

13308 WHITE BIRCH TR

00731102

5/15/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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4033A

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

March 4, 2005

Richard Davis
13308 White Birch Tr.
Davidson, NC 28036

Dear Mr. Davis:

Re: Well Sample Results

Enclosed you should find the laboratory analysis for the well water samples that were collected at 13308 White Birch Tr. on Feburary 14, 2005.

Please retain these reports for future reference. If you have questions regarding these reports please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling program. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (2):

05020267

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

COC#: PAGE 1 of 1

Sampled By (Print Name): Trevor Thomason

CLIENT: MECKLENBURG COUNTY, LUESA - Groundwater & Wastewater Services
FACILITY: Potable Water
PROJECT: Earnhardt Residence
15610 Deerhaven Ct., Davidson, NC 28036

Send Report To: GWS / T. Thomason
700 N Tryon St. Suite 211
Charlotte, NC 28202

SAMPLE ID	Sample Collector's Initials	Collection Date and Time	Chlorinated System	Collection Temp	Relinquished Temp	Receipt Temp	Sample Type: Depth Composite	Auto Composite	Hand Comp	Grab	Sample Containers: Plastic	Glass	# Containers	Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Chemical: BOD5	CBOD5	COD	TOC	TSS	TDS	TS	Nutrients	NOX	Nitrite	Alkalinity	Hardness	Turbidity	Lead	Total Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270	HEM 1164
15610		2/14/2005 12:10	N							X	100 ml		1						X														X						

27712

Relinquished By: (Signature)	Received By: (Signature)
	2/15/05 Date & Time
Relinquished By: (Signature)	Received By: (Signature)
	Date & Time
Relinquished By: (Signature)	Received By: (Signature)
	Date & Time
Relinquished By: (Signature)	Received By: (Signature)
	Date & Time

Form Revision 02; effective date 07/07/04

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 2/16/2005 04:46 PM
LOCATION: 15610
LOC ID: G-GWS
SAMPLE DATE-TIME: 2/14/2005 12:10
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB27712
CHAIN OF CUSTODY #: 05020267

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB27712	Total Coliform	Absent	P/A		SM 9223B	2/15/2005 8:30	RDW
AB27712	E. COLI-PA	Absent	P/A		SM 9223B	2/15/2005 8:30	RDW

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Earnhardt Residence
Address: 15610 Deerhaven Ct.
Davidson, NC **Zip:** 28036
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Regular

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Trevor Thomaso
(704) 336-5101

Collected By: T. THOMASON **Date:** 2/14/2005 **Time:** 12:10:00 PM
Location of sampling point: Outdoor Spigot
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	2/16/2005
Nitrate as N	<1.0	mg/l	2/16/2005

NCSLPH
North Carolina Public Health
State Laboratory of Public Health

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: _____ °C
Date Received: 2/16/2005 **Report Date:** 2/28/2005
Today's Date: 3/1/2005 **Reference:** 1979 **Login Batch** 05020034 **Sample Number:** AB23043
Reported By:

Explanations

Coliform Analysis:

If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:

Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

400 Ltd

4033A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2-5-93 $200.00 ck# 1178

[ ] 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:

PERSON FILING APPLICATION:
NAME: Coombs (last) Donna (first) M (mi) CK

ADDRESS: 12632 Cedar Fall Dr PHONE: (704) 948-0173

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-311-02

STREET ADDRESS: 13308 White Birch Terrace
Huntersville, NC 28078

ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 15 LOT SIZE (in acres): .6

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] REPAIR TO SYSTEM (R)

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: 4 NUMBER OCCUPANTS: 5

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)
[ ] 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: Donna M. Coombs Date: 2-5-93

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.

...

