On-site Wastewater Inspection

☐ Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address: _____
Street

_____ _____ _____
City St Zip

Client Name: _____

Current owner of Record _____

Date of Inspection: _____

_____ Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

_____ Gallons per day for designed system size or number of bedrooms as stated in available local health department information

☐ Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

☐ Copy of Operations permit from _____ County Environmental Health Attached

☐ Operations permit not available

☐ System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are ☐ attached ☐ not available

Type of water supply ☐ Well ☐ Public Water ☐ Community Water ☐ Spring

Location of Septic Tank and septic tank details:

_____ ft from house or structure

_____ ft from well if applicable

_____ ft from water line if applicable and readily visible

_____ ft. from property line if said property lines are known

_____ distance from finished grade to top of tank or access riser

_____ Access riser(s) ☐ yes ☐ no Describe _____

_____ Tank lids intact ☐ yes ☐ no

_____ Tank has baffle wall ☐ yes ☐ no Describe condition of baffle wall: _____

_____ Inflow to tank is noted as sufficient

_____ Inflow to tank is noted as insufficient or blocked

_____ Water level in tank is relative to tank outlet

_____ Outlet T is present ☐ yes ☐ no Describe condition of Outlet T: _____

_____ Outlet has filter ☐ yes ☐ no Describe condition of filter: _____

_____ Effluent leaves the outlet ☐ yes ☐ no

_____ Roots present in tank ☐ yes ☐ no Describe extent of roots: _____

_____ Evidence of tank leakage Describe: _____

_____ Evidence of non-permitted connections, such as downspouts or sump pumps

_____ Connection present from house to tank

_____ Connection present from tank to next component

_____ Percentage of solids in tank

_____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☐ unknown

Client requesting this inspection has been advised that for a complete inspection to be performed, the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? ☐ yes (complete blanks below) ☐ no

_____ ft from house or structure

_____ ft from well or spring if applicable

_____ ft from water line if applicable

_____ ft. from property line if property lines are known

_____ ft from septic tank

_____ Distance from finished grade to top of tank or access riser

_____ Access risers in place ☐ yes ☐ no

_____ Describe type of access risers: _____

_____ Describe condition of tank lids _____

Location of control panel: _____

Condition of control panel: _____

_____ Audible and visible alarms (as applicable) work

_____ Pump turns on and effluent is delivered to next component

_____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: ☐ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration

☐ Pretreatment; Type of Pretreatment _____

Brief Description of System Type _____

_____ ft. from property line if property lines are known

_____ ft from septic/pump tank

_____ # of lines

_____ length of lines

_____ Evidence of past or current surfacing at time of inspection

Briefly describe: _____

_____ Evidence of traffic over the dispersal field

_____ Vegetation, grading and drainage noted that may affect the condition of the system or system components

_____ Effluent is reaching the dispersal field

Distribution Box: _____ system has distribution box(es) _____ system does not have distribution box(es)

_____ distribution box(es) located

_____ unable to locate distribution box(es)

_____ describe condition of distribution box (es) _____

_____

_____

_____ inflow to distribution box(es) is noted as sufficient

_____ inflow to distribution box(es) is noted as insufficient or blocked

_____ outflow from distribution box(es) is noted as sufficient

_____ outflow from distribution box(es) is noted as insufficient or blocked

_____ water level in distribution box(es) is noted as normal

_____ water level in distribution box(es) is noted as above normal

_____ water level in distribution box(es) is noted as below normal

☐ Conditions present that prevented or hindered the inspection

☐ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department.

Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: _____

Inspector Name: _____ Certification # _____

Address _____

Phone _____

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: _____ **Date** _____