

1859 SLATER RD

04111205

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

February 11, 2003

MECKLENBURG COUNTY
Health Department

Charles Booker Jr.
110 Dove Street
Johnson, S.C. 29832

Dear Mr. Booker:

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 1859 Slater Rd., 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 February 27, 2003 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

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Charles Booker Jr.
110 Dove Street
Johnson, S.C. 29832

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
Charles Booker, Jr.	1859 Slater Rd.	04111205	9231A	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: 2/11/03

Payment Due Date: 3/11/03

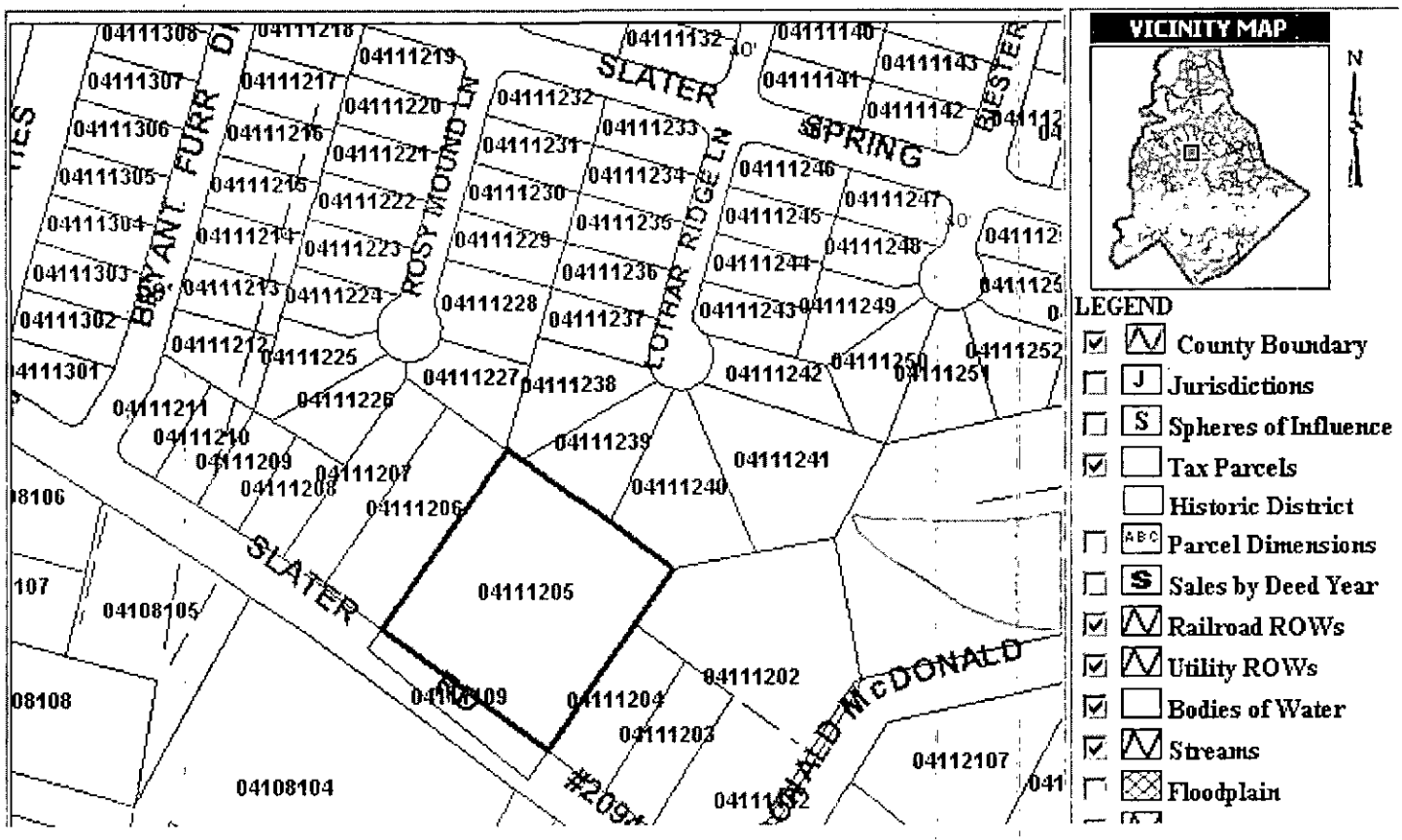
Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *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

Parcel-Id#: 04111205 GIS Map#: 04111205	Legal Desc.: NA
Account Type: INDIVIDUAL	Deed Book/Page: 07552/643 Date: 11/22/1993
Owner: BOOKER CHARLES JR	Sales Price: $29000
Add. Owner:	Sales Date: 11/22/1993 Qualified Sale: Y
Mailing: 110 DOVE ST	Neighborhood Code: 04101
Address:	Historic Desig.: Farm Desig.:
City: JOHNSTON	Deed Acreage: 1.73 Assessed Acreage: 1.61
State: SC ZIP: 29832	Assessed Land Value: $40960
Location: 1859 SLATER RD Get Directions	Total Assessed Value: $252110
Municipality: CHARLOTTE	Tax Bill Information: Click Here!



9 90119 Project # CERTIFICATE OF COMPLETION/OPERATION PERMIT or 12460

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

FILE: 2060 B/9231A DATE: 12-2-94

TC: 041-111-09 ☐ L ☑ CRT

SERIAL № 16066

PROJECT #: 990119

Name of Owner Charles Booker / United Church of God Juris.:

Address of Property 1859 Slater Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 5 @ 100' each

Cover Depth 8"-16"

Water Supply Source municipal

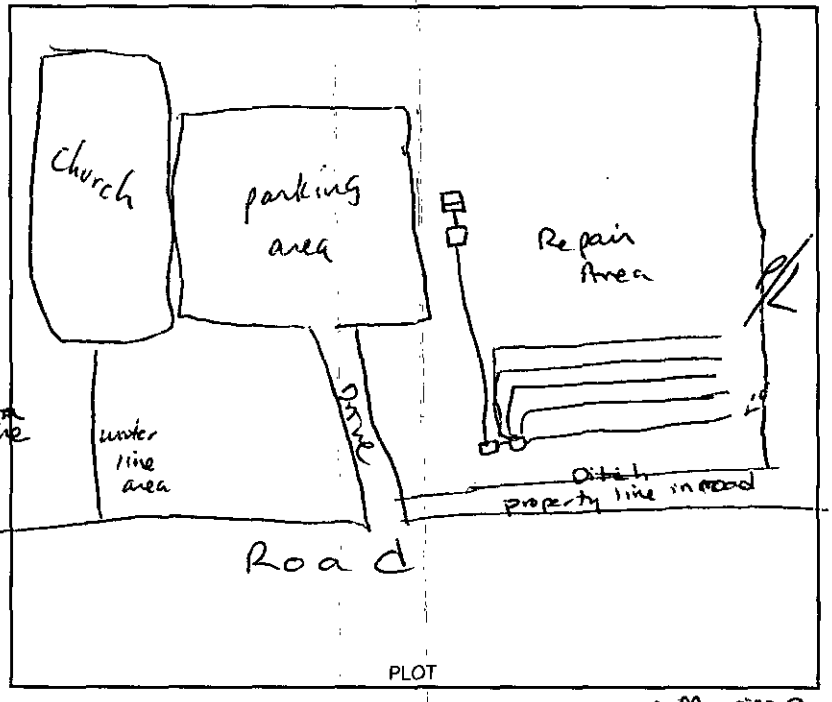
Distance to Water Source 100'+/- min 10' from water line

Excavation Inspected 12-2-94

Tank(s) Inspected 12-2-94

Wash Line Inspected —

High Water Alarm Inspected 12-20-95



Design 1994, pump to conv, 1500gst, 1000gpt, 12" store, cecil-like CTR# C. Morrison 80

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 15A 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 15A 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: Sized for 90 seat church with kitchen.
Alarm located in "Pastor's Study"
Do not pave or park over any portion of septic tank system or its repair area.

Type III b

Susan Patterson
Environmental Health Specialist

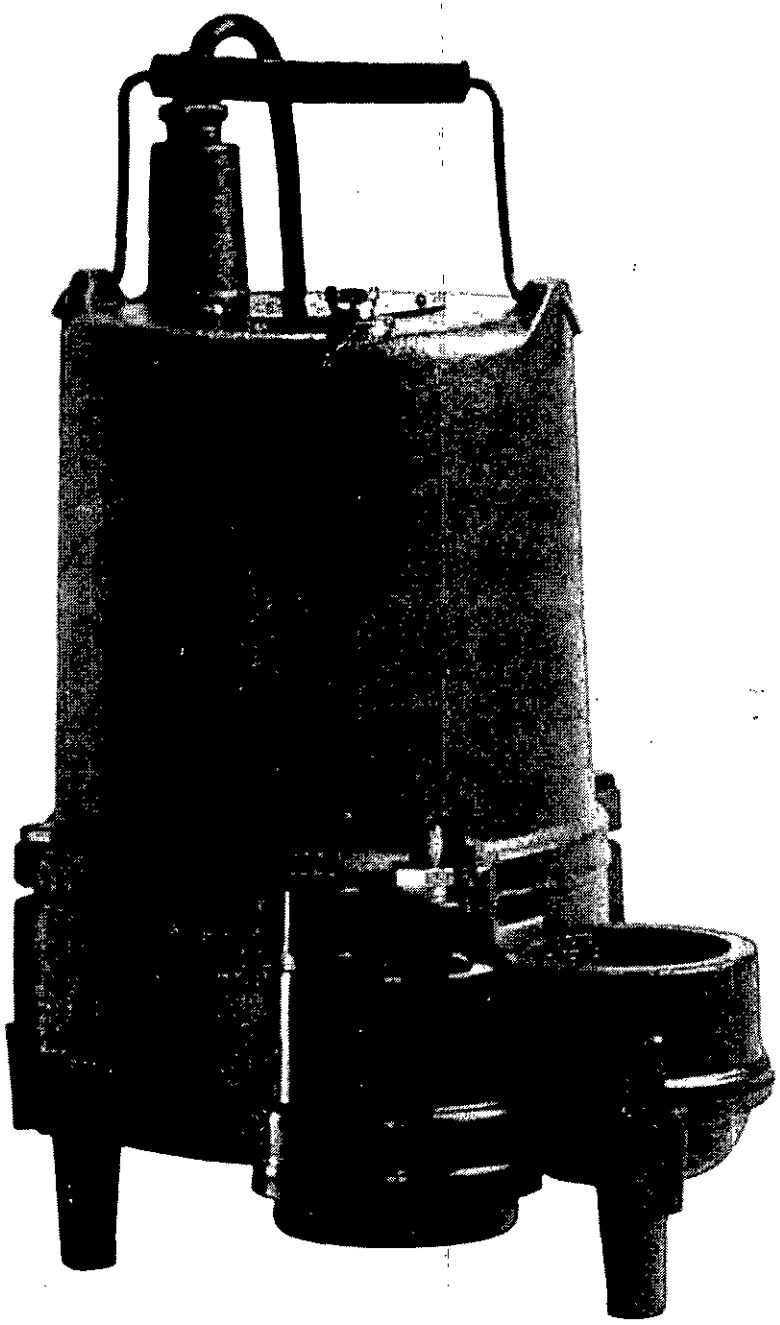
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Installation and Service Manual

Part No.: 05625-246-1

HYDROMATIC SP40

Submersible Sewage Ejector Pump



NOTE!
To the installer: Please make sure you provide this manual to the owner of the pumping equipment or to the responsible party who maintains the system.

GS AURORA PUMP
A UNIT OF GENERAL SIGNAL

1 Introduction

Before operation, read the following instructions carefully. Reasonable care and safe methods should be practiced. Check local codes and requirements before installation. Servicing should be performed by knowledgeable pump service contractors or authorized service stations.

Warning:
Read all instructions before starting any operation on pump. Always disconnect the pump and controls from its power source before handling or making any adjustments. Always wear rubber boots when there is water on the floor and you must unplug the pump to make any adjustments or repairs.

Warning:

Risk of Electrical Shock —
This pump has not been investigated for use in swimming pool areas.

To Reduce Risk of Electrical Shock:

1. Connect only to a properly grounded receptacle.
2. Septic tank to be vented in accordance with local plumbing codes.
3. Do not smoke or use sparkable electrical devices or flame in a septic (gaseous) or possible septic sump.
4. A septic sump condition may exist and if entry into sump is necessary, then (a) provide proper safety precautions per OSHA requirements and (b) do not enter sump until these precautions are strictly adhered to.

Do not install pump in location classified as hazardous per N.E.C., ANSI/NFPA 70 - 1984.

Failure to heed above cautions could result in injury or death.

2 Installation

These important instructions must be followed for satisfactory performance of your pump. Before installation, check your local electrical and plumbing codes.

1. Provide proper sump size to allow the pump to operate without restrictions. A two- to five-minute run time is recommended. Also, minimum 24" diameter recommended.
2. Make sure sump is free of string, cloth, nails, gravel, etc. before installing pump.
3. Do not set pump directly on the bottom of sump pit if it is not solid. Raise the pump by placing bricks or concrete blocks underneath it.
4. Use steel or plastic pipe for all connecting lines between pump and sewer outlet.

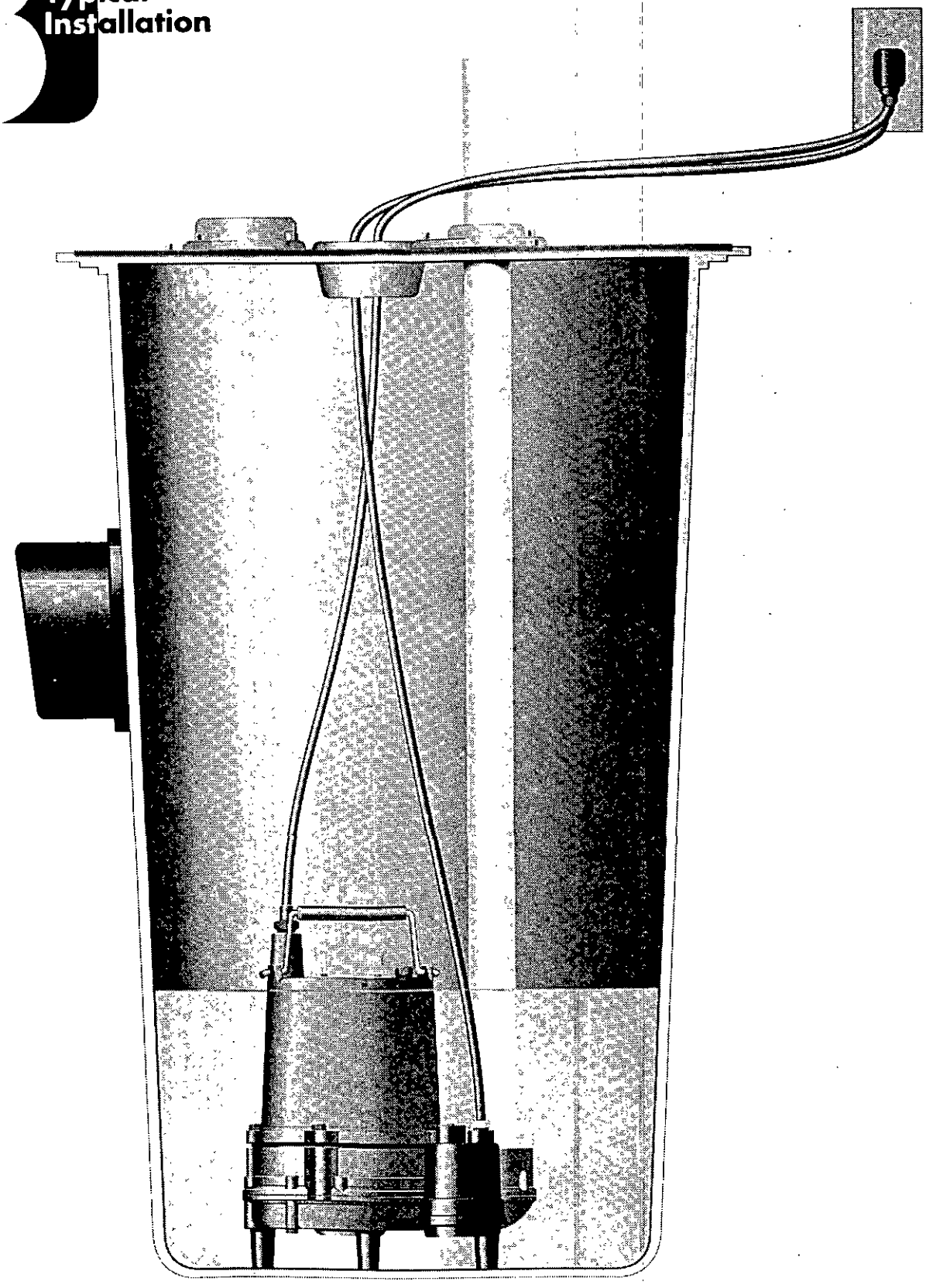
   Note: Some city regulations do not allow installing a pump with plastic pipe. Check local regulations.
5. In applications where the pump may sit idle for months at a time, it is recommended that the pump(s) be cycled every month to insure the pumping system is working properly when needed.
6. A check valve should be installed in discharge pipe, at least 12" above the discharge outlet of the pump.
7. An audible alarm system, such as the Q Alert, for high water conditions should be installed in every pump for greater protection.

   Note: Q Alert alarm is for indoor use only. Contact your Hydromatic distributor for other panel applications.

   Warning: When using the automatic diaphragm switch the vent tube in the plug must be clear of obstructions.

   Do not bend cord. This will cause a crimp in the vent tube and switch failure will occur. Pump should be plugged into a single outlet, where vent tube can "breathe." Blocking tube or bending cord will void the warranty.
8. Connect to power source using 3-prong grounded AC receptacle. Do not remove ground pin from electrical plug. Do not use an extension cord.
9. For proper automatic operation (Model SP40A1 or SP40A2) make sure the pump power cord is plugged into the back of the piggyback receptacle on the diaphragm switch cord.
10. Use pump partially or completely submerged for pumping (temperature to 140° F). The SP40 will pump solid materials up to 1¼" (spherical) in diameter.
11. **Caution:** Do not pump flammable liquids, strong chemicals or salt water.

3 Typical Installation



4 Service

Servicing should be performed only by knowledgeable pump service contractors or authorized service stations.

1. **Remove pump from sump.** Before removing pump from sump pit for repair, check if the trouble could simply be a blown fuse, tripped circuit breaker, or a power cord not completely inserted into the receptacle.

2. **Check diaphragm switch.** If the unit is being operated by the automatic diaphragm switch, unplug the pump from the "piggyback" receptacle and plug the pump directly into the power source. If the pump starts each time it is plugged directly into the receptacle and does not start each time when plugged into the piggyback switch with the diaphragm switch pressed into a start position, replace the complete piggyback switch assembly and retest with new assembly.

3. **Check for impeller blockage.**

   Disconnect pump and switch from power source.

   Check for an obstruction in the impeller cavity by laying the pump on its side and inserting a screwdriver into impeller. Impeller should turn freely. If impeller is stuck then remove the 5 screws (27) to remove the suction base (26). If the impeller (25) does not rotate freely, clear the impeller and cavity walls before reassembling the base. Repeat Step 2.

4. **Check power cord.** If the above tests have not resolved the problem, it may be in the electrical components of the pump. Starting with the power cord (5), inspect for cuts or nicks in the insulation. If the cord is damaged – replace it!

5. **Check the oil.** Remove the pipe plug (4) in the top of the motor cover and drain oil into a clean, dry container. A milky appearance to the oil indicates that water has entered through either worn out or damaged seals (23, 24) or seal ring (20).

6. **Remove the motor cover.** Remove the four hex head cap screws (22). Use a screwdriver to pry the motor cover (19) from the volute case (21) at the fastening ears, being careful not to cut the seal ring (20) with the screwdriver or crack the motor cover. Lift the motor cover until it clears the stator (15).

7. **Check for short.** Disconnect the stator leads (7, 8) from the connector (6). Use an ohmmeter to check the continuity of the stator. If stator fails to pass the continuity test, it must be replaced.

   Ground check. Set ohmmeter scale pointer to R X 100K scale and check meter by putting both meter leads together and adjusting the needle knob until meter reads zero. If meter cannot be adjusted to zero it will indicate that batteries in meter must be replaced.

   Always make this test with the meter when scale pointer is set to a new scale before making any checks on motor.

   Now connect one meter lead to one blade terminal of stator and touch other meter lead to motor stator shell (30). If needle reads below 5 (500,000 ohms) stator must be dried out before reusing. To dry out, bake in 220° oven for 4 hours. Recheck after motor cools. If motor is new or thoroughly dry, needle of ohmmeter will not move on the ground test. This indicates a reading of 50 megohms or higher. One megohm is one million ohms.

   When making the ground test, if the needle goes clear to zero the motor probably has a wire touching the stator at some point and the stator will have to be replaced.

   Winding resistance test. If motor shows a satisfactory ground test, then the winding resistance must be checked. Use ohmmeter with scale pointer set on R X 1 scale. On this scale meter reads directly on ohms. Always check the meter with leads together as described above under ground test before making a reading of the winding.

   Connect one meter lead to the terminal with the brown wire connected underneath the terminal board. Connect the other lead to the terminal housing with the blue wire. Meter should read 1.2 to 1.4 ohms. This is the resistance of the main winding for a 115 volt stator. This reading for a 230 volt stator should be 4.8 to 5.9 ohms.

   Now connect one meter lead to the brown wire terminal and the other meter lead to the red wire beneath the terminal board. The meter should read 3.8 to 5.4 ohms for a 115 volt stator. For a 230 volt stator this reading should be 16 to 21 ohms. This is the resistance of the start winding.