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

Philo S. Walker R.S. 2/18/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4033A DATE: 9/24/93

TC: 007 311 02 ☐ CRT

SERIAL Nº 15309

Name of Owner DONNa Coombs Juris.:

Address of Property 13308 White Birch Terr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 18"-24"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 8/26/93

Tank(s) Inspected 8/31/93

Wash Line Inspected –

High Water Alarm Inspected 8/31/93

PLOT

Design: 1500ST/1000DT, PI, CON, 1610 SFT, 12"stone ceci.l CTR# 74

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: K Randal Inspected tanks, supply line & drainfield. BW Inspected pump. Panel system repair. TYPE II

Philip S. Walker R.S.
Environmentalist

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

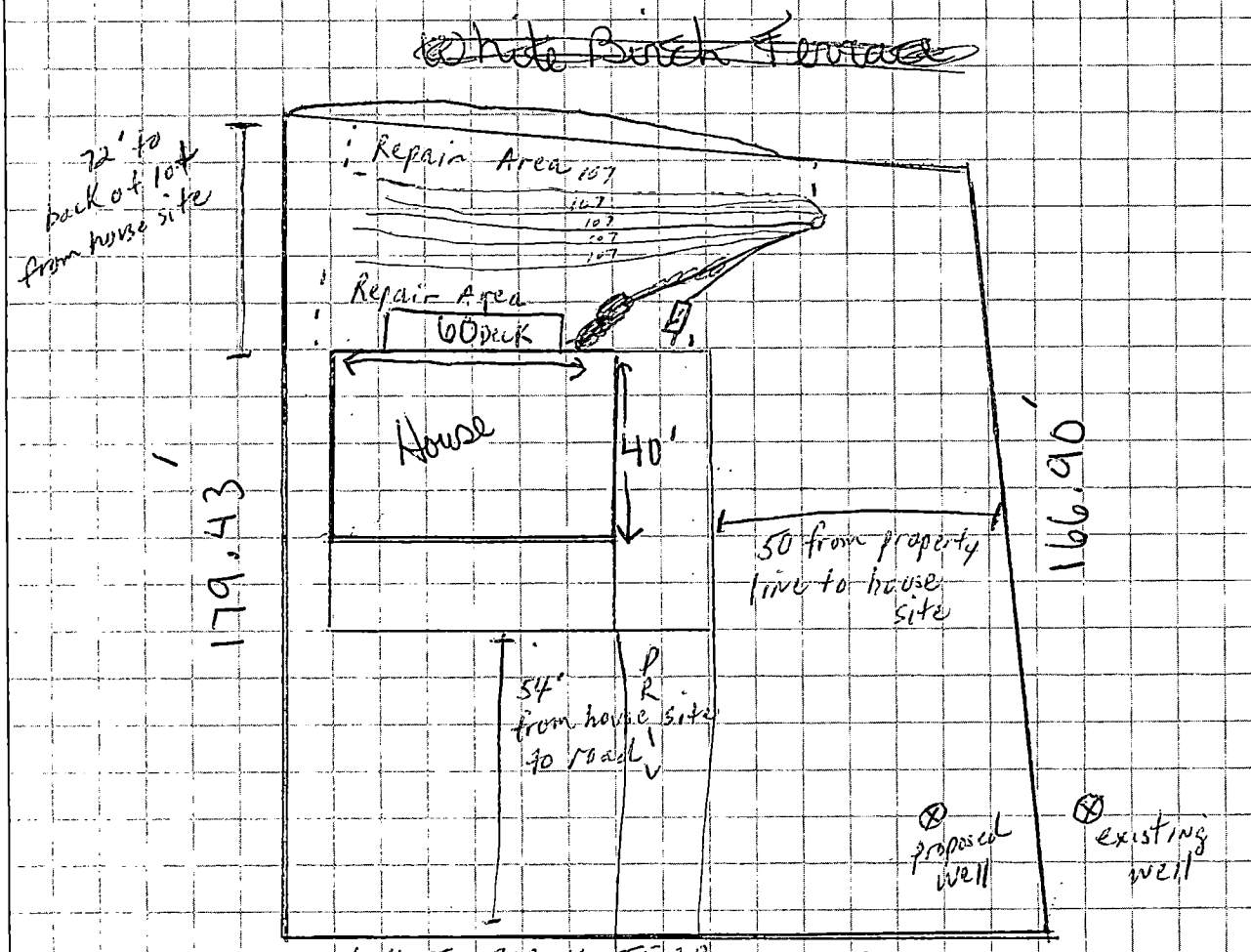
PROPOSED PLOT PLAN

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

FILE: 40337

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.



