

MOORE'S ON-SITE SERVICES, INC.

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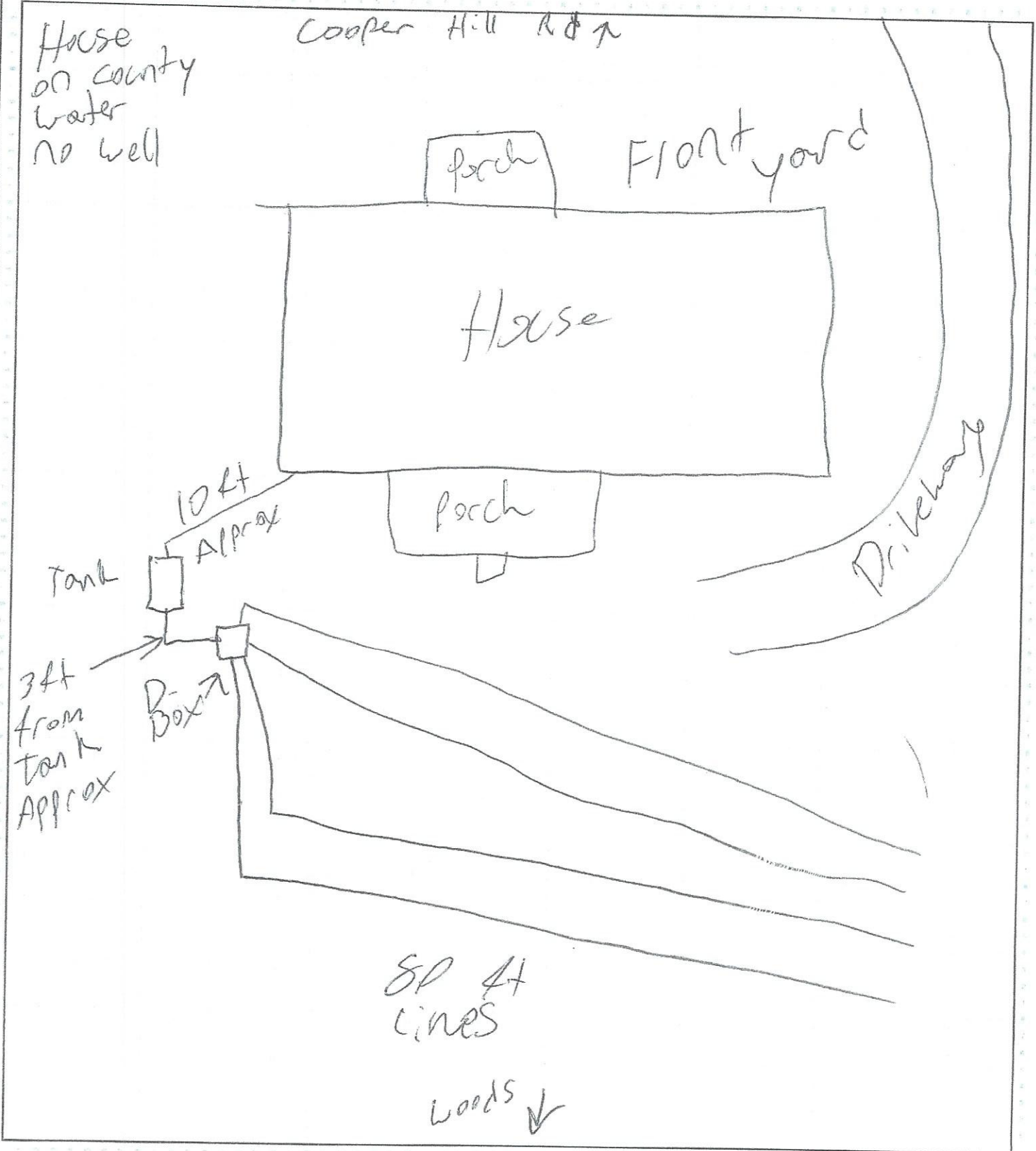
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



On-site Wastewater Inspection

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

Property Address: 1430 B Cooper Hill Road
Street

Windsor NC
City St Zip

Client Name: Kyle Barnes

Current owner of Record _____

Date of Inspection: 9-9-24

_____ Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's 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 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
- _____ ft from well if applicable
- _____ ft from water line if applicable and readily visible
- _____ ft. from property line if said property lines are known
- 6" distance from finished grade to top of tank or access riser
- No Access riser(s) yes no Describe _____
- yes Tank lids intact yes no
- yes Tank has baffle wall yes no Describe condition of baffle wall: _____
- 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
- yes Outlet T is present yes no Describe condition of Outlet T: _____
- yes Outlet has filter yes no Describe condition of filter: _____
- yes Effluent leaves the outlet yes no
- No Roots present in tank yes no Describe extent of roots: _____
- No Evidence of tank leakage Describe: _____
- 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
- 0 Percentage of solids in tank
- _____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped 9-9-24 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 Rocket Pipe

10+ ft. from property line if property lines are known

3 ft from septic/pump tank

4 # of lines

80 length of lines

None Evidence of past or current surfacing at time of inspection Briefly describe: _____

NO Evidence of traffic over the dispersal field

None 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) Fair

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: Russ Ayers Certification # 10161

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 system facts in place on date of inspection.

Inspector Signature: Russ Ayers Date 9-9-14