

2733 RICE RD

19353214

8/19/08

marliwr

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

Jonathan G. Van de Lee
2733 Rice Rd
Matthews, N.C.
28105

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

May 24, 2005

Jonathan Van De Riet
2733 Rice Road
Matthews, NC 28105

Dear Mr. Van De Riet:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 2733 Rice Road on May 18, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for resampling your well, one time, for total and fecal coliform bacteria.

A copy of the septic system inspection report is also being included for your review.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

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

Enclosures (3):

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 5/23/2005 11:52 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-18632
LOC ID: G-GWS
SAMPLE DATE-TIME: 5/18/2005 15:15
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB36998
CHAIN OF CUSTODY #: 05050390

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB36998	E. COLI-PA	Absent	P/A		SM 9223B	5/19/2005 9:30	RDW
AB36998	Total Coliform	Present	P/A		SM 9223B	5/19/2005 9:30	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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 2733 Rice Rd., Matthews, NC 28105

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 05050390

Sampled By (Print Name): Trevor Thomason

NB36998

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-18632	TCT	15:15 5/18/2005		N		10.1				X	100 ml		1						X	X	X											

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		5/19/05	0905
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 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Van De Riet Residence **Name of Establishment**	18632 **Permit/Project No.**
2733 Rice Rd., Matthews 28105 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Jonathan Van De Riet **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	N/A **Address**	**Phone**
IIIb **System Type**	5/18/2005 **Date of Inspection**	May 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. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
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?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. High water alarm float
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	not properly secured.
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
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 ground surface at time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Properly secure high water alarm float inside pump tank.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

DATE: 5/19/2005

SIGNED: _____ AGENT

Division of Environmental Health

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 2733 Rice Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by April 24, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Jonathan G. Van de Riet
2733 Rice Road
Matthews, NC 28105

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
Jonathan G. Van de Riet	2733 Rice Road	193-181-53	18632	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
1-20-00	2-21-00 *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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

OWNER:
Jonathan G. Van de Riet
2733 Rice Road
Matthews, NC 28105

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	# of Bedrooms
Jonathan G. Van de Riet	2733 Rice Road	193-181-53	18632	IIIb	3
				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
1-20-00	2-21-00

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

January 20, 2000

Jonathan G. Van de Riet
2733 Rice Road
Matthews, NC 28105

Dear Mr. Van de Riet:

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

III b

Owner, System or Establishment: Jonathan Vande Reit

Address: 2733 Rice Road

Matthews, NC Zip: 28105

Collected By: L. Thompson

Date Collected: 5-4-00 Time: 2:40 AM (PM)

Sample Source: Well tap

Date Delvd. to Lab: 5-4-00 Time: 3:40 AM (PM)

Delivered By: LBT ☐ Received 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
- ☐ Storm
- ☐ Other (specify) _____

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

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Present /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: 5/4/00 Date Reported: 5/5/00

Received By: NG Analyst: NG Lab #: 614

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

Mecklenburg County
Health Department

May 10, 2000

Jonathan G. Van de Riet
2733 Rice Road
Matthews, NC 28105

Re: Water Sample Results/Septic Inspection

Dear Mr. Van de Riet:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on May 4, 2000 in addition to the subsurface wastewater system inspection results.

The laboratory analysis of the well water sample was reported to be positive for coliform bacteria. The presence of coliform bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory.

Your prompt attention to the suggested improvements to your septic system is appreciated. The recommendations that have been made are intended to protect your investment and minimize the possibility of a septic system malfunction.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

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

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

Enclosures

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
18632 — Permit/Project No.
Name of Establishment: residence
2733 Rice Road — Location
Type of Establishment
360 gpd — Design Flow
Jonathan G. Van de Kiel, 2733 Rice Road, Matthews 28105 — Owner/Agent, Address, Phone
None - IIIb — Operator
Address
Phone
Remarks

	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?	☐	☑	Pump tank contained approximately 6" of suspended solids - time to have both tanks pumped out. Suspended solids will lead to a premature system failure.
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?	☑	☐	
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?	☑	☐	
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 Sewage Surfacing.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump out both the Septic and the pump tanks	30

