

15029 WAYMART LN

19933132

7/18/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 14139 DATE: 5/21/93

TC: 199-331-01 ☐ L ☐ CRT

SERIAL Nº 15279

Name of Owner Darryl G Bowles Juris.:

Address of Property 15029 Waynart LANE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 533'

Number of Lines 5 @ 107

Cover Depth 12

Water Supply Source Well

Distance to Water Source ±50'

Excavation Inspected 5/19/93

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected EXISTING

PLOT

Design: 1600 SQFT. PI, DV(2), MOD, 12G, CCIL CTR: RCS
PUMP TO CONVENTIONAL REPAIR

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 Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

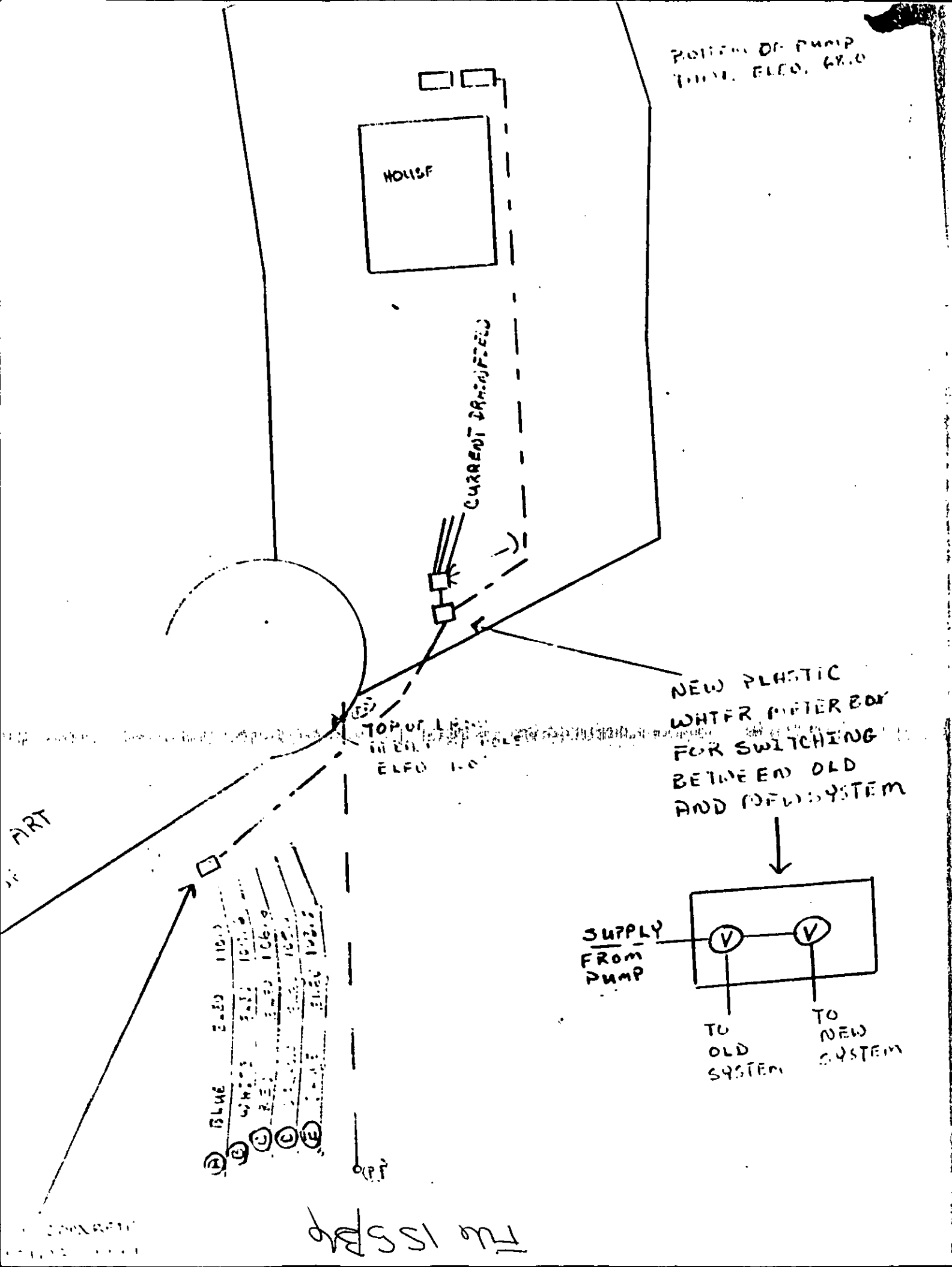
☑ Certificate of Completion ☐ Operation Permit

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 15A NCAC 18A .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: This system was repaired/altered without prior notification for approval from this department. Pump was repaired with Zoeller 63 [redacted] Installed by design of Jim Johnson P.E. T&D Panel.

Mike D. Newell, R.S.
Environmentalist

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


HOUSE
CURRENT DRAWFEED
NEW PLASTIC
WATER METER BOX
FOR SWITCHING
BETWEEN OLD
AND NEW SYSTEM
SUPPLY
FROM
PUMP
V
V
TO
OLD
SYSTEM
TO
NEW
SYSTEM
BLUE

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County	Darryl G. Bowles	15536
Health Department	Name of Establishment	Permit/Project No.
15029 Waymart Lane	Residence	480GPD
Location	Type of Establishment	Design Flow
Darryl G. Bowles	15029 Waymart Lane	
Owner/Agent	Address	Phone
NA		
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?	☐	☐	Could not open manhole lid
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?	☐	☐	NA
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	Could not access
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?	☑	☐	Supply line was broken by excavation.
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	After construction have line buried
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	and protected from future mishaps.
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?	☐	☐	NA
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump tanks every 3-5 years.	

DATE: 5/10/01 SIGNED: Terry P. Mebane R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following 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 (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____
[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 sanitary sewage 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 sewage 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 Environmental Health Services 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:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

COPY

Darryl G. Bowles
15029 Waymart Lane
Charlotte, NC 28278

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
Darryl G. Bowles	15029 Waymart Lane	199-331-01	15536	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
4/05/2001	5/7/01

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

Rec'd $85.00 Check 179 4/18/01 SC

Mecklenburg County
Health Department

April 5, 2001

Darryl G. Bowles
15029 Waymart Lane
Charlotte, NC 28278

Dear Mr. Bowles:

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. The 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 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,

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Darryl G. Bowles
15029 Waymart Lane
Charlotte, NC 28278

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

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Total Amount Due: $85.00

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_____

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4/05/2001	5/7/01

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

PROPOSED PLOT PLAN

FIR 15536

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

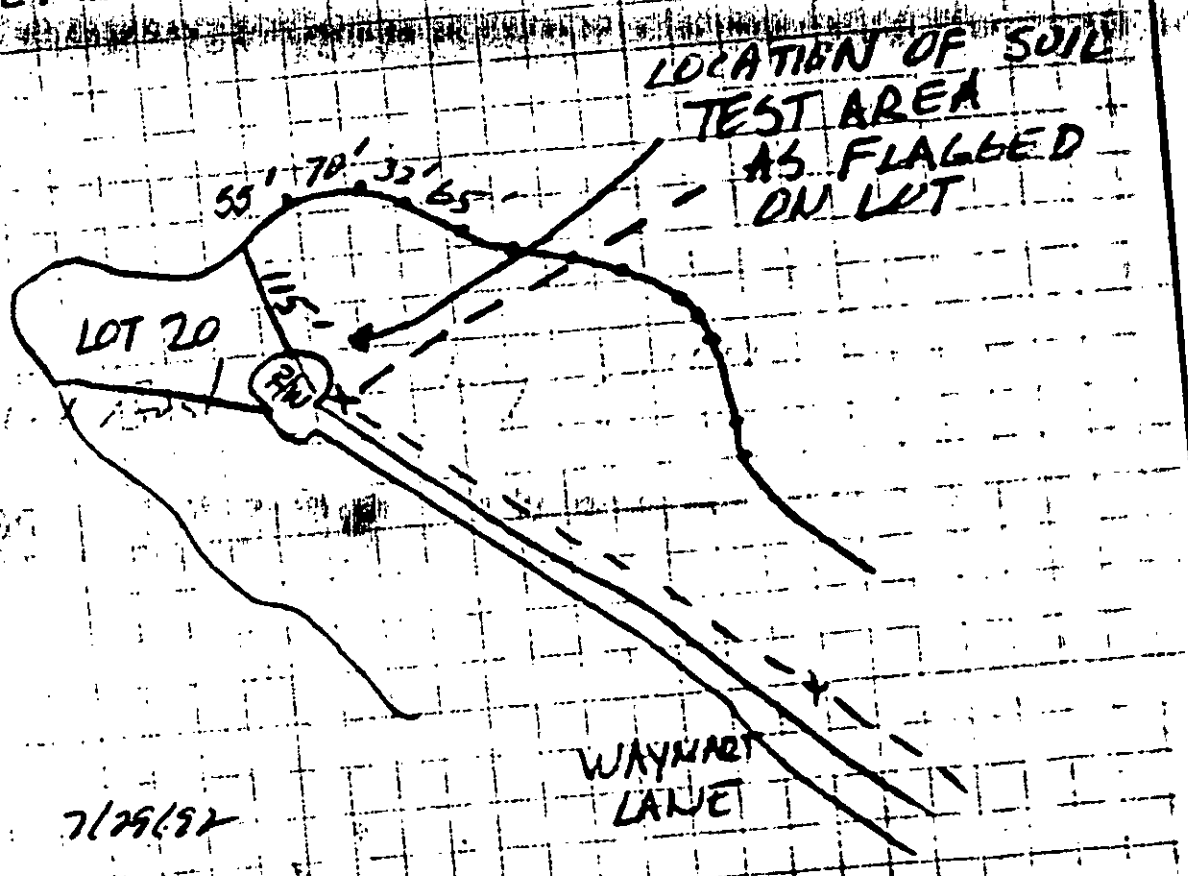
FILE: 7439

TC: 199-331-01

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 SURVEY

PURPOSE OF INVESTIGATION IS TO TEST A SPECIFIC FLAGGED LOCATION ON TRACT "A" FOR USE AS A REPAIR SYSTEM FIELD TO OFFER REPAIR OF EXISTING SYSTEM ON ADJACENT LOT # 20



Marie 7/25/92

APPROVAL DATE _____

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



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ISSI Operations Center Staff

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 15536 ☐ CRT

17439

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: Bowles (last) Darryl (first) G (mi)
ADDRESS: 15029 Waymart Ln PHONE: 704 588-1055
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 5/17/93

PROPERTY OWNER:
NAME: Bowles (last) Darryl (first) G (mi)
ADDRESS: 15029 Waymart Ln PHONE: 704 588-055
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00-199-33-01
STREET ADDRESS:
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT NUMBER: 20 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (S)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (NC)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (V)
☐ ADDITION - INCREASE NUMBER/CONFIGURATION/MOBILE HOME SIZE (A) or (N)
☐ COMMERCIAL OR INDUSTRIAL (NC)
☐ SOIL TEST REVALIDATION (R)
☐ ADDITION - GARAGE OR ELIMINATION/NO MAJOR CHANGES (A)
☐ CERTIFIED ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (S)
☒ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (SM) ☒ HOUSE (NC) ☐ MULTIPLE FAMILY (MF)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (MH) ☐ OTHER _____ (OT)

BEDROOMS: 3 PROPOSED OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Max Shifts ___ ___ ___
Industrial Wastes (IW) ___
Underground Storage Tanks On Property (UT) ___ Type _____

