

8635 TODD RD

05538116

5/15/2007

duponbj

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

P-540 154 692

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 153-506

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.

12-10-92

Re: Tax Parcel 055-381-16 & 055-381-03
Appl. for permit to repair field lines on
Existing Septic Tank System

I have talked with Mr. Robert Bregman concerning this project and he will be in contact to arrange to meet you on the property to discuss proposed repair.

Thank you sincerely for all of your help and consideration in this very important matter

Sincerely,
Linda L. Suttle
704-827-9051
704-638-9000

Robert Bregman
393-1405

3945A

File # 11176

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

COPY

PERSON FILING APPLICATION:
NAME: SUTTLE (last) BIRDIE (first) B (mi)
ADDRESS: 401 S. MAIN ST PHONE: 704 827-9051 work(mi) 704-638-9000
CITY: MT HOLLY STATE: NC ZIPCODE: 28120-1624

Date: 12/10/92

PROPERTY OWNER:
NAME: SUTTLE (last) BIRDIE (first) B (mi)
ADDRESS: 401 S MAIN ST PHONE: 704 827 9051 / 704 638 9000
CITY: MT Holly STATE: NC ZIPCODE: 28120-1624

PROPERTY INFORMATION (FROM ENGINEERING FORM):
055-381-16
TAX/PARCEL NUMBER: 055-381-03
STREET ADDRESS: 8728 + 8732 Tuckaseegee
Charlotte NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: NA

LOT NUMBER: LOT SIZE (in acres): 1.44 + 1 AC

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[X] REPAIR TO SYSTEM (R) repair field lines of existing system

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Warehouses # Employees 1 Per Shift 1 0 0
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type NA

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] 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
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms
[] None [X] Other Warehouses with 1-4 units each unit / 1 single toilet + sink

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: Birdie B. Suttle Date: 12/10/92

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

_____ Director or Authorized Section Head Date

WATER : 122791

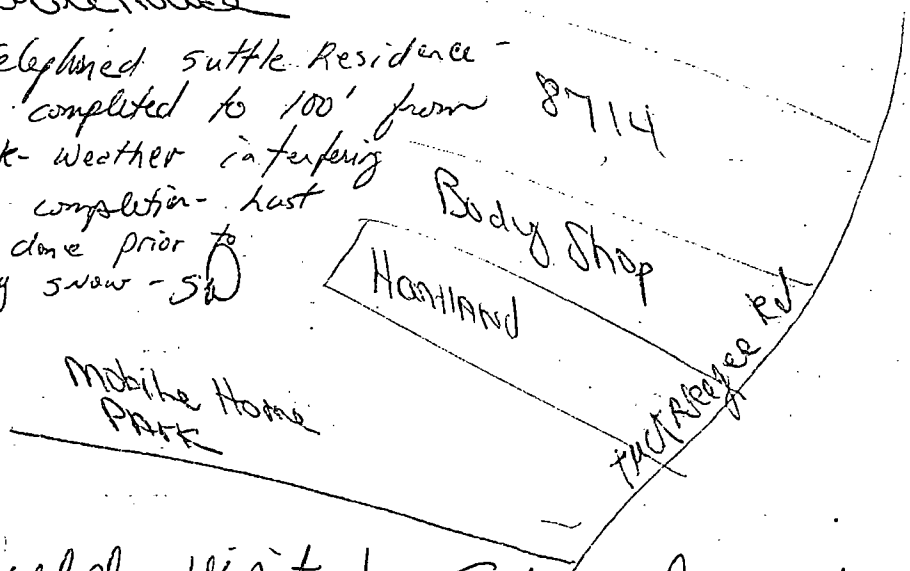
10/7 phoned Mrs Suttle - Advised 5 more days on Common Summons - She is going to check on City Sewer

12/10 Repair permit issued. Also A Survey of Property is to be conducted to ascertain property lines.

12/22 Spoke w/Dennis Joye about repair area & tying into Town line

1/13 Spoke w/Dennis Joye Days line is to be extended to their property - He has 130' to go - They have a Trash pile that has to be removed 1st Mr. Joye is doing entire job - He estimated 30 days to complete Clean up 130' extension & hookup to Suttles warehouse

1/21 - Telephoned Suttle Residence - line completed to 100' from Bank - Weather interfering with completion - last work done prior to heavy snow - 5"



6/16/88 Field visit to SPAR Industries Connection to Sewer completed

A.J

Mecklenburg County
Health Department
ENVIRONMENTAL HEALTH DIVISION

LOG NO: [ ]

REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

DATE: 01 / 26 / 88 (MONTH / DAY / YEAR)

SECTION: OPWD (AQ, WQ, FOOD, DC, MILK, POC, S&HW, OPWD, VCI)

TO: **DIRECTOR**

Request approval for initiation of (circle one): CS, CW, AI, CV, OTHER: _____

Against: BIRDIE B SUTTLE

Violation: Sewage — G.S. 130A-335 & 10 NCAC 10A .1961 (2) (1)

Circumstances: (Outline Briefly) System MALfunctioning OFF And on Since August 1987 Owner indicated City Sewer line (Privately owned Line ~~[illegible]~~ Construction underway on Land Adjacent to her Property, Owner is Ill And he is Willing to Allow her To tie into this line. Unable to Obtain Confirmation in this. Out Standing Since September, 1987.

Judy J. Kisiel R.S.
ENVIRONMENTALIST

Violation Notices (Date & Results):

1st Letter 9/14 - 9/18 Application to repair Submitted. She Advised Water Leak At Their line -
10/1 Site Visit After WATER Leak Repair - System Still leaking
12/10 Repair permit Issued / Not Repaired As of 1/25/88

Other Contacts: 12/22 Spoke with Plumbing Contractor installing Sewer Line Property owner is trying to tie into - both indicated it will Take At least 31 days However No Confirmation She will be Allowed to TIE IN.

Approved for proceeding with action:

Supervisor: Jim Ervin DATE: 1-27-88

Ass't Director: Robert Cole DATE: 1-29-88

Director: Brian J. Wells DATE: 02/01/88

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.

BIRDIE BINGHAM SUTTLE

401 South Main Street, Mt. Holly, North Carolina 28120 *(704) 827-9051*

Tel.
Left message
on service

January 10, 1988

Mrs. Judy Kiser, Reg. Sanitarian
On Premesis Waste Disposal Section
Mecklenburg County Dept. of Environ. Health
1200 Blythe Blvd
Charlotte, North Carolina 28203

Dear Mrs. Kiser,

As per my previous letters of November 09, 1987 and December 11, 1987, I have made arrangements to tap into the private sewerage line of Suttle Trailer City which is under construction adjacent to my property at 8732 Tuckaseegee Raad (parcel 055-321-26). This line will tap into the Charlotte-Mecklenburg Utility Department sewerage system. Construction of this line, survey to determine property lines, and the placement of sewerage line from the building on my property to the location of the tap have been delayed by inclement weather but will be completed as soon as weather conditions permit.

Thank you for your help and consideration in this important matter.

Sincerely,

Birdie B. Suttle

Encl: 2

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 14 1988
ENVIRONMENTAL HEALTH
DIVISION

401 S. Main Street
Mt. Holly, North Carolina 28120
December 11, 1987

Mrs. Judy K. Kiser, Reg. Sanitarian
On Premesis Waste Disposal Section
Mecklenburg County Deptartment of Environmental Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Dear Mrs. Kiser,

As per our conversation yesterday and in early November reguarding the septic tank problem at 8732 Tuckaseegee Rd (parcel 055-321-26), Charlotte, North Carolina, I have made arrangements to tap into the sewerage line of Suttle Trailer City which will run adjacent to my property. This line will tap into the Charlotte-Mecklenburg Utility Department sewerage line. Construction of this line has begun and completion is expected by the end of December, 1987. I have also made arrangements to have the connecting lines laid for the tap. I have also, per your request, contacted Autry Sewer Services about septic tank repairs as a contingency plan in the event I am unable to complete the tap as planned.

Thank you for your help and consideration in this important matter.

Sincerely,

Birdie B. Suttle

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

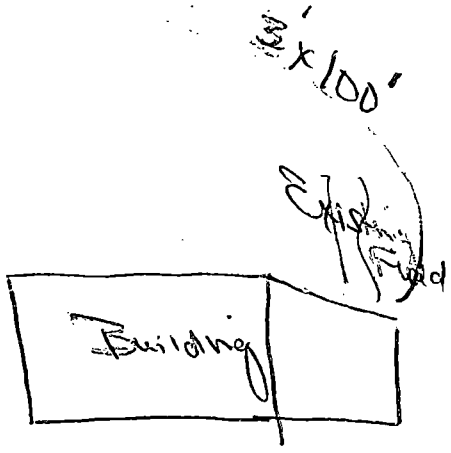
FILE: 3945A DATE: 12/10/87

TC: 055-3812b ☐ L

SERIAL № 11483

CRT.

Permission is hereby given to ____ Install or Construct, L 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 11/9/87. All work shall be completed on or before 12/31, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 ____

Repair

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100 feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well City Water feet

NAME OF OWNER Suttle Bindia

LOCATION OF PROPERTY 8728 Tuckaseegee Rd

Comments: Tie into distribution box run 1 Trench 3½ x 100', 12" Stone

Division or Section Head

Environmentalist Judy J. Kuss R.S.

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

NOV 10

ENVIRONMENTAL HEALTH
DIVISION

401 S. Main Street
Mt. Holly, North Carolina 28120
November 09, 1987

Judy K. Kiser, Reg. Sanitarian
On Premises Waste Disposal Section
Mecklenburg County Dept. of Environmental Health
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Dear Ms. Kiser,

As per our recent conversations regarding the septic tank problem at 8732 Tuckaseegee Road (parcel 055-381-26), Charlotte, North Carolina I am notifying you that we do plan to connect with the sewerage lines of Suttle Trailer City which adjoins the property and which connect with the Mecklenburg County system. We were advised by the contractor running the lines that they would be finished the latter part of November. Because of scheduling conflicts and out of town engagements I have been unable to get with Mrs. Suttle to obtain a written statement of this agreement but will continue to attempt to do so and will forward that on to you when obtained.

Thank you for your cooperation in this important matter. I do realize the importance of the matter and feel that this will be the best and most workable solution.

Sincerely

Birdie B. Suttle

Birdie B. Suttle

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 3945A
TC: _____
SERIAL: Nº 14485

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 17 1987
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 8732 Tuckaseegee Road (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 055-381-26

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Birdie B. Suttle (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 401 S. Main Street

⑩ CITY: Mt. Holly ⑪ STATE: NC ⑫ ZIP: 28120

⑬ PHONE: (WORK) 704-827-9051 ⑭ (HOME) 704-827-9051

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☒ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms? _____

㉓ Maximum occupancy? _____

㉔ Basement? ☐ yes ☐ no

㉕ Type? light Industrial

㉖ Maximum number of employees? 12

㉗ Maximum number of seats? 4

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☒ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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: Birdie B. Suttle

Date: _____

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Birdie B. Suttle
401 S. Main Street
Mt. Holly, N. C. 28120

4. Article Number
P 540 154 672

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X Birdie B. Suttle

6. Signature — Agent
X

7. Date of Delivery
4-12-87

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
- **Complete items 1, 2, 3, and 4 on the reverse.**
- **Attach to front of article if space permits, otherwise affix to back of article.**
- **Endorse article "Return Receipt Requested" adjacent to number.**

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 16 1987
ENVIRONMENTAL HEALTH
DIVISION

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

Judy J. Kiser
Mecklenburg County Health Department

1200 Blythe Boulevard

Charlotte, N. C. 28203

MECKLENBURG COUNTY

Department of Environmental Health

September 14, 1987

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Birdie B. Suttle
401 S. Main Street
Mt. Holly, NC 28120

Dear Ms. Suttle:

During a recent investigation of your property at 8732 Tuckaseegee Road (parcel 055-381-26), Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that effluent was leaking to the surface of the ground, creating an insanitary condition. This is in violation of the General Statutes of the State of North Carolina and the regulations as prescribed by Mecklenburg County.

You are hereby given notice to correct this situation by September 28, 1987. Legal action may be taken if you fail to correct this situation.

An application to repair is enclosed for your convenience. Fill out the application to repair and return it to this department. After the completed application to repair has been received in this office, you may reach me at 376-4603 to set up an appointment to permit the needed repair.