DATE: 5-4-00 SIGNED: J B Thompson Jr. R.S. 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)

W&S

$150.00 CK# 11/81 5/8/97

18632

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

PERSON FILING APPLICATION:
NAME: Van de Riet (last) Jonathan (first) G. (mi)
ADDRESS: 2733 Rice Rd PHONE: (704) 845-5932
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-181-53
STREET ADDRESS: 2733 Rice Rd
ZONING: R-15

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached + Ann Ln

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: 3 NUMBER OCCUPANTS: 2

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 [] 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: Jon Van de Riet Date: 5-8-97

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 approval is granted by this Department.

...This permit is not transferable.

...5/12/97 OSR. Mrs. Van de Riet present. Approval to WKS for family room addition + detached garage. (No change in sewage flow)

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Family Room/Detached garage.

Lisa B. Mialik, RS 5/12/97
Environmentalist Date

WATER : 122791

4002

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

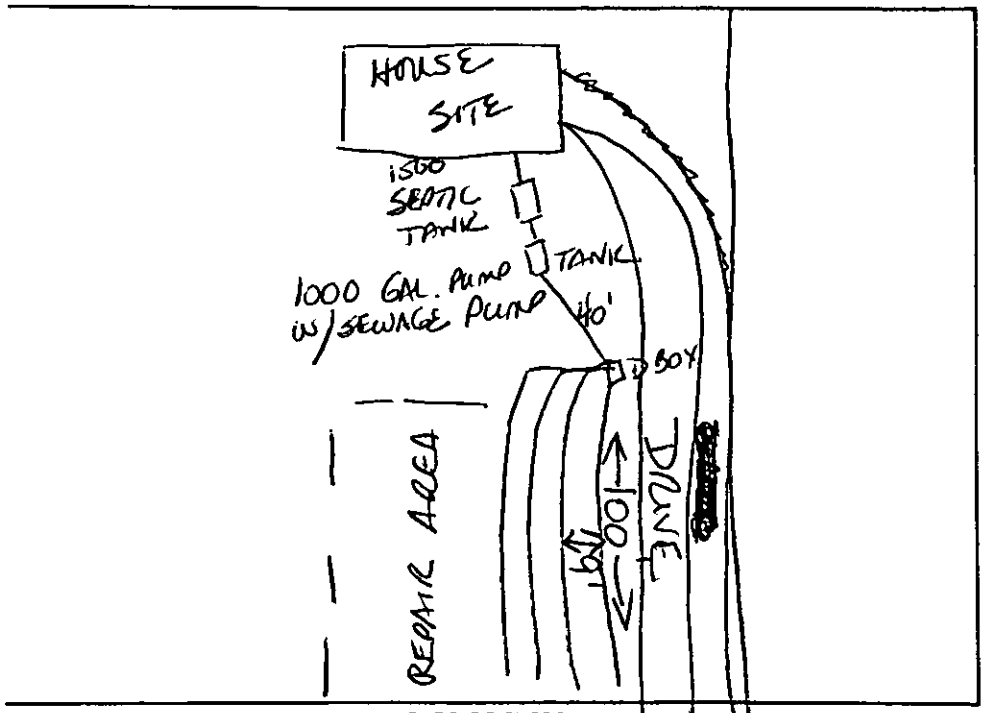
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18632 DATE: 8/6/93

TC: 193-181-53 ☐ L

SERIAL Nº 15245

Permission is hereby given to V 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 8/6/93. All work shall be completed on or before 9/6/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well ≤50' feet

BACK YARD

100' TO ROAD FRONT

NAME OF OWNER Vin Root

LOCATION OF PROPERTY 2133 Rice Road

Comments: 4@3X100'X12" - PUMP WILL BE NECESSARY. REPAIR AREA WILL BE ADJACENT TO ROAD FRONT.