WATER SUPPLY SOURCE (check):
☐ (C) Community (WC) ☐ (W) Well (WC)
☐ (M) Municipal (WM) ☐ (O) Other "existing" (WO)
☒ (P) Private Well (WP)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE EVALUATED (check all that apply):
☐ (B) Building Bond ☐ (A) Apartment ☐ (S) Subdivision ☐ (W) Warehouse ☐ None
☐ (G) Garage ☐ (O) Office Buildings ☐ (R) Church/Parish ☐ (M) Mini-storage ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above on the Health Department Application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department the proper entry into the property for the purpose of processing this request.

Signature: [signature] Date: 5/17/93

NOTICE:

This undersigned, an authorized agent of the Mecklenburg County Health Department, has visited the above referenced property and has made observations in order to evaluate the site for the proposed installation of a septic tank system. This evaluation is granted on the following provisions:

...No work shall be conducted on the septic tank system until an Installation, Construction, Alteration Permit approval is granted by this Department.

...This permit is not transferable.

...

☐ (S) SATISFACTORY FOR USE - VALID FOR _____ FROM ISSUANCE
☐ (R) REPAIR SATISFACTORY - VALID FOR _____ FROM ISSUANCE
☐ (A) ADDITION/ALTERATION APPROVAL - VALID FOR _____ FROM ISSUANCE

Environmental Health

Date

Director or Authorized Representative

Date

VALID FOR _____

[redacted] ENVIRONMENTAL HEALTH File #9439 File

[redacted] 778 Phone 10 199-33[redacted] 1558

Location: Wayman Ln

Subdivision:

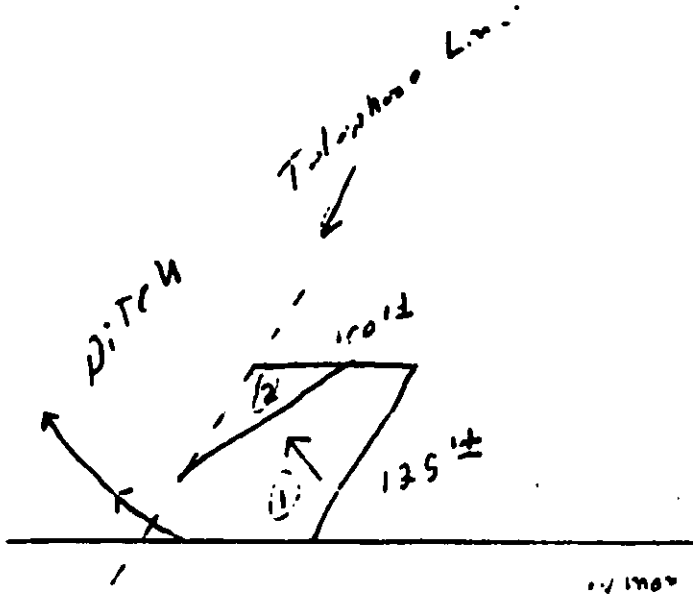
Lot: Block: Acres: .78

Owner: Ronnie Bow
Address: Trident Resources
PO Box 1003

Comments: Septic Evaluation
11-22-89 Septic Test/clay
1 BR

Described by: William F. Harris

Date: 2-1-92



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
P = 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 6-12%	(S) PS U 6-12%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Expansive clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub Blocky	S (PS) U sub Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" water	S (PS) U 24"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"	S (PS) U 24"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U
C (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Ustic Camborthids	Typic Paleargids Lillo				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS

File 15536

TRACT 3

R25	N24°23'00"E	108.11'
R26	N31°24'00"E	64.12'
R27	S72°29'00"E	72.32'
R28	S34°24'00"E	92.28'

TRACT 4

R29	N23°16'00"E	102.12'
R30	N37°46'00"E	240.00'
R31	S65°47'00"E	160.28'
R32	S25°39'00"E	73.93'
R33	S31°24'00"W	50.76'
R34	S34°39'00"W	104.11'

