

8100 E INDEPENDENCE BV

19308104

7/9/08

marliwr

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

14085

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

193-08104

1st QTR

Name and Address of System Manager	Date of Inspection	☒ 6 Mo. ☐ Follow-up ☐ 12 Mo. ☐ Service Call
TRI-COUNTY WASTEWATER P.O. Box 1830 Indian Trail, NC 28079 (704) 821-8841	2-15-01	
	County: Mecklenburg	System Classification & Type: TF

Stegall Trucking
8100 E. Independence Blvd
Charlotte NC 28227

Location of System

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	✓	6"
Signs of infiltration?	✓	Water Depth		
Tanks and access structurally sound?	✓	Septic Tank Needs Pumping		
Sanitary tee(s) in good condition?	✓			
Effluent filter cleaned?	/			
Effluent filter in good condition?	/			

TANKAGE (~~grease traps~~) oil/water separator

			Scum Level	Sludge Level
Grease trap risers accessible?	✓	Grease Trap		6"
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?		Corrected Today	
Laterals free of excess solids?	/		
Laterals flushed this inspection?	/		
Pressure head is properly adjusted?	/	Corrected Today	

Pump Tank Size _____ 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
		N/A		

RECOMMENDATIONS TO OWNER:

Everything looks good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Gentry

pd. 100.00 CK# 147820

$100.00
Use Existing System

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12-03-99

☐ 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

14085A
4550

Date: 12/20/99

PERSON FILING APPLICATION:
NAME: STEGALL (last) JEFFREY (first) W (mi)
ADDRESS: PO Box 98 PHONE: (704) 536-1122
CITY: MATTHEWS STATE: NC ZIPCODE: 28106

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-081-04
STREET ADDRESS: 8100 E. INDEPENDENCE BLVD
CHARLOTTE NC 28227
ZONING:

PROPERTY OWNER:
NAME: STEGALL (last) TRISTON (first) G (mi)
ADDRESS: PO Box 98 PHONE: (704) 536-1122
CITY: MATTHEWS STATE: NC ZIPCODE: 28106

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 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):

[redacted]

☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or R)
☒ COMMERCIAL OR INDUSTRIAL (N)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
☐ 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 ☐ 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.

X Signed: [signature] X Date: 12/20/99

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

Environmentalist Date

WATER : 122791

Josh