

9300 BRENDA ANN RD

11316201

12/17/07

duponbj

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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
289B — Permit/Project No.
9300 Brenda Ann Road — Location
Name of Establishment: residence
Type of Establishment
360 gpd — Design Flow
Jeffrey L. Matthews, 9300 Brenda Ann Road, Charlotte 28214 — Owner/Agent; Address; Phone
N/A — Operator; Address; Phone
Remarks: III b

	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?	☐	☐	Recommend pumping septic tanks at 3-5 year intervals
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?	☑	☐	Cannot operate pump by hand. Everything is wired straight without plug ins or H-O-A switch.
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: System looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7-14-99 SIGNED: Larry B. Thompson Jr. R.S. AGENT
Division of Environmental Health

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)

Mecklenburg County
Health Department

June 20, 1999

Jeffrey L. Matthews
9300 Brenda Ann Road
Charlotte, NC 28214

Dear Mr. Matthews:

During a recent investigation of the property located at 9300 Brenda Ann Road, Charlotte, North Carolina, a well water sample was collected. The laboratory analysis of the well water was reported to be positive for coliform bacteria. The presence of bacteria indicates a source of contamination. It is recommended that the well be chlorinated. The procedure for chlorination of a well is enclosed.

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

Sincerely,

Larry B. Thompson, Jr., R.S.

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

Enclosure

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Jeffrey L. Matthews

Address: 9300 Brenda Ann Road

Charlotte Zip: 28214

Collected By: L. Thompson

Date Collected: 7.14.99 Time: 1:45 AM (PM)

Sample Source: kitchen sink

Date Delvd. to Lab: 7.14.99 Time: 3:08 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Community
- ☐ Other (specify)
- ☐ Non-Community
- ☐ City

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.	Non-Coliform	_____ /100 ml.
Fecal Coliform	Absent /100 ml.	Plate Count	_____ /gm. or ml.
Fecal Strep	_____ /100 ml.	Coliform Count	_____ /gm. or ml.
Enterococcus	_____ /100 ml.	*Pseudomonas aeruginosa*	_____ /100 ml.

Laboratory Comments:

Date Received: 7-14-99 Date Reported: 7-15-99

Received By: MW Analyst: MW Lab #: 730

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

March 22, 1999

Jeffrey & Laurie Matthews
9300 Brenda Ann Rd.
Charlotte, North Carolina 28214

Re: Maintenance Inspection
9300 Brenda Ann Rd.

Dear Mr. & Mrs. Matthews:

Thank you for your letter in response to the Mecklenburg County Health Departments septic system inspection fee notice. We will take your request under consideration and work within our legal boundaries to help alleviate the financial hardships you are currently experiencing.

Please be advised that our department is obligated to comply with State mandates regarding septic system inspections. The Mecklenburg County Board of Health has exercised its power pursuant to the North Carolina General Statue 130A-39(g) to impose fees for services in order to offset county dollars for program operation. These inspections are very important towards protecting our groundwater resources and the overall health and well being of the citizens of Mecklenburg County.

It is the goal of our program to protect our environment while not burdening the citizenry with undue financial hardships. We will be in contact with you soon. If you have any questions concerning this matter please do not hesitate to call me at (704) 336- 5568.

Sincerely,

Larry B. Thompson, Jr., R.S.
Coordinator
Managed Systems Program

Laurie & Jeffrey Matthews

[redacted]

9300 Brenda Ann Road
Charlotte, NC 28214
704 391 0552

March 15, 1999

File

Larry B. Thompson, Jr., R.S.
Mecklenburg County Health Department
700 N. Tryon Street, Suite 211
Charlotte, NC 28202-2236

Re: Maintenance Inspection Statement
File No. 289B

Dear Mr. Thompson:

We are in receipt of your recent correspondence and the c
understand from your letter that outlined inspections are to be rep
evidenced by the enclosed letter, dated July 20, 1995, an inspecti
purchase of the property was undertaken less than four years ago.

My husband, Jeffrey, underwent a liver transplant April 15, 1998. Since November, 1997 he has been unable to work. He continues to be disabled while undergoing Interferon and Ribavirin therapy in an attempt to eradicate the underlying Hepatitis C. The expenses for the transplantation, subsequent hospitalizations and ongoing therapy are quite daunting for a single income household. As such, the inspection fee would prove a severe financial hardship at this time.

Accordingly, in light of the timing of the last inspection and the extreme hardship that would be created by proceeding with the inspection at this time, we respectfully request that the inspection be set over to the five-year anniversary of the previous inspection or, alternatively, that the inspection fee be waived or substantially reduced.

Thank you for your consideration.

Sincerely,

Laurie A. Matthews

Mecklenburg County
Health Department

July 20, 1995

Daniel H. Porter
8620 Wilkinson Blvd.
Charlotte, NC 28214

Dear Mr. Porter:

At your request, a well water sample was collected on the property located at 9300 Brenda Ann Road, Charlotte, North Carolina, on July 18, 1995.

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

If you have any questions concerning this matter, please contact me at 336-5572.

Sincerely,

Judy J. Kiser R.S. for

Toni Higgins Bunney, R.S.
Individual Water and Wastewater Systems

THB:gf

Jeffrey & Laurie Matthews
9300 Brenda Lane

CHARLOTTE, NC 282
PM
16 MAR
1999

USA
First-Class Rate

Larry B. Thompson, Jr., R.S.
Mecklenburg County Health Department
700 N. Tryon Street, Suite 211
Charlotte, NC 28202-2236

28202/2236

Call Orange county

- Sen Stratton
- Adm. Renalty
- Intent to Suspend
- call Jack Lyon
  - Super non renty
  - agenda item.

  intent to suspend
  under administrative code
  for failure to pay fees.

Mecklenburg County
Health Department

February 16, 1999

Jeffrey L. and Laurie L. Matthews
9300 Brenda Ann Road
Charlotte, NC 28214

Dear Mr. and Mrs. Matthews:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 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, a bacterial sample 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,

Larry B. Thompson Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~8181A 1289S 5116A 1224S~~ DATE: 7/29/93

TC: 113-162-01 ☒ L ☒ CRT

SERIAL № 15167 400'

Name of Owner: DAN H. Porter Juris.:

Address of Property: 9300 Brenda Ann Rd

Inspection Data:

Tank Material: PCC

Total Length of Drainfield: 400'

Number of Lines: 4 @ 100'

Cover Depth: 24"

Water Supply Source: well

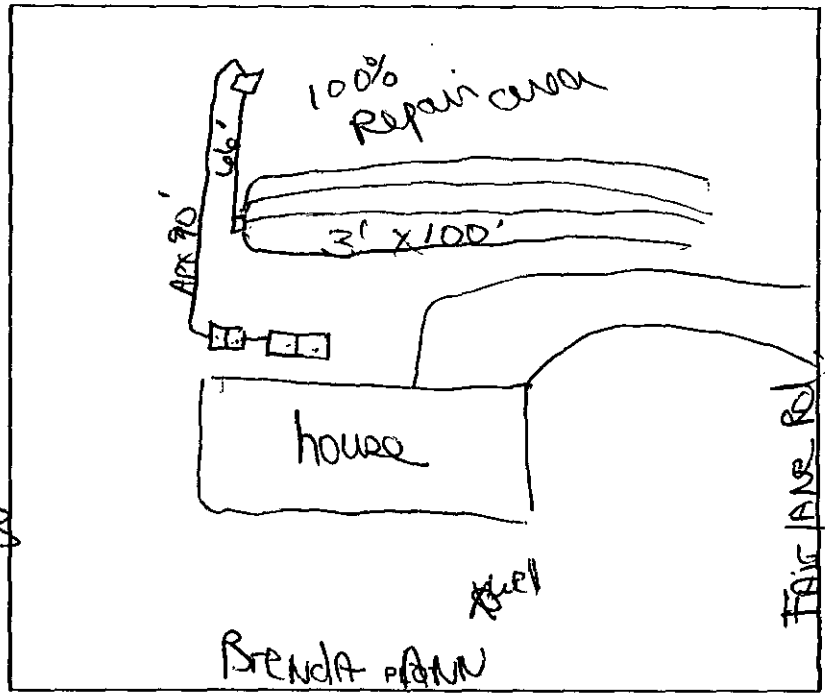
Distance to Water Source: > 50'

Excavation Inspected: 7/29/93

Tank(s) Inspected: 7/27/93, 7/29/93

Wash Line Inspected:

High Water Alarm Inspected: 7/29/93



Design: 1993, 1500 St, 1000 Gal, 1200 SFT, 12"6 Trench CTR# 57

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: System designed for 3 bedroom home

Gould 3871 1/3 Hp 115volt 10.6 Amph.

Type III

Judy J. Rucci RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

$40

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

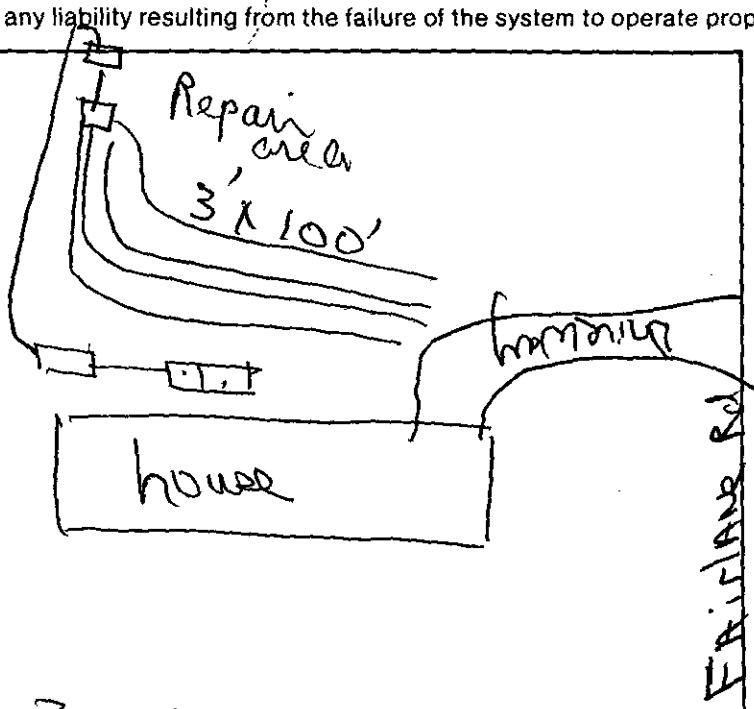
8181 A | 289 B

FILE: ~~8110 A~~ | ~~2208~~ DATE: 7/6/93

TC: 113-162-01 A L

SERIAL Nº 15369 L ☑

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 5/5/93. All work shall be completed on or before 8/6/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER DAN & Porter

LOCATION OF PROPERTY 9300 BRENDA ANN Rd

Comments: INSTALL 2 D-Boxes, 4 trenches 3'x100'x12" Stone

Division or Section Head

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

8181A 289B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ 200' 1/5/93 CK MJ 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: 1-5-93

PERSON FILING APPLICATION:

NAME: PORTER (last) DONALD (first) G (mi)

ADDRESS: 8620 WILKINSON BLVD PHONE: (704) 394-6319

CITY: CHARLOTTE STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-162-01

STREET ADDRESS: 9300 BRENDA ANN RD

ZONING: _____

PROPERTY OWNER:

NAME: PORTER (last) DAN (first) H (mi)

ADDRESS: 8620 WILKINSON BLVD PHONE: (__) 394-6319

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: BERRY HILL PARK

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: 10 LOT SIZE (in acres):

[] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 10

SYSTEM CLASSIFICATION: STANDARD

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: _____ Date: 1-5-93

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.

...Shift Pump required

[] 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

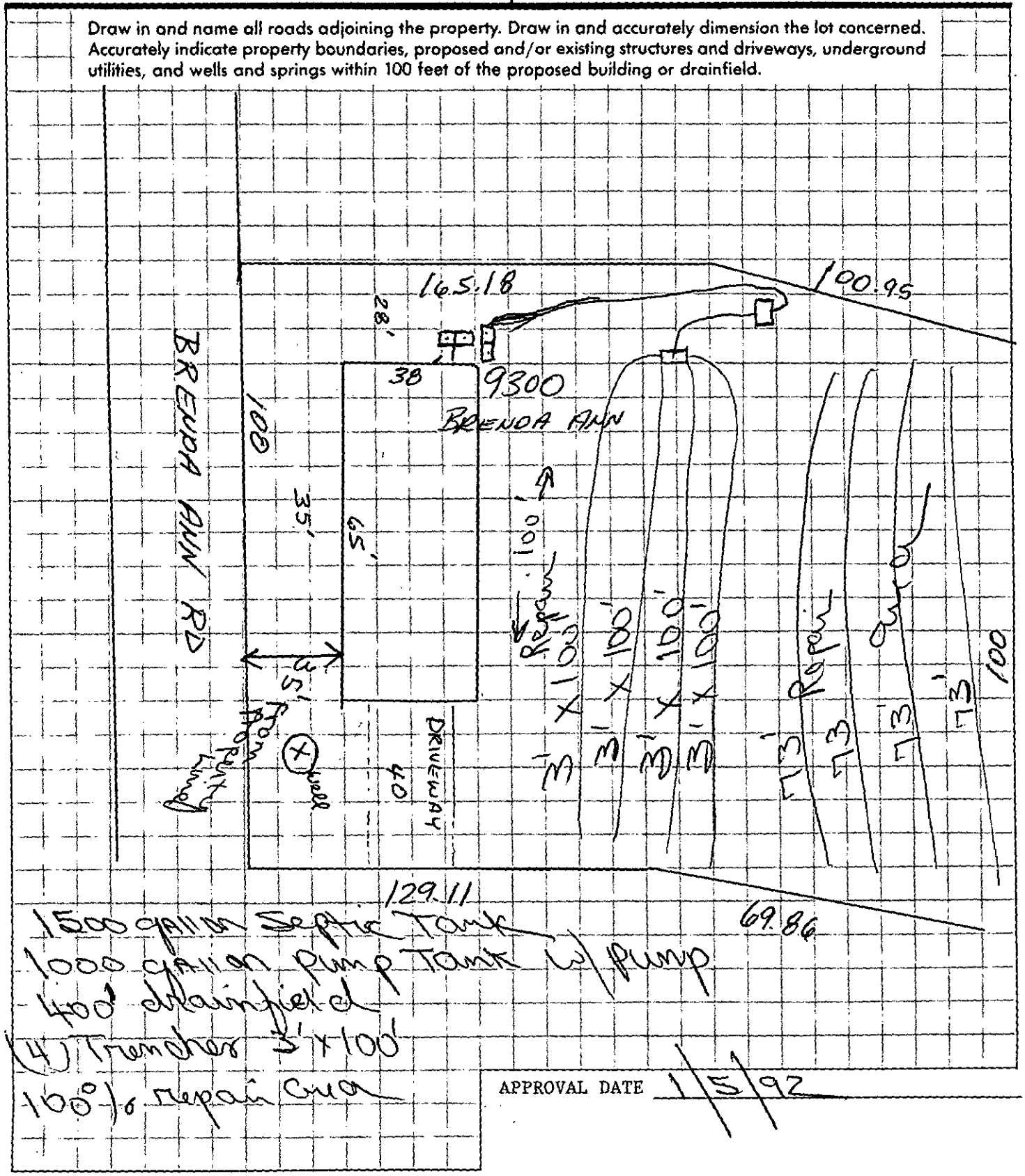
8181A | 289B

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

FILE: ~~8116A~~ / 224B

TC: 113-162-01

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.



1500 gallon Septic Tank
1000 gallon Pump Tank w/ pump
400' drainfield
(4) Trenches 3' x 100'
100% repair area

APPROVAL DATE 1/5/92

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

Mecklenburg County
Health Department

April 1, 1992

Daniel Porter
8620 Wilkinson Blvd
Charlotte, NC 28214

RE: Property located on 9300 Brenda Ann Road
FILE: ~~811BA(224B)~~ / 8181A(289B
PARCEL: 113-162-01

Dear Mr. Porter:

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 12475) 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 at 336-5574.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems
GW:lw

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12475

File: ~~B116-A / 2248~~ Action 1

Parcel: 113-162-01 4400 ☑ PC

Location: 9300 BRENDA ANN RD

Subdivision:

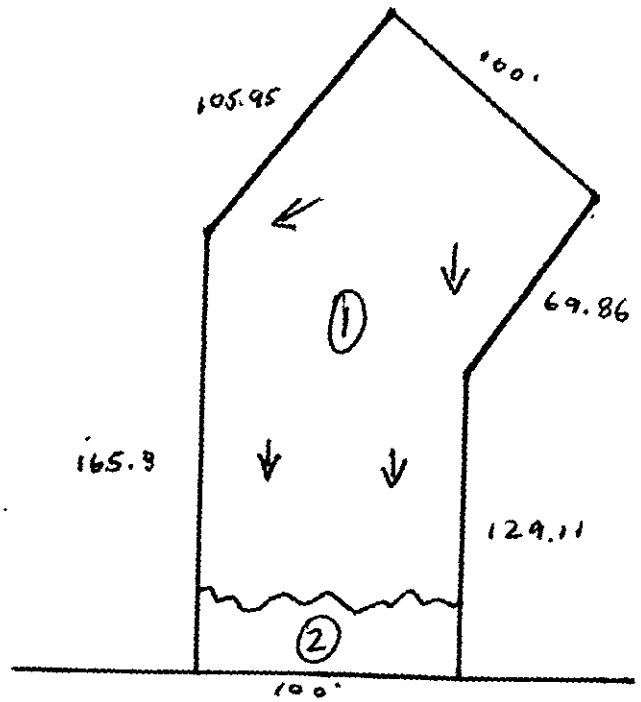
Lot: 10 Block: Acres: ±1.0

Owner: DANIEL H. PORTER
Address: 8620 WILKINSON BLVD
CHARLOTTE NC 28214

Comments:

Described by: Kelly Randall

Date: 3-30-92



*** 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	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 Ang Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7 48"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7 48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U None	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	Cecil Like	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

400 ✓ 3/12/92 ck# 167650

9146A/224B
8181A(289B)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

DPC [ ] 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: PORTER (last) DANIEL (first) H (mi)
ADDRESS: 8620 WILKINSON BLVD PHONE: (704) 393-6319
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 3-12-92

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-162-01
STREET ADDRESS: 9300 BRENDA
ANN RD
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:
BERRY HILL PARK

LOT NUMBER: 10 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[✓] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] 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:
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)
[ ] 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: Daniel H. Porter Date: 3/12/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... USE EXISTING (OVERSIZED) S/S

SEE DIAGRAM

[ ] 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 4-2-92 Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

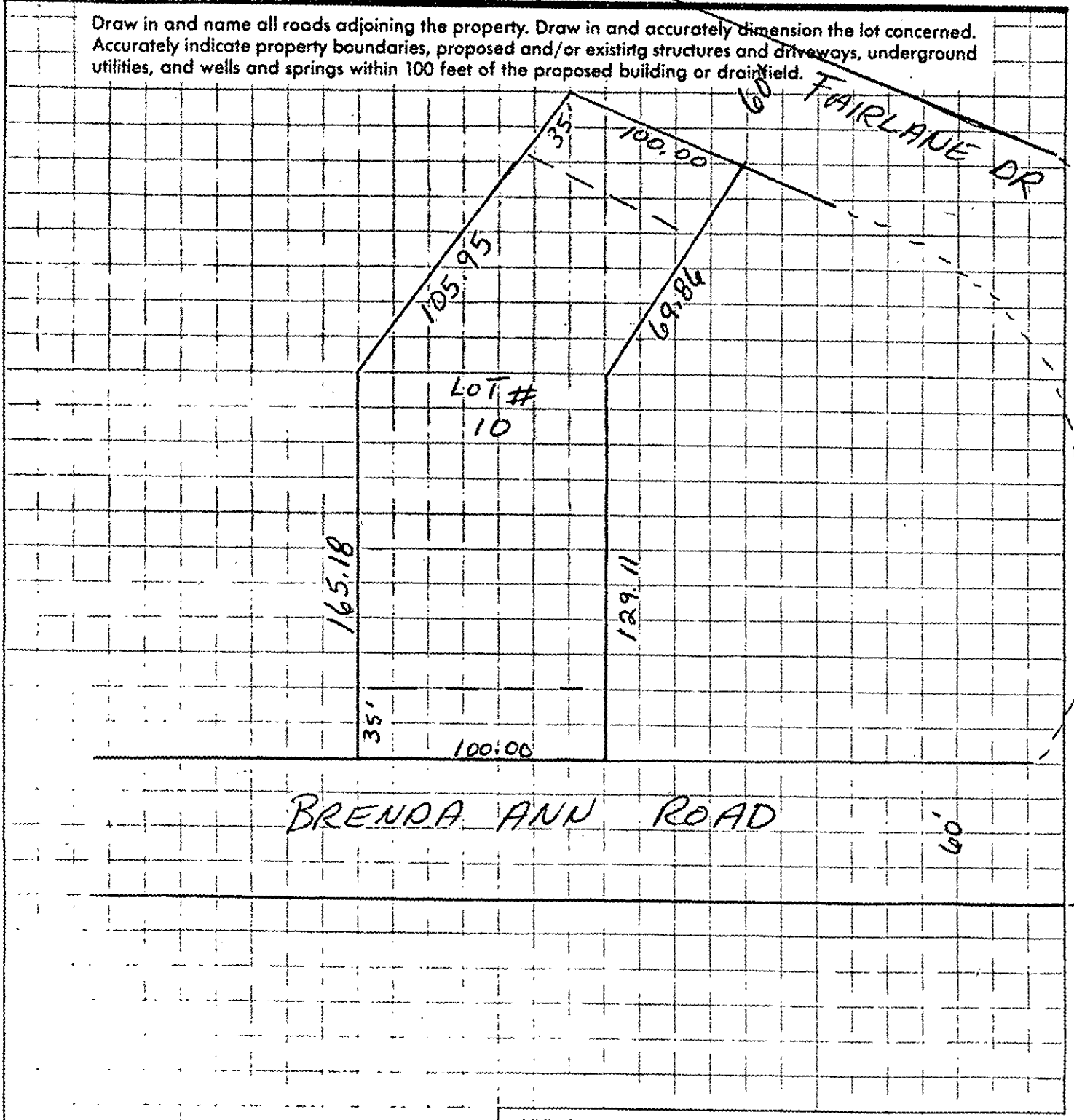
PD $50.00

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

FILE: ~~8116A / 2248~~

TC: 113-162-01

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.



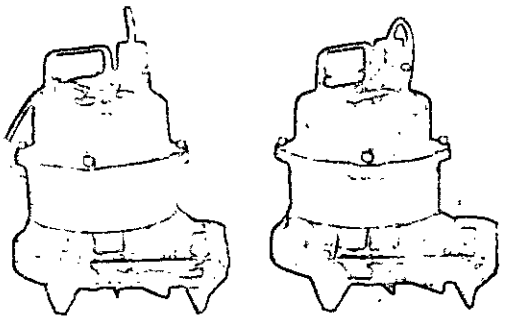
APPROVAL DATE _____

GOULDS PUMPS, INC.
SENECA FALLS NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

Installation, Operation and Maintenance Instructions

Model 3871



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.

Form No. 3871-2/89

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 [illegible] to thread [illegible] and loosen [illegible].
6.3. To clean behind the impeller, remove the klip ring (18) and impeller.

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

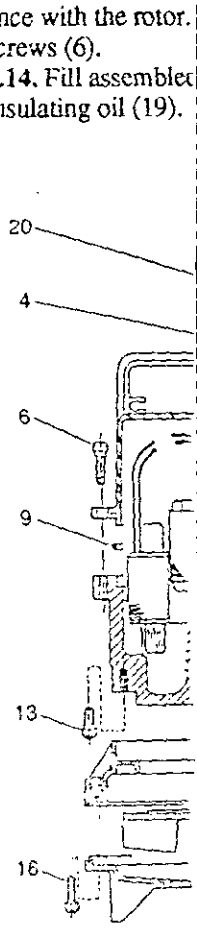
6.4. If additional work is necessary, first place the unit back on its base. Remove screws (20). Lift the strain relief assembly, consisting of collet (2) and collet adapter (4), with the cord set (1) from the motor cover (7). Cord set is electrically connected to the motor cover by push-on connectors.
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 [illegible] stationary seat, and press until bearings seat [illegible] bore.

7.7. Position casing [illegible] assembly with the d[illegible] the green ground wi[illegible] head screws (13).
7.8. Press mechanic[illegible] contacts the stationa[illegible]
7.9. Place impeller [illegible] klip ring (18).
7.10. Place base (17[illegible] short thread formin[illegible]
7.11. Inspect motor [illegible] damaged. Place O-r[illegible]
7.12. Secure motor [illegible] cover using needle [illegible] (green) is connecte[illegible]
7.13. Position cover[illegible] connection is 90 de[illegible] casing discharge co[illegible] stator and motor co[illegible] ence with the rotor. [illegible] screws (6).
7.14. Fill assemble[illegible] insulating oil (19).



