


6405 GILEAD RD

00939112

1/7/2008

duponbj

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5072B DATE: 1/22/03

TC: 009-391-05 ☒ L ☒ CRT

SERIAL 19117

Name of Owner Matthew & Nicole McGee Juris.:

Address of Property 6405 Gilead Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 414'

Number of Lines 6 @ 69

Cover Depth 12"

Water Supply Source Municipal

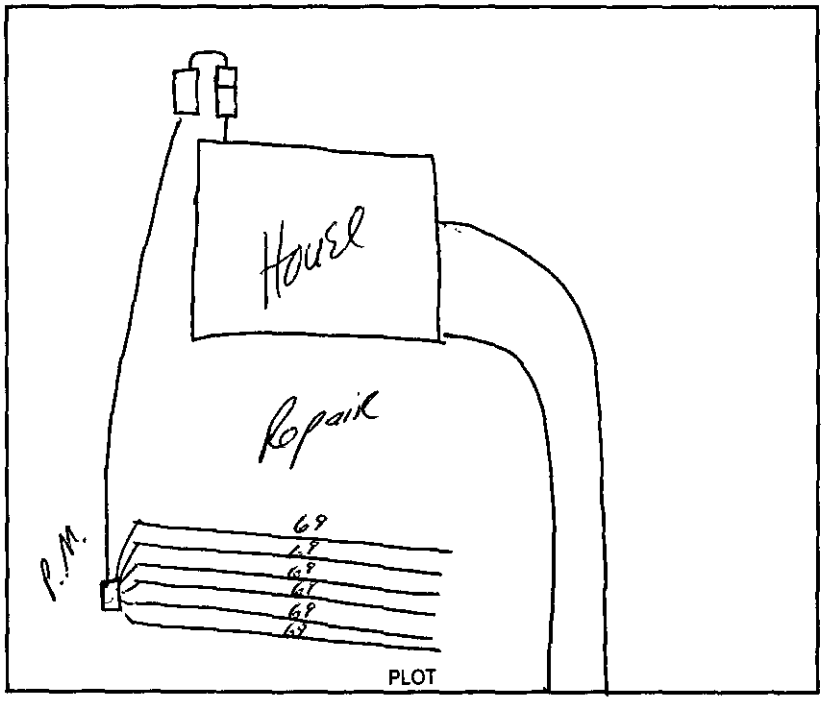
Distance to Water Source >100'

Excavation Inspected 1/22/03

Tank(s) Inspected 1/22/03

Wash Line Inspected NA

High Water Alarm Inspected 1/22/03




Design 1500ST, 1000DT, PI, 1242SFT, INV, Chambers CTR# Stanley

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Four Bedroom House

6 Lines x 69' x 3 Pressure Manifold

Type IIIb Pump to Innovative System

System installed without Installation Permit.

Tommy Nichols RS
Environmental Health Specialist

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

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 01/16/03 | **Amount:** | 150.00 |
| **Receipt #:** | 13069 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** B98631
***Contractor:*** NORTH JD CONSTRUCTION CO
**Attn:**
**Address:** P O BOX 480431
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28269

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>6405 Gilead Road/File 5072B | | 1 | 150.00 | 150.00 |

Paid in Full 1/16/03

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 186.27 | | | | | |

FEE: #150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 10/14/02 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: _____ PERMIT NO: 5072B

PARCEL NO: 009-391-05

JOB LOCATION ADDRESS: 6405 Gilead Road

PROPERTY OWNER: Matthew & Nicole Mcgee

BUILDING CONTRACTOR: S.D. North Construction

SUBDIVISION NAME: N/A

AUTHORIZATION ISSUED BY: Jenny Mecklenburg R.S. DATE: 10/9/02

DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5072B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Plot Plan

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Sam Kwan 10-14-02

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

16534

Permit Number: 5072B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 009-391-05

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

| | | | | |
|---|---|---|---|---|
| Basement | ___ Yes | ✓ No | ___ Partial Basement | |
| Type Primary Wastewater System<br>Type (circle one):<br>I II ✓III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| .3 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1600 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| NO Serviced by private well | 1500 Gallon septic tank | 533 Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 4 Bedrooms in residence | 1000 Gallon pump tank | 12" Depth of stone | | |
| Any surface waters present: NO Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: Pressure Manifold | | | | |

| | | | | |
|---|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II ✓III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1600 Absorption Area (Sq ft)<br>533 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth | |
| For existing system, enter the year originally installed: | | | | |

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departme
- This Improvement permit is transferable.