4 Service Continued

Now connect the meter leads to the red wire and the blue wire and the meter reading should be the sum of the other two readings or 5.0 to 6.8 ohms for a 115 volt stator or 20.8 to 26.9 ohms for a 230 volt stator. If the readings obtained do not agree with those given, the stator is defective and must be replaced.

8. **Remove the stator.** To remove the stator, remove the four hex head screws (12) and the stator plate (13). Lift the stator off the volute case (21) and set aside.

9. **Remove the impeller.** To remove the impeller (25), hold the rotor (16) in your hand and tap the impeller with a plastic or rubber mallet so as to turn the impeller counter clockwise.

10. **Check the seal.** Remove the rotating portion of seal (24) from shaft (16) by inserting a screwdriver under the edge of the seal and lifting it off. Inspect the seal face for any nicks or an uneven seating of seal face. If any are present, replace the seal. (See Step 14.)

11. **Remove rotor and shaft.** Tap the rotor shaft (16) at the impeller end of the shaft with a plastic mallet to remove the rotor and shaft. Inspect the bearings (17). If they do not rotate freely and smoothly, they should be replaced.

    When new bearings are ready to be added onto the shaft, do not push on outer race of bearings. This will damage bearings. If a rotor and shaft is ordered from Hydromatic, the bearings will be supplied already pressed on the shaft.

12. **Remove seal.** Remove the old stationary portion of the seal (23) from the case (21) by inserting a screwdriver into the seal housing of the case from the top of the case and tapping lightly with a hammer. Clean the seal area of the case with a clean cloth.

13. **Reinstall the rotor and shaft assembly.** Push on outer race to seat bearing in volute case.

14. **Reinstall seal.** Apply a good lubricant to the new stationary portion of the seal (23) and press into the case (21). Coat the new rotating portion of seal with lubricant and press into place on the rotor shaft with the rubber ring facing the impeller.

15. **Reinstall impeller.** Add a drop of Locktite 222 to the shaft and screw the impeller on hand tight. The impeller will force the rotating portion of seal into position.

16. **Replace seal ring.** Remove the old square seal ring (20) from the volute and stretch on a new ring coated with O-ring lube.

    Do not roll the ring onto the volute or improper seating and water leakage into the motor housing will result.

17. **Reinstall the stator.** Place the stator (15) in the volute case (21) so the stator bolt holes line up. Lay the stator plate (13) on the stator (15) and line up with stator bolt holes. Put in the stator bolts (12) and tighten evenly to prevent cocking of the stator. Push the connectors of the power cord onto the stator terminals (7 and 8).

18. **Reinstall motor housing.** Tighten down the four hex head cap screws (22) evenly to prevent cocking of motor housing and achieving an uneven seal on the seal ring (20).

19. **Oil.** Fill the motor cap with high grade transformer oil just cover over (13) stator plate (.38 gallon).

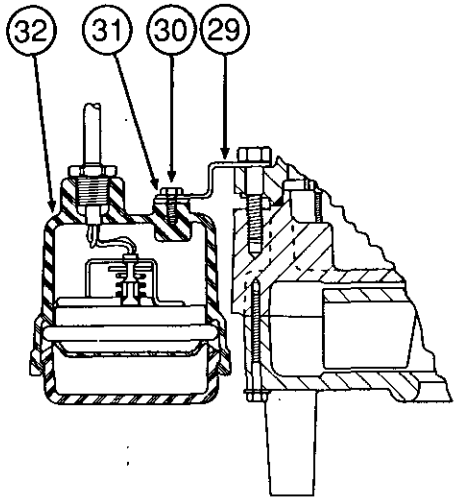
    Do not fill the motor housing completely – allow airspace for oil expansion.

20. **Reinstall oil pipe plug.** Coat pipe threads with thread sealant before installing. Plug (4) into housing (19).

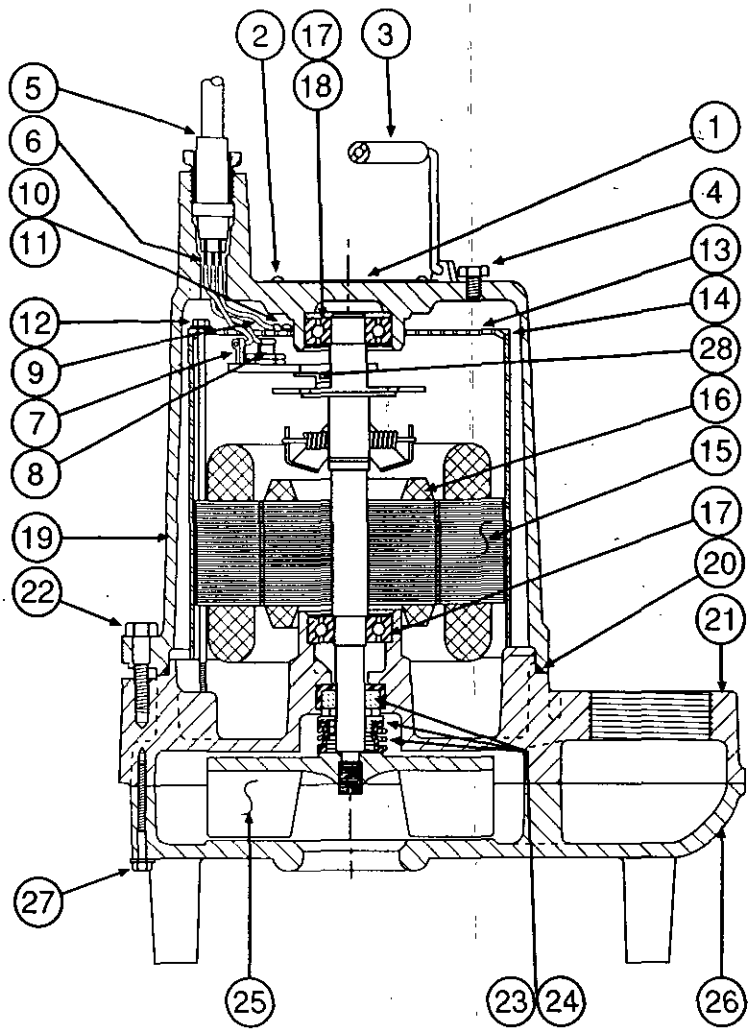
21. **Check pump.** Plug the power cord into a grounded outlet and start pump by applying pressure to the switch diaphragm (automatic only – manual should start when power is applied). Motor should run smoothly, be free of vibration and stop when pressure is removed from diaphragm switch.

*Loctite 222 is a registered trademark of Loctite Corp.