Judy J. Rice RS for S. Daniel — Division or Section Head

Jon W. Newell, R.S. — Environmentalist

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18632 DATE: 8/12/93

TC: 193-181-53 ☐ L ☑ CRT

SERIAL Nº 15692

Name of Owner Jonathon VinderOOT Juris.:

Address of Property 2133 Rice Road

Inspection Data:

Tank Material 1500

Total Length of Drainfield 200

Number of Lines 4 @ 100

Cover Depth 12

Water Supply Source well not installed to date

Distance to Water Source 50

Excavation Inspected 8/12/93

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected 8/12/93

PLOT

Design: 1500ST, 1-PT, 1P, 1000 PT, 1200 sqft, 2box, 12"G, CEDAR LIKE CTR# 113

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: Type III

James H. Ewell, R.S.
Environmentalist

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

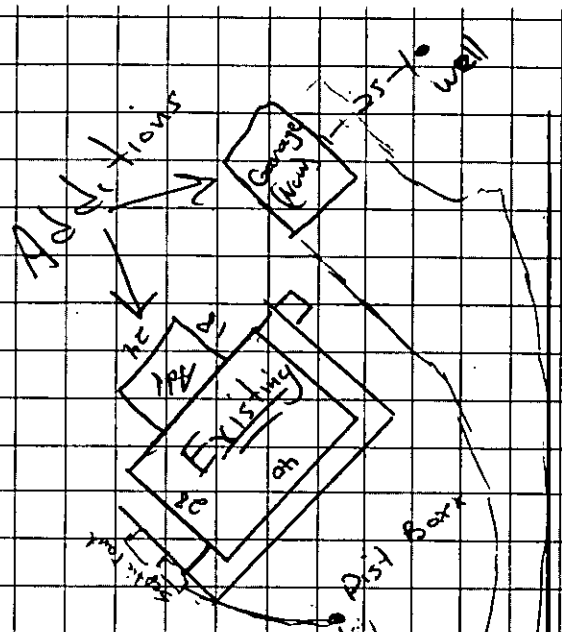
PROPOSED PLOT PLAN

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

FILE: 18632

TC: 193-181-53

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.



5/12/97 Approval to use existing system for family room addition & detached garage - No change in sewage flows
Referred to the Dept. of Environmental management @ (704) 663-1699 regard. proximity of proposed garage to existing well. jbm

jbm
Comment:
If residence will be connected to municipal water in the future - keep waterline 10 feet minimum from any portion of the sewage disposal system - its repair area.

OWNER/AGENT SIGNATURE

DATE 5-8-97

APPROVAL DATE 5/12/97 Jhoa B. Mialik, RS

John Vander Pol 5/12/97

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

FAX 336-6984
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 15692 DATE: 8/12/93

TC: ☐ L ☐ CRT

SERIAL Nº 15692

Name of Owner Vin Roof Juris.:

Address of Property 2133 River Road

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12

Water Supply Source well not installed to date

Distance to Water Source 50

Excavation Inspected 8/12/93

Tank(s) Inspected 8/12/93

Wash Line Inspected

High Water Alarm Inspected 8/12/93

PLOT

Fax 336-6984
Meck Co. Envir.
Lorraine Worthington

Design: 1500ST, 1PT, 1P, 1000 PT, 1200 sq ft, 2 box, 12 G, Circ. CTR# 113

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

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COMMENTS: Type III

Jim Newell, R.S.
Environmentalist

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

18632

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 200.00 CK 369 7/1/93 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: 7-01-93

PERSON FILING APPLICATION:
NAME: Van de Riet (last) Jonathan (first) G. (mi)
ADDRESS: 53 Clubhouse Drive PHONE: (919) 461-3262
CITY: New London STATE: NC ZIPCODE: 28127

PROPERTY OWNER: (Closing Pending)
NAME: Van de Riet (last) Jonathan (first) G. (mi)
ADDRESS: Same PHONE: (__) Same
CITY: Same STATE: Same ZIPCODE: Same

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-181-53
STREET ADDRESS: 2733 Rice Road Matthews, NC 28105
ZONING: R-15

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: NA LOT SIZE (in acres): 1.92

TYPE APPLICATION (check one):
[X] 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)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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: Jonathan G. Van de Riet Date: 7-01-93

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.

... Pump will be required as part of permit.

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

Jonathan G. Van de Riet, R.S. 7/26/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

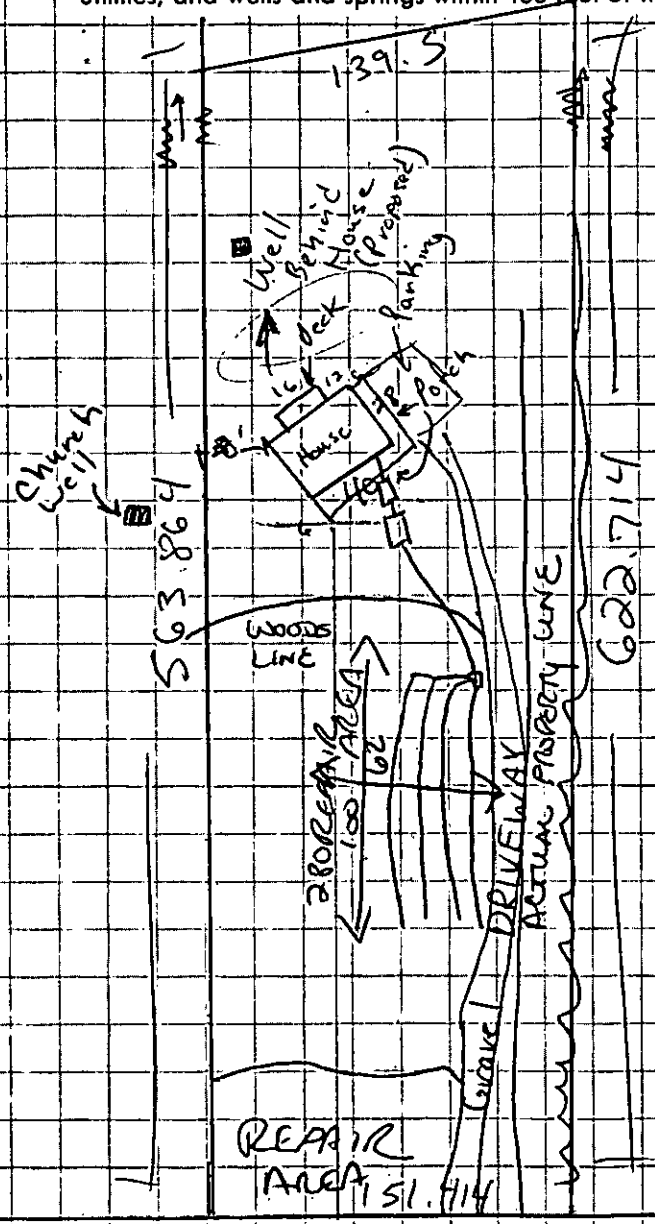
PROPOSED PLOT PLAN

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

FILE: 18632

TC: 193-181-53

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.



COMMENTS:

1. LIFT STATION WILL BE REQUIRED.
2. 4 LINES @ 3' X 100' X 12"
3. THERE SHALL BE NO CHANGES TO THIS PERMIT.
4. THIS SYSTEM SHALL NOT BE INSTALLED WHILE SOIL IS IN A WET CONDITION.
5. WELL SHALL BE 50' FROM ANY PART OF THE SEPTIC TANK SYSTEM.

APPROVAL DATE 7/23/93

David Newell R.S.