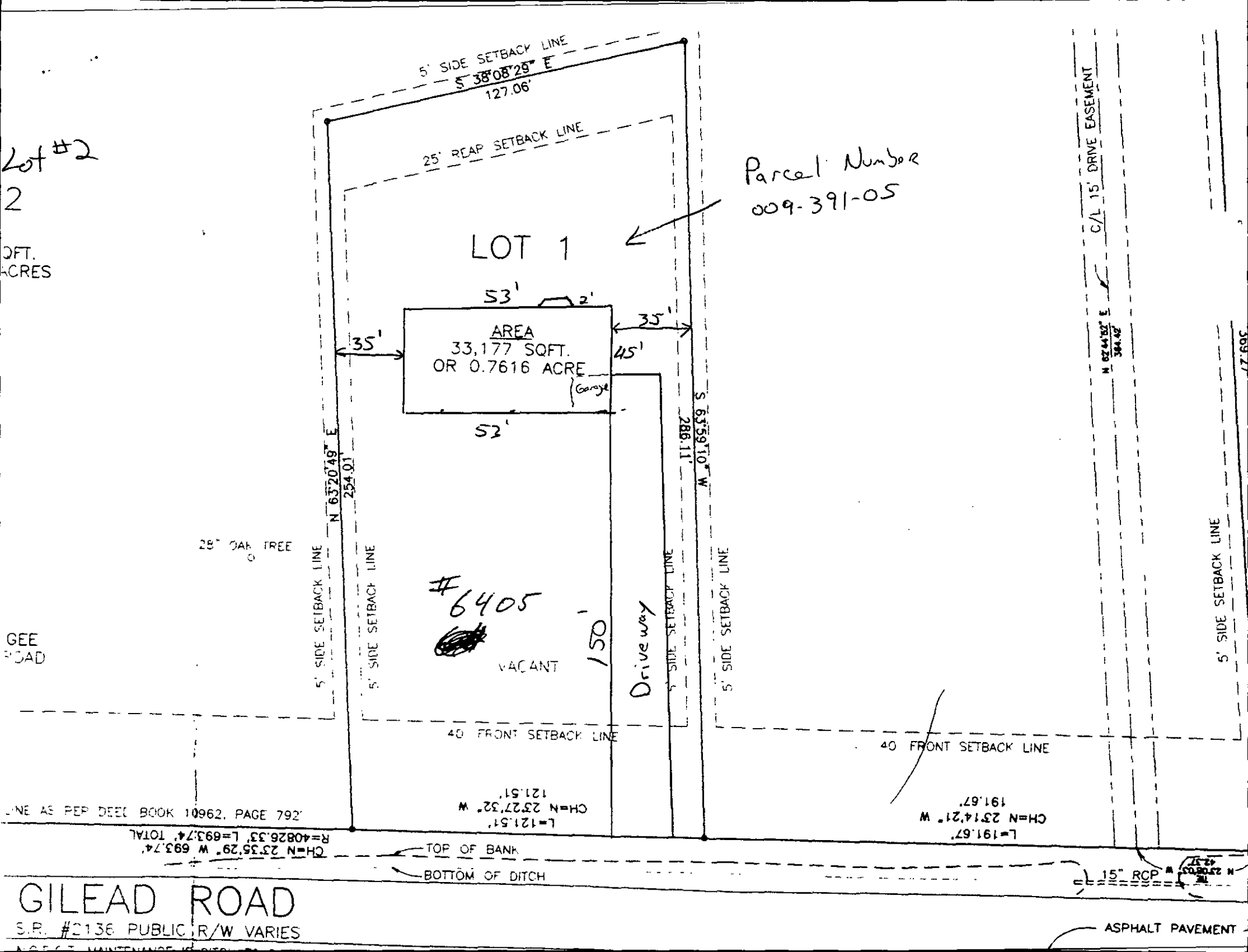
Tommy Mecklin R.S. 10/9/02
DEHNR Authorized Agent — Date