DUKE POWER COMPANY
COPPERHEAD ACCESS AREA
LEASED TO
MECKLENBURG COUNTY
REF. DWG. NO. L.W. 41-H-2

TRACT 2

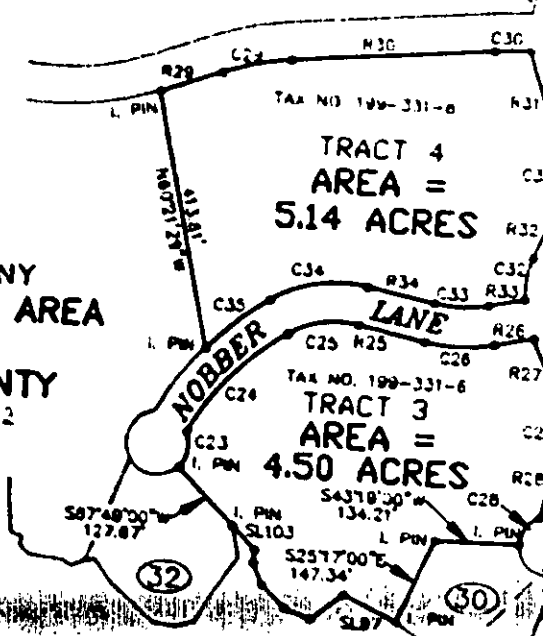
SL21	S52°09'00"E	31.20'
SL22	S27°31'00"E	26.40'
SL23	S79°33'00"E	47.79'
SL24	N57°19'00"E	36.60'
SL25	N69°38'00"E	19.42'
SL26	N36°41'00"E	85.63'
SL27	N58°25'00"E	69.42'
SL28	N66°20'00"E	52.99'
SL29	N72°43'00"E	50.16'
SL30	N62°45'00"E	53.23'
SL31	S56°37'00"E	30.55'
SL32	S68°36'00"E	19.42'
SL33	N88°31'00"E	40.62'
SL34	N42°30'00"E	44.77'
SL35	N18°45'00"E	42.95'
SL36	N36°54'00"E	29.07'
SL37	N53°30'00"E	50.22'
SL38	N19°13'00"E	68.39'
SL39	N26°57'00"E	19.42'
SL40	N75°32'00"E	15.01'
SL41	S64°41'00"E	10.68'
SL42	N37°17'00"E	39.60'
SL43	N00°52'00"E	20.48'
SL44	N06°25'00"E	46.05'
SL45	N12°09'00"E	43.05'
SL46	N80°43'00"W	10.00'
SL47	S16°25'00"W	49.31'
SL48	S02°09'00"W	40.31'
SL49	S06°25'00"W	49.05'
SL50	S45°49'00"W	9.93'
SL51	N78°50'00"W	25.34'
SL52	S83°19'00"W	52.65'
SL53	S37°45'00"W	30.67'
SL54	S28°38'00"W	31.70'
SL55	S79°14'00"W	100.01'
SL56	S64°33'00"W	41.00'
SL57	S81°24'00"W	84.15'
SL58	S56°37'00"W	64.74'
SL59	S74°23'00"W	109.91'
SL60	S84°58'00"W	86.62'
SL61	N76°07'00"W	86.62'
SL62	N84°33'00"W	101.24'
SL63	N84°33'00"W	10.24'
SL64	N84°33'00"W	14.32'
SL65	N86°22'00"W	30.38'
SL66	N84°44'00"W	49.35'