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

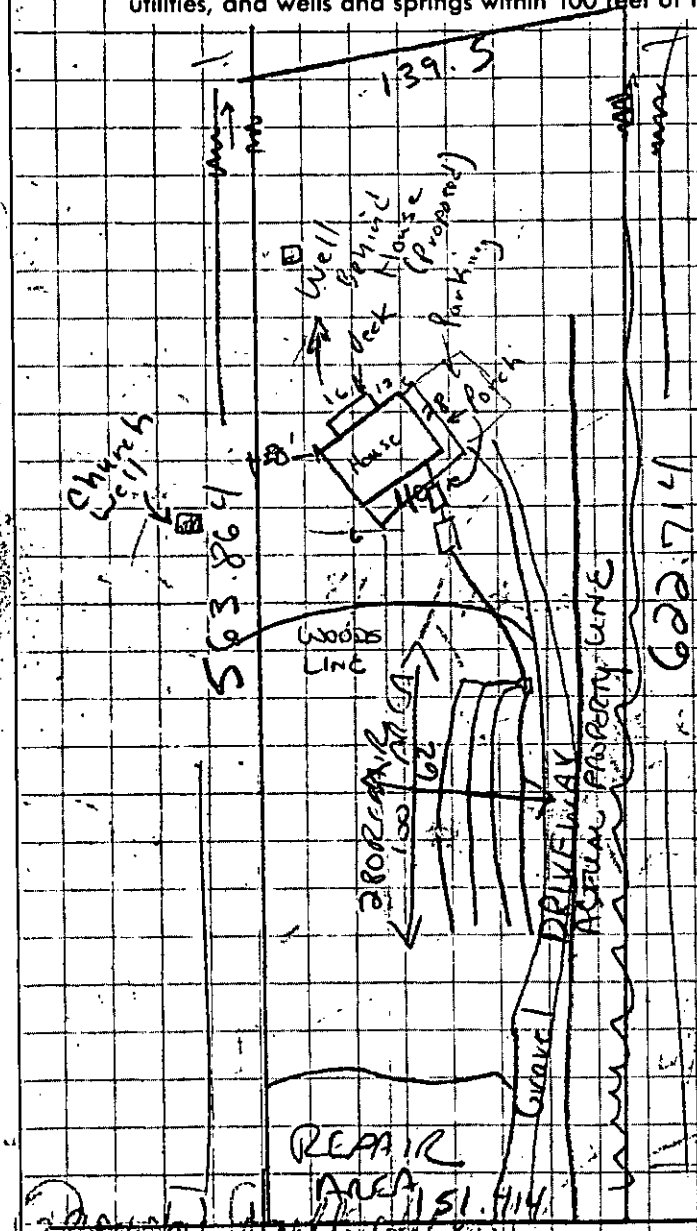
PROPOSED PLOT PLAN

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

FILE: 18632 X

TC: 193-181-53

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.



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APPROVAL DATE 7/23/93

David Newell R.S.

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

8. Trouble Shooting Guide:

Extreme caution should be exercised when servicing electrical devices. Fatal injuries could result from electrical shock. Always disconnect the electrical power from the device being serviced unless it is necessary for the work being done.

MOTOR NOT RUNNING
(See causes 1, 2, 3, 4, 6, 8)

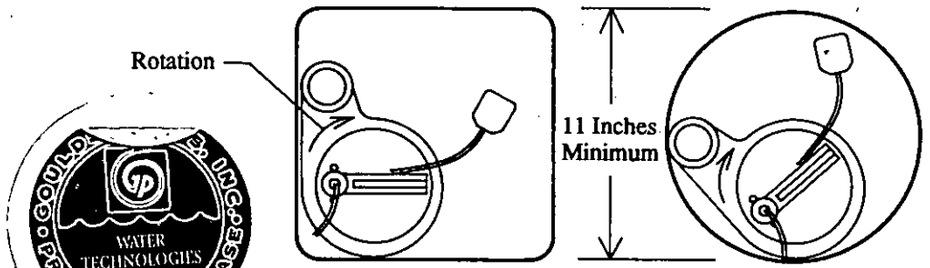
LITTLE OR NO LIQUID DELIVERED
(See causes 5, 6, 7, 8, 10)

PUMP WILL NOT TURN OFF
(See causes 7, 8, 9, 10, 12, 13)

PUMP CYCLES CONSTANTLY
(See causes 9, 11, 12, 13)

PROBABLE CAUSES:

1. Tripped thermal protector.
2. Open Circuit breaker or blown fuse.
3. Rotating parts binding.
4. Defective motor.
5. Air bound.
6. Low voltage.
7. System head too high.
8. Pump clogged.
9. Level control defective or switch not properly positioned.
10. Improper check valve direction.
11. Check valve leaking.
12. Incorrect size basin or wet-well.
13. Inflow excessive for size of pump.