X James Forcan X 10-14-02
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195


Lot #2
2
OFT.
ACRES
5' SIDE SETBACK LINE
S 38°08'29" E
127.06'
25' REAR SETBACK LINE
Parcel Number
009-391-05
LOT 1
53'
2'
35'
35'
45'
AREA
33,177 SQFT.
OR 0.7616 ACRE
Garage
52'
N 63°20'49" E
254.01'
S 63°59'10" W
286.11'
C/L 15' DRIVE EASEMENT
N 62°44'52" E
384.49'
28" OAK TREE
#6405
VACANT
150'
Driveway
5' SIDE SETBACK LINE
5' SIDE SETBACK LINE
5' SIDE SETBACK LINE
5' SIDE SETBACK LINE
5' SIDE SETBACK LINE
40' FRONT SETBACK LINE
40' FRONT SETBACK LINE
GEE
ROAD
L=121.51'
CH=N 23°27'32" W
121.51'
L=191.67'
CH=N 23°14'21" W
191.67'
INE AS PER DEED BOOK 10962, PAGE 792'
R=40826.33' L=693.74' TOTAL
CH=N 23°35'29" W 693.74'
TOP OF BANK
BOTTOM OF DITCH
15" RCP
GILEAD ROAD
S.R. #2136 PUBLIC R/W VARIES
ASPHALT PAVEMENT

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 009-391-05
Lot #: 1
File #: 5072B
Code: 1

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

Owner: Matthew & Nicole McGee
Applicant: J. D. North Construction Co., Inc.
Address: 6407 Gilead Road, Huntersville, N. C. 28078
Date Evaluated: 09/27/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .76a
Location of Site: 6405 Gilead Road
Property Recorded:
Water Supply: [ x ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ x ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ x ] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 10 | 0-5 | GR/SCL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV |
| | | 5-48+ | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| 2 | " | 0-3 | GR/CL | FR/SEXP/SS/SP | >37" TO SOIL WETNESS | 37+ | " | " | " |
| | | 3-37 | SBK/C | FI/SEXP/S/P | | | | | |
| | | BORING TERMINATED @37" FLOATER ROCK | | | | | | | |
| 3 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | 48" TO SOIL WETNESS | 48+ | " | " | " |
| | | 5-48+ | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-4 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 4-31 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 31-48+ | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 5 | " | 0-5 | GR/CL | " | " | " | " | " | " |
| | | 5-48+ | SBK/C | FI/SEXP/S/P | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .3GPD/FT$^2$ | .3GPD/FT$^2$ |

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/30/02, W. R. Marlin
Others Present:

