MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

July 14, 2009

4509 GIBBON RD
CHARLOTTE NC 28269

Dear Property Owner

Re: Septic System Inspection

Enclosed you should find a copy ofthe report for the septic system inspection conducted at4509 GIBBON RD on June 30, 2009.

If you have questionsregarding the report please contact me at(704) 336-5570.

Sincerely,

Philo Walker RS

Philo Walker, RS
Environmental Specialist

Enclosures (1):

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	**Name of Establishment**	881B **Permit/Project No.**
4509 GIBBON RD **Location**	**Type of Establishment**	360 **Design Flow**
STEPHEN KEEBLE **Owner/Agent**	**Address**	**Phone**
NA **Operator**	**Address**	**Phone**
IIIb **System Type**	6/30/2009 **Date of Inspection**	4/5/2014 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☐	☐	☒	NOT ASSESSIBLE, FENCE
b. Tanks and access manholes structurally sound, watertight?	☐	☐	☒	NOT ACCESSIBLE
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☒	NOT ACCESSABLE
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☒	NOT ACCESSABLE
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☒	NOT ACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☒	NOT ACCESSIBLE
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☒	NOT ACCESSIBLE
d. Control panel enclosure/components in good condition?	☐	☐	☒	NOT ACCESSIBLE
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

GOOD, NO EVIDENCE OF EFFLUENT ON GROUND SURFACE OBSERVED.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 6/30/2009

SIGNED: _____ AGENT

Division of Environmental Health

Printed Name: PHILO WALKER

Phone #: 704-336-5570

FEE: 100.00 Chk # 1304 $100 fee
DATE: 3/2/05
CRT [ ] JR

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES

700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE # 831B

TYPE APPLCATION: Drew

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

PERSON FILING APPLICATION:
NAME: Stephen Keeble
ADDRESS: 3636 Cedar Hill
CITY: Chas NC
STATE: NC ZIP: 28273
PHONE: 704-236-2422 Cell ←
ALTERNATE PHONE: 704-588-8605

PROPERTY OWNER: Mailing Address
NAME: All Christian Fellowship Church
ADDRESS: 4509 Gibbon Rd. PO Box 42175
CITY: Chas NC 28205
STATE: NC ZIP: 28273
PHONE: 704-332-8665
ALTERNATE PHONE: 704-236-2422

JOB LOCATION INFORMATION
TAX/PARCEL #: 045-451-01
STREET ADDRESS: 4509 Gibbon Rd.
CITY: Chas
STATE: NC ZIP: 28273
SUBDIVISION OR MOBILE HOME PARK NAME:

TOWNSHIP:

- [x] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

LOT #: Change in use From residential

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [x] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [x] OTHER (O)

NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: Church
EMPLOYEES PER SHIFT: # seats in sanctuary 60
OF SHIFTS:

INDUSTRIAL WASTES? [ ] YES [x] NO
UNDERGROUND STORAGE TANKS? [ ] YES [x] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Stephen Keeble — 3/2/05
Owner's/Agent's Signature — Date

*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 y this Department.
- This permit is not transferable.

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

EHS Signature — Date

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Health Department	Name of Establishment	Permit/Project No.
Mecklenburg	~~Res.~~	881B
Location	**Type of Establishment**	**Design Flow**
4509 Gibbon Rd	residence	360
Owner/Agent	**Address**	**Phone**
David Lankford, Rt 2 Box 352 Stanley 28164		
N/A		
Operator	**Address**	**Phone**

Remarks: IIIb

	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?	☐	☐	Recommended pumping septic tank
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☑	☐	No power - could not verify
High-water alarm present and operating properly?	☐	☑	Indoor alarm mounted outside
Floats/pipe/valves/disconnects in good working condition?	☐	☑	Pump float should be raised
Control panel enclosure/components in good condition?	☐	☑	control panel not approved
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: House vacant / No power - not an adequate evaluation

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 4-7-99 SIGNED: Larry B. Thompson Jr. L.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)

Mecklenburg County
Health Department

April 13, 1999

David W. and Kim P. Lankford
Route 2 Box 352
Stanley, NC 28164

RE: 4509 Gibbon Road

Dear Mr. and Mrs. Lankford:

An inspection was made of the wastewater treatment and disposal system that serves the residence located at 4509 Gibbon Road, Charlotte, North Carolina on April 7, 1999.