TRACT 3

SL67	N26°38'00"E	70.46'
SL68	N44°48'00"E	30.13'
SL69	N43°39'00"E	35.17'
SL70	N20°00'00"E	27.40'
SL71	N13°49'00"E	41.40'
SL72	S84°19'00"E	31.64'
SL73	N68°34'00"E	43.09'
SL74	N66°26'00"E	34.00'
SL75	N66°31'00"E	47.29'
SL76	N21°45'00"E	12.77'
SL77	N17°53'00"E	116.05'
SL78	N11°45'00"E	116.05'
SL79	N19°00'00"E	119.02'
SL80	S12°27'00"E	116.56'
SL81	S12°44'00"W	116.02'
SL82	S28°44'00"W	79.84'
SL83	S29°37'00"E	33.98'
SL84	S44°09'00"E	79.41'
SL85	S10°31'00"E	33.81'
SL86	S39°27'00"W	29.34'
SL87	S70°04'00"W	102.04'
SL88	S57°35'00"W	78.16'
SL89	S33°42'00"W	78.16'
SL90	S16°40'00"W	69.32'
SL91	S10°37'00"E	10.53'
SL92	S07°46'00"E	47.12'
SL93	S13°29'00"E	93.44'
SL94	S24°11'00"W	74.94'
SL95	S40°32'00"W	42.19'
SL96	S39°16'00"W	84.32'

TRACT 3

SL97	S69°29'00"W	94.49'
SL98	S20°35'00"W	57.15'
SL99	S44°10'00"W	43.65'
SL100	S87°17'00"W	58.34'
SL101	N71°23'00"W	39.31'
SL102	N43°29'00"W	20.00'
SL103	S88°09'00"W	32.72'



DUKE POWER COMPANY
LAKE WYLIE

NOTE:
THIS MAP MADE FROM A COMPOSITE OF MAPS RECORDED IN: PLAT BK. 17, PAGES 596, 597, 598.
DATED: SEPTEMBER 21, 1976
UNLESS OTHERWISE NOTED.

NOTE:
THE FOLLOWING INFORMATION IS FROM ACTUAL SURVEY DATED: MARCH 26, 1992. BEARINGS & DISTANCES ALONG ROAD R/W. LIMITS NO.S "R16" & "R17", AND CURVE DATA NO.S "C15" & "C16".

MECKLENBURG
"SOUTHWEST NATURE
(CRESCENT RESOUR
CAT. DWG. NO.

DCA FILE 411, DISK C9	
CRI WORK SHEET 1266	
S.C. = 1" : 10,000'+	
DRAWN BY - D. HOVIS	
SURVEYED BY - P. W. 3/26/92	
CHECKED BY -	

TOTAL AREA = 61.64 A

3/13/00

This information is placed in the file for microfilming to add to file #15536.

The repair for 15029 Waymart Lane, File 15536 is contained

in file #17439, Waymart Lane.

Mecklenburg County
Health Department

File 15534

Per Panel

Line	Line type	Line Length
A	conv	110
B	conv	110
C	conv	110
D	conv	110
E	conv	110
Totals		550

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 3.17
Total lift = 42.00 (110.00 - 0 - 68.00 = -42.00' elev.
TDH = 45.17

Pump Size: 25 (20.00/.8) gallon per minute at 46 feet of head

Pump cycle should be 20 min or 300 gallons

Head #

Friction loss: supply line = 240 lf = 2.40 x 1.25 = 3.00
fittings = 2.6 x .2 = + 0.53
total = 3.1'