FILE # 50728

COMMENTS 100% Repair + will need pump

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

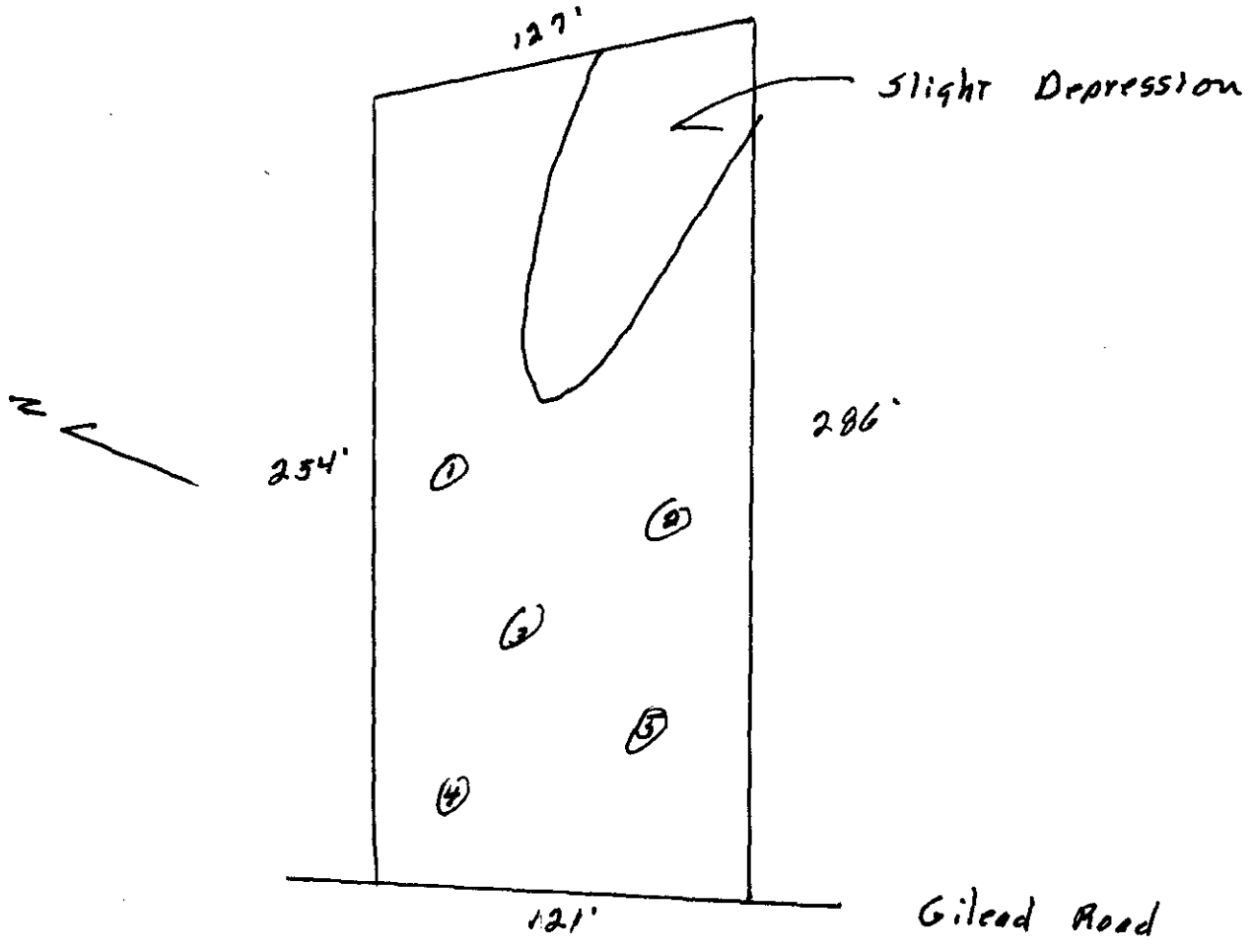
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