At the time of this inspection several deficiencies related to the septic system were discovered. Our files indicate that this system was not issued an Operation Permit due to the fact that the electrical connections for the pump as well as the alarm were not properly installed. A list of items that need correcting follows:

1. The electrical connections for the septic system pump must be enclosed in a Nema 4x weatherproof box. Currently the electrical outlet is not enclosed.
2. The alarm that was provided is an indoor alarm that must be wired on a separate electrical circuit and mounted in a location within the home that will allow it to be both visible and audible to the occupants. The separate electrical circuit will allow the alarm to continue to be operational in the event that power to the pump is cut off.
3. The pump on/off float switch is mounted lower than desired. This float should be mounted so that in the pump off position the pump will remain submerged. Septic effluent pumps are oil cooled and the water surrounding the pump helps in cooling as well as preventing the pump from corroding as quickly.

The lack of power to the septic system pump and alarm prevented any further checks that would normally be performed on Type IIIb inspections. Please contact this office when the aforementioned items have been corrected and a follow up inspection will be conducted.

If you have any questions regarding this letter please feel free to contact me at 336-5568, Monday through Friday, between 8:00 a.m. and 9:30 a.m.

Sincerely,

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

Enclosure

Mecklenburg County
Health Department

March 25, 1999

David W. and Kim P. Lankford
Route 2 Box 352
Stanley, NC 28164

RE: 4509 Gibbon Road

Dear Mr. and Mrs. Lankford:

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., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

David W. & Kim P. Lankford
Route 2 Box 352
Stanley, NC 28164

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 #	# Bedroom	System Type
David & Kim Lankford	4509 Gibbon Road	045-451-01	881B	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Seats _____

RECEIVED
$85.00
chk # 4033
4/6/99
gc

BILL INFORMATION

Billing Date	Payment Due Date
3/25/99	4/26/99

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

4-7-99

DO NOT SEND CASH

88|B|8152A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 60.. CK 2312 3/19/93 PAT 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: 3-18-93

PERSON FILING APPLICATION:

NAME: Autry (last) Steve (first) (mi)

ADDRESS: 8918 Brandt PHONE: ( ) 3571250

CITY: STATE: ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 145-451-01

STREET ADDRESS: 4509 Mallard Rd

ZONING:

PROPERTY OWNER:

NAME: Cabarrus Bank (last) (first) (mi)

ADDRESS: PO Box 325 PHONE: ( ) 7821193

CITY: Concord STATE: ZIPCODE: 28026-0325

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): ½

[] 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)

ALTERATION OF SYSTEM

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION: as per Steve Autry

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: Steve Autry Date: 3-18-93

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.

... Alteration to system – left pump & pressure manifold.

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

Susan Patterson 5-4-93
Environmentalist Date

Judith A. Kuis RS 5/6/93
Director or Authorized Section Head Date

WWATER : 122791

045-451-01
881B

Mecklenburg County
Health Department

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

April 30, 1993

Reverend David W. Lankford
Derita Church Of God
6401 Rumple Rd.
P.O. Box 26871
Charlotte, North Carolina 28213

Dear Reverend Lankford:

Thank you for your letter of April 22, 1993 advising me of your dissatisfaction with the service of this program. You indicated in your letter that you have experienced difficulty in reaching Ms. Bateman by phone. After speaking with Ms. Bateman about your letter, she informed me that she has spoken with you and that she had returned the message you left on her voice mail.

Apparently there may be a communication problem among all of the parties involved with the application for an alteration of the septic tank system on the property located at 4509 Gibbon Road. Our policy in this program is to work with the applicant. If the applicant is not the property owner, he/she is usually contracted by the owner to perform activities necessary to obtain permits. In this case the applicant is Mr. Steve Autry. Ms. Bateman has met on the property with Mr. Autry to discuss the state requirements for obtaining a permit for this property. Subsequent discussions have taken place with the owner of the property, Mr. Mike Hartsell, representative for Cabarrus Bank.

