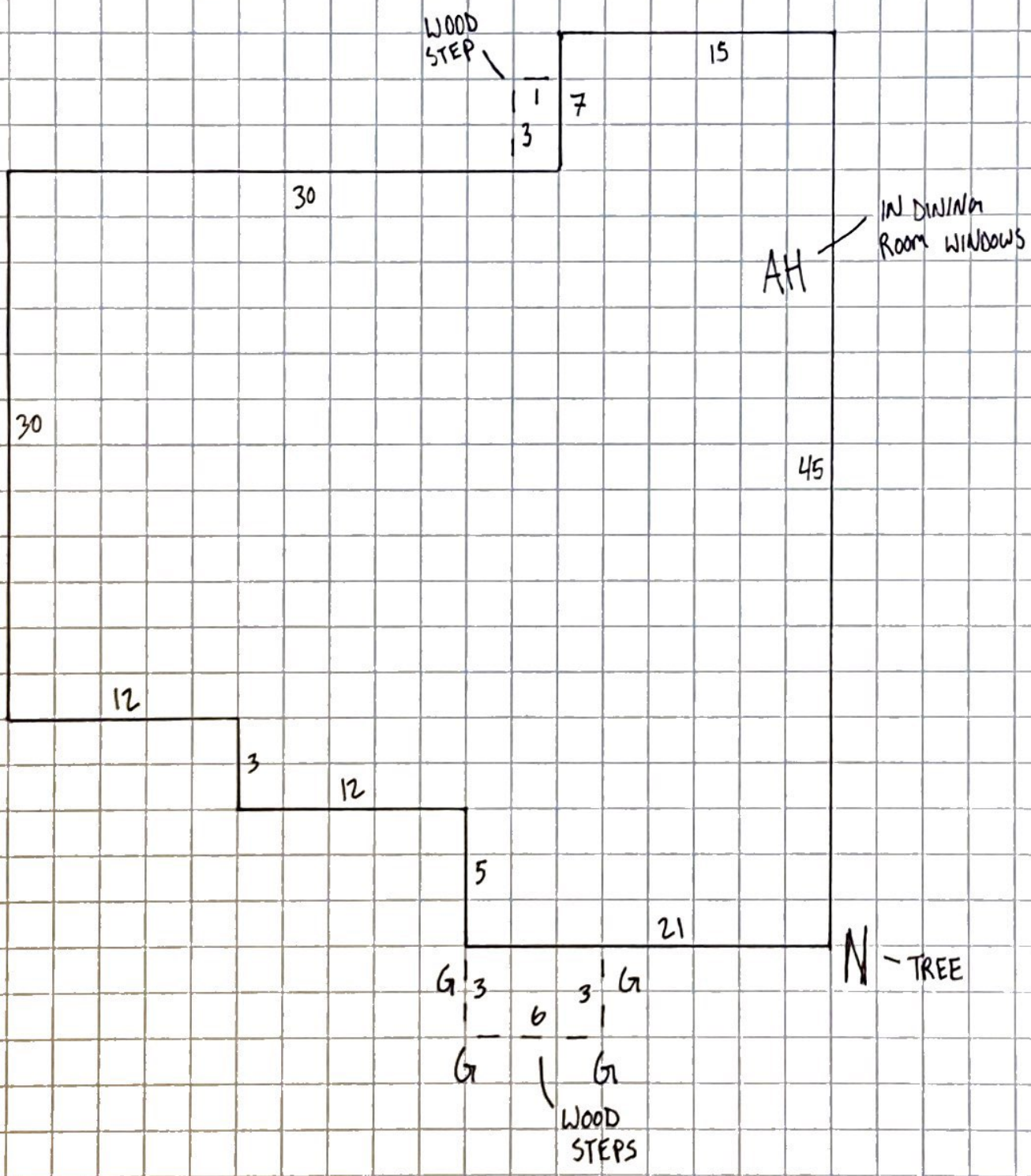
Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: 1

Signature of Purchaser of Property or their Designee | Date

☑ Customer or Designee Not Present **Buyer's Initials** _____


WOOD STEP
1
3
7
15
30
IN DINING ROOM WINDOWS
AH
30
45
12
3
12
5
21
N
TREE
G
3
3
G
6
G
G
WOOD STEPS
STREET

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133

Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
info@aerobicservices.com
bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To:	Megan Daniel	Tech:	Michael Hurley		
	1056 Greenbriar Dr	Phone:	(512) 740-8940	Date:	2025-05-28
	Canyon Lake, TX 78133	Alt Ph:		Service Due:	
Agency:	Comal County Environmental Health				
County:	Comal				
Permit No:					

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present
Aerator:	**[X]**	**[ ]**	**[ ]**
Irrigation Pump:	**[X]**	**[ ]**	**[ ]**
Air Compressor:	**[X]**	**[ ]**	**[ ]**
Pump Screen:	**[X]**	**[ ]**	**[ ]**
Chlorinator:	**[ ]**	**[ ]**	**[X]**
Spray Field Vegetation:	**[X]**	**[ ]**	**[ ]**
Filters:	**[X]**	**[ ]**	**[ ]**
Sprinkler / Drip Backwash:	**[X]**	**[ ]**	**[ ]**
Controls / Electric Circuits:	**[X]**	**[ ]**	**[ ]**

Air Pressure: **64**

Test Results & Observations: (As *Required*)

		Mixed Liquor: *all measurements in inches*	
Chlorine Residual (ppm):	Drip	Aeration:	0
Test Method:		**Sludge Levels**	
BOD:		Clarifier:	0
TSS:		Pump:	0

Tank Lids Secured: Yes **[X]** / NO **[ ]**

Pump Out Needed: Yes **[ ]** / NO **[X]**

Repairs Made Yes **[ ]** / NO **[X]**

Repairs & Comments:
Arrived to system in high water alarm. System was in high water. Cleaned pump screen, cleaned filter, and flushed drip lines. System is pumping down. System is working properly

Inspector:  Date: 2025-05-28

Tom Hampton, VP
MP349/OS24597