

6209 PHYLISS LN

13527167

5/10/07

duponbj

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

3940A

Name and Address of System Manager

TRI-COUNTY WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 12-7-04

☒ 6 Mo. ☐ Follow-up
☐ 12 Mo. ☐ Service Call

County: Cheek

System Classification & Type: 4

Location of System

Lee Brown
17924 Page Pond Ct.
Davidson NC 28036

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?		Septic Tank		
Signs of infiltration?		Water Depth		
Tanks and access structurally sound?		Septic Tank Needs Pumping		
Sanitary tee(s) in good condition?		Bacteria Added: Pulp		
Effluent filter cleaned?		Reg.		
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?		Grease Trap		
Signs of infiltration?		Water Depth		
Grease trap and access structurally sound?		Grease Trap Needs Pumping		
Sanitary tee(s) in good condition?				
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	
Evidence of leakage, blockage in discharge lines?		Corrected Today	
Pressure head is properly adjusted?		Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	X	Corrected Today	✓
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	✓		
Pressure head is properly adjusted?	X	Corrected Today	✓

Pump Tank Size 1000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime _____ Level Begin _____ Level End _____ Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
		31		31
A	1	✓	21	✓
	6		21	
B	2		31	
	5		31	
C	3		3	
	4		31	
			31	

RECOMMENDATIONS TO OWNER: Put threaded ends on lines 1, 2 & 3. Flushed lines and set pressures. System looks good.

Thanks for the business
Tim

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": _____

Paid $100 1/25/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS

[ ] CRT X

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

(704)336-5102 3840A

Date: JAN 2002

PERSON FILING APPLICATION:

NAME: OSBORNE (last) DAVID (first) I (mi)

ADDRESS: PO Box 23464 PHONE: (704) 545-6709

CITY: Charlotte NC. STATE: NC. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-271-12

STREET ADDRESS: 6209 PhyLiss LN

ZONING:

PROPERTY OWNER:

NAME: WYLLie (last) BiLL (first) (mi)

ADDRESS: 6209 PhyLis LN PHONE: (704) 573-3508

CITY: MINT HILL STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) SUN ROOM

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

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

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: D.I. Osborne Date: JAN 2002

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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.

... OK to Use Existing System for Sun Room addition

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

Joshua P. Sellers R.S. 01-29-02
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