Although you may feel that you are directly involved with this process at this time, we are obligated to serve the property owner first. Unfortunately, the process for obtaining a permit for this property is more complex than the owner suspected and it is necessary to make extensive provisions to the permit before it may be issued and installation of the new drainfield and pump tank can commence.

I hope this information will update you on the situation. Perhaps you should speak with Mr. Hartsell for further information regarding your interest in the property.

Again, thank you for your letter and I will be glad to talk with you concerning further matters regarding this project.

Sincerely,

Sylvia D. Daniel, R.S.
Program Chief

sdd
cc: Susan Bateman, R.S.
Mike Hartsell, Cabarrus Bank

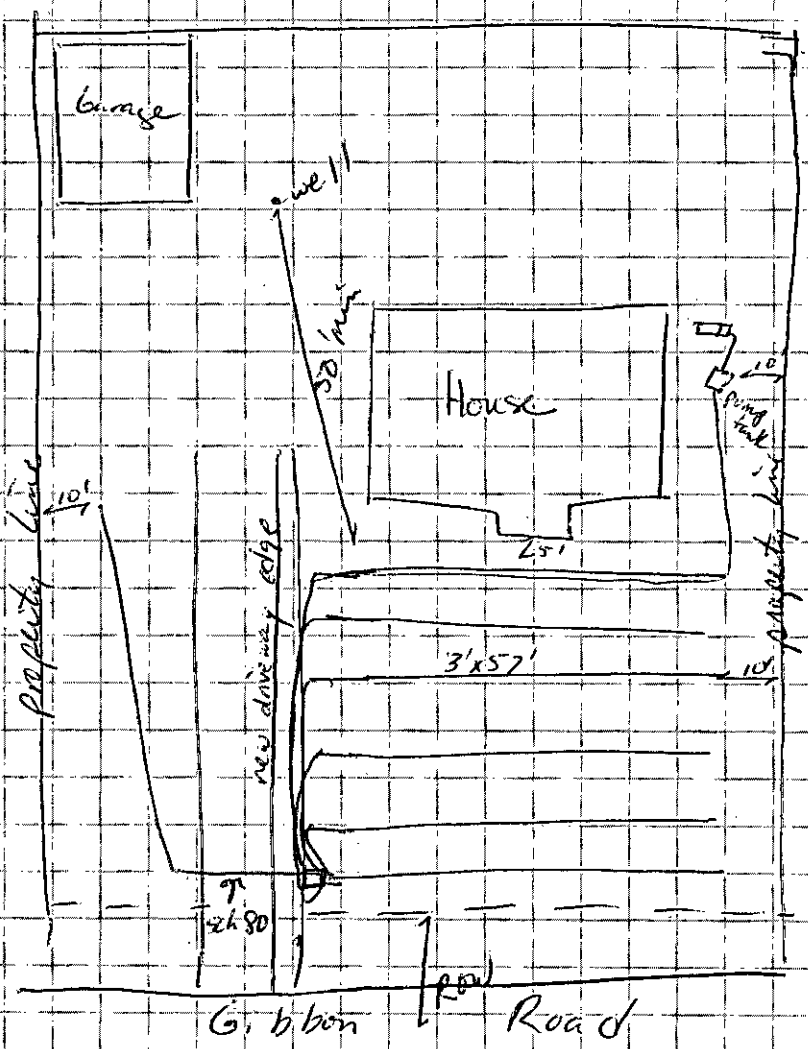
PROPOSED PLOT PLAN

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

FILE: 881 B/8752 A

TC: 045-451-01

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.