1500 ST
May need lift station (Keep plumbing high)
5 lines x 107' long or 4 lines x 133' long x 3' wd x 12" stone
535' TLF
Keep septic system > 50 from existing well & proposed new well
Keep lines on contour of land

City Comm
2/18/93

APPROVAL DATE PBW 2/18/93 appr

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

September 8, 1993

Donna Coombs Inc.
12632 Cedar Fall Drive
Huntersville, NC 28078

Re: 13308 White Birch Terrace
File: 4033A (tax parcel 007-311-02)

Dear Ms. Coombs:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is **required** for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems Program

PW:lw

MECKLENBURG COUNTY
Department of Environmental Health

October 29th, 1987

Robert B. Bowman
P. O. Box 1378
Davidson, NC 28036

RE: Property located at White Birch Terrace 15
FILE: 4033A
PARCEL: 00716213 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14724) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14724

File: 4033A Action 1

Parcel: 00716213 PO ☐ PC

Location: White Birch Terrace

Subdivision:

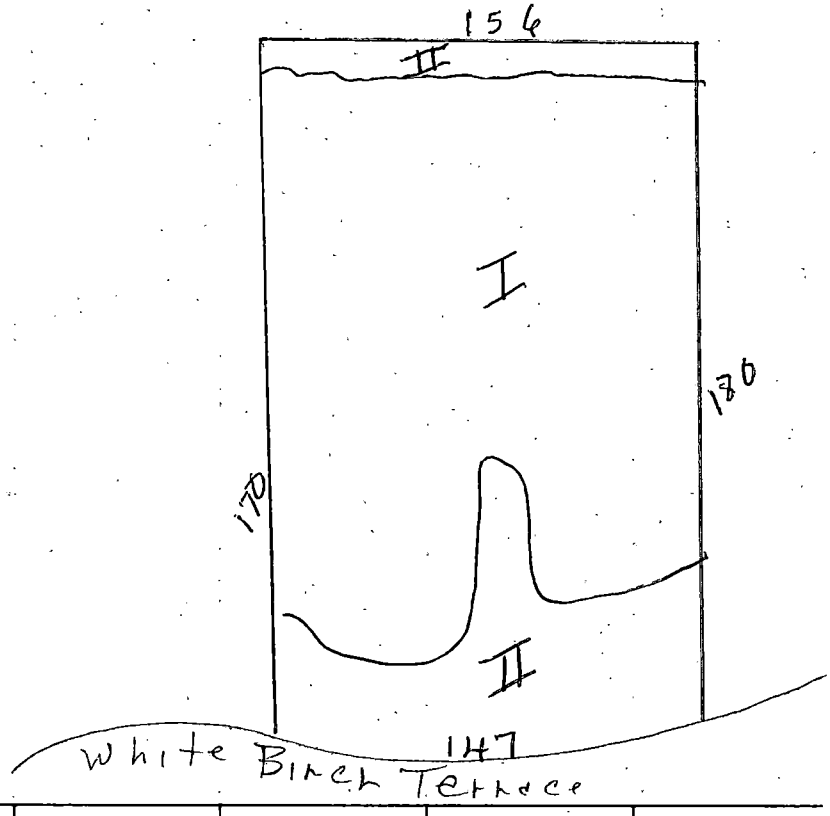
Lot: 15 Block: Acres: .6

Owner: Robert B. Bowman
Address: P. O. Box 1378
Davidson, NC 28036

Comments: ~~Lift Station~~ May be Required
* Restrictive Area – Limited Area
New lot

Described by: W. B. Ramsey

Date: 10-26-87



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-10	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	S PS U
Structure	S (PS) U	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	S PS U
Depth	S (PS) U 40-48	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	S PS U
Available Space	S (PS) U *	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	S PS U
Soil Group/Series	IVa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

10/19/87 JK
Pd #113

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

(OFFICE USE ONLY)

