

TIME OF SALE WASTEWATER INSPECTION FORM



Engineering, PLLC

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Date of Inspection	Initial _____	6 month _____	12 month _____	Time of
	Follow-up	Service	Other	Sale

County	System Type	Drain field (on-site / off-site)

Name and Address of Owner:	Location of System / Drain field (off-site):
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V = Satisfactory M = Marginal X = Unsatisfactory N = Not Evaluated NA = Not Applicable

Septic Tank: Tank risers are accessible _____ There are no infiltration problems _____ Surface water is being diverted away _____ Tanks/accesses are structurally sound _____ Sanitary tee is in good condition _____ Inlet tee is cleaned today _____ Effluent filter is cleaned today _____ Effluent filter is in good condition _____ Effluent filter is snapped in place _____ Water level is at proper height _____	Size = _____ gallons	Scum Level _____ Sludge Level _____ Scum + Sludge Level _____ Liquid Depth _____ Tank Needs pumping? _____
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Effluent Dosing Station: Tank riser is at proper height _____ No infiltration issues _____ Required pumps present and operating _____ High water alarm is operating _____ Floats, pipes, valves, disconnects in good condition _____ Pump float is not resting on top of pump _____ Control panel is in good condition _____ TCW sticker is placed on front panel door _____ Duct seal is present in all conduit openings _____ Effluent appears clear and free of solids _____ Telemetry dialer is working properly _____	Size = _____ gallons	Scum Level _____ Sludge Level _____ Scum + Sludge Level _____ Tank Needs pumping? _____
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Ground Absorption Fields: There is no evidence of effluent surfacing _____ Vegetative cover is maintained properly _____ Field protected from traffic/distructive uses _____ Surface water is being diverted away _____ No low areas or settling occurring _____ Line cover (soil) is adequate _____ Repair area is properly reserved, maintained _____	Drop boxes used in lieu of D-box _____ D-box(es) in good condition _____ D-box(es) in proper adjustment _____
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Pressure Manifold System: Manifold vault, valves, piping are in good condition _____ No evidence of leakage, blockage in discharge lines _____ The pressure head is properly adjusted _____	
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Low Pressure Pipe System: Turn-ups/cleanouts are intact and accessible _____ Laterals are free of excess solids _____ Laterals were flushed this inspection _____ Zone valves are operating properly _____ Pressure head is properly adjusted _____ Valve box or buckets are dry inside _____	Corrected today _____ Jetting necessary _____ Corrected today _____ Corrected today _____
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Signature of "INSPECTOR" _____	Date: _____
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Date of Inspection 1/0/1900	Initial _____ 6 month _____ 12 month _____ Follow-up _____ Service _____ Other _____ Tim _____ Se _____
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County	System Type	Drain field (on-site / off-site)

Name and Address of Owner:	Location of System / Drain field (off-site):

General site condition:

General tank condition:

Ground Absorption Field:

Recommendations: