

**AAWWW Crap Septic Service LLC  
On-site Wastewater Inspection**

**Pre-Inspection Contract, signed by client and is attached to Inspection**

Property Address: \_\_\_\_\_  
Street City State Zip code

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 owners 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 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 Operators Name \_\_\_\_\_

Available / Not Available Most recent performance, operation and maintenance reports  
Type of water supply  Well  Public Water  Community Water  Spring

Location of septic tank and septic tank details:

Ft from house and structure

Ft from well if applicable

Ft from water line if applicable

Ft from property line if said property lines are known or marked

Distance from finished grade to top of tank or access riser

Yes or No Access riser(s) Describe \_\_\_\_\_

Yes or No Tank lids intact Describe \_\_\_\_\_

Yes or No Tank has baffle wall Describe condition \_\_\_\_\_

Yes or No Inflow to tank is noted as sufficient

Yes or No Inflow to tank is noted as insufficient or blocked

Yes or No Water level in tank is relative to tank outlet

Yes or No Outlet T is present Describe condition \_\_\_\_\_

Yes or No Outlet has filter Describe condition \_\_\_\_\_

Yes or No Effluent leaves the outlet

Yes or No Roots present in tank Describe extent \_\_\_\_\_

Yes or No Evidence of tank leakage Describe \_\_\_\_\_

Yes or No Evidence of non-permitted connections, such as downspouts or sump pumps

Yes or No Connection present from house to tank

Yes or No 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.

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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 or marked

\_\_\_ Distance from finished grade to top of tank or access riser

Yes or No Access riser in place Describe \_\_\_\_\_

\_\_\_ Ft from septic Tank

Describe condition of tank lids \_\_\_\_\_

Location of control panel \_\_\_\_\_

Yes or No Electrical connections are in place and properly grounded

Yes or No Audible and visual alarms (as applicable) work

Yes or No Pump turns on and effluent is delivered to next component

Able or unable 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 \_\_\_\_\_

\_\_\_ Ft from property line if property lines are known or marked

\_\_\_ Ft from septic tank/pump

\_\_\_ # of lines

\_\_\_ Length of lines

\_\_\_ Evidence of past or current surfacing at time of inspection

Describe \_\_\_\_\_

\_\_\_ Evidence of traffic over dispersal field

\_\_\_ Vegetation, grading and drainage noted that may effect the condition of the system or system components

\_\_\_ Effluent is reaching the dispersal field

Conditions present that prevent or hinder the inspection \_\_\_\_\_

Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of the adverse condition. \_\_\_\_\_

Consequences of the adverse condition \_\_\_\_\_

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Client should contact \_\_\_\_\_ County Environmental Health Department and/or a certified on-site wastewater contractor.

Other pertinent facts noted during inspection \_\_\_\_\_

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Inspector Name \_\_\_\_\_  
 Certification (s) and/or additional types \_\_\_\_\_  
 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 the system facts in place on the date of inspection.**

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_