Suggested Pump Placement in Sump

LIMITED WARRANTY

This warranty applies to all pumps and related accessories manufactured and/or supplied by Goulds Pumps, Inc. - Water Systems Division.

Any part or parts found to be defective within the warranty period shall be replaced at no charge to the buyer or any subsequent owner during the warranty period. The warranty period shall exist for twelve (12) months from date of installation, or eighteen (18) months from date of manufacture, whichever expires first.

A consumer who believes that a warranty claim exists must contact the authorized dealer from whom the equipment was originally purchased and furnish complete details regarding the claim. The dealer is authorized to adjust any warranty claim utilizing Goulds Customer Relations Department and its distributor organization.

This warranty excludes: (a) Labor, transportation and related costs incurred by the consumer to make the allegedly defective equipment available to the dealer for inspection. (b) Re-installation costs of repaired equipment. (c) Re-installation costs of replacement equipment. (d) Consequential damages of any kind. (e) Reimbursement for loss caused by interruption of service.

GOULDS PUMPS, INC.
SENECA FALLS NEW YORK 13148
G&L
A GOULDS PUMPS COMPANY

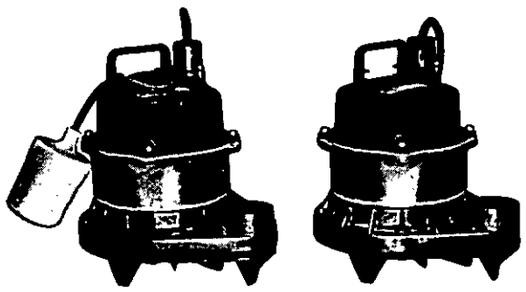
Form No. 3871-2/89

GOULDS PUMPS, INC.
SENECA FALLS NEW YORK 13148
G&L
A GOULDS PUMPS COMPANY

Installation, Operation and Maintenance Instructions

Model 3871

Vi 2133 float Retrofd.



DESCRIPTION & SPECIFICATIONS:

The Model 3871 embraces a series of submersible effluent pumps designated as EP0411, EP0412, EP0411C and EP0412C. The single-phase EP0411 pumps are for 115 volt service and draw a maximum of 10.6 amps. The single-phase EP0412 pumps are for 230 volt service and draw a maximum of 5.3 amps. The "C" suffix designates the optional 20 foot power cord, whereas, the standard power cord is 10 feet in length.

1. Important:

1.1. Inspect unit for damage. Report any damage to carrier/dealer immediately.

1.2. Electrical supply must be a separate branch circuit with fuses or circuit breakers, wire sizes, etc., per National and Local electrical codes. Install an all-leg disconnect switch near pump.

CAUTION

Always disconnect electrical power when handling pump or controls.

1.3. A grounded 3-wire outlet must be provided within reach of pump and float switch electrical cords. Pump and float switch are equipped with 3-prong ground type plugs. Do not remove the ground prong.

1.4. Motor has a built-in thermal protector which opens the circuit when overload condition is encountered. Protector automatically resets when motor cools.

1.5. Do not carry or hang pump by the electrical cord. Use the handle or discharge pipe for this purpose.

1.6. Pump is not designed for use in swimming pools or hazardous liquids.

1.7. Maximum Operating Limits:

Liquid Temperature:	140F (60C)
Submergence:	10 feet
Starts Per Hour:	20, evenly distributed
Solids Handling:	3/4"

1.8. Flammable gases can be present in a wet-well due to bacterial action. Exercise extreme caution when working in and around such areas. Insure no sparks are generated that could ignite said gases.

