On-site Wastewater Inspection

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

Property Address: 87 Stonebridge Lane
Street

Henderson NC 27537
City St Zip

Client Name: Linda Nestor

Current owner of Record _____

Date of Inspection: 9/20/24

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

360 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:

10+ ft from house or structure
N/A ft from well if applicable
Unknown ft from water line if applicable and readily visible
[redacted] 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 _____
15' + ft. from property line if property lines are known
2' ft from septic/pump tank
4 # of lines
75' Each length of lines
NO Evidence of past or current surfacing at time of inspection
Briefly describe: _____
NO Evidence of traffic over the dispersal field
NO Vegetation, grading and drainage noted that may affect the condition of the system or system components
N/A Effluent is reaching the dispersal field

Distribution Box: X system has distribution box(es) _____ system does not have distribution box(es)
X 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: Adam Currin **Certification #** 6539I

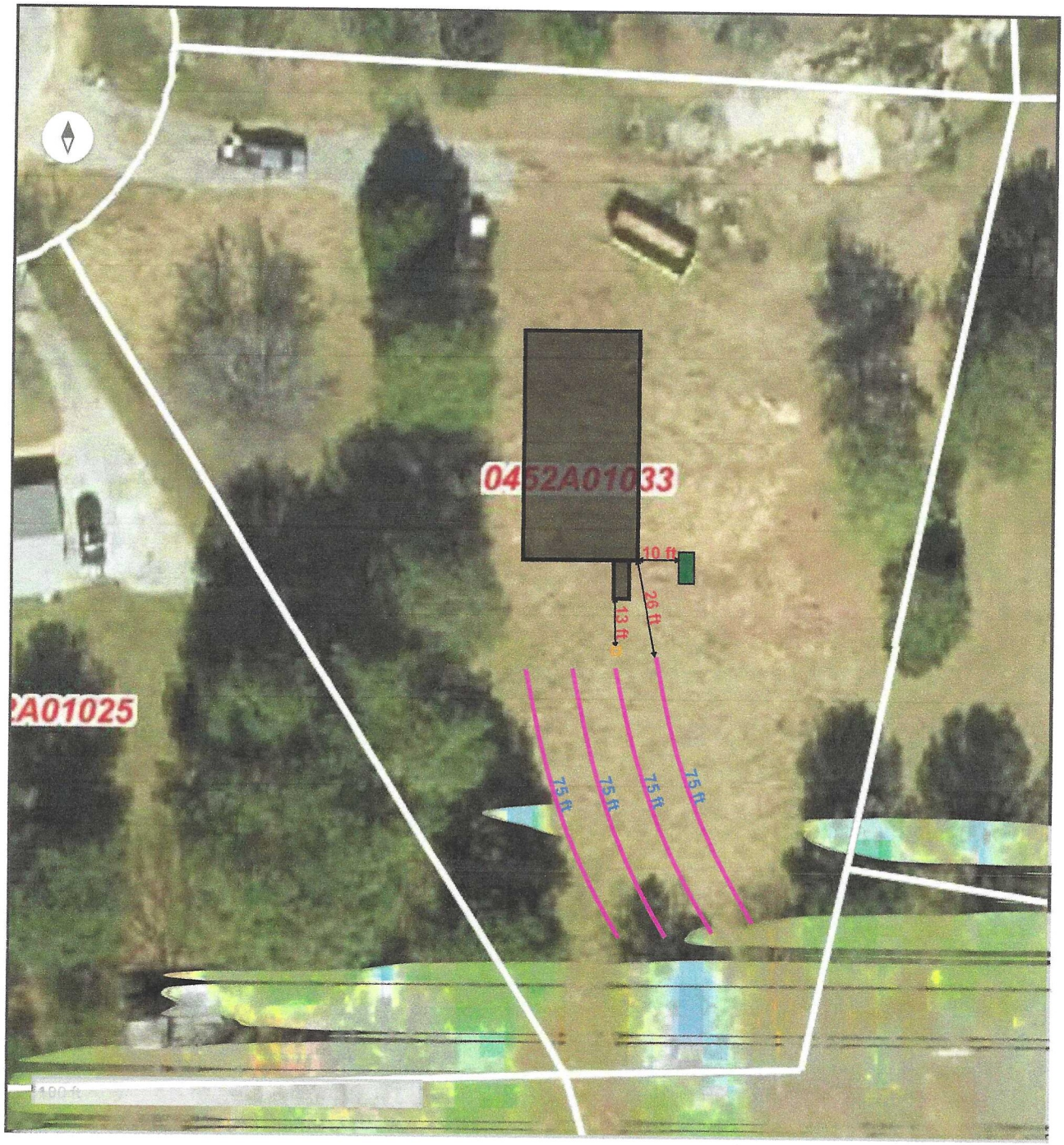
Address 1657 Elam Currin Rd

Phone 919-482-0655

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** 9/26/24

* NOTE: - This is not a point of sale inspection.
- Inspection required by Vance County Environmental Health to determine # of bedrooms for septic system
- See attached as-built sketch



1"=40'