

7611 MCWHIRTER RD

19703306

8/26/08

marliwr

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

Mecklenburg County
Health Department

August 16, 2002

Wanda Grant
7611 McWhirter Rd.
Charlotte, NC 28227

Dear Mrs. Grant:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 7611 McWhirter Rd., Charlotte, North Carolina, was completed on 7/29/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic samples were within the acceptable guidelines for private wells.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Microbiological Analysis Results
Inorganic Chemical Analysis Results
Septic System Owner's Guide

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment — 20722 Permit/Project No.
7611 MCWHIRTER ROAD — Location
RESIDENCE — Type of Establishment
360 GPD — Design Flow
WANDA GRANT — Owner/Agent
Address — Phone
N/A — Operator
Address — Phone
Remarks III b

	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?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
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?	☑	☐	PUMP & CONTROL CIRCUITS SHOULD BE PROVIDED WITHIN A WATERTIGHT CORROSION-RESISTANT, OUTSIDE ENCLOSURE (NEMA 4X OR EQUIVALENT).
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?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	*WHEN & IF YOU DECIDE TO LANDSCAPE OVER DRAINFIELD AREA, YOU SHOULD LIMIT ADDITIONAL SOIL COVER TO 6", AND ENCOURAGE GRASS COVER TO AID IN EVAPO-TRANSPIRATION OF GROUND MOISTURE.
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?	☑	☐	
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: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7/29/02 SIGNED: _____ AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

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 of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[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 on-site wastewater 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 wastewater 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 On-Site Wastewater 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: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

Field I.D.#: 208318 Dept.: ENV. HEALTH / JWNS
Project: PME
Site Sampled: WANDA GRANT
Address: 7611 MCWHIRTER RD.
Source Sampled: WELL HEAD ☒ Potable ☐ NonPotable
Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown
Sample Temperature: _____ °c

Sample Collected On:
Date: 7/29/02 Time: 10:30 ☒AM ☐PM
Collected By: _____ (Signature)

Relinquished to Lab On:
Date: 7/29/02 Time: 13:58 ☐AM ☒PM
Relinquished By: _____ (Signature)

Lab I.D. #: 7670
Rec d By: NGWell (Signature)
Date Rec d: 7-30-02
Time: 900

Sample Condition:
Temperature: 3 °C
Remarks _____
Data Qualifiers J

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: DAVID L. CORNELIUS

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA

Analytical Data Qualifiers:
A-Quality Control Measure for Method Blank failed
B-Quality Control Measure for Method Detection Limit Standard failed
C-Quality Control Measure for External Standard failed
D-Quality Control Measure for Method Precision failed
E-Quality Control Measure for Method Accuracy failed
F-Daily Seed Blank did not recover within method limits
G-Daily Standard did not recover within method limits
H-Quality Control Measure for Surrogate Standards failed

Chain of Custody Data Qualifiers:
J-Field temperature of sample not documented
K-Chain of custody incomplete
L-Sample containers incomplete
M-Sample containers overfilled
N-Parameter holding time exceeded upon receipt
O-Sample submitted with headspace
P-Preservative flushed from vial
Q-Sample not dechlorinated in field
R-Sample Rejected

Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192 SHADED AREA FOR LAB USE ONLY

Bacteriologicals
Total coliform ☒ Absent Colonies /100 mL
Fecal coliform ☐ _____ Colonies /100 mL
Fecal strep ☐ _____ Colonies /100 mL
E. Coli ☐ Absent Colonies/100 mL
E = Estimated

Miscellaneous
Asbestos ☐ _____ %
Chlorophyll a ☐ _____ ppb

Aggregate Organics
BOD_5 ☐ _____ ppm
COD ☐ _____ ppm
Oil and Grease ☐ _____ ppm
Phenol ☐ _____ ppm
Surfactant ☐ _____ ppm
TOC ☐ _____ ppm
TOX ☐ _____ ppb

Organics
Acid Herbicide ☐ See Report
PCB ☐ See Report
Pesticide ☐ See Report
Semivolatile ☐ See Report
TPH:
Diesel ☐ _____ ppm
Gas ☐ _____ ppm
VOC ☐ See Report