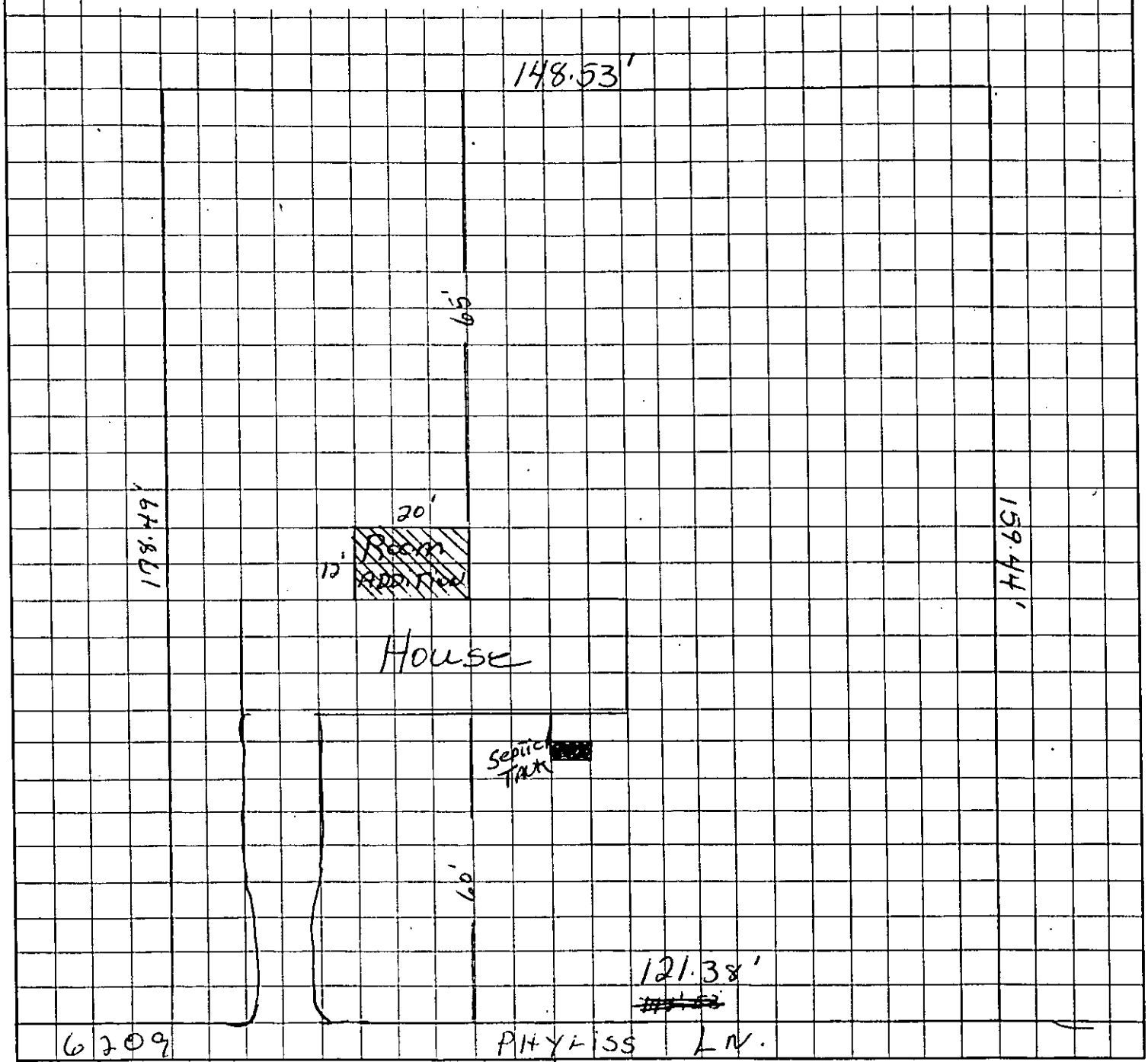
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 38404

TC: 135-27-167

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE JAN 2002

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3840-A DATE: 10-27-88

TC: 135-27W-12 ☐ L ☐ CRT

SERIAL № 11540

Name of Owner Moser-Simpson Constr. Inc. Juris.:

Address of Property 6209 Phyliss In.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 260'/140

Number of Lines 2/2 @ 130'/70'

Cover Depth 18"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 10-27-88

Tank(s) Inspected 10-27-88

Wash Line Inspected 10-27-88

High Water Alarm Inspected —

PLOT

Design: 1466/1500 ST, con, 760 SFT/126, 420 WL, ceo. l CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for Threebedroom House

Jim Emmons
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

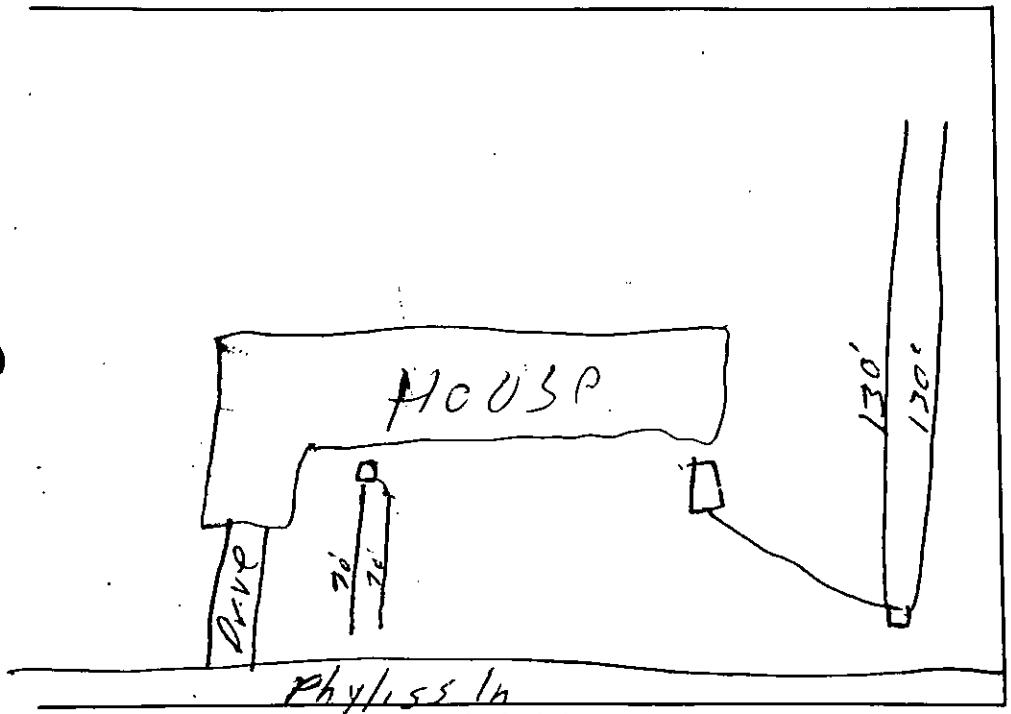
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3840-A DATE: 10-25-88

