

13401 LANCASTER HWY

1/4/2008

duponbj

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

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WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

221-12-02 4/022B

Name and Address of System Manager

TCW WASTEWATER MANAGEMENT, INC.

P. O. Box 1830, Indian Trail, NC 28079

704-821-8841

Name and Address of Owner

U-Haul
6216 Albemarle Rd
Charlotte NC 28212

Inspection Date: 10/17/06 Service Call ☐

0 1 2 3 4 5 6 7 8 9 10 11 12

Time: 2:00pm
Tech: TT & L
County: Mech

System Classification & Type
Surface Drip ☐
Sub-surface Drip ✓

Location of System: 13401 Lancaster Hwy Pineville NC

Permit # Flow: Bdrms:

Lot # Subdivision:

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

SEPTIC TANK

			Scum Level	Sludge Level
No odors present	✓			
Tank risers accessible	✓			
No signs of infiltration	✓	Septic Tank	4"	
Tanks and access structurally sound	✓	Water Depth		
Sanitary tee(s) in good condition	✓	Septic Tank Needs Pumping	Yes ___	No ✓
Effluent filter cleaned?	Yes ✓ No ___			
Effluent filter in good condition	✓	Added 8 Bacteria		

EFFLUENT DOSING STATION

Tank Riser Height	✓
No signs of infiltration	✓
Required pumps present & operating properly	✓
High water alarm operating properly	✓
Floats, pipes, valves, disconnects in good condition	✓
Control panel enclosure/components in good condition	✓
Effluent appears clear and free of solids	✓
Rain sensor working properly	✓
Rain sensor jumper present (SS only)	—

Pump Run	Elapsed Time: 300.51	Events 1994		
Spin Filter	*Elapsed Time:*	Events	Alarm Events	
Zone Flush	Elapsed Time:	Events		
Zone 1	*Elapsed Time:*	Events	Running Amps	
Zone 2	Elapsed Time:	Events		
Zone 3	*Elapsed Time:*	Events	Voltage ___ V.	
Zone 4	Elapsed Time:	Events		

HEADWORKS

Vortex filter in good condition	✓
Vortex filter manually flushed	✓
Valves in good conditon	✓
Valves manually flushed	✓

Flow Meter Reading: Current ___ Past ___ Use ___ Days ___ GPD ___

Digital ___ or Analog ___ A Reset meter to zero? B Yes ___ No ___

	#1	#2	#3	#4
Pump : per zone- DOSING GPM	6.9	8.0		
Pump : per zone- FLUSHING GPM				
Pressures: Dosing - Pre-filter:	35	32		
Dosing - Post-filter:				
Dose Drainfield:				
Flushing Drainfield:				

No visible leaks	✓
Air vent in good condition	✓
Overall condition?	✓

GROUND ABSORPTION FIELDS (general)

No odors present	✓	
No Rainfall in last 3 days? Yes ___ No	✓	
No evidence of effluent surfacing?	✓	
Surface water being effectively diverted away	✓	
Line cover & vegetative cover maintained properly	M	Needs mowing
Protected from traffic, destructive uses	—	
Distribution devices in good working condition	✓	
Repair area properly reserved, maintained	—	

	#1	#2	#3	#4	
Drainfield Pressure (in field):					TS During Dose
Drainfield Pressure (in field):					BR During Flush

INSPECTION REPORT
PAGE 2
LOT_____
SUBDIVISION_____

Pre-Treatment Station

Number of Pods: 3 #1 PureFlow Peat #2

Media in good condition	✓	
Media container in good condition	✓	
No ponding on surface of media	n	forked Peat around
No excessive scum build up on surface	✓	
Equal spray pattern	✓	
No orifices clogged	✓	
Piping network flushed?	No ✓ Yes	
Does media need cleaning?	Yes No ✓	
Squirt height: Observed: NA	Adjusted to:	

Processing Tank

VCOMM Panel # RTU NA

Tank Risers accessible	✓	
No signs of infiltration	✓	
Tanks & access structurally sound	✓	
Effluent appears clear and free of solids	✓	
~~Bio-Tube filter cleaned?~~ Sim Tech	Yes ✓ No	
~~Bio-Tube filter in good condition?~~ " "		Run time 261.56
Required pumps present & operating properly	✓	events app. 16323
High water alarm operating properly	✓	
Floats, pipes, valves, disconnects in good condition	✓	
Control Panel enclosure/components in good condition	✓	
Telemetry working properly	✓	
RSV in good condition & operating properly	NA	

Design criteria: On Time: _____ seconds Off Time: _____ minutes Pump Rate: _____ GPM

Running Amps _____ Voltage _____ V.

Stinger Length: SS___19" SS___23" S___27" S___31" OTHER ____" Float settings: 14", 15.5", 28"

UV Disinfection Station

Basin Riser accessible		
No signs of infiltration		
Electrical is in good condition		
No leaks present		
Unit in good condition	NA	
Intensity level: _____Bars	_____%	
Does bulb need replacing?	Yes___ No_____	
Cleaned quartz sleeve?	Yes___ No_____	
Any Alarms?	Yes___ No_____	

Labs

Field:
Ammonia _____
Nitrate _____
TDS _____ PH _____
EC _____ Temp _____

Certified:
Ammonia _____ BOD _____
Nitrate _____ TSS _____
Nitrite _____ Fecal _____
PH _____ TKN _____
Collected Date: _____

RECOMMENDATIONS TO OWNER:

Need to mow drip field.

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC" [signature]