

9817 HARWOOD LN

03117212

7/8/08

marliwr

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

WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

file # 14053

Name and Address of System Manager

TCW WASTEWATER MANAGEMENT, INC.

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

704-821-8841

Name and Address of Owner

Gerald O. Barnes
9817 Harwood Ln.
Charlotte, NC 28214

Inspection Date: 2-26-06 Service Call ☐

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

Time: 8:30

Tech: RL TT

County: Mck

System Classification & Type

Surface Drip ☐

Sub-surface Drip —

Location of System:

Permit # Flow: 360 Bdrms: 3

Lot # Subdivision:

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

SEPTIC TANK

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

EFFLUENT DOSING STATION

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

	Elapsed Time:	Events	
Pump Run			
Spin Filter			Alarm Events
Zone Flush			
Zone 1	N/A	N/A	Running Amps
Zone 2			
Zone 3			Voltage V.
Zone 4			

HEADWORKS

~~Vortex~~ filter in good condition	Disc 2 ✓	
Vortex filter manually flushed	✓	
Valves in good conditon	✓	
Valves manually flushed	✓	

Flow Meter Reading: Current 1773891 Past 1465@7.03 Use ____ Days ____ GPD ____

Digital ____ or Analog ✓ Reset meter to zero? Yes ____ No ____

	#1	#2	#3	#4
Pump : per zone- DOSING GPM				
Pump : per zone- FLUSHING GPM				
Pressures: Dosing - Pre-filter:	N/A	N/A	N/A	
Dosing - Post-filter:				
Dose Drainfield:				
Flushing Drainfield:				

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

GROUND ABSORPTION FIELDS (general)

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

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

INSPECTION REPORT
PAGE 2
LOT_____
SUBDIVISION_____

Pre-Treatment Station

Number of Pods: 2 Sand Filter #2

Media in good condition	✓	Type of Media:
Media container in good condition	✓	
No ponding on surface of media	X	Raked Today
No excessive scum build up on surface	✓	
Equal distribution pattern	✓	
No orifices clogged	✓	
Piping network flushed?	No ✓ Yes___	
Does media need cleaning?	Yes___ No ✓	
Squirt height:	Observed: N/A	Adjusted to:

Processing Tank

VCOMM Panel # RTU _____

Tank Risers accessible	
No signs of infiltration	
Tanks & access structurally sound	
Effluent appears clear and free of solids	
Bio-Tube filter cleaned?	Yes___ No
Bio-Tube filter in good condition?	
Required pumps present & operating properly	
High water alarm operating properly	
Floats, pipes, valves, disconnects in good condition	
Control Panel enclosure/components in good condition	
Telemetry working properly	
RSV in good condition & operating properly	

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

Running Amps _____ Voltage _____ V.

Stinger Length: SS____20" S____24" OTHER _____" Float settings: 14", 15.5", 28"

UV Disinfection Station

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

Labs

Field:			
	Ammonia		
	Nitrate		
TDS _____	PH		
EC _____	Temp		

Certified:			
	Ammonia	BOD	
	Nitrate	TSS	
	Nitrite	Fecal	
	PH	TKN	

Collected Date: _____

RECOMMENDATIONS TO OWNER:

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC" Terry B Thomas