

# AWT, INC. SEPTIC/WELL INSPECTION FORM

Please print and fill out this form to the best of your ability and fax it to 919-233-1970, we will contact you within one business day to set-up inspection day and time. If you need immediate assistance, please contact Lisa Tilley at 919-859-0669.

HOW DID YOU HEAR ABOUT US? PHONE BOOK \_\_\_\_\_ INTERNET \_\_\_\_\_ SEMINAR \_\_\_\_\_ VISITS \_\_\_\_\_ REFERRAL \_\_\_\_\_

OTHER/PLEASE LIST \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

REALTOR & COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/FAX/EMAIL: \_\_\_\_\_

CLIENT/BUYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/FAX/EMAIL: \_\_\_\_\_

NAME/BILLING ADDRESS ON CONTRACT: \_\_\_\_\_

NAME/BILLING ADDRESS ON INVOICE: \_\_\_\_\_

DATE CLOSING ON PROPERTY: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION/LOT NO.: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

IS PROPERTY OCCUPIED: \_\_\_\_\_ YES \_\_\_\_\_ NO HOW LONG \_\_\_\_\_ COUNTY \_\_\_\_\_

TYPE OF INSPECTION: \_\_\_\_\_ SEPTIC ONLY \_\_\_\_\_ WELL/SEPTIC

## TYPE OF SYSTEM:

### CONVENTIONAL (\$200-\$325)

\_\_\_\_\_ \$325 Inlet/outlet ends excavated  
\_\_\_\_\_ \$275 Inlet or outlet ends excavated  
\_\_\_\_\_ \$200 No excavation

### PUMP SYSTEM (\$300-\$425)

\_\_\_\_\_ \$425 Inlet/outlet ends excavated  
\_\_\_\_\_ \$375 Inlet or outlet ends excavated  
\_\_\_\_\_ \$300 No excavation

### OTHER SYSTEMS (Drip, Pretreatment)

\_\_\_\_\_ \$400

### Well Analysis ALONG w/Septic Inspection

\_\_\_\_\_ \$55 Bacterial Analysis  
\_\_\_\_\_ \$118 Bacterial/Lead/Nitrate/Nitrite

### Well Analysis WITHOUT Septic Inspection

\_\_\_\_\_ \$155 Plus Mileage (Bacterial Analysis)  
\_\_\_\_\_ \$218 Plus Mileage (Bacterial/Lead/Nitrate/Nitrite)

HUD/VA/FHA LOAN: \_\_\_\_\_ YES \_\_\_\_\_ NO

POWER TO THE HOME: \_\_\_\_\_ YES \_\_\_\_\_ NO

IS SEPTIC TANK ACCESSIBLE: \_\_\_\_\_ YES \_\_\_\_\_ NO

HAS HOME BEEN WINTERIZED: \_\_\_\_\_ YES \_\_\_\_\_ NO

CURRENT OWNERS NAME: \_\_\_\_\_

DO YOU HAVE SEPTIC PERMIT: \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE SEPTIC TANK WAS LAST PUMPED? \_\_\_\_\_

WILL IT BE PUMPED 48 HRS. PRIOR TO INSPECTION? \_\_\_\_\_

DOES THE SYSTEM HAVE A PRE-TREATMENT (SAND/PEAT FILTER): \_\_\_\_\_ YES \_\_\_\_\_ NO

## OFFICE USE ONLY

INSPECTION DATE/TIME: \_\_\_\_\_ INSPECTOR \_\_\_\_\_

SEPTIC PERMIT ORDERED FROM COUNTY: \_\_\_\_\_ DATE \_\_\_\_\_ FROM WHOM \_\_\_\_\_

MEETING AT SITE: YES \_\_\_\_\_ NO \_\_\_\_\_ WHO? CLIENTS \_\_\_\_\_ REALTOR \_\_\_\_\_ NAME \_\_\_\_\_

SIGNED CONTRACT \_\_\_\_\_ DIRECTIONS \_\_\_\_\_ CHECKLISTS \_\_\_\_\_ MILEAGE FORM \_\_\_\_\_ MAP \_\_\_\_\_