Inorganic Non Metals
Acidity ☐ _____ ppm
Alkalinity ☐ _____ ppm
Chloride ☐ _____ ppm
Color ☐ _____ units
Cyanide, Total ☐ _____ ppm
Fluoride ☐ _____ ppm
Hardness ☐ _____ ppm
Nitrogen, Ammonia ☐ _____ ppm
Nitrogen, Nitrate + Nitrite ☐ _____ ppm
Nitrogen, Nitrate ☐ _____ ppm
Nitrogen, Nitrite ☐ _____ ppm
Nitrogen, Total Kjeldahl ☐ _____ ppm
pH ☐ _____ units
Phosphorus, Ortho ☐ _____ ppm
Phosphorus, Total ☐ _____ ppm
Residue, Filterable ☐ _____ ppm
Residue, Suspended ☐ _____ ppm
Residue, Total ☐ _____ ppm
Specific Conductance ☐ _____ µmho/cm
Sulfate ☐ _____ ppm
Sulfide ☐ _____ ppm
Turbidity ☐ _____ NTU

Mineral Metals

Al ☐	_____ ppm	_____ ppb
Ca ☐	_____ ppm	_____ ppb
Cu ☐	_____ ppm	_____ ppb
Fe ☐	_____ ppm	_____ ppb
Mg ☐	_____ ppm	_____ ppb
Mn ☐	_____ ppm	_____ ppb
K ☐	_____ ppm	_____ ppb
Si ☐	_____ ppm	_____ ppb
Na ☐	_____ ppm	_____ ppb
Zn ☐	_____ ppm	_____ ppb

Toxic Metals
TCLP Metals ☐

Sb ☐	_____ ppb	_____ ppm
As ☐	_____ ppb	_____ ppm
Ba ☐	_____ ppb	_____ ppm
Be ☐	_____ ppb	_____ ppm
Cd ☐	_____ ppb	_____ ppm
Cr ☐	_____ ppb	_____ ppm
Co ☐	_____ ppb	_____ ppm
Pb ☐	_____ ppb	_____ ppm
Hg ☐	_____ ppb	_____ ppm
Ni ☐	_____ ppb	_____ ppm
Se ☐	_____ ppb	_____ ppm
Ag ☐	_____ ppb	_____ ppm
Tl ☐	_____ ppb	_____ ppm
V ☐	_____ ppb	_____ ppm

Remarks: _____

Date Completed: AUG 02 2002 Laboratory Director: _____

SAMPLE DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full-Do not overfill.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

SAMPLE COLLECTION:

For all types of samples: Drinking Water, Surface Water, Nondrinking Groundwater, Wastewater, Soils, Spills, Hazardous Waste-Use these bottles as specified.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	CONTAINER TYPE
ACIDITY	100 ML	28 DAYS	1000 ML-BLUE CAP
ALKALINITY	100 ML	28 DAYS	1000 ML-BLUE CAP
BACTERIOLOGICALS:			
FECAL COLIFORM-C	100 ML	6 HOURS	100 ML SNAP CAP
FECAL STREP-C	100 ML	6 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	100 ML	28 HOURS	100 ML SNAP CAP
E. COLI-C	100 ML	28 HOURS	100 ML SNAP CAP
BOD-A	1000 ML	48 HOURS	1000 ML-BLUE CAP
CHLORIDE	35 ML	28 DAYS	1000 ML-BLUE CAP
CHLORINATED PHENOXY ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
CHLOROPHYLL A	250 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML-ORANGE CAP
COLOR	50 ML	48 HOURS	1000 ML-BLUE CAP
CONDUCTIVITY	250 ML	28 DAYS	1000 ML-BLUE CAP
CYANIDE	1000 ML	14 DAYS	1000 ML-BLUE CAP
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML-BLUE CAP
HARDNESS	30 ML	28 DAYS	250 ML-RED CAP
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ARSENIC	20 ML	6 MONTHS	500 ML-WHITE CAP
BARIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CADMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CHROMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
COPPER	20 ML	6 MONTHS	500 ML-WHITE CAP
IRON	20 ML	6 MONTHS	500 ML-WHITE CAP
LEAD	20 ML	6 MONTHS	500 ML-WHITE CAP
MAGNESIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
MANGANESE	20 ML	6 MONTHS	500 ML-WHITE CAP
MERCURY	100 ML	28 DAYS	500 ML-WHITE CAP
NICKEL	20 ML	6 MONTHS	500 ML-WHITE CAP
POTASSIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SELENIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SILVER	20 ML	6 MONTHS	500 ML-WHITE CAP
SODIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ZINC	20 ML	6 MONTHS	500 ML-WHITE CAP
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,NITRITE	30 ML	48 HOURS	250 ML-ORANGE CAP
NITROGEN,NITRATE+	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,KJELDAHL	30 ML	28 DAYS	250 ML-ORANGE CAP
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML-BLUE CAP
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	250 ML-ORANGE CAP
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS,DISSOLVED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,SUSPENDED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,TOTAL	100 ML	7 DAYS	1000 ML-BLUE CAP
SULFATE	100 ML	28 DAYS	1000 ML-BLUE CAP
SULFIDE	100 ML	7 DAYS	1000 ML-BLUE CAP
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML-WHITE CAP
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 ML-BLUE CAP
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A=For these parameters, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B=VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST face the sample.