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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).

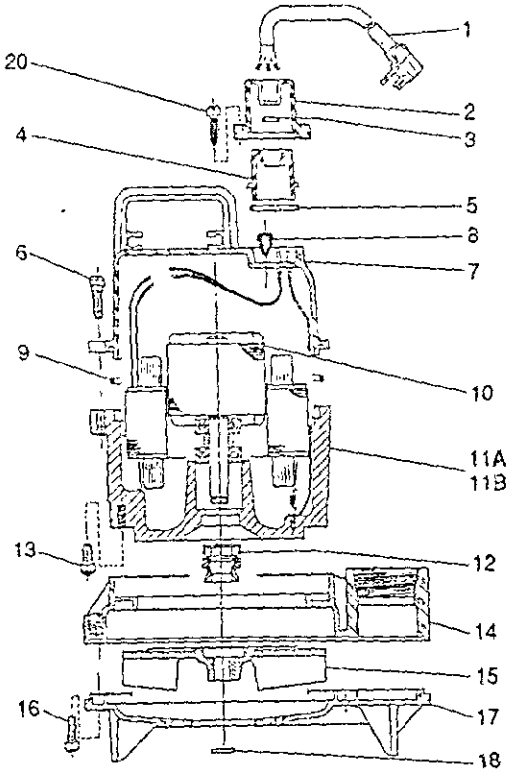
7.10. Place base (17) on casing and fasten with the short thread forming screws (16). Invert assembly.

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).



...hen assembling grommet (8) in oil fill hole, A ⅛" diameter rod inserted in the grommet will help assembly.

7.16. Inspect power cord O-ring ... O-ring. Replace if damaged.

7.17. Feed power cord (1) ... collet (2) and follow with strain ... about 2" up on the outer insulating jacket. ... the subassembly with the collet adapter and its O-ring.

7.18. When securing the cord 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	10' Cord Set EP0411-115V
	9K208	10' Cord Set EP0412-230V
	9K209	20' Cord Set EP0411C-115V
	9K210	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 (1) 1 Qt. Required
20	13K243	Thread Forming Screw–Strain Relief

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)

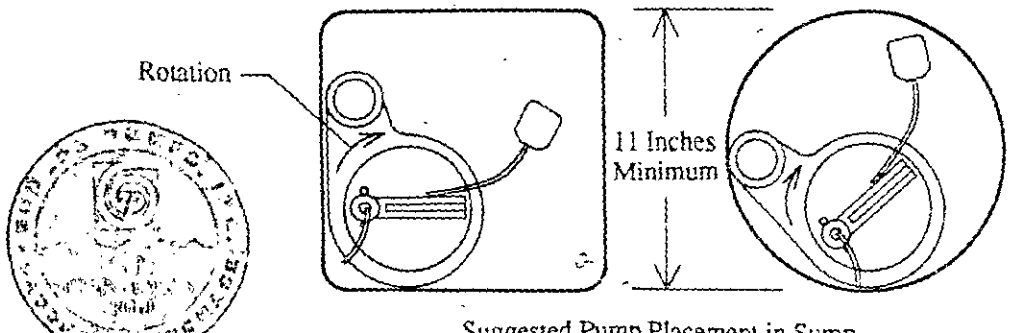
LITTLE OR NO LIQUID DELIVERED
(See causes 5, 6, 7, 8, 10)

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.

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Installatio and Main Instructio

Mode

DESCRIPTION

The Model 3871 en effluent pumps desi EP0411C and EP04 pumps are for 115 mum of 10.6 amps. pumps are for 230 mum of 5.3 amps. optional 20 foot po power cord is 10 fe

1. Important

1.1. Inspect unit fo carrier/dealer imm

1.2. Electrical supp circuit with fuses o etc., per National a an all-leg disconne

Always disconnec handling pump o

1.3. A grounded 3- within reach of pu cords. Pump and f 3-prong ground ty ground prong.

1.4. Motor has a b opens the circuit w encountered. Prote motor cools.