TC: 135-271-12 ☐ L

SERIAL № 12307

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-13-88. All work shall be completed on or before 11-25-88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 260'140 feet

Number of Lines 2'12

Depth of Stone 12' inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Moser-Simpson Constr. Inc

LOCATION OF PROPERTY 6209 Phyliss In

Comments: Two Trenches 130'X3'X12" stone; wash line Two Trenches 70'X3'X12" stone

System designed for Three bedroom House

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENTS COPY

PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

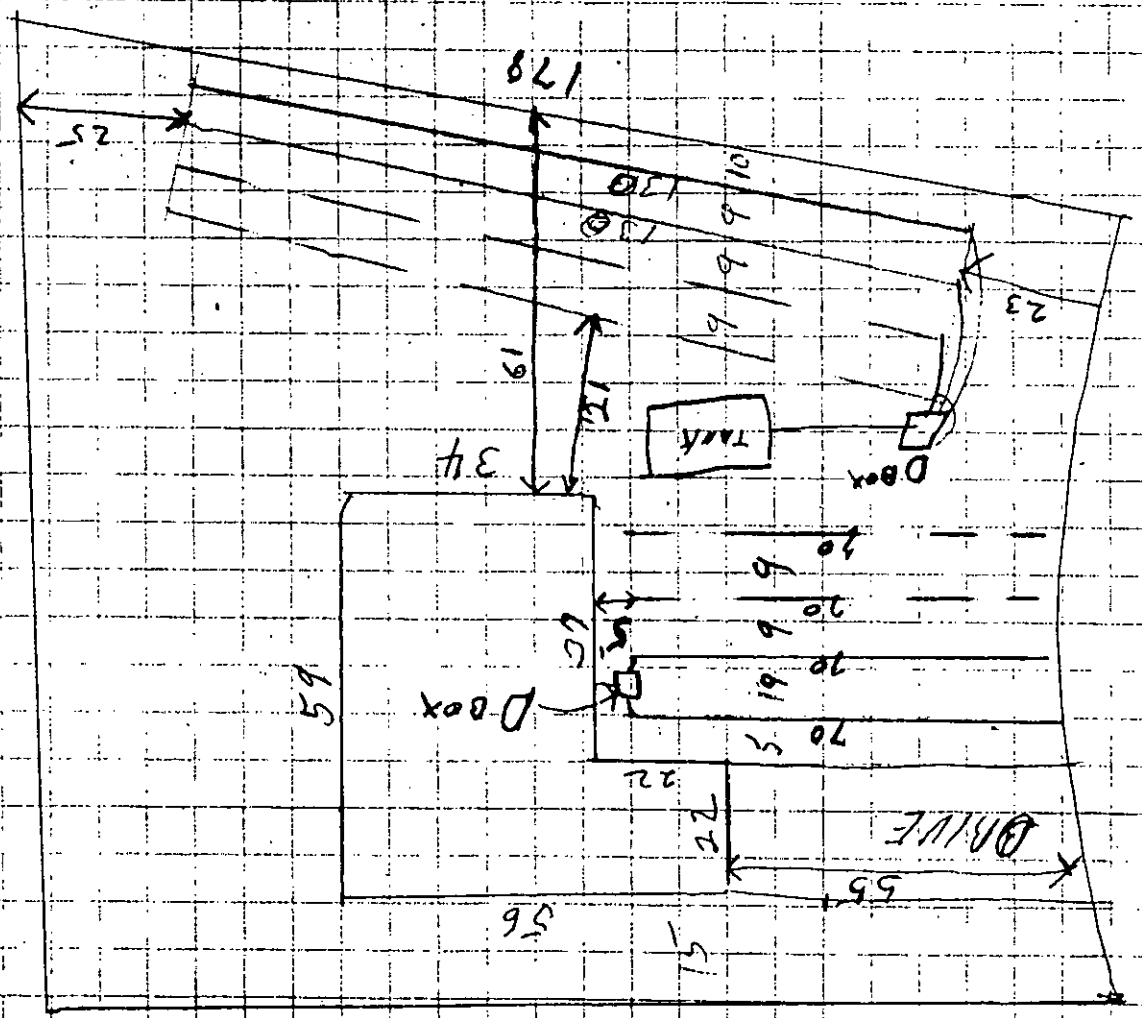
Eaglewood SubDivision
Phyllis Lane Lot 17

