NCOWCICB

North Carolina Onsite Wastewater Contractor Inspector Certification Board
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As a courtesy to certified point of sale inspectors, NCOWCICB has developed the attached Inspection form. The form contains the requirements of the Inspector Standards of Practice in a format that you may use in your business. While the use of this form is optional, the Inspector Standards of Practice and minimum requirements for inspections are not optional.

In the event you wish to have this form sent to you electronically, please send an email to csstephens@ncowcicb.info requesting the electronic version.

On-site Wastewater Pre-inspection Contract

Client Name: _____

Client Address: _____

Client Phone: _____

Property Address: _____

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

Certified Inspector Name: _____

Company Name: _____

Company Address: _____

_____

Inspector Certification Number: _____ **Inspector Phone:** _____

Certification Expires: December 31, 20_____

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.ncowcicb.info

Services provided shall include: ☐ **Inspection meeting minimum requirements**
☐ **Pumping of Tank**
☐ **Other (Describe)** _____

Cost of Services to be provided: $_____

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 <u>is required</u> 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 <u>prior</u> 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: _____
Street

_____
City **St** **Zip**

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 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:

_____**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**
_____ **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_____
_____ft. from property line if property lines are known
_____ft from septic/pump tank
_____ # of lines
_____length of lines
_____Evidence of past or current surfacing at time of inspection
Briefly describe:_____
_____Evidence of traffic over the dispersal field
_____ Vegetation, grading and drainage noted that may affect the condition of the system or system components
_____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) _____
_____
_____
_____ 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: _____ Certification #_____

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: _____ Date _____