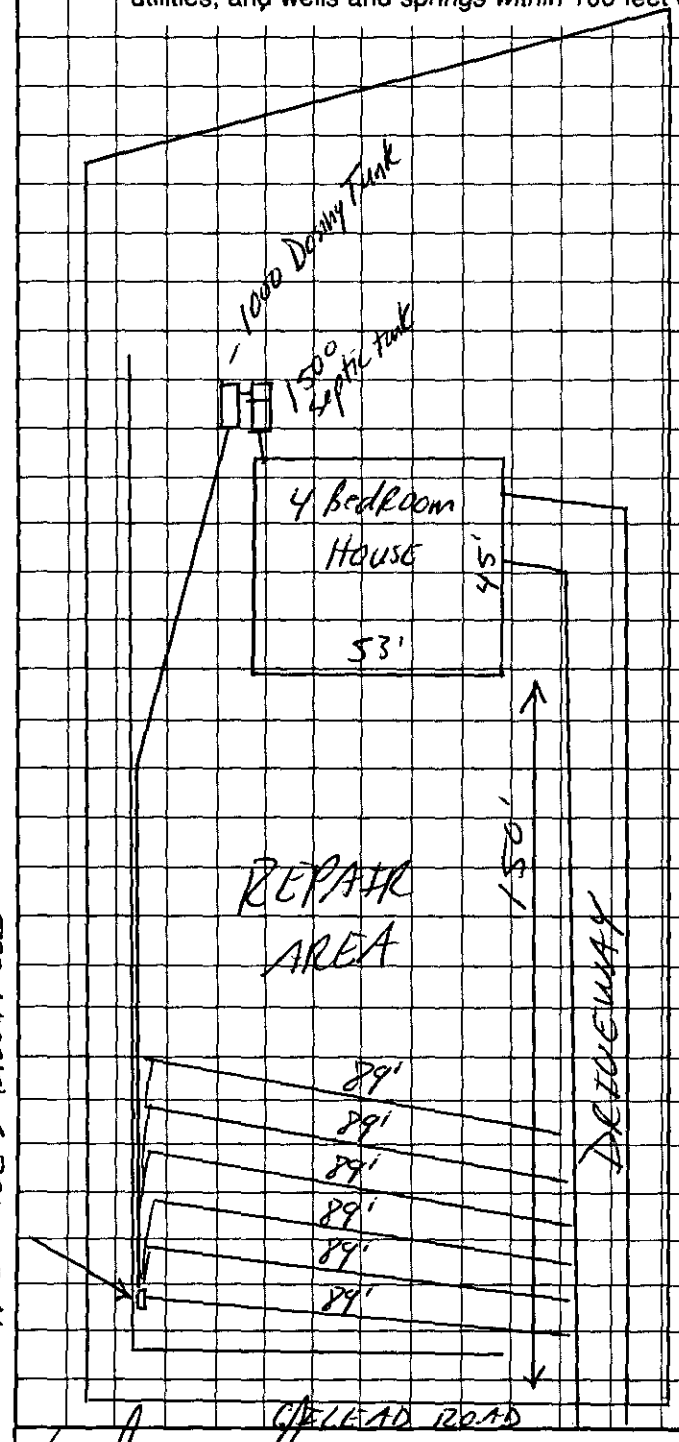
# PROPOSED PLOT PLAN

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

FILE: 5072B

TC: 009-391-05

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.




COMMENTS

→ SCALE = 1" = 40'
→ 4 BEDROOM HOUSE
→ HOUSE LOCATED 158' OFF FRONT PROPERTY AND 35' OFF BOTH SIDES OF PROPERTY
→ TYPE III b PUMP TO CONVENTIONAL
→ TYPE III b REPAIR SYSTEM
→ 6 LINES X 89' X 3' X 10" STONE
→ PRESSURE MANIFOLD DISTRIBUTION

X J. Ann Rowan
OWNER/AGENT SIGNATURE

DATE 10-14-02

APPROVAL DATE Tracy Medlin R.S. 10/4/02

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

FEE: 200- DATE: 9/23/02 RJ

**APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM**

JD North Construction Corp

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 50725

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00939105

STREET ADDRESS: 6405 Gilead Rd, Huntersville

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
☒ HOUSE (H) ___ OTHER (O)

HEATED SQUARE FOOTAGE: 2377

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
___ ON SLAB
☒ CRAWL SPACE ___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ☒ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ✓ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: McGee Matthew & Nicole (LAST) (FIRST) (MI) | NAME: JD North Construction Co. Inc (LAST) (FIRST) (MI) |
| ADDRESS: 6407 Gilead Rd | DAYTIME PHONE: ( ) 704-875-0898 |
| CITY: Huntersville STATE: NC ZIP: 28078 | |
| DAYTIME PHONE: 704-948-9828 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