5 Parts List



AUTOMATIC MODELS



Ref. No.	Part No.	Description	Qty.
1	—	Nameplate, 115V	1
1	—	Nameplate, 230V	1
2	4580-001-1	Drivescrew	2
3	60-000-5	Handle	1
4	119-002-1	Pipe Plug	1
5	12585-004-5	Power Cord Assembly, 115V-10'	1
5	12585-005-5	Power Cord Assembly, 115V-20'	1
5	12585-003-5	Power Cord Assembly, 230V-20'	1
6	4209-004-5	Connector Assembly	1
7	6000-059-5	Lead Wire/Terminal Assembly (Blk, 5") B/4 11/90	1
8	6000-061-5	Lead Wire/Terminal Assembly (Blk, 6.25")	2
9	6000-060-5	Grnd Wire/Terminal Assembly (Grn, 5")	1
10	2056-003-1	Screw, #6 x 3/8 Lg.	1
11	995-001-1	Lockwasher, #6	1
12	145-008-1	Bolt, Stator – 8-32 x 6-5/8" Lg.	4
13	70-000-3	Plate, Stator B/4 11/90	1
*14		Oil	.38 gal
15	13349-000-1	Rotor & Stator (Emerson after 11/90)	
15	13349-001-1	Stator, 115V if G.E. B/4 11/90	1
15	13369-001-1	Stator, 230V if G.E. B/4 11/90	1

Ref. No.	Part No.	Description	Qty.
16	13349-011-5	Rotor & Shaft w/Bearings	1
17	65-001-1	Bearing	1
19	56-006-2	Housing, Motor (56-026-2 Emerson after 11/90)G.E.	1
20	77-003-1	Seal Ring	1
21	12328-002-2	Volute	1
22	101-008-1	Bolt, 5/16-18 x 1-1/4" Lg.	4
23	83-002-1	Seal (Stationary Seat)	1
24	83-007-1	Seal (Rotating Seat)	1
25	13218-000-5	Impeller	1
26	311-000-2	Suction Base	1
27	19-003-1	Screw, 10-24 x 1-1/2" Lg.	5
28	665-001-1	Switch, Motor Start	1
		AUTOMATIC MODELS	
29	5502-004-1	Bracket	1
30	176-015-1	Screw, 1/4-20 x 3/8" Lg.	
31	995-008-1	Lockwasher	1
32	51752-403-7	Diaphragm Switch (8.5" Range), 115V-10'	1
32	51752-404-7	Diaphragm Switch (8.5" Range), 115V-20'	1
32	51752-405-7	Diaphragm Switch (8.5" Range), 230V-20'	1

*Purchase locally.



Aurora/Hydromatic, a Unit of General Signal, warrants to the original purchaser of each of Hydromatic Pump product(s) that any part thereof which proves to be defective in material or workmanship within one year from date of installation or 18 months from manufacture date, whichever comes first, will be replaced at no charge with a new or remanufactured part, F.O.B. factory. Purchaser shall assume all responsibility and expense for removal, reinstallation and freight. Any item(s) designated as manufactured by others shall be covered only by the express warranty of the manufacturer thereof. This warranty does not apply to damage resulting from accident, alteration, design misuse or abuse.

If the material furnished to the Buyer shall fail to conform to this contract or to any of the terms of this written warranty, Aurora Pump shall replace such nonconforming material at the original point of delivery and shall furnish instruction for its disposition. Any transportation charges involved in such disposition shall be for the Buyer's account. The Buyer's exclusive and sole remedy on account or in respect of the furnishing of material that does not conform to this contract, or to this written warranty, shall be to secure replacement thereof as aforesaid. Aurora Pump shall not in any event be liable for the cost of any labor expended on any such material or for any incidental or consequential damages to anyone by reason of the fact that such material does not conform to this contract or to this written warranty.

ALL IMPLIED WARRANTIES, INCLUDING THE IMPLIED WARRANTY OF MERCHANTABILITY AND THE IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, ARE LIMITED IN DURATION TO THE SAME EXTENT AS THE EXPRESS WARRANTY CONTAINED HEREIN. Some States do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply.

MANUFACTURER EXPRESSLY DISCLAIMS AND EXCLUDES ANY LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES FOR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY ARISING IN CONNECTION WITH THIS PRODUCT. INCLUDING WITHOUT LIMITATION, WHETHER IN TORT, NEGLIGENCE, STRICT LIABILITY CONTRACT OR OTHERWISE. Some States do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply.

This warranty gives you specific legal rights, and you may also have other rights which vary from State to State.

NOTE:
PUMP MUST BE REPAIRED BY AUTHORIZED AURORA/ HYDROMATIC REPAIR CENTER OR WARRANTY WILL BE VOID. IF REPAIR CENTER IS NOT AVAILABLE, RETURN PUMP TO PLACE OF PURCHASE.

[redacted]

Application Engineering
419-289-3042

AURORA/HYDROMATIC PUMPS, INC.
800 Airport Road
North Aurora, Illinois 60542
(708) 859-7000

SSPMA Certified PUMP

A UNIT OF GENERAL SIGNAL GS

AURORA PUMP

Part No.: 05625-246-1

M-SP40-1

Mecklenburg Coun
Health Department

This is a copy 2-24-95
of the letter sent to you
in regards to the
Sewage treatment +
disposal system.

December 9, 1994

Mr. Charles Booker
United Church of God
110 Dove Street
Johnston, S.C. 29832

Dear Mr. Booker:

Re: 1859 Slater Road
File: 2060B/9231A (Tax Parcel No. 041-111-09)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the sewage treatment and disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

Susan M. Bateman, R.S.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

1X750

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

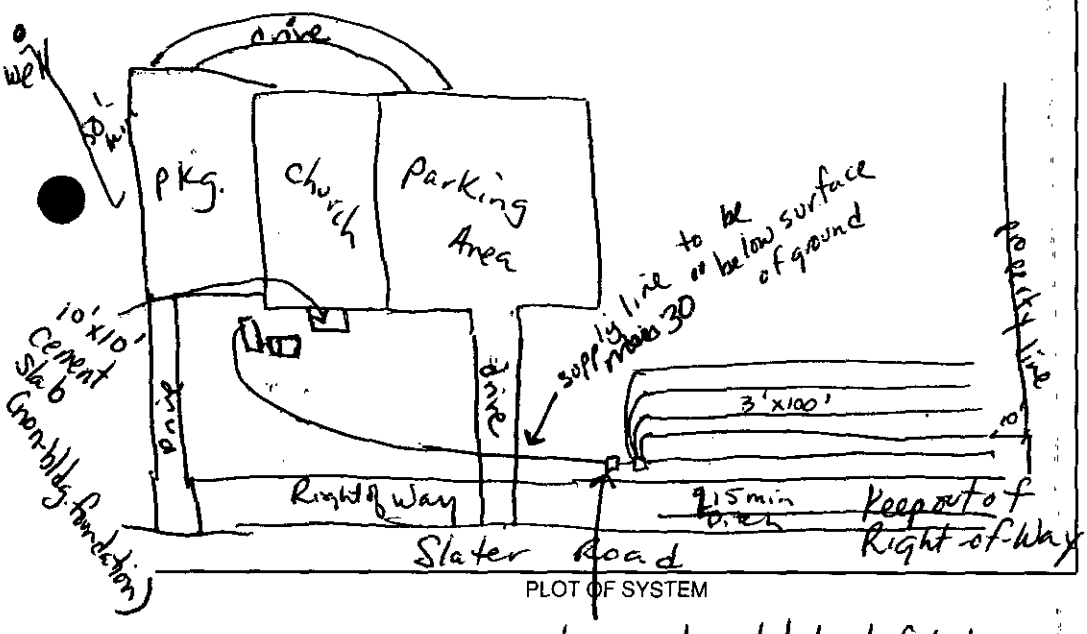
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2060 B/923/A DATE: 11-10-94

TC: 041-111-09 ☐ L

SERIAL Nº 16104

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 5-13-94. All work shall be completed on or before 12-10-94, 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

large washer style box to feed into equal dist. box

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 20"-30" to trench bottom

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 500' feet

Number of Lines 5 at 100' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 250' min feet

Keep water line min 10' from any part of septic tank system

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

NAME OF OWNER Charles Booker / United Church of God

LOCATION OF PROPERTY 1859 Slater Rd.