Sincerely,

Judy J. Kiser
Registered Sanitarian
On Premises Waste Disposal Section

(Dilution for Septic Tank Work Verification)

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL LABORATORY

101037

Field I.D. #

Sampled Heartland Spar Industries

Address 8732 Tuckaseegee Rd

Source Sampled Surface

Sampled By J Kiser

Date Sampled 8/27/87 Time 1140 ☐AM ☐PM

Delivered to Lab On:

Date 8/27/87 Time 4 00 ☐AM ☐PM

Delivered By J Kiser

Lab I.D.# 7607

Rec'd By Gamble

Date Rec'd AUG 27 1987

Time 1615 ☐A ☐P

I PHYSICAL PROPERTIES

Color ☐ ____ units
Conductivity ☐ ____ umho/cm
Dissolved Solids ☐ ____ ppm
Volatile ☐ ____ ppm
Fixed ☐ ____ ppm
Suspended Solids ☐ ____ ppm
Volatile ☐ ____ ppm
Fixed ☐ ____ ppm
Total Solids ☐ ____ ppm
Volatile ☐ ____ ppm
Fixed ☐ ____ ppm
Temperature ☐ ____ °C
Turbidity ☐ ____ JTU
Hardness ☐ ____ ppm
____ ☐ ____

VI CHEMICAL COMPOSITION

Organic ☐ ____ %
Inorganic ☐ ____ %
Moisture ☐ ____ %

VII RADIOACTIVITY

Water
Gross Alpha ☐ ____ pCi/l
Gross Beta ☐ ____ pCi/l
Air
Gross Alpha ☐ ____ pCi/m³
Gross Beta ☐ ____ pCi/m³

II NON-METAL INORGANICS

Acidity ☐ ____ ppm
Alkalinity ☐ ____ ppm
pH ☐ ____ units
Chloride ☐ ____ ppm
Chlorine, Residual ☐ ____ ppm
Dissolved Oxygen ☐ ____ ppm
Fluoride ☐
spadns ____ ppm
electrode ____ ppm
Nitrate, NO_3-N ☐
UV spec ____ ppm
chromotrophic acid ____ ppm
Ammonia Nitrogen, NH_3-N ☐
titrimetric ____ ppm
nesslerization ____ ppm
Kjeldahl Nitrogen ☐ ____ ppm
Bromide ☐ ____ ppm
Total Phosphorus, P ☐ ____ ppm
Orthophosphorus, PO_4-P ☐ ____ ppm
Sulfate, SO_4-S ☐
gravimetric ____ ppm
turbidimetric ____ ppm
Sulfide ☐ ____ ppm

VIII BACTERIOLOGICALS

Fecal Coliform ☑ TNTC /100ml
Total Coliform ☐ ____ /100ml
Non-Coliform ☐ ____ /100ml
Fecal Strep ☑ 190,000 /100ml
____ ☐ ____ /100ml

III ORGANICS

GC/MS Scan ☐ ____ ppm
Oil & Grease ☐ ____ ppm
Organic Acids ☐ ____ ppm
Phenol ☐
direct photometric ____ ppm
chloroform extraction ____ ppb
PCB ☐ ____ ppb
BOD ☐ ____ ppm
COD ☐ ____ ppm
Surfactants ☐ ____ ppm

IV MINERAL METALS

Cu ☐ ____ ppm
Fe ☐ ____ ppm
Mn ☐ ____ ppm
Zn ☐ ____ ppm
Mg ☐ ____ ppm
Ca ☐ ____ ppm
Ni ☐ ____ ppm
K ☐ ____ ppm
Na ☐ ____ ppm

V TOXIC METALS

Ag ☐ ____ ppb
As ☐ ____ ppb
Ba ☐ ____ ppb
Cd ☐ ____ ppb
Cr ☐ ____ ppb
Hg ☐ ____ ppb
Pb ☐ ____ ppb
Se ☐ ____ ppb

REMARKS: ____

Analyst AUG 31 1987 Date

DATE COMPLETED: ____ LAB DIRECTOR ____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL LABORATORY

(Septic Tank Work Verification)

401037

Lab I.D.# 7607

Rec'd By Bramble

Date Rec'd AUG 27 1987

Time 1615

Delivered to Lab On:

Date 8/27/87 Time 4:00 ☐AM ☑PM

Delivered By J Kiser

Surface

Kiser

Time 1140 ☐AM ☑PM

Pond Spar Industries
2 Turkeycock Rd

I PHYSICAL PROPERTIES

- Color ☐ _____ units
- Conductivity ☐ _____ µmho/cm
- Dissolved Solids ☐ _____ ppm
  - Volatile ☐ _____ ppm
  - Fixed ☐ _____ ppm
- Suspended Solids ☐ _____ ppm
  - Volatile ☐ _____ ppm
  - Fixed ☐ _____ ppm
- Total Solids ☐ _____ ppm
  - Volatile ☐ _____ ppm
  - Fixed ☐ _____ ppm
- Temperature ☐ _____ °C
- Turbidity ☐ _____ JTU
- Hardness ☐ _____ ppm
- _____ ☐ _____