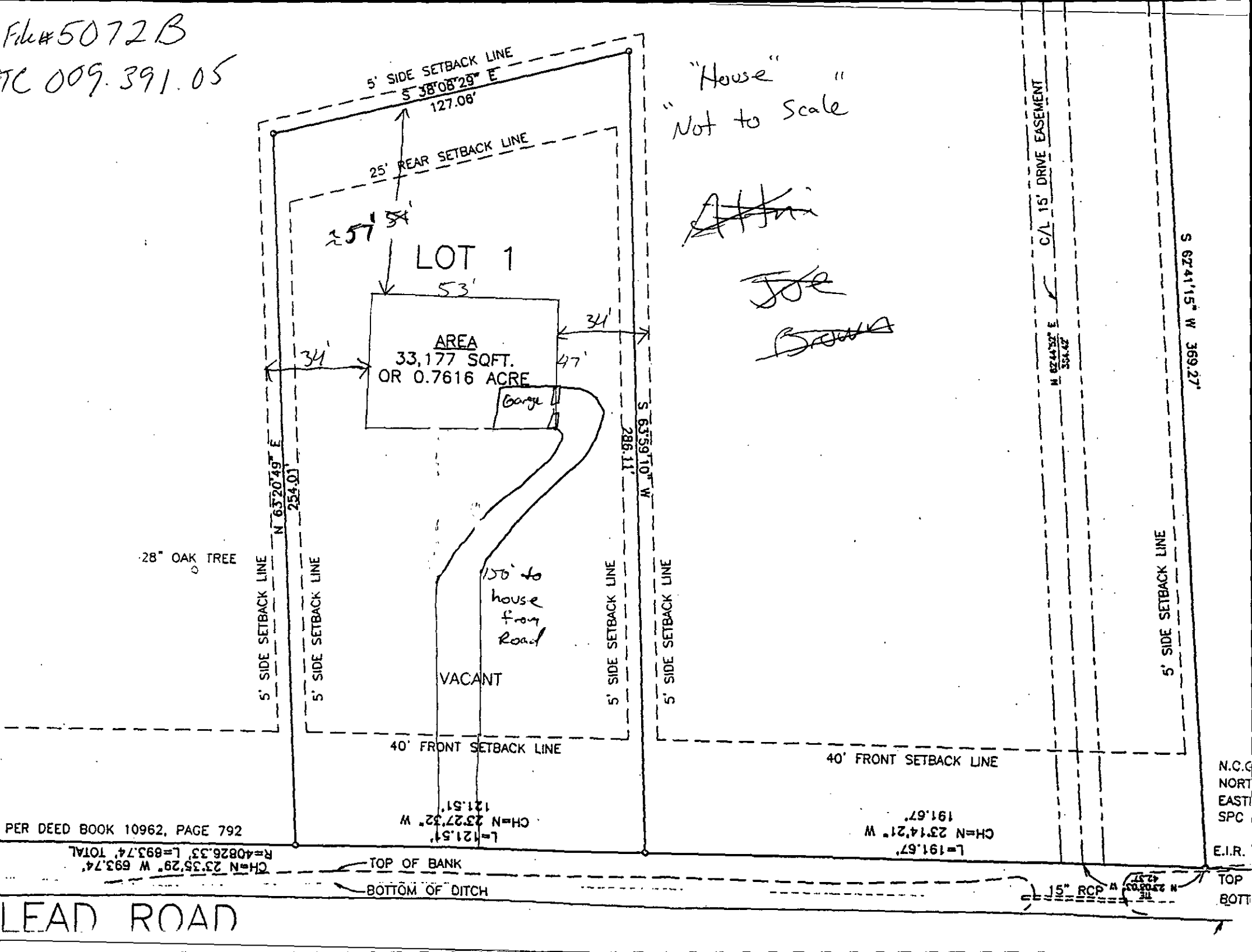
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: [signature] for JD North Construction Co Inc DATE: 9/23/02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

9/23 Plans into Bill's box @ 1:50 AK

File #5072B
TC 009.391.05



DATE: 9/23/2002

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: HUNT

009-391-05

PARCEL NUMBER

6405 GILEAD RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

LOT 1

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | ____ APPROVED | ____NOT APPROVED |
| 2. FLOODWAY REGULATIONS | ____ APPROVED | ____NOT APPROVED |
| 3. WATERSHED PROTECTION | ____ APPROVED | ____NOT APPROVED |
| 4. COMERCIAL DRAINAGE PLAN | ____ APPROVED | ____NOT APPROVED |
| 5. PUBLIC UTILITY EASEMENT | ____ PRESENT | ____NOT PRESENT |
| 6. PROPERTY FRONTS ON THOROUGHFARE | ____ YES | ____NO |
| 7. DRIVEWAY PERMIT REQUIRED | ____ YES | ____NO |
| 8. *DOES PROJECT CONFLICT WITH ROAD PROJECT?* | ____ YES | ____NO |

**Remarks:**

ADDRESS VERIFICATION- PERMIT FOR SEPTIC WORK ONLY

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMAS OBSOLETE
— NEW ADDRESS
REVISED 1/91

SIGNED: _____

N.C. Department of Environment and Natural Resources
Division of Environmental Health

# Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County | McGee Residence | 5072B |
| **Health Department** | **Name of Establishment** | **Permit/Project No.** |
| 6405 Gilead Road | Residence | 480 |
| **Location** | **Type of Establishment** | **Design Flow** |
| Matthew McGee | 6405 Gilead Road Huntersville 28078 | |
| **Owner/Agent** | **Address** | **Phone** |
| NA | | |
| **Operator** | **Address** | **Phone** |
| IIIb | 3/7/13 | March, 2018 |
| **System Type** | **Date of Inspection** | **Next Inspection Due** |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **1. ESTABLISHMENT:** | | | | |
| a. Type, size, and sewage flow in accordance with permit? | ☒ | ☐ | ☐ | |
| **2. COLLECTION SYSTEM:** | | | | |
| a. No evidence of leaks into or out from sewer lines/manholes? | ☒ | ☐ | ☐ | |
| b. Free of blockages/solids buildup in lines or manholes? | ☒ | ☐ | ☐ | |
| **3. TANKAGE:** (Grease Traps/Lift Stations/Septic/Dosing Tanks) | | | | |
| a. Tank risers accessible and surface water diverted? ..... | ☒ | ☐ | ☐ | |
| b. Tanks and access manholes structurally sound, watertight? | ☒ | ☐ | ☐ | |
| c. Sanitary tee(s) in good working condition?..... | ☐ | ☐ | ☒ | 3.c. Sanitary tee not inspected. |
| d. Tanks pumped, cleaned out as needed?..... | ☒ | ☐ | ☐ | |
| **4. RAW SEWAGE LIFT STATION (if present):** | | | | |
| a. Required pumps present, operating, and cycling properly | ☐ | ☐ | ☒ | |
| b. High-water alarm present and operating properly? | ☐ | ☐ | ☒ | |
| c. Floats/pipe/valves/disconnects in good condition? | ☐ | ☐ | ☒ | |
| **5. EFFLUENT DOSING SYSTEM:** | | | | |
| a. Effluent appears clear, free of excess solids? | ☒ | ☐ | ☐ | |
| **A. PUMP SYSTEMS:** | | | | |
| a. Required pumps present, operating, and cycling properly? | ☒ | ☐ | ☐ | |
| b. High-water alarm present and operating properly? | ☒ | ☐ | ☐ | |
| c. Floats/pipe/valves/disconnects in good working condition? | ☒ | ☐ | ☐ | |
| d. Control panel enclosure/components in good condition? | ☒ | ☐ | ☐ | |
| e. Elapsed time readings: _____ _____ _____ _____ | | | | |
| **B. SIPHON SYSTEMS:** | | | | |
| a. No evidence of overflow or siphon leakage? | ☐ | ☐ | ☒ | |
| b. Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | ☒ | |
| c. Bells and vents free of debris and in good condition? | ☐ | ☐ | ☒ | |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **6. GROUND ABSORPTION FIELDS:** | | | | |
| a. No evidence of effluent surfacing/reaching surface waters? | ☒ | ☐ | ☐ | |
| b. Minimal ponding in subsurface trenches? | ☒ | ☐ | ☐ | |
| c. Surface water being effectively diverted away? | ☒ | ☐ | ☐ | |
| d. Diversions/ditches/swales/tiles drains properly maintained? | ☒ | ☐ | ☐ | |
| e. Line cover/vegetation adequate/maintained as needed? | ☒ | ☐ | ☐ | |
| f. Protected from traffic, destructive uses? | ☒ | ☐ | ☐ | |
| g. Distribution devices in good condition, working properly? | ☒ | ☐ | ☐ | |
| h. Repair area properly reserved, maintained? | ☒ | ☐ | ☐ | |
| **A. LOW PRESSURE PIPE DRAIN FIELDS:** | | | | |
| a. Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | ☒ | |
| b. No effluent standing in lower laterals? | ☐ | ☐ | ☒ | |
| c. Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | ☒ | |
| d. Pressure head is properly adjusted? | ☐ | ☐ | ☒ | |

**OVERALL CONDITION AND OPERATION OF SYSTEM:**

System looks great!

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

***REPAIR WITHIN DAYS.**

**SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:**

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 3/11/13

SIGNED: Jeremy Michelone, REHS AGENT

Division of Environmental Health

Printed Name: Jeremy Michelone

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