Comments: Install pump, pump controls + alarm according to current NC State Regs. Keep out of right-of way. Do not drive pave cement or park over any part of septic tank system. Design for 90 seat church with Kitchen.

R Newell for S Daniel

Aaron Bateman
Environmental Health Specialist

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

Mecklenburg County
Health Department

December 9, 1994

Mr. Charles Booker
United Church of God
110 Dove Street
Johnston, S.C. 29832

Dear Mr. Booker:

Re: 1859 Slater Road
File: 2060B/9231A (Tax Parcel No. 041-111-09)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the sewage treatment and disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5569 to discuss any question you may have concerning this matter.

Sincerely,

Susan M. Bateman, R.S.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Q400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2060B1923IA

#130 out 5/13/94

[ ] 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: Booker (last) Charles (first) (mi)

ADDRESS: 110 Dove St PHONE: (803) 275-2775

CITY: Johnston STATE: S.C ZIPCODE: 29832

Date:

PROPERTY OWNER: United Church of God

NAME: Booker (last) Charles (first) Sr (mi)

ADDRESS: Same PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 041-111-09

STREET ADDRESS: 1859 Slater Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 90 SEATS
Type Business Church # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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 [ ] 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: Charles Booker Jr Date: 5-13-94

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.

... 90 seat church with kitchen

[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

Philo S. Walker 5/17/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

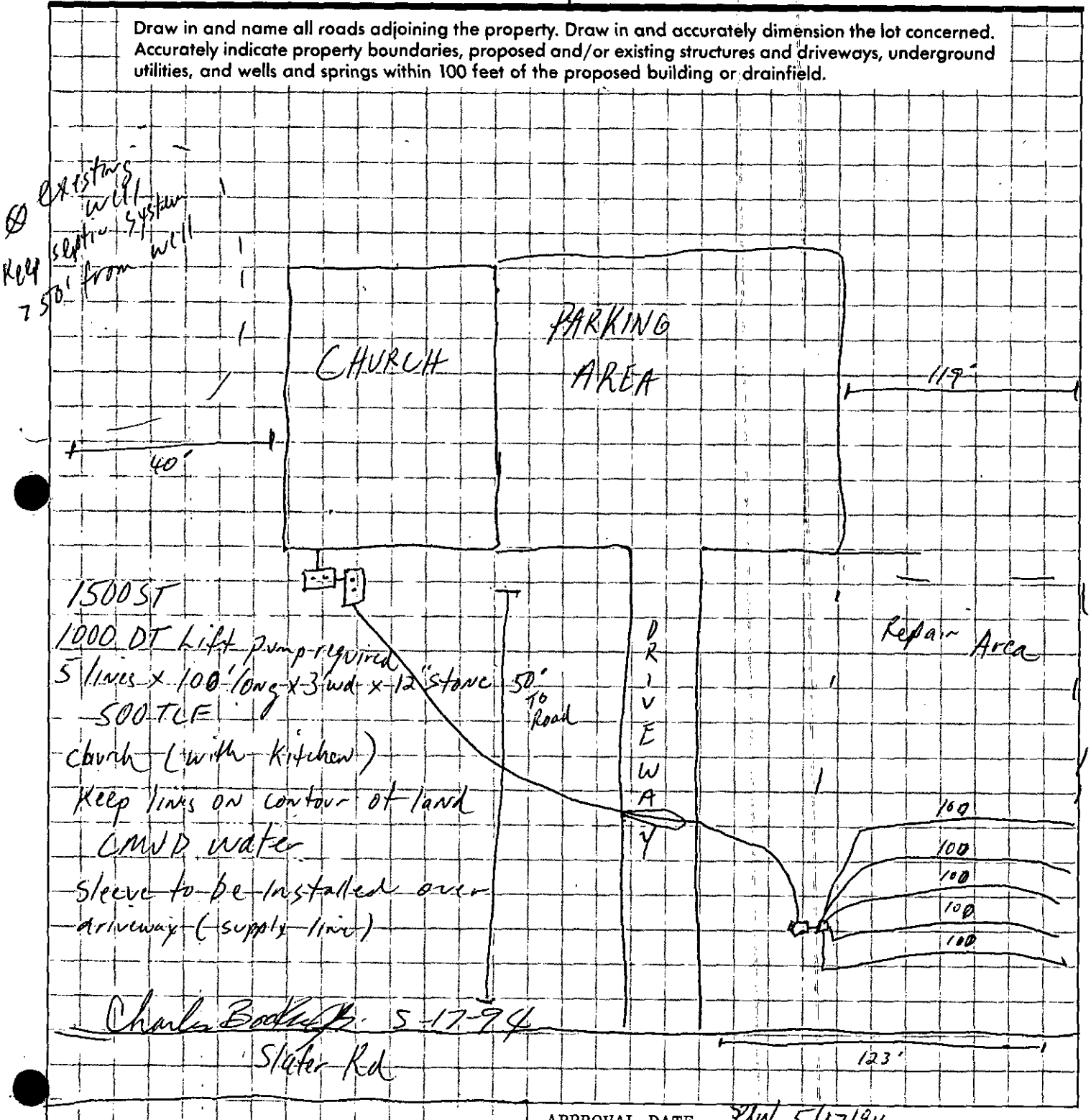
PROPOSED PLOT PLAN

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

FILE: 2060B/9231A

TC: 041 111 09

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.



APPROVAL DATE RBW 5/17/94

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: 2060B/923/A

TC: _____

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.

SEE Attached "

APPROVAL DATE _____

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: 2060B/9231A

TC: _____

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.

"SEE Attached"

APPROVAL DATE _____

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

November 18, 1993

Louisa C. McAulay
P. O. Box 285
Huntersville, NC 28078

RE: Property located on 1859 Slater Road
FILE: 2060B/9231A
PARCEL: 041-111-09P0

Dear Mr. McAulay:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20145) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

URG COUNTY HEALTH DEPARTMENT
LUATION REPORT
NUMBER 20145

File: 2060 B/9231A Action 1
Parcel: 041-111-09 PC ☐ PC

tion: 1859 Slater Road

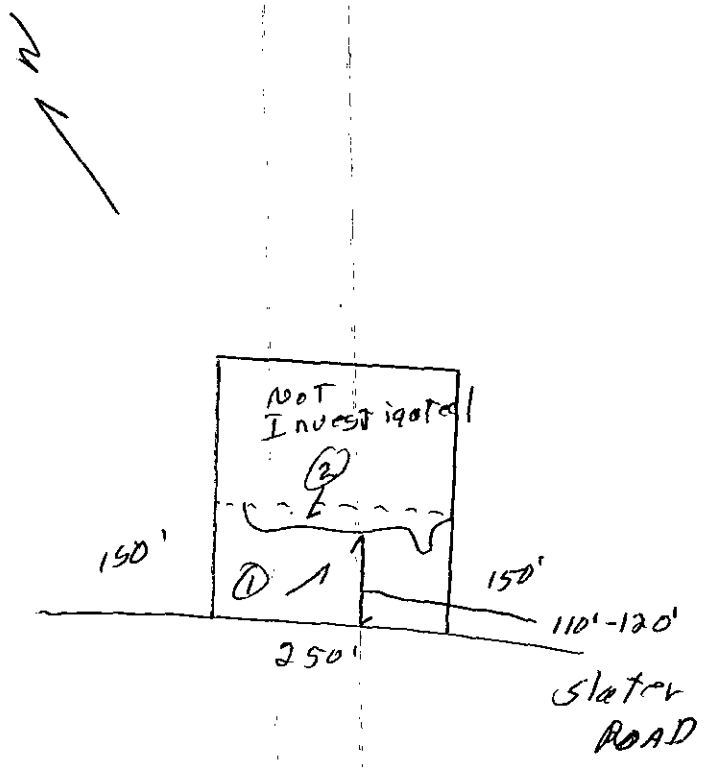
ubdivision:

Lot: Block: Acres: .86 inv.

