On-site Wastewater Inspection

| Property Address | Street | | |
|--|--|-----------------------|--|
| | | | |
| City | St | Zip | |
| Client Name: | | | |
| Current owner of Record | | | |
| Date of Inspection: | | | |
| Advertised number of bedro | ns as stated in MLS or as stated in attached sworn statement | by owner or | |
| owner's representative | | | |
| _ , | ystem size or number of bedrooms as stated in available loca | l health departmen | |
| information | | | |
| | the system located more than 5 feet from the primary struct | ure that is a part of | |
| the operations permit | Compte Fredricus and Heal | 41. A 44 l J | |
| ☐ Copy of Operations permit from _ ☐ Operations permit not available | County Environmental Heal | th Attached | |
| System requires a contified subsu | ce water pollution control system operator pursuant to G.S. | 004 44 | |
| Current Operator's Name _ | ce water ponution control system operator pursuant to G.S. | 90A-44 | |
| Most recent performance of | ration and maintenance reports are 🗌 attached 🔲 not avai | – lahla | |
| | olic Water Community Water Spring | labic | |
| | | | |
| Location of Septic Tank and septic ta | | | |
| ft from house or stru | | | |
| ft from well if applic | | | |
| | oplicable and readily visible | | |
| | if said property lines are known | | |
| | l grade to top of tank or access riser | | |
| Access riser(s)ye | no Describe | | |
| Tank lids intact | | | |
| | yes no Describe condition of baffle wall: | | |
| Inflow to tank is not | | | |
| | as insufficient or blocked | | |
| | relative to tank outlet yes no Describe condition of Outlet T: | | |
| | no Describe condition of filter: | | |
| Effluent leaves the o | | | |
| | yes no Describe extent of roots: | | |
| Evidence of tank lea | ge Describe: | | |
| Evidence of non-ner | itted connections, such as downspouts or sump pumps | | |
| Connection present | | | |
| | om tank to next component | | |
| Percentage of solids | | | |
| | System inspection cannot be completed until tank is located | | |
| Data tonk was last numned | □unknown | | |
| Date tank was last pumped | | a tank needs to be | |
| | en advised that for a complete inspection to be performed the tank pumped at inspection and hereby acknowledges they | | |
| pumpeu. Chefit has decinied to have | ic tank pumped at inspection and never acknowledges they | nave so uccinicu. | |
| Client Signature | Date | | |

| Does system hav | re 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 placeyesno |
| | 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 lineslength 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 |
| ☐ Adverse cond | resent that prevented or hindered the inspection ditions present that require repair or subsequent observation or warrants further evaluation by the artment. Description of adverse condition: |
| local health depa | artificiti. Description of adverse condition. |
| Consequences of | f the adverse condition: |
| | |
| Client should co | ntact County Environmental Health and/or a certified on-site wastewater contractor |
| Other pertinent | facts noted during inspection: |
| _ | :Certification # |
| Phone | |
| I HOHE | |
| performance of | on, warranties or opinions are hereby given, written or expressed otherwise, as to the future onsite wastewater system described herein. This onsite wastewater system inspection is a presentation n place on date of inspection. |
| Inspector Sign | nature: Date |
| . 8 | |