FILE: 4033A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ~~OFF EAST ROCKY ROAD~~ WHITE BIRCH TERRACE

② SUBDIVISION: PAGES POND ③ LOT: ~~00~~ 15 ④ BLOCK: 162

⑤ PARCEL REFERENCE: OUT OF: BOOK NO.: 07 PAGE NO.: 16 PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

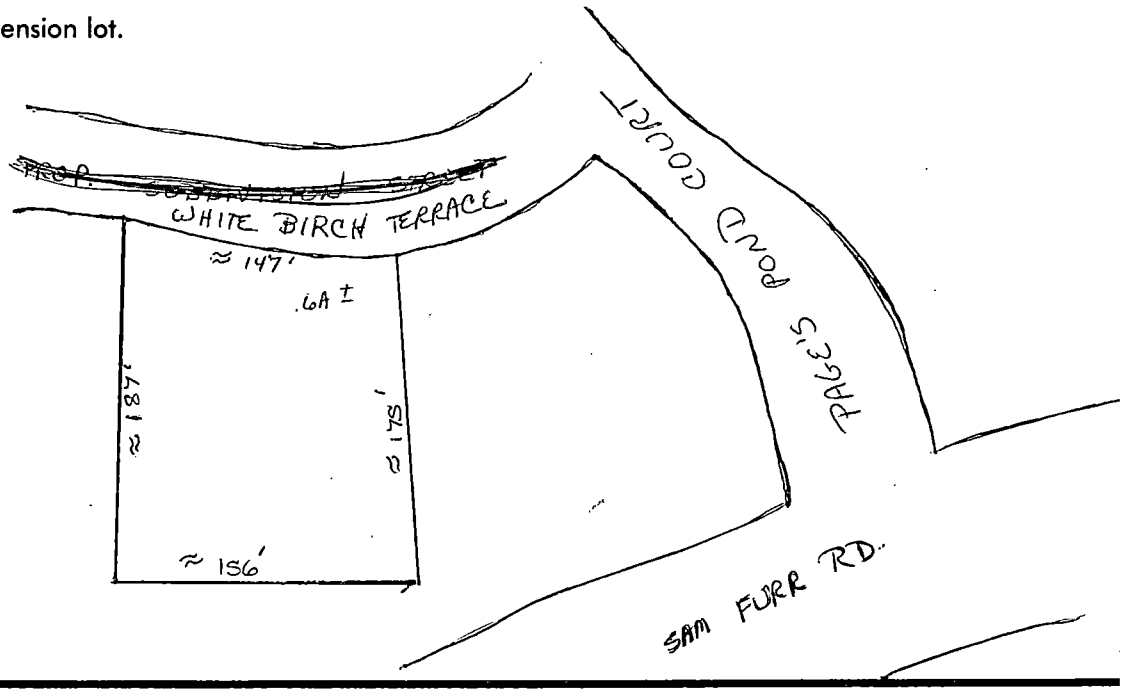
⑦ NAME: ROBERT B. BOWMAN
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO Box 1378

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 704-892-1886 (HOME) 704-875-2194

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 8/5/87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