Owner: Louisa C. McAuley
Address: PO Box 285
Huntersville, N.C. 28078

Comments: Not sure of 100% repair as requested. 3 gal/ft 2/ day LTAR

Described by: William R. Marlin
Date: 11-19-93



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Complex Slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+8" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7+0"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Lilo	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2060B/2331A

Rec'd 50.00 Cash
on 11/17/93 [ ] 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

PERSON FILING APPLICATION:

NAME: Booker (last) Charles (first) (mi)

ADDRESS: 110 Dove St. PHONE: (803) 275-2775

CITY: Johnston STATE: SC ZIPCODE: 29832

Date: Nov. 17, 1993

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 041-111-09

STREET ADDRESS: 1859 Slater Rd. Charlotte, NC

ZONING: R-9

PROPERTY OWNER:

NAME: McAulay (last) Louisa (first) C. (mi)

ADDRESS: P.O. Box 285 PHONE: (704) 875-6872

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 1.72

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 (M)
[ ] 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) [x] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (H) [ ] 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)
[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 [ ] 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: Louisa C. McAulay Date: 11-17-93

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.

...

[ ] 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

WWATER : 122791

Had under address Proj # 990119

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 Cash 11/17/93 [ ] CRT

2060B/2331A

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: Booker (last) Charles (first) (mi)

ADDRESS: 110 Dove St. PHONE: (803) 275-2775

CITY: Johnston STATE: SC ZIPCODE: 29832

Date: Nov. 17, 1993

PROPERTY OWNER:

NAME: McAulay (last) Louisa (first) C. (mi)

ADDRESS: P.O. Box 285 PHONE: (704) 875-6872

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 041-111-09

STREET ADDRESS: 1859 Slater Rd. Charlotte, NC

ZONING: R-9

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.72

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) [x] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] 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)
[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 [ ] 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: Louisa C. McAulay Date: 11-17-93

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.

...

[ ] 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

PROPOSED PLOT PLAN

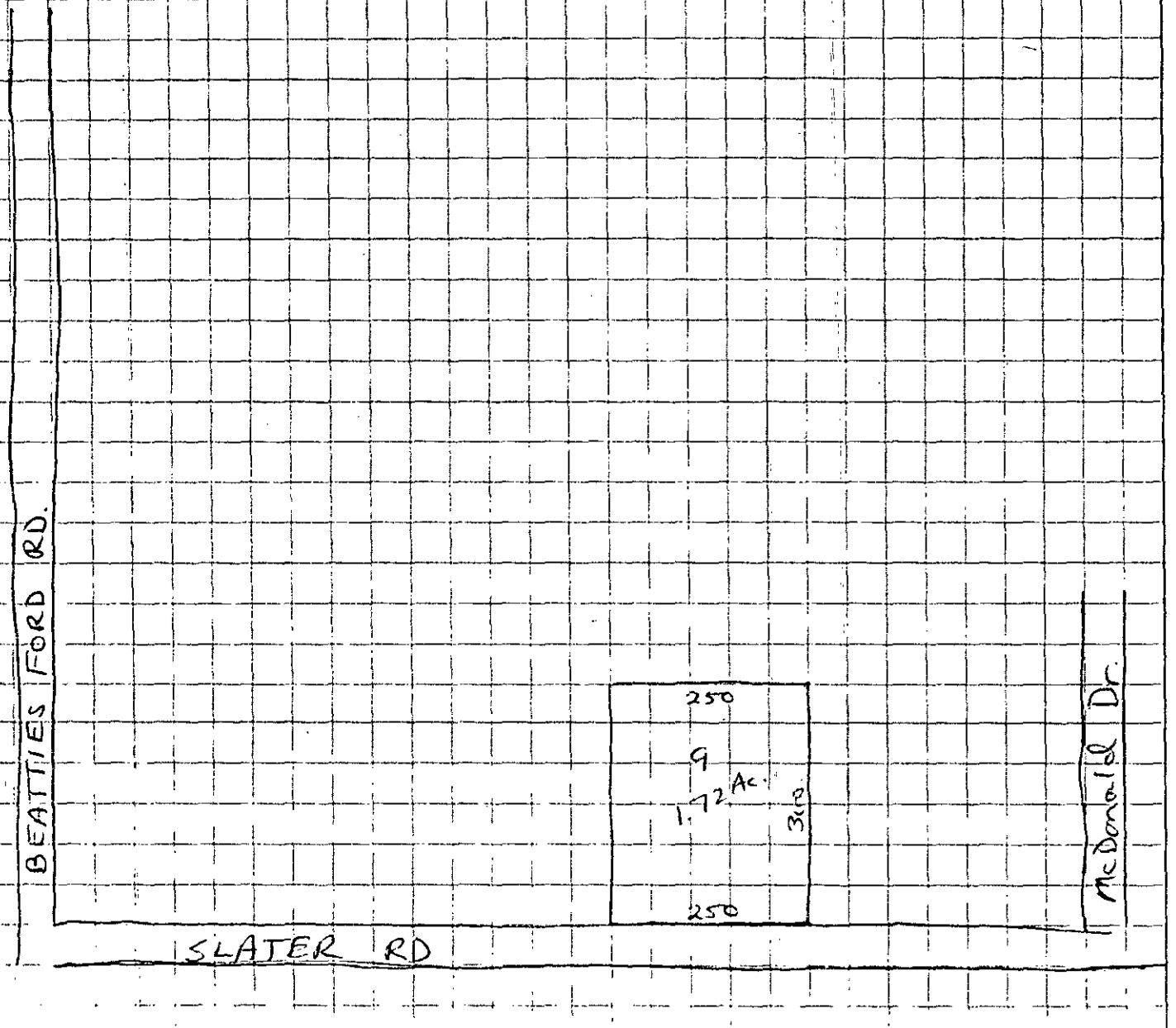
COPY

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

FILE: 20618/5231A

TC: 041-111-09

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.