Pressure manifold to feed lines equally. Existing septic tank if in acceptable shape (not damaged) 1000 g pump tank 1200 sq ft drainline at 7 lines at 3'x57'x12" Stone Feed equally. 10' off property line Driveway must be adjusted to accomodate septic system. In order to have repair area for the septic tank system the well would need to be properly abandoned & the house connected to municipal water. 50' min. from well

CABARRUS BANK
by Michael Pittillo
5-3-93

property owner sign & date

APPROVAL DATE S. Thomas RS. 5-4-93

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

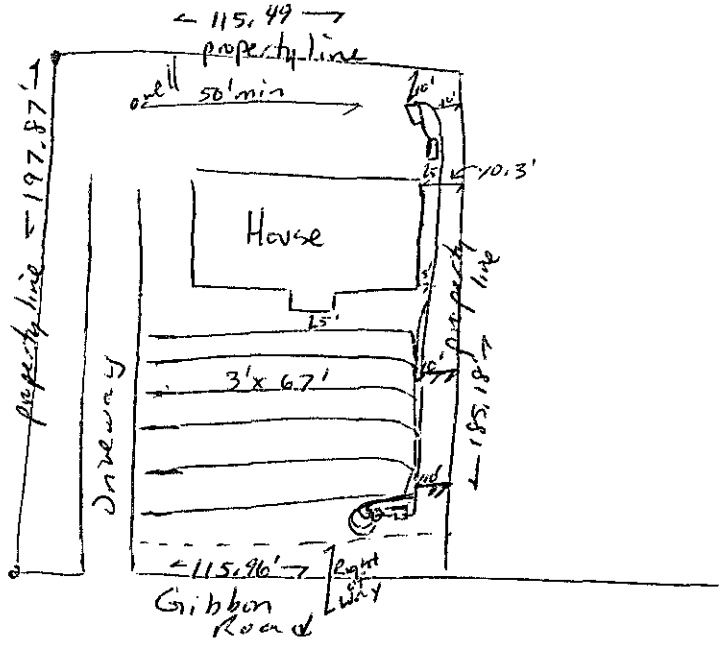
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 8818/8752 A DATE: 5-20-93

SITE: 045-451-01

SERIAL Nº 15534

Permission is hereby given to ~~X~~ Install or Construct, X 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 5-20-93. All work shall be completed on or before 6-20-93, 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 rcc

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400 feet

Number of Lines 6 at 67'x 3' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

6-16" soil cover

NAME OF OWNER Cabarrus Bank Agent: David Lankford Ted Lang Keep out of Right of Way +/15' min off ditch.

LOCATION OF PROPERTY 4509 Gibbon Rd.

Comments: Keep 10' off property line. Fill in old tank (crosses property line) 2" supply line to large box which feeds into distribution box. Equal feed + water test. Pump + alarm + controls to be installed by current standards. Adjust gravel driveway to keep off septic tank system drainfield.

Division or Section Head

Susan Bateman RS
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

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: Electrical Hazard? [ ] Yes [ ] No

Date: 6-28-93 Parcel: 045-451-01 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: INNS Phone x-5102

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name David Lankford owner; Ronnie Thompson renter 596-4094

Address 4509 Gibbon Rd City _____ Zip _____

SERVICE REQUESTED: Drop cord from house to septic system pump. Control is a Tenants living in house

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: _____ /

REVIEWED BY: _____ /

File 8818/8752A; 4509 Gibbon Rd. 7-1-93

David Lankford is now the property owner/ according to Cabarrus Bank.

The tenant is Ronnie Thompson 596-4094.

The neighbor, West Hunter, 598-0008 is complaining that the system crosses onto his property. In response to his complaint, I made a site visit but it did not appear that it crossed property lines. However, the distance of the system from the property line is questionable. ~~The installer~~ The imp permit + installation plan all had 10' min from property line with system on the plans. The installer had been verbally told to be sure to be min 10' from property line.

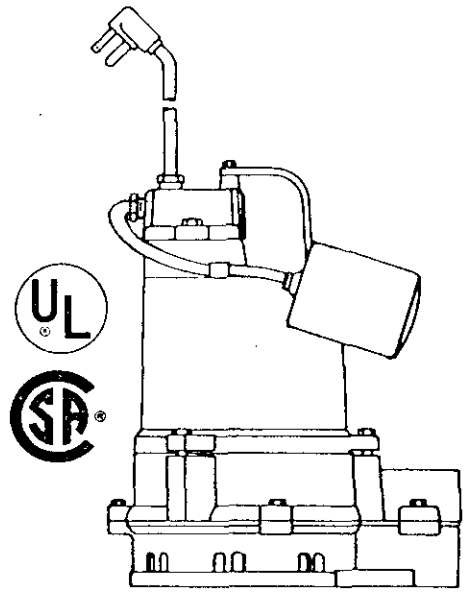
7/8/93 Visited property to inspect distance of septic system to the property line. Septic system appeared to be >10 from the property line in accord with present tenant's indication of the property line. The property line would need to be surveyed to get an exact measurement.