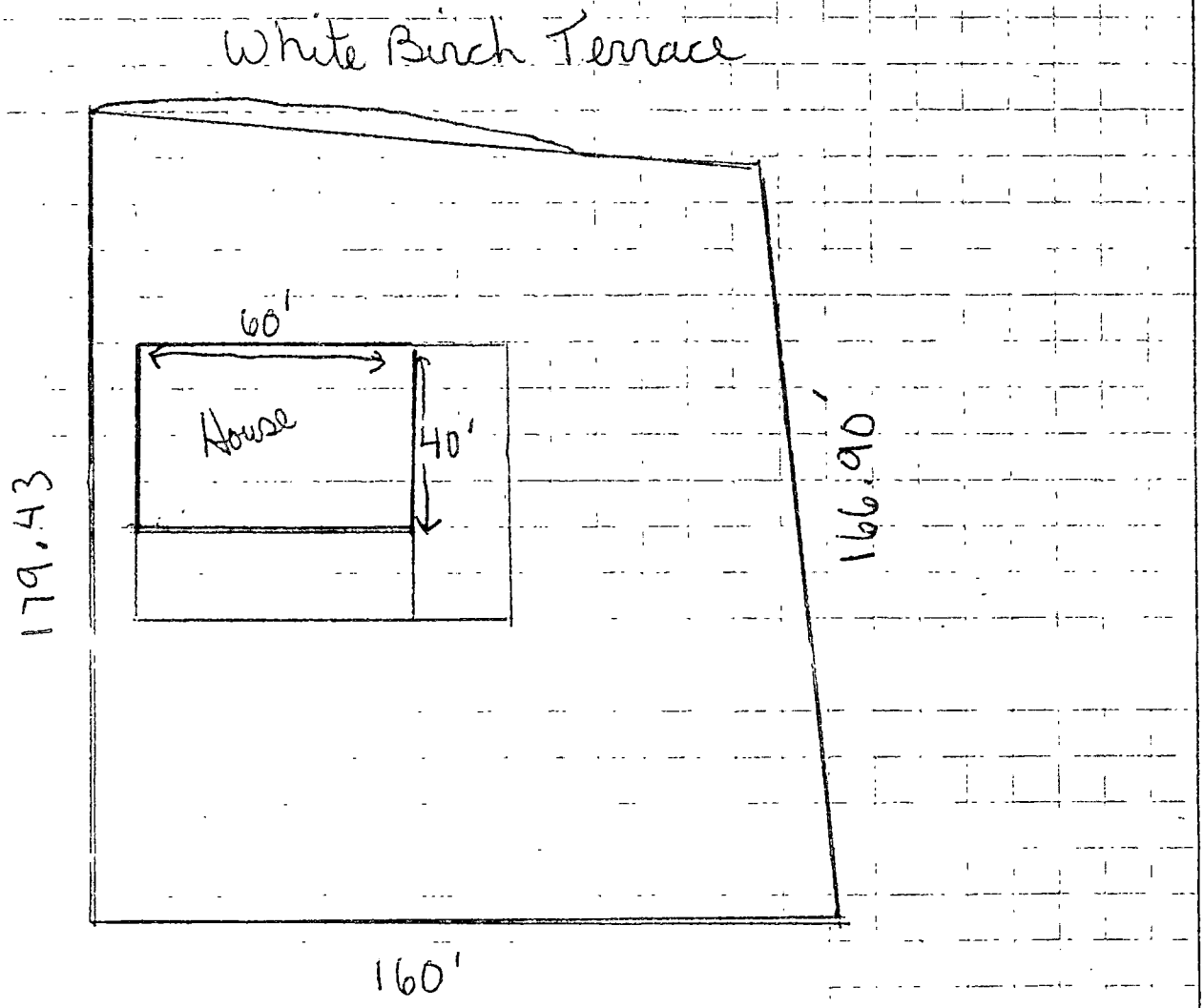
PROPOSED PLOT PLAN

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

FILE: 40337

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.



APPROVAL DATE _____

Mecklenburg County
Health Department

February 2, 1999

K. Curtis and Lou Ann Hippensteel
13308 White Birch Trail
Davidson, NC 28036

Dear Mr. and Mrs. Hippensteel:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. Your $85.00 will be used to establish an automated file system, create a geographical information system link, and more importantly, redirect our services for the greater good of the community. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Hippensteel

13308 White Birch

896-3176

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
4033 A — Permit/Project No.
13308 White Birch Trail — Location
residence — Name of Establishment
Type of Establishment
480 gpd — Design Flow
K. Curtis & Lou Ann Hippensteel — Owner/Agent
13308 White Birch Trail, Davidson — Address
896-3176 — Phone
N/A — Operator
Address
Phone
Remarks IIIb

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	Did not observe tees
Tanks pumped, cleaned out as needed?	☐	☐	Recommend pumping
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: ____ ____ ____ ____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☑	Sewage surfacing when pump is activated
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	Could be a problem here
Distribution devices in good condition, working properly?	☐	☐	
Repair area properly reserved, maintained?	☐	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Drainlines are not saturated - effluent surfacing near distribution box

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Make repairs to supply line / drainfield	30
Repairs completed last of March - not bound N. Box.	