2. Installation:

2.1. Store excess pump/switch electrical cord on wall near electrical outlet. Never store excess electrical cord in sump or wet well.

2.2. Sump basin or wet-well size should allow sufficient room for unimpeded movement of the float switch, if employed. It should be large enough to stay within the recommended maximum of twenty starts per hour.

2.3. If a sump basin is not used, sump bottom must be solid concrete. If a packed gravel bottom is used, the stone size must be larger than 3/8" diameter and bricks must be placed under pump for support.

2.4. A sump cover is recommended to prevent solid matter from falling into the sump, to control odors, and to guard against injury.

3. Piping:

3.1. Pump discharge is threaded for 1 ½" pipe. For maximum capacity do not reduce.
3.2. DO NOT APPLY PIPE DOPE TO DISCHARGE PIPE THREADS. Use Teflon tape. Thread pipe into casing hand-tight, then tighten with wrench about ½ turn to seal.
3.3. Install a check valve specifically designed for solids handling on the discharge pipe so as to prevent back flow. Follow valve manufacturer's recommendation regarding valve orientation.
3.4. Install a full flow isolation valve on the discharge line, after the check valve, to aid in maintenance work.
3.5. When lowering unit into sump, grasp by both the handle and discharge pipe. Never grasp by pipe alone.

4. Operation:

4.1. Float switch, when furnished, is attached to the pump at the factory for a liquid-level differential of 6". Readjust only if necessary and space is sufficient. Increasing tether length increases differential between on and off. Allow 1" minimum clearance between bottom of float and bottom of pump. Also, insure that the influent does not cascade directly on the switch.
4.2. Complete unit should be placed against side of the sump as shown. "Kick-back" of pump will then be against side of sump.
4.3. When installation is complete, fill sump several times to make sure the unit operates properly and automatically.

5. Maintenance:

5.1. Submersible pump/motor units are oil filled and no further lubrication is required.

6. Disassembly:

6.1. Disconnect power. Remove pump from sump or wet-well. Flush as necessary.
6.2. To gain access to impeller (15), lay the unit on its side and remove the thread forming screws (16) and base (17).
6.3. To clean behind the impeller, remove the klip ring (18) and impeller.

CAUTION

Do not remove mechanical seal (12) at this time.

6.4. If additional work is necessary, first place the unit back on its base. Remove screws (20). Lift the strain relief assembly, consisting of collet (2) and collet adapter (4), with the cord set (1) from the motor cover (7). Cord set is electrically connected to the motor cover by push-on connectors.
6.5. Remove the oil plug grommet (8) by placing one leg of a pair of needle nose pliers within the grommet hole to aid extraction.
6.6. Invert the unit, drain all oil and note its condition.

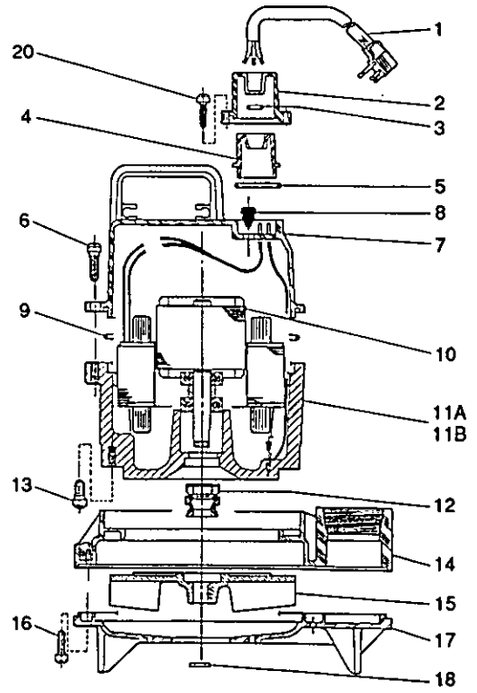
6.6.1. Clear oil with no burnt odor indicates pump and seals are in acceptable condition.
6.6.2. Dark oil with burnt odor indicates motor has been overheated. Check winding resistance to ground. It should be one megohm or higher.
6.6.3. Milky or emulsified oil indicates water leaking into sealed chamber through faulty O-rings or mechanical seal. Check motor, replace if faulty. Replace faulty seals.