FILE: 3840A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

Moser-Simpson Construction Inc.
P.O. Box 365
Mineral Springs, N. C. 28108



MOSER-SIMPSON CONST. INC

Signed: By: J. A. Simpson

Date: 6-16-88

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

SITE EVALUATION REPORT

SERIAL NUMBER 1454

File: 3840A Action 4

Parcel: 13527112 PO PC

Location: Phyliss Lane

Subdivision:

Lot: 17 Block: =.54

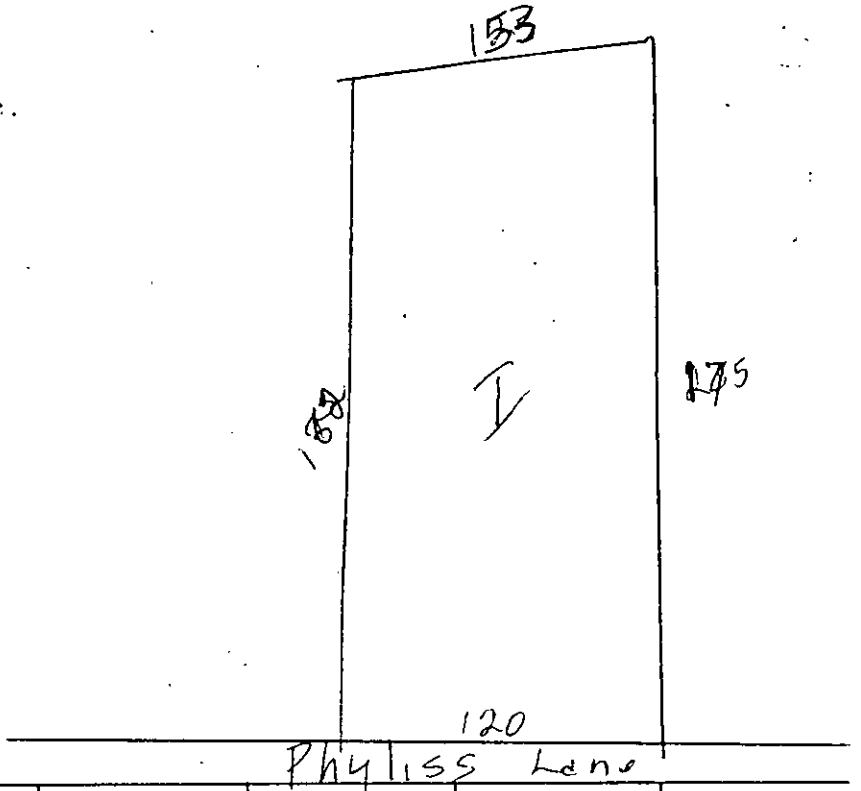
Owner: Moser-Simpson Construction, Inc.

Address: P. O. Box 38 28108
Mineral Spring

Comments: _____

Described by: W. B. Isley

Date: 8-2-



*** EVALUATION

S = Suitable

PS = Provisionally Suitable

The "Area Classification" below suitability of areas in the diagram.

FACTORS	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U