

On-site Wastewater Pre-inspection Contract

Client Name: NICOLE. SBAITI

Client Address: 187 TIMBER CREEK PATH CHAPELHILL

Client Phone: 9198895855

Property Address: 592 PERDUES RD ,LOUISBURG NC

Client is: ☐ Owner of Record ☐ Realtor ☐ Lender ☐ Buyer ☐ Seller
☐ Other (Describe) _____

Certified Inspector Name: TERRY WIGGINS

Company Name: BASS SERVICE COMPANY

Company Address: 8336 HALIFAX RD

Inspector Certification Number: 4972i Inspector Phone: 919412-7684/919601-4525

Certification Expires: December 31, 20 25

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 www.ncowcib.info

Services provided shall include: ☒ Inspection meeting minimum requirements

☐ Pumping of Tank

☐ Other (Describe) _____

Cost of Services to be provided: \$ 340

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 of any system 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 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 the system

Inspector 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)(5). 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.

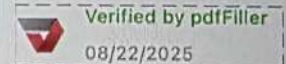
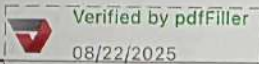
Signature below acknowledges receipt of copy of this contract and acceptance of Inspection as stated above:

Signature of Client or Client's Representative

Date

Signature of Inspector

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: 592 perdues rd
Street
LOUISBURG Nc 27549
City St Zip

Client Name: Nicole sbaiti

Current owner of Record N/a

Date of Inspection: 8/21/25

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 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:

8 ft from house or structure

Unknown ft from well if applicable

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

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

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

Access riser(s) ☐ yes ☒ no Describe None

Tank lids intact ☐ yes ☒ no

Tank has baffle wall ☐ yes ☒ no Describe condition of baffle wall: None

Yes Inflow to tank is noted as sufficient

No Inflow to tank is noted as insufficient or blocked

Yes Water level in tank is relative to tank outlet

Outlet T is present ☐ yes ☒ no Describe condition of Outlet T: Deteriorated/broken

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: No issues noted

No Evidence of tank leakage Describe: No issues noted

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

Yes Connection present from house to tank

Yes Connection present from tank to next component

10 Percentage of solids in tank

No 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 _____ Gravity

45 ft. from property line if property lines are known

3 ft from septic/pump tank

Unknown # of lines

length of lines

No Evidence of past or current surfacing at time of inspection

Briefly describe: _____

O Evidence of traffic over the dispersal field

No Vegetation, grading and drainage noted that may affect the condition of the system or system components

Yes 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) _____ Did not find one

☒ 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: Sanitary tee/ inlet lid broken

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: Septic tank is old panel tank ,located behind the rightback corner
Of the house

Inspector Name: Terry wiggins Certification # 4972i

Address 8336 halifax rd

Phone 919412-7684/919601-4525

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: TERRY WIGGINS  Date 8/22/35

X