File 15536

Date: March 16, 1993

From: T J Systems
P.O. Box 73
Scotts, N.C. 28695

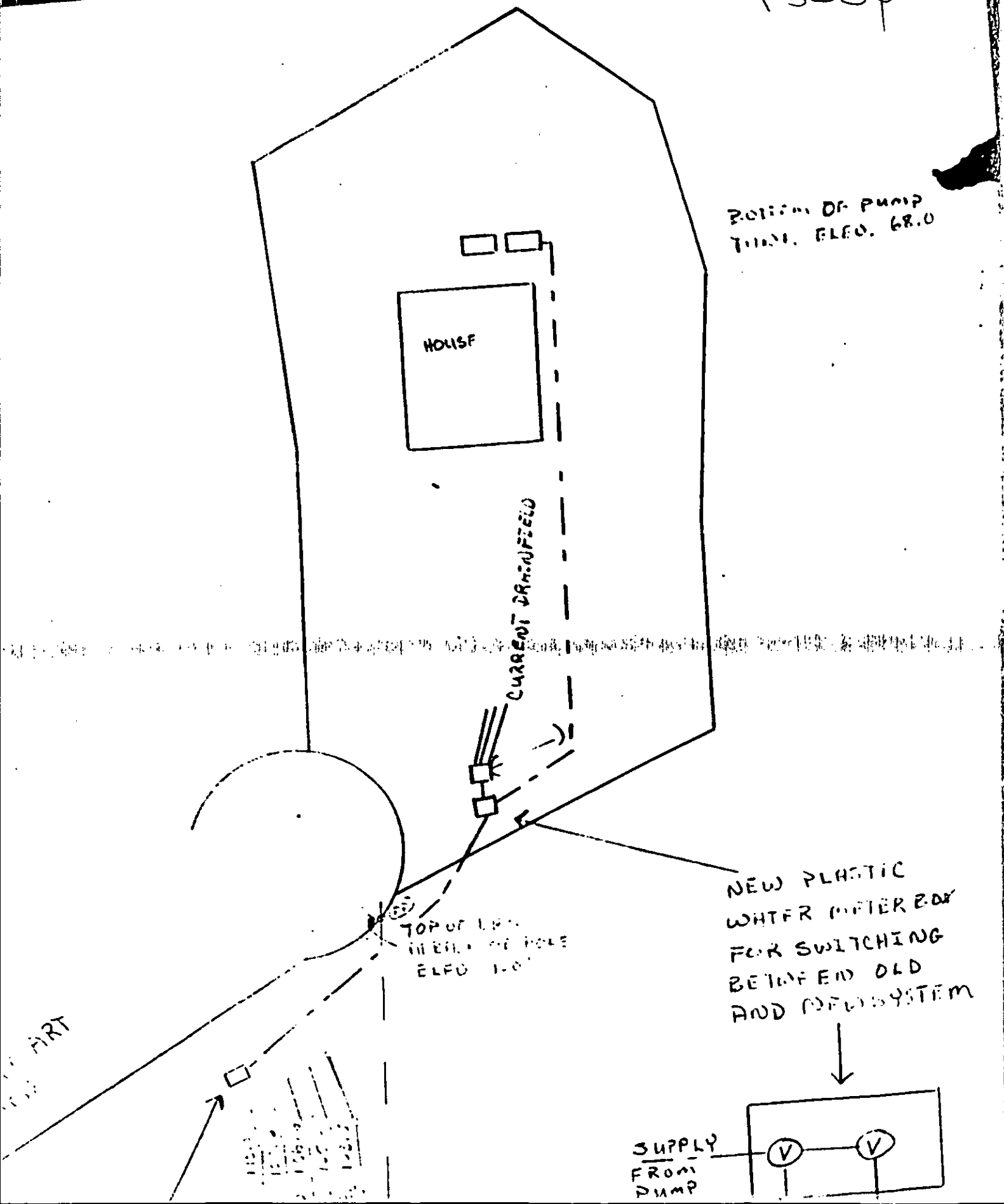
To: Darrell & Donna Bowles
15029 Waymart Lane
Charlotte, N.C. 28278
Phone 704- - W 704-588-1188 x

Subject: Lot 20 tract 1A Mecklenburg County
File # : 17429.MEC
Parcel :

System type: conventional System with pressure dose to gravity distribution.

This system is designed for a four bedroom [illegible] at an application rate of .3 gpd. [illegible] conventional drainfield. This system shall be installed in accordance with all state and local rules and regulations. Soil evaluation was supplied by the county.

File
15534


HOUSE
CURRENT DRINKFIELD
NEW PLASTIC
WATER METER BOX
FOR SWITCHING
BETWEEN OLD
AND NEW SYSTEM
SUPPLY
FROM
PUMP
V
V