APPROVAL DATE _____

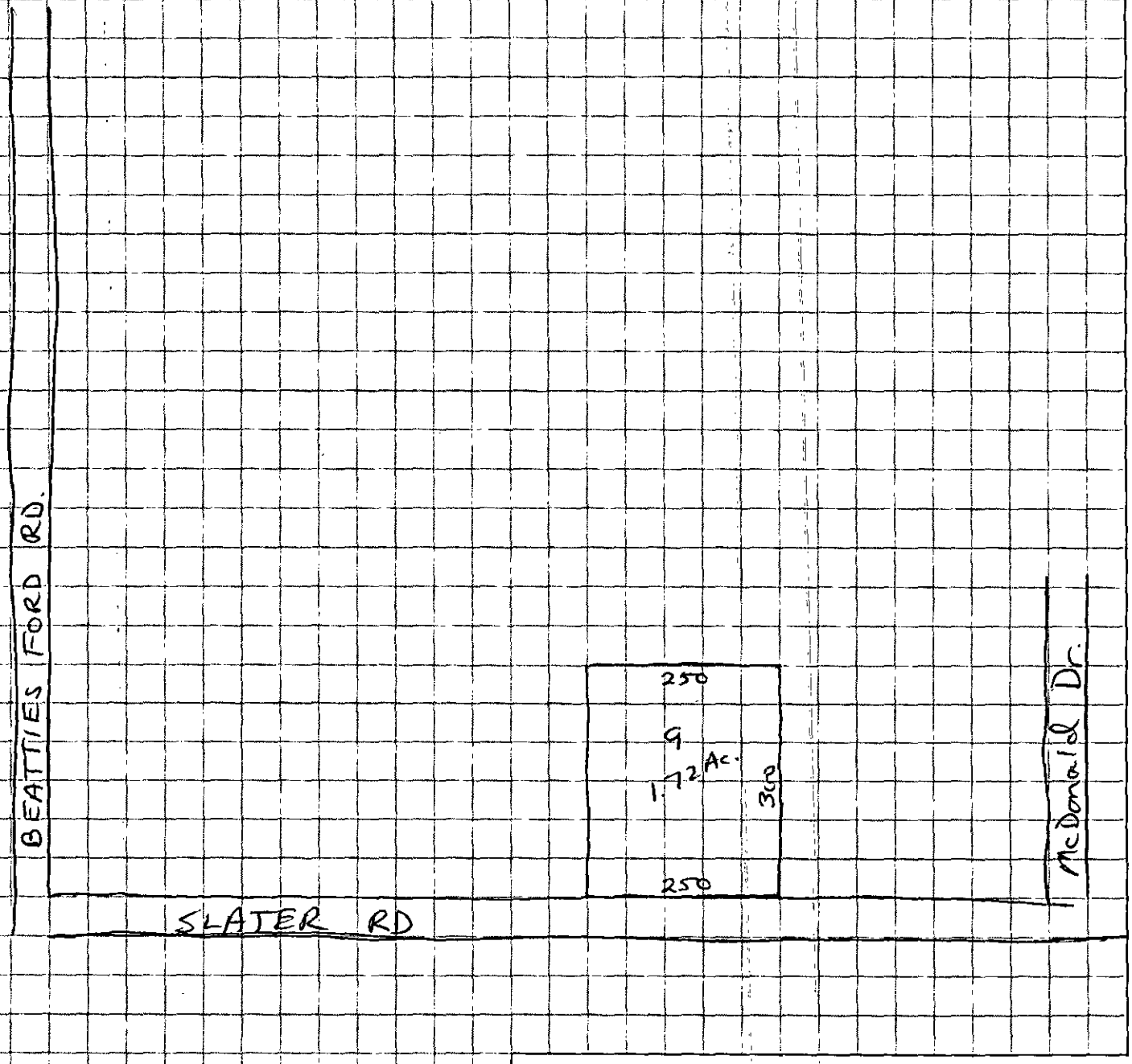
PROPOSED PLOT PLAN

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

FILE: 20608/5231A

TC: 041-111-08

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.



APPROVAL DATE _____

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

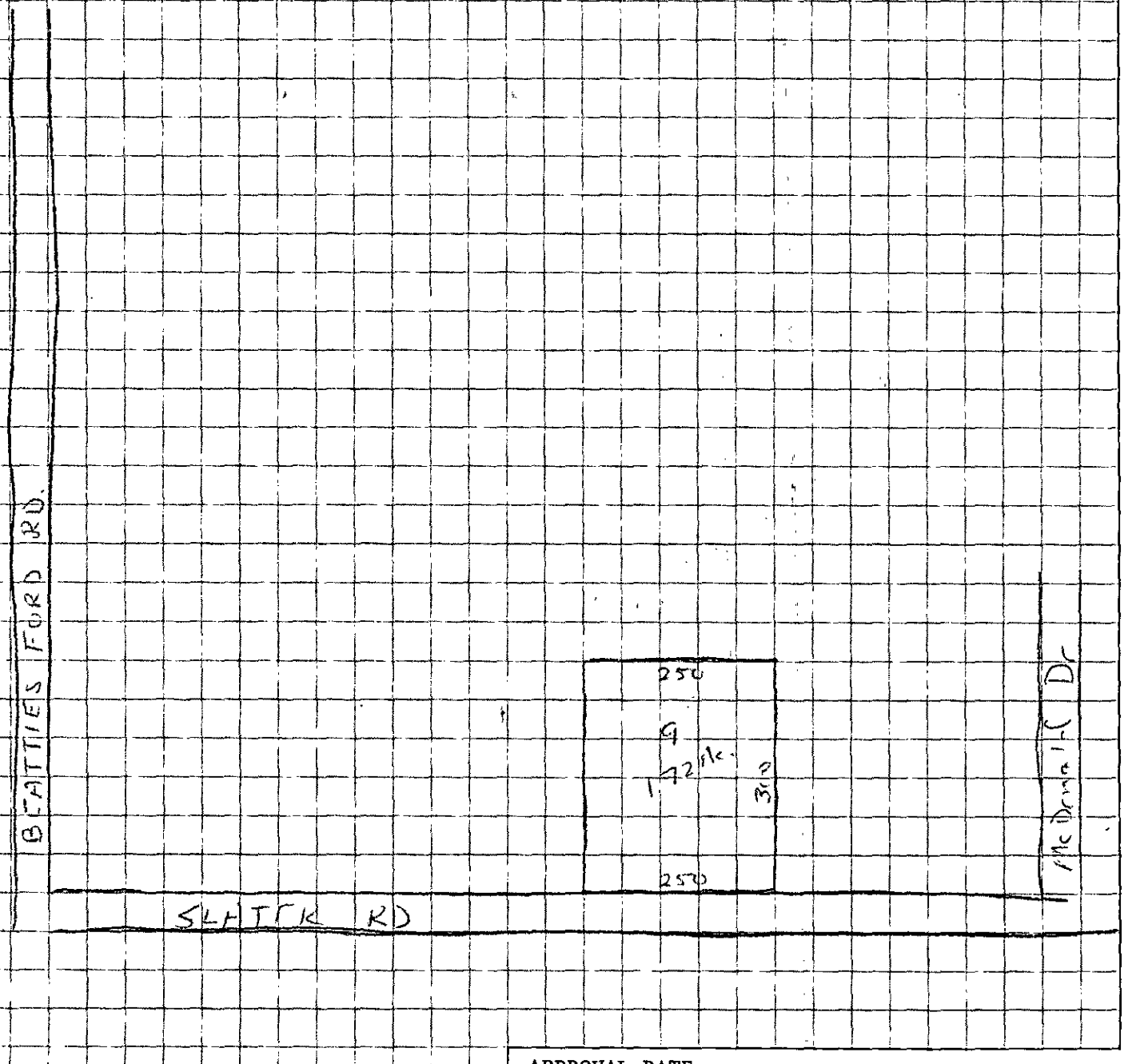
PROPOSED PLOT PLAN

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

FILE: 20108/5235A

TC: 041-111-09

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.



APPROVAL DATE _____

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