TANK ALERT ALARM

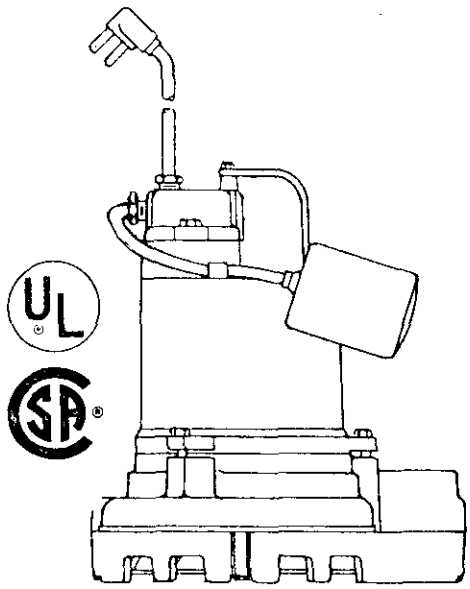
Sump, Effluent and Sewage Pumps Installation, Maintenance and Service Manual

Myers®

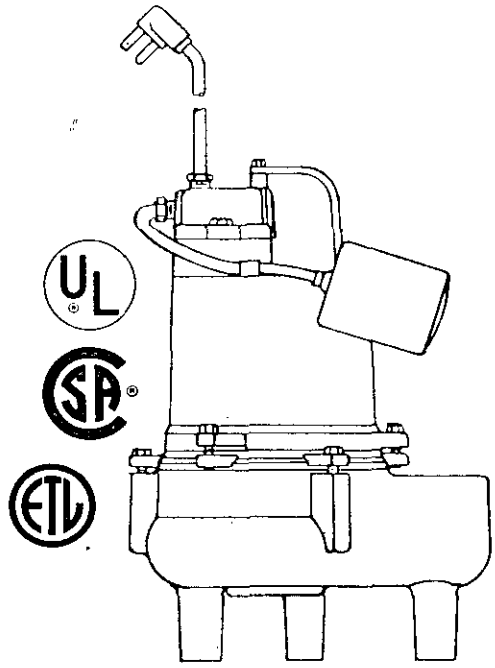
SSM33A1-SSM33A1C-YSSM33A2
SSM33M1C-YSSM33M2
SSM4A1C-SSM4A2C
SSM4M1C-SSM4M2C
SRM4A1C-SRM4A2C
SRM4M1C-SRM4M2C
SRM4P-1-SRM4P-2
SRM4PC-1-SRM4PC-2



SSM33



SSM4



SRM4

13800A991

UNPACK THE PUMP

The sump pumps are carefully packaged to prevent damage in shipping, however, occasionally damage may result due to rough handling. Carefully go over the pump and check for cracks or other damage that could cause pump to fail. Read these instructions before installing pump.

SAFETY PRECAUTIONS

All Myers sump pumps are grounded to prevent electrical shock. POWER CORD MUST BE PLUGGED INTO GROUNDED TYPE RECEPTACLE. A separate circuit breaker or fuse block should be used for the pump and 15 amp circuit breaker or fuse should be used.

Receptacle must be installed at least 4 feet above floor level to prevent tampering by small children and to be out of possible flooding range. Be careful with power cord to prevent cutting or pinching.

DO NOT USE AN EXTENSION CORD WITH SUMP PUMP. DO NOT CUT OFF GROUND PIN OR USE AN ADAPTER FITTING. DO NOT WORK ON PUMP OR SWITCH UNTIL POWER CORD OR CORDS ARE UNPLUGGED.

VOLTAGES

The SSM33 is offered in 115 volt-60 hertz, and the SSM4 & SRM4 are offered for either 115 volt or 230 volt-single phase-60 hertz.

USES - SSM33 & SSM4

The SSM33 and SSM4 sump pumps can be used to pump any basement drainage water. NOT TO BE USED FOR SEWAGE WATER EXCEPT TO PUMP SEPTIC TANK EFFLUENT.

The SSM4 pumps are generally used where more capacity or a heavier duty pump is desired. DO NOT POUR PAINT, TAR, PAINT THINNERS, OR OTHER SOLVENTS INTO SUMP BASIN. See installation drawings with these instructions.

USES - SRM4

The SRM4 sewage pumps are used to pump all domestic sewage and waste water generated in the home. Pump will pass 2 inch diameter solids.

Whenever the sewer or septic tank inlet is above the house drainage system a pump must be used. This usually occurs where a toilet or bath facility is required in the basement and the footer drainage is generally piped off to a lower area. If gravity drainage of the footer is not possible, a sump pump must be used and is usually discharged at ground level.

Many cities require a home to have two sump pumps, one to pump footer drainage and other clean water into the storm sewer and a second pump to handle washing machine water, water softener and mop or other cleaning water. The water handled by this second pump is sometimes called gray water and is pumped into the septic tank.

SEPTIC TANK PUMPING

All of these models can be used to pump septic tank effluent but must be installed in separate tank or compartment at the discharge side of the septic tank. NEVER INSTALL PUMP DIRECTLY IN MAIN TANK WHERE SLUDGE COLLECTS.

For septic tank pumping the Automatic pumps should be used with a junction box. The Manual pumps should be used with a junction box and a MLC level control. When a junction box is used, cut-off the plugs on the pump cord and the MLC switch cord and strip ends. The MLC switch must be connected in series with one line. This provides a completely sealed system for power cord and pump cord with no open receptacles or taped connections that can cause electrical failure.

SUMP BASIN

The SSM33 or SSM4 sump pumps can be installed in any open or closed type sump basin with a diameter of 12 to 18 inches. A polyethylene, fiberglass or concrete tile basin may be used. If concrete tile is used, cement should be poured in the bottom to give a smooth surface free of stones.

The SRM4 sewage pumps must be installed in a basin with gas tight cover and basin must have a vent pipe that is connected to the house sewage vent system. The basin must be a minimum of 18 inches diameter and 30 inches deep.

WARNING: Sump basin must be vented in accordance with local plumbing codes. These pumps are not designed for and **CAN NOT** be installed in locations classified as hazardous in accordance with the National Electric Code ANSI/NFPA 70.

A float control or adjustable level ALC control can be used with any of these models.

PIPING

Pumps can be installed with ABS, PVC, Polyethylene or galvanized steel pipe. Proper adapters are required to connect plastic pipe to pump. Copper pipe is generally not used because of cost but if used a plastic threaded insulation bushing must be used in the pump case.

The SSM33 and SSM4 units use 1½ inch pipe and the SRM4 units use 2 inch pipe.

A CHECK VALVE MUST BE USED IN THE DISCHARGE LINE FOR ALL PUMPS. The SRM4 sewage pumps require a free flow valve that will not clog with solids. A shutoff valve should be used with all SSM33 and SSM4 sump pumps and must be used for the SRM4 sewage pumps. Always install check valve with arrow on body in the direction of flow.

AIR LOCKING

A sump pump is said to be air locked if water traps in the pump and it can not get out, thus preventing pump from operating.

ALL MYERS SUMP PUMPS HAVE A SMALL AIR VENT HOLE IN THE IMPELLER CHAMBER TO LET OUT TRAPPED AIR. IF THIS HOLE BECOMES PLUGGED, PUMP MAY AIR LOCK. THIS USUALLY HAPPENS ON PUMPS THAT ARE USED MAINLY IN THE WET SEASONS. IN SUMMER MONTHS, THE PUMP MAY BE TURNED OFF AS SUMP WATER DRIES UP. WHEN PUMP IS TURNED ON AGAIN AND WATER COMES UP IN SUMP, THE AIR WILL TRAP IN PUMP IF NOT VENTED.

AS A SECONDARY PRECAUTION IN INSTALLATIONS OF THIS TYPE - **1/8" HOLE SHOULD BE DRILLED IN THE DISCHARGE PIPE BELOW THE CHECK VALVE.** THE CHECK VALVE SHOULD BE 12 TO 18 INCHES ABOVE PUMP DISCHARGE. DO NOT PUT CHECK VALVE DIRECTLY INTO PUMP DISCHARGE OPENING.

In normal sumps where the pump is operating daily, air locking rarely occurs.

STARTING PUMP—SSM33A & SSM4A

1. These pumps have an integral ball float switch as shown on installation drawing.
2. The SSM33A1-A1C & SSM4A1C are for 115 volts and SSM4A2C is for 230 volts. Plug cord into the proper voltage GROUNDED RECEPTACLE. The 115 volt plug will not plug into a 230 volt receptacle and vice versa.
3. Run water into sump until pump starts.
4. Allow pump to operate through several on-off cycles to be sure operation is satisfactory.
5. If shut-off valve is used in discharge line, be sure valve is open.
6. If pump does not operate properly, see trouble service chart for remedy.

NOTE: TETHER LENGTH OF SWITCH CORD MUST BE A MINIMUM OF 3½" AS NOTED IN DIAGRAMS.

STARTING PUMP—SSM33M & SSM4M USING MFS SWITCH WITH SERIES PLUG

1. Install unit as shown on the installation drawing. Secure ball float to discharge pipe with minimum 3½ inches between float and cable tie.
2. The SSM33M1C & SSM4M1C are for 115 volts and the SSM4M2C is for 230 volts. Plug MFS switch cord series plug into proper voltage GROUNDED RECEPTACLE.
3. Plug pump cord plug into back of switch cord series plug.
4. Run water into sump until pump starts. The level should be 12 to 13 inches above sump bottom.
5. Be sure gate valve in discharge line is open.
6. Run pump through several on-off cycles.
7. If pump does not operate properly, see trouble service chart for remedy.

NOTE: TETHER LENGTH OF SWITCH CORD MUST BE A MINIMUM OF 3½" AS NOTED IN DIAGRAMS.

STARTING PUMP—SRM4A

1. These pumps have an integral ball float switch as shown on installation drawing.
2. These units are installed in basin with sealed cover, so switch operation cannot be observed. The sump cover, however, usually has a spare hole that is closed with a rubber plug. This plug can be removed and a flashlight can be used to observe switch operation.
3. The SRM4A1C is for 115 volts and the SRM4A2C is for 230 volts. Plug cord into proper voltage GROUNDED RECEPTACLE. The 115 volt plug will not plug into a 230 volt receptacle and vice visa.
4. Run water into sump until pump starts.
5. Be sure gate valve in discharge line is open.
6. Allow pump to operate through several on-off cycles.

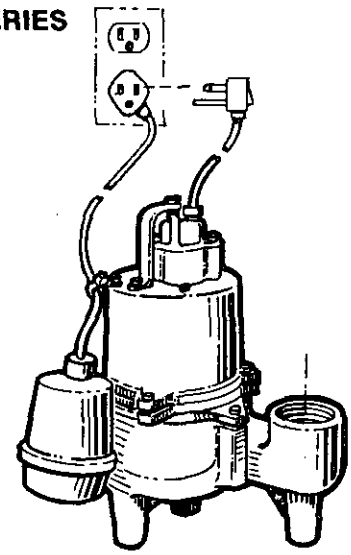
NOTE: TETHER LENGTH OF SWITCH CORD MUST BE A MINIMUM OF 4" AS NOTED IN DIAGRAMS.

STARTING PUMP—SRM4M USING MFS SWITCH WITH SERIES PLUG

1. Install unit as shown on the installation drawing. Secure ball float to discharge pipe with minimum 4 inches between float and cable tie.
2. As the basin cover is sealed, the rubber plug in the cover can be removed for observation using a flashlight.
3. The SRM4M1C is for 115 volts and the SRM4M2C is for 230 volts. Plug MFS switch cord series plug into proper voltage GROUNDED RECEPTACLE.
4. Plug pump cord plug into back of switch cord series plug.
5. Run water into sump until pump starts. Be sure discharge line valve is open.
6. Operate pump through several on-off cycles. Observe operation through inspection hole. Be sure to replace rubber plug after observation.
7. If pump does not operate properly, see trouble service chart with these instructions.

NOTE: TETHER LENGTH OF SWITCH CORD MUST BE A MINIMUM OF 4" AS NOTED IN DIAGRAMS.

SRM4P SERIES



STARTING PUMP—SRM4P SERIES

1. These pumps have a mechanical (mercury-free) float switch with a 10 ft. or 20 ft. cord and a 115 volt or 230 volt series piggyback plug, with switch mounted to the pump.
2. Plug the switch cord plug into a proper voltage, properly grounded outlet.
3. Plug the pump power cord into the back of the switch cord.
4. Tape the cords to the discharge pipe every 12 inches.
5. Run water into sump until pump starts. Be sure discharge line valve is open.
6. Allow pump to operate through several on-off cycles.
7. If pump does not operate properly, see trouble service chart for remedy.

USING THE SSM33M, SSM4M, OR SRM4M FOR MANUAL OPERATION

The pump cord for these units can be plugged directly into proper GROUNDED RECEPTACLE for continuous pump operation.

CAUTION: THIS TYPE OF OPERATION SHOULD BE USED ONLY FOR EMERGENCY USE OR WHERE A LARGE VOLUME OF WATER IS TO BE PUMPED, SUCH AS A FLOODED BASEMENT.

PUMP MUST NOT BE RUN CONTINUOUSLY OUT OF WATER.

DO NOT USE WITH EXTENSION CORD.

HOW MECHANICAL SWITCH FLOAT OPERATES

This level control uses a mechanical switch sealed in a polypropylene float cylinder. The mechanical switch is made so not to be position sensitive; that is, it will operate regardless of position.

When level rises in the sump, the cylinder floats up with the level. When the cylinder position is at an angle of about 45° the mechanical detent is overcome and the switch is activated. This starts the pump motor.

As the sump level draws down, the cylinder floats down and when it is again at an angle of about 45° the mechanical switch is deactivated and the motor stops.

BE SURE CYLINDER FLOATS FREELY IN SUMP BASIN WITHOUT TOUCHING THE BASIN WALLS. ADJUST PUMP POSITION IN SUMP IF NECESSARY.

PUMP MOTOR

NEVER REMOVE MOTOR HOUSING OR UNSCREW PUMP IMPELLER. Warranty on pump is void if motor housing, impeller or seal have been removed. Any repair on motor must be done by an authorized Myers service center.

PUMP MOTOR - 50 HERTZ - YSSM33A & YSSM33M

The same pump ends are used for both 50 and 60 cycle current but the 50 cycle pumps have motors wound especially for 50 cycle. Most 50 cycle pumps are for 220 volts.

As the same pump end is used for both 50 and 60 cycle, the 50 cycle unit delivers less flow and head since the 50 cycle speed is slower. Motor speed is reduced in the ratio of 50/60 or .833 times the speed.

The 60 cycle pumps operate at about 1650 RPM, so the 50 cycle pumps operate at about 1375 RPM.

See pump curves for 50 cycle performance. 50 cycle pumps generally take a special cord and plug for the 220 volts used in countries using 50 cycle.

MAINTENANCE AND SERVICE

If pump does not operate properly, follow steps shown on servicing chart. If trouble can not be located with these steps shown, call Myers service dealer, or take pump to Myers authorized service center.

CAUTION: FOR ANY WORK ON PUMP OR SWITCH, ALWAYS UNPLUG POWER CORD. DO NOT JUST TURN OFF CIRCUIT BREAKER OR UNSCREW FUSE.

CLEANING FLOAT

If pump becomes inoperative because of accumulation of trash on the float, remove pump from sump and clean float.

1. Wipe all water and dirt from pump and float.
2. Be sure float operates freely after cleaning.
3. If tar or paint has been put in the basin, it may be necessary to thoroughly clean the float. Kerosene can be used to remove tar or paint.