DATE: 2-11-99 SIGNED: Larry B. Thompson Jr., R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Davis Residence **Name of Establishment**	4033A **Permit/Project No.**
13308 White Birch Tr., Davidson 28036 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Richard Davis **Owner/Agent**	Same as location address **Address**	(704) 895-9417 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	2/10/2010 **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. Setic tank not uncovered for
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	inspection.
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?	☐	☒	☐	5.a. Measured 5" of solids in pump tank Recommend pumping both tanks.
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?	☐	☒	☐	5.A.c. Pump control float not properly
d. Control panel enclosure/components in good condition?	☒	☐	☐	set. Recommend resetting float to level
e. Elapsed time readings: _____ _____ _____ _____				that keeps pump submerged in tank.
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?	☐	☐	☒	

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:

No problems detected with system operation at the time of inspection.

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

Pump septic and pump tanks out. The MCHD recommends having the tanks pumped every 3 to 5 years to remove excess solids.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

1. Extend pump tank riser to 6" above finished grade.
2. Extend outdoor control box to 12" above finished grade.

*Adjust pump control float so that pump remains submerged at all times.

Riser lid bolts were rusted. Bolts broke during removal, replaced with stainless screws.

DATE: 2/14/2005

SIGNED: _____ AGENT

Division of Environmental Health

Mecklenburg Country Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

IIIb inspection

Microbiological Analyses

Owner, System or Establishment: Curtis Hippensteel

Address: 13308 White Birch Trail

Davidson, NC Zip: 28036

Collected By: L. Thompson

Date Collected: 2-11-99 Time: 12:30 AM (PM)

Sample Source: kitchen tap

Date Delvd. to Lab: 2-11-99 Time: 2:51 AM (PM)

Delivered By: L. Thompson ☒ Delivered on Ice Initials LBT

Type of Sample

Potable Water

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ Chlorinated ☒ Nonchlorinated

☑ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (specify)

Analysis Requested: ☑ Total Coliform ☒ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify) (septic)

Comments: System malfunctioning when pump is activated.

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform Absent / 100 ml.

Fecal Coliform Absent / 100 ml.

Fecal Strep ____ / 100 ml.

Enterococcus ____ / 100 ml.

Non-Coliform ____ / 100 ml.

Plate Count ____ / gm. or ml.

Coliform Count ____ / gm. or ml.

Pseudomonas aeruginosa ____ / 100 ml.

Laboratory Comments:

Date Received: 2-11-99

Received By: MS

Date Reported: 2-12-99

Analyst: MS Lab #: 776

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319 White - Lab Report Copy Yellow - Lab File Copy

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

K. Curtis & Lou Ann Hippensteel
13308 White Birch Terrace
Davidson, NC 28036

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
K. Curtis & Lou Ann Hippensteel	13308 White Birch Terrace	007-311-02	4033A	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

RECEIVED
85.00
Chk# 1383
2/8/99
JC

BILL INFORMATION

Billing Date	Payment Due Date
2/2/99	3/2/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☒ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date: 01/31/05
Receipt #: 31379
Check / Auth #: CHECK 3154
Received By: CRAIGGY

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DAVIS RICHARD F
Attn:
Address: 13308 WHITE BIRCH TERRACE
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE # 4033A TEL #704-895-9417		1	85.00	85.00

----------Outstanding Balances----------

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 2/5/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 047-311-02

ASSIGNED ADDRESS 13308 Coker Birch Dr

EXISTING ADDRESS Lot 15

PROJECT NAME YMCA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
SUBDIVISION REGULATIONS		*
ROADWAY ALIGNMENTS		*
EROSION CONTROL REGULATIONS		*
PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
PUBLIC UTILITY EASEMENT	*	
[illegible]	*	
[illegible]	*	

[illegible] will be required to determine [illegible] permit can be issued by Building Standards for this site.

SIGNED: [signature]

THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN [illegible] PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS *

FORM 100