6.7. Refer to sectional drawing and reassembly instructions if further tear down is required.

7. Reassembly:

7.1. All parts should be cleaned before assembly.
7.2. Refer to parts list to identify required replacement items. Specify pump index number and part number when ordering parts.
7.3. All mechanical seal components must be in good condition or leakage may result. Replacement of complete seal assembly (12), whenever seal has been removed, is good standard practice.

It is permissible to use a light lubricant, such as glycerin, to facilitate assembly. Do not contaminate the mechanical seal faces with lubricant.
7.4. Push mechanical seal stationary seat into the bore of the motor housing/stator assembly (11) using the thumb or forefinger. Make sure it is seated properly, and square. Wipe with lint-free cloth.
7.5. Place rotor (10) on bench, shaft end up.
7.6. Invert motor housing/stator assembly, place over rotor being careful not to damage mechanical seal stationary seat, and press until bearings seat within their bore.
7.7. Position casing (14) on motor housing/stator assembly with the discharge 180 degrees opposite the green ground wire. Fasten with the short fillister head screws (13).
7.8. Press mechanical seal rotary on shaft until it contacts the stationary seat.
7.9. Place impeller (15) over shaft and secure with klip ring (18).
7.10. Place base (17) on casing and fasten with the short thread forming screws (16). Invert assembly.
7.11. Inspect motor housing O-ring (9) and replace if damaged. Place O-ring over lock of motor cover (7).
7.12. Secure motor leads to pin connectors on motor cover using needle nose pliers. The ground wire (green) is connected to the middle pin.
7.13. Position cover over motor so that cord connection is 90 degrees counterclockwise from the casing discharge connection. Tuck wires between the stator and motor cover to avoid pinching or interference with the rotor. Fasten with long fillister head screws (6).
7.14. Fill assembled motor housing with 1 quart of insulating oil (19).



7.15. Insert grommet (8) in oil fill hole. A ⅛" diameter rod inserted in the grommet will aid the assembly.
7.16. Inspect power cord O-ring (3) and strain relief O-ring (5). Replace if damaged.
7.17. Feed power cord (1) through strain relief collet (2) and follow with the O-ring, placing it about 2" up on the outer insulating jacket. Complete the subassembly with the collet adapter (4) and its O-ring.
7.18. When securing the cord set leads (1) to the pin connectors, connect the ground wire (green) to the middle pin as indicated by the ground symbol molded into the cover.
7.19. Place the collet adapter and its O-ring over the connections. Reposition the power cord O-ring to within ½" of the end of the outer insulating jacket and follow with the strain relief collet. Fasten the collet to the housing with the long thread forming screws (20).

CAUTION

Alternate back and forth between the two fasteners to avoid damaging the collet.

PARTS

Item No.	Part No.	Description
1	9K207 9K208 9K209 9K210	10' Cord Set EP0411-115V 10' Cord Set EP0412-230V 20' Cord Set EP0411C-115V 20' Cord Set EP0412C-230V
2	9K204	Strain Relief Collet
3	5K198	O-Ring–Power Cord
4	9K205	Collet Adapter
5	5K197	O-Ring–Strain Relief Assembly
6	13K175	Fillister Head Screw–Motor Cover
7	1K257	Motor Cover
8	6K87	Oil Plug Grommet
9	5K196	O-Ring–Motor Housing
10	9K213	Rotor
11A	1K259	Motor Housing/Stator Assembly (115V)
11B	1K260	Motor Housing/Stator Assembly (230V)
12	10K32	Mechanical Seal
13	13K181	Fillister Head Screw–Casing
14	1K233	Casing
15	2K467	Impeller
16	13K244	Thread Forming Screw–Base
17	1K258	Base
18	7K817	Klip Ring
19	4K245	Insulating Oil (Gal.)–1 Qt. Required
20	13K243	Thread Forming Screw–Strain Relief