

On-site Wastewater Pre-inspection Contract

Client Name: Nikki Harvey

Client Address: _____

Client Phone: _____

Property Address: 8437 Charlie Stovall Rd.

Client is: ☐ Owner of Record ☒ Realtor ☐ Lender ☐ Buyer ☐ Seller

☐ Other (Describe) _____

Certified Inspector Name: Glenn Todd Jr.

Company Name: G&T Septic

Company Address: 704 Moss Rd

Inspector Certification Number: 49501 Inspector Phone: 919-669-9217

Certification Expires: December 21, 2024

The on-site wastewater system inspection, hereinafter referred to as Inspection, shall be performed in accordance with 21 NCAC 39 .1004, 21 NCAC 39 .1005 AND 21 NCAC 39 .1006. General Statutes, Rules and Minimum Inspection Requirements, can be viewed at <https://ncowcicb.info/>

Services provided shall include: ☒ Inspection meeting minimum requirements

☐ Pumping of Tank

☐ Other (Describe) _____

Cost of Services to be provided: \$ 300

Inspector is **not required** to report on:

- 1) Life expectancy of any component or system
- 2) The causes of the need for a repair
- 3) The methods, materials and costs of corrections
- 4) The suitability of the property for any specialized use
- 5) The market value of the property or its marketability
- 6) The advisability or inadvisability of purchase of the property
- 7) Normal wear and tear to the system

Inspector is **not required** to:

- 1) Identify property lines
- 2) Offer warranties or guarantees of any kind
- 3) Calculate the strength, adequacy, or efficiency or component
- 4) Operate any system or component that does not respond to normal operating controls
- 5) Move excessive vegetation, structures, personal items, panels, furniture equipment, snow, ice, or debris that obstruct access to or visibility of the system and any related components
- 6) Determine the presence or absence of any suspected adverse environmental

condition or hazardous substance, including toxins, carcinogens, noise, and contaminants in the building or in the soil, water, and air

- 7) Determine the effectiveness of any system installed to control or remove suspected hazardous substances
- 8) Predict future condition, including failure of components
- 9) Project operating costs of components
- 10) Evaluate acoustical characteristics of any system or component
- 11) Inspect equipment or accessories that are not listed as components to be inspected
- 12) Conduct dosing volume calculations
- 13) Evaluate soil conditions beyond saturation or ponding
- 14) Evaluate for the presence or condition of buried fuel storage tanks
- 15) Evaluate the system for proper sizing, design, or use of proper materials
- 16) Perform a hydraulic load test on system

Inspectors **is required** to:

- 1) Uncover tank lids and distribution devices so as to gain access unless blocked as described om 21 MCAC 39 .1004(b)(c). The distribution box may remain covered if the Inspector has an alternate method of observing its condition.
- 2) Probe system components where deterioration is suspected
- 3) Report the methods used to inspect the on-site wastewater system
- 4) Open readily accessible and readily openable components
- 5) Report signs of abnormal or harmful water entry into or out of the system or components

As required by 21 NCAC 39 .1002 (1) this contract must be provided by Inspector and signed by client or client's representative **prior** to Inspection being performed.

Signature below acknowledges receipt of copy of this contract and acceptance of Inspection as stated above:

Signature of Client or Client's Representative

Glenn Todd Jr. Digitally signed by Glenn Todd Jr.
Date: 2025.03.26 22:32:36 -04'00'

Signature of Inspector

Date

3-25-25

Date

Note: 21 NCAC 39 .1002 (2) Requires written permission from owner or owner's representative to perform the inspection must be acquired prior to the inspection.

On-site Wastewater Inspection

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

Property Address: 8437 Charlie Stovall Rd
Street
Oxford NC 27565
City St Zip

Client Name: Nikki Harvey

Current Owner on Record: Kyle Williams

Date of Inspection: 3-17-25

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 operation permit

☒ Copy of Operations permit from Granville County Environmental Health Attached

☐ 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:

60 ft from house or structure

>100 ft from well if applicable

N/A ft from water line if applicable and readily visible

>10 ft from property Line if said property lines are known

8in distance from finished grade to top of tank or access riser

20 Percentage of solids in tank

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

- | | |
|---|---|
| ☐ yes | ☒ no - Access riser(s) Describe: _____ |
| ☒ yes | ☐ no - Tank Lids intact |
| ☒ yes | ☐ no - Tank has baffle wall Describe condition of baffle wall: <u>Good</u> |
| ☒ yes | ☐ no - Inflow to tank is noted as sufficient |
| ☐ yes | ☒ no - Inflow to tank is noted as insufficient or blocked |
| ☒ yes | ☐ no - Water Level in tank is relative to tank outlet |
| ☒ yes | ☐ no - Outlet T is present Describe condition of Outlet T: <u>Plastic</u> |
| ☒ yes | ☐ no - Outlet has filter Describe condition of filter: <u>Good,Clean</u> |
| ☒ yes | ☐ no - Effluent leaves the outlet |
| ☐ yes | ☒ no - Roots present in tank Describe extent of roots: _____ |
| ☐ yes | ☒ no - Evidence of tank leakage Describe: _____ |
| ☐ yes | ☒ no - Evidence of non-permitted connection, such as downspouts or sump pumps |
| ☒ yes | ☐ no - Connection present from house to tank |
| ☒ yes | ☐ no - Connection present from tank to next component |

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

☐ yes ☐ no – Access risers in place

☐ yes ☐ no – Audible and visible alarms (as applicable) work

☐ yes ☐ no – Pump turns on and effluent is delivered to next component

☐ yes ☐ no – Unable to operate pump due to lack of electricity at site at time of inspection

Location of control panel: _____

Condition of control Panel: _____

Dispersal Field: Type of system: ☒ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled

Demonstration: ☐ Pretreatment; Type of Pretreatment _____

Brief Description of System Type: Gravity

>10 ft from property line if property lines are known

5 ft from septic/pump tank

4 # of lines

115 length of lines

☐ yes ☒ no – Evidence of past or current surfacing at time of inspection

Briefly describe: _____

☐ yes ☒ no – Evidence of traffic over the dispersal field

☐ yes ☒ no – Vegetation, grading and drainage noted that may affect the condition of the system or system components

☒ yes ☐ no – Effluent is reaching the dispersal field

☐ 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 or adverse condition: _____

Consequences of the adverse condition: _____

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

Other Pertinent facts noted during inspections: We recommend pumping the septic tank due to the solids percentage

Inspector Name: Glenn Todd Certification # 49501

Address: 704 Moss Rd

Phone: 919-669-9217

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: 3-25-25