

11515 ELM LN

22504602

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

SUBSURFACE WASTEWATER INSPECTION FORM

779B

System Manager:
TCW Wastewater Management, Inc.
P.O. Box 1830, Indian Trail, NC 28079
Tele. 704.821.8841
Fx. 704.821.8892

Date of Inspection: 11-28-2006
___ Initial ✓ 6 month ___ 12 month
___ Follow-up ___ Service call ___ Other

County	System Type	Drainfield
Meck	PPBPS	✓ On-site ___ Off-site

Time: Initials CL

Andrew Leonard
13929 Clarendon Point
Huntersville NC 28078

Location of System / Drainfield (off-site)
13929 CLARENDON POINT

Lot # _____ Phase _____ Subdivision _____

Compliance Status: ✓ Compliant ___ Non-Compliant ___ Malfunctioning
Copies: ✓ Homeowner ✓ DEH ___ Builder ___ Owner's Association ___ Developer

✓=Satisfactory M=Marginal X=Unsatisfactory N=Not Evaluated NA=Not Applicable

Septic Tank: size: _____ gallons

Tank risers are accessible	✓
There are no infiltration problems	✓
Surface water is being diverted away	✓
Tanks and accesses are structurally sound	✓
Sanitary tee is in good condition	✓
Inlet Tee is cleaned today	✓
Effluent Filter was cleaned No ___ Yes ___	✓
Effluent Filter is in good condition	✓
Effluent Filter is snapped in place	✓
Water level is at proper level	✓

Buried _____ _____"
Surface _____ Subsurface _____

Scum Level	Sludge Level
_____"	_____"

Scum plus Sludge level _____"
Liquid Depth _____" (> 30%)
Tank Needs Pumping: yes ___ No ___

Bacteria:

Added at inspection	Left with homeowner
Pulp _____pks	Pulp _____pks
Regular _____pks	Regular _____pks
Bio-One _____	Bio-One _____

Effluent Dosing Station: size: 1000 gallons

Tank Riser is at proper height	✓
No infiltration issues: Surface ___ Subsurface ___	✓
Required pumps are present & operating properly	✓
High water alarm is operating properly	✓
Floats, pipes, valves, disconnects are in good condition	✓
Pump float is not resting on top of pump	✓
Control panel enclosure/components are in good condition	✓
TCW sticker is placed on front door of Panel	✓
Duct Seal is present in all conduit openings	✓
Effluent appears clear and free of solids	✓
Telemetry / Dialer is working properly	N/A

see pump jetter

Amp. Draw _____

Scum Level	Sludge Level
_____"	✓"

Tank Needs Pumping: yes ✓ No ___

Filter Cleaned today No ✓ Yes ___
Filter is in good condition ___

Elapsed Time Readings:
Pump #1- C _____ - P _____ = Usage _____
Usage _____ - days _____ = Use Per Day _____
Pump #1- CC _____

Pressure Bell settings: Off 4", On 12"-15", Tele 16", Alarm 22"

Ground Absorption Fields:

There is no evidence of effluent surfacing	✓
Vegetative cover is maintained properly	✓
Field Protected from traffic/destructive 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 Distribution box No ___ Yes ✓
Distribution box(es) in good condition ✓
Distribution box(es) in proper adjustment ✓

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	✓

Corrected Today ___
Corrected Today ___
Corrected Today ___

Low Pressure Pipe System:

Turn-ups/cleanouts/valves are intact and accessible	✓
Laterals are free of excess solids	✓
Laterals were flushed this inspection No ✓ Yes ___	✓
Zone valves are operating properly	✓
Pressure head is properly adjusted	M
Turn-up buckets are dry inside	✓
Valve box or buckets are dry inside	✓

Corrected Today ___
Jetting necessary ___
Corrected Today ___
Corrected Today ___
Need replacing? yes ___ ___

"REPAIR"

799B (867OA)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 2/13/92

PERSON FILING APPLICATION:

NAME: Tipton Rest Home (last) (first) (mi)

ADDRESS: 11515 Elm Lane W PHONE: (704) 542-1766

CITY: Charlotte STATE: NC ZIPCODE: 28782

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 193-172-07

STREET ADDRESS: 11515 Elm Lane W

ZONING:

PROPERTY OWNER:

NAME: Tipton Earl D. & Betty B. (last) (first) (mi)

ADDRESS: 233 Warrior Dr PHONE: (704) 859-5604

CITY: Tryon STATE: NC ZIPCODE: 28782

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [X] OTHER Rest Home (O)

NUMBER BEDROOMS: 10 NUMBER OCCUPANTS: 14

SYSTEM CLASSIFICATION: Private

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ____ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Earl Tipton Date: 12/16/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...Hooked to CMUD

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791