II NON-METAL INORGANICS

- Acidity ☐ _____ ppm
- Alkalinity ☐ _____ ppm
- pH ☐ _____ units
- Chloride ☐ _____ ppm
- Chlorine, Residual ☐ _____ ppm
- Dissolved Oxygen ☐ _____ ppm
- Fluoride ☐
  - spadns _____ ppm
  - electrode _____ ppm
- Nitrate, NO_3-N ☐
  - UV spec _____ ppm
  - chromotrophic acid _____ ppm
- Ammonia Nitrogen, NH_3-N ☐
  - titrimetric _____ ppm
  - nesslerization _____ ppm
- Kjeldahl Nitrogen ☐ _____ ppm
- Bromide ☐ _____ ppm
- Total Phosphorus, P ☐ _____ ppm
- Orthophosphorus, PO_4-P ☐ _____ ppm
- Sulfate, SO_4-S ☐
  - gravimetric _____ ppm
  - turbidimetric _____ ppm
- Sulfide ☐ _____ ppm

III ORGANICS

- GC/MS Scan ☐ _____ pp
- Oil & Grease ☐ _____ pp
- Organic Acids ☐ _____ pp
- Phenol ☐
  - direct photometric _____ pp
  - chloroform extraction _____ pp
- PCB ☐ _____ pp
- BOD ☐ _____ pp
- COD ☐ _____ pp
- Surfactants ☐ _____ pp

IV MINERAL METALS

- Cu ☐ _____ p
- Fe ☐ _____ p
- Mn ☐ _____ p
- Zn ☐ _____ p
- Mg ☐ _____ p
- Ca ☐ _____
- Ni ☐ _____
- K ☐ _____
- Na ☐ _____

V TOXIC METALS

- Ag ☐ _____
- As ☐ _____
- Ba ☐ _____
- Cd ☐ _____
- Cr ☐ _____
- Hg ☐ _____
- Pb ☐ _____
- Se ☐ _____

VI CHEMICAL COMPOSITION

- Organic ☐ _____ %
- Inorganic ☐ _____ %
- Moisture ☐ _____ %

VII RADIOACTIVITY

Water
- Gross Alpha ☐ _____ pCi/l
- Gross Beta ☐ _____ pCi/l

Air
- Gross Alpha ☐ _____ pCi/m^3
- Gross Beta ☐ _____ pCi/m^3

VIII BACTERIOLOGICALS

- Fecal Coliform ☑ TNTC /100ml
- Total Coliform ☑ _____ /100ml
- Non-Coliform ☐ _____ /100ml
- Fecal Strep ☑ 190,000 /100ml
- _____ ☐ _____ /100ml

REMARKS: _____

Analyst _____ Date AUG 31 1987

DATE COMPLETED: _____ LAB DIRECTOR _____

SERVICE REQUEST/WORK ORDER

Emergency? Y N

Date: 8/25/87
Hour: 11:40
Section: OPWD
Log No.: 618

REQUESTING PERSON: Roger Holland Tel. No. 394-7727
Address Hartland Spar Industries City 529-6774 Zip 8-5

PROPERTY CONCERNED: Facility Name
Address 8732 Tuckaseegee Rd. City Zip

SERVICE REQUESTED: SEPTIC MALFUNCTION

ASSIGNED TO: Kiser TAKEN BY: JR

DATE	ACTIVITY REPORT
8/27	Site visit, Surface Sample Collected Standing water in Ditch - No Odor - Could not Actually See drainfield or Tank due to tall weed growth - Advised Mr. Holland to Cut While We Are Awaiting results of Sample
9/1	Sample Results Show Fecal
9/4	Site Visit to determine Actual Location for Confirmation Through Tax Map for Property Owner Birdie B Suttle 401 S. Main St. Mt. Holly 28120
9/14	Violation Letter 055-381-26
9/18	Received Application to repair / Attempted to reach by Phone / Lft message w/ Service Mrs Suttle called - Says water leak at System - No water bill - They received water leak - I will follow-up Condition of System & Notify her.
9/25	~~Spoke to~~
10/1	Site Visit System Still Malfunctioning (over)

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: [signature] 10-17-85 RECALL DATE:

Section Head's Signature Date