C=Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC=Labeled Container. Use only the containers specifically prepared for these analyses.

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 - PRIVATE WATER SYSTEM

Name of System: Grant, Wanda
Address: 7611 McWhirter Rd.
Charlotte, NC **Zip:** 28227

County: MECKLENB

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

ATTN: David L. Cornelius
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D.L. CORNELIUS **Date:** 7/29/02 **Time:** 10:30:00 AM
Location of sampling point: Well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	7	mg/l	7/31/02
Silver	<0.05	mg/l	7/31/02
Alkalinity as CaCO3	26	mg/l	7/31/02
Arsenic	<0.001	mg/l	7/31/02
Barium	<0.1	mg/l	7/31/02
Calcium	6.1	mg/l	7/31/02
Cadmium	<0.005	mg/l	7/31/02
Chloride	<5	mg/l	7/31/02
Chromium	<0.01	mg/l	7/31/02
Copper	<0.05	mg/l	7/31/02
Fluoride	<0.20	mg/l	7/31/02
Iron	<0.05	mg/l	7/31/02
Hardness as CaCO3 (Ca,Mg)	23	mg/l	7/31/02
Mercury	<0.0005	mg/l	7/31/02
Magnesium	1.8	mg/l	7/31/02
Manganese	<0.03	mg/l	7/31/02
Sodium	6	mg/l	7/31/02
Lead	<0.005	mg/l	7/31/02
pH	6.9	Std. unit	7/31/02
Selenium	<0.005	mg/l	7/31/02
Zinc	<0.05	mg/l	7/31/02

Date Received: 7/31/02 **Report Date:** 8/13/02 **Reported By:** DJM
Today's Date: 8/13/02 **Ref:** 10386 **Login Batch:** 02070066 **Sample Number:** AA80298

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	0.05 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

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: Grant, Wanda
Address: 7611 McWhirter Rd.
Charlotte, NC
Zip: 28227
County: MECKLENB

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

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: David L. Corneliu
(704) 336-5101

Collected By: D.L. CORNELIUS
Date: 7/30/02
Time: 10:30:00 AM
Location of sampling point: Well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	7/31/02
Nitrate as N	1.35	mg/l	7/31/02

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: 10.5 °C
Date Received: 7/31/02
Report Date: 8/9/02
Reported By: DJM
Today's Date: 8/13/02
Reference: 10393
Login Batch 02070066
Sample Number: AA80305

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	0.05 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

COPY

Recd $85 chk# 8612 7/30/02 PC

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Wanda H. Grant
7611 McWhirter Rd.
Charlotte, NC 28227

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Wanda H. Grant	7611 McWhirter Rd.	19703306	20722	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/17/02

Payment Due Date: 8/17/02 **Past Due**

Direct Questions Concerning This Bill to .....(704) 336-5571

☑ *Please check if you have a well.*

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

DO NOT SEND CASH

1743

Mecklenburg County
Health Department

July 17, 2002

Wanda H. Grant
7611 McWhirter Rd.
Charlotte, NC 28227

Dear Ms. Grant:

Our records indicate that the fee payment for the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 7611 McWhirter Rd., Charlotte, NC is past due.

Please return the enclosed bill with payment by 8/17/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Wanda H. Grant
7611 McWhirter Rd.
Charlotte, NC 28227

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Wanda H. Grant	7611 McWhirter Rd.	19703306	20722	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/17/02

Payment Due Date: 8/17/02 **Past Due**

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

April 25, 2002

Wanda H. Grant
7611 McWhirter Road
Charlotte, NC 28227

Dear Ms. Grant:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 7611 McWhirter Road, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 9, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Wanda H. Grant
7611 McWhirter Road
Charlotte, NC 28227

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Wanda H. Grant	7611 McWhirter Road	19703306	20722	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/25/02

Payment Due Date: 5/25/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

February 1, 2000

Wanda H. Grant
7611 McWhirter Road
Charlotte, NC 28227

Dear Ms. Grant:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 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. 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, bacterial and inorganic samples 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,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Wanda H. Grant
7611 McWhirter Road
Charlotte, NC 28227

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
Wanda H. Grant	7611 McWhirter Road	197-033-06	20722	IIIB
			Total Amount Due: $85.00	

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2-1-00	3-3-00 *PAST DUE*

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
Health Department
700 North Tryon Street
Charlotte, North Carolina 28202-2236

Wanda H. Grant
7611 McWhirter Road
Charlotte, NC 28227

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Wanda H. Grant
7611 McWhirter Road
Charlotte, NC 28227

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
Wanda H. Grant	7611 McWhirter Road	197-033-06	20722	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
2-1-00	3-3-00 ***PAST DUE***

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20722 DATE: 4/25/97

TC: 19703306 ☒ L ☐ CRT

SERIAL Nº 16978

Name of Owner Keith Stiwalt Juris.: _____

Address of Property 7611 McWhirter Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 100'

Number of Lines 3 @ 33'

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 4/25/97

Tank(s) Inspected NA

Wash Line Inspected 4/25/97

High Water Alarm Inspected NA

97-033-06
Wanda H. Grant
7611 McWhirter Rd
Charlotte, NC
28227

PLOT

Design 1997, Repair to Washerline, 300SFB CTR# RCS

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 I5A 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 I5A 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: Repair to Washer line

Philip J. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

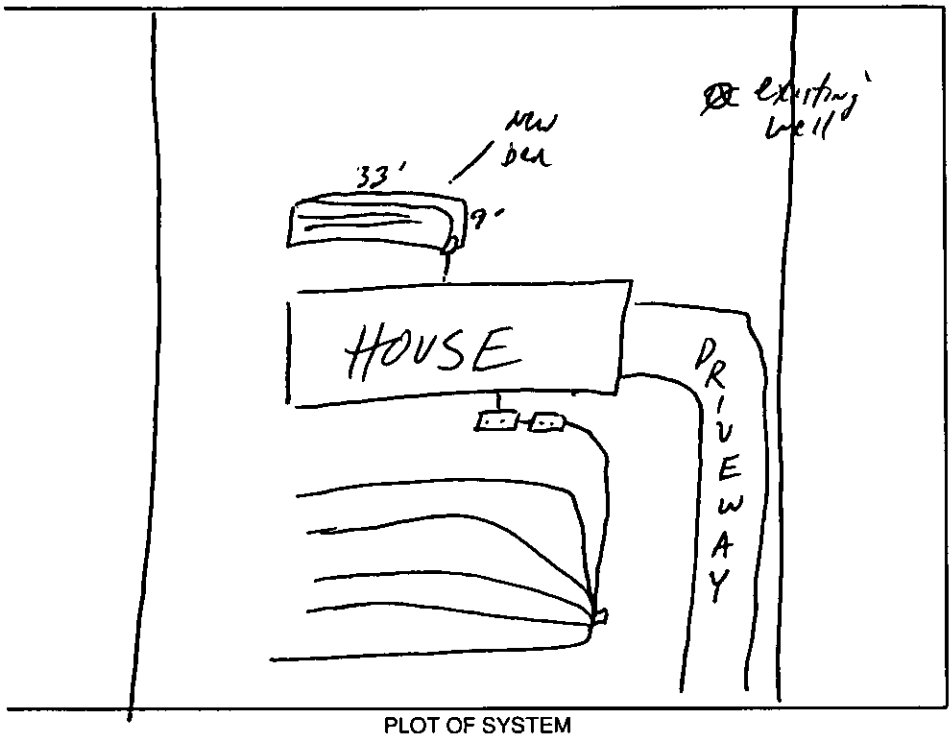
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20722 DATE: 4/23/97

TC: 197 033 06 FL

SERIAL Nº 17144

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 4/8/97. All work shall be completed on or before 5/23/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 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 Health Department 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 3 (33')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Keith Stiwalt

LOCATION OF PROPERTY 7611 McWhirter Rd

Comments: Bed system 9' wd x 33' long x 18" stone
Connect new bed for washer line | Keep septic system > 50' from existing well.

Philo S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: NA

DATE: _____

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

REPAIR

[ ] CRT

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

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

FILE #: 20722

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-033-06

STREET ADDRESS: 7611 McWhirter Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Stiwalt, Keith
(LAST) (FIRST) (MI)

ADDRESS: 7611 McWhirter Road

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 545-9446

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Keith M. Stiwalt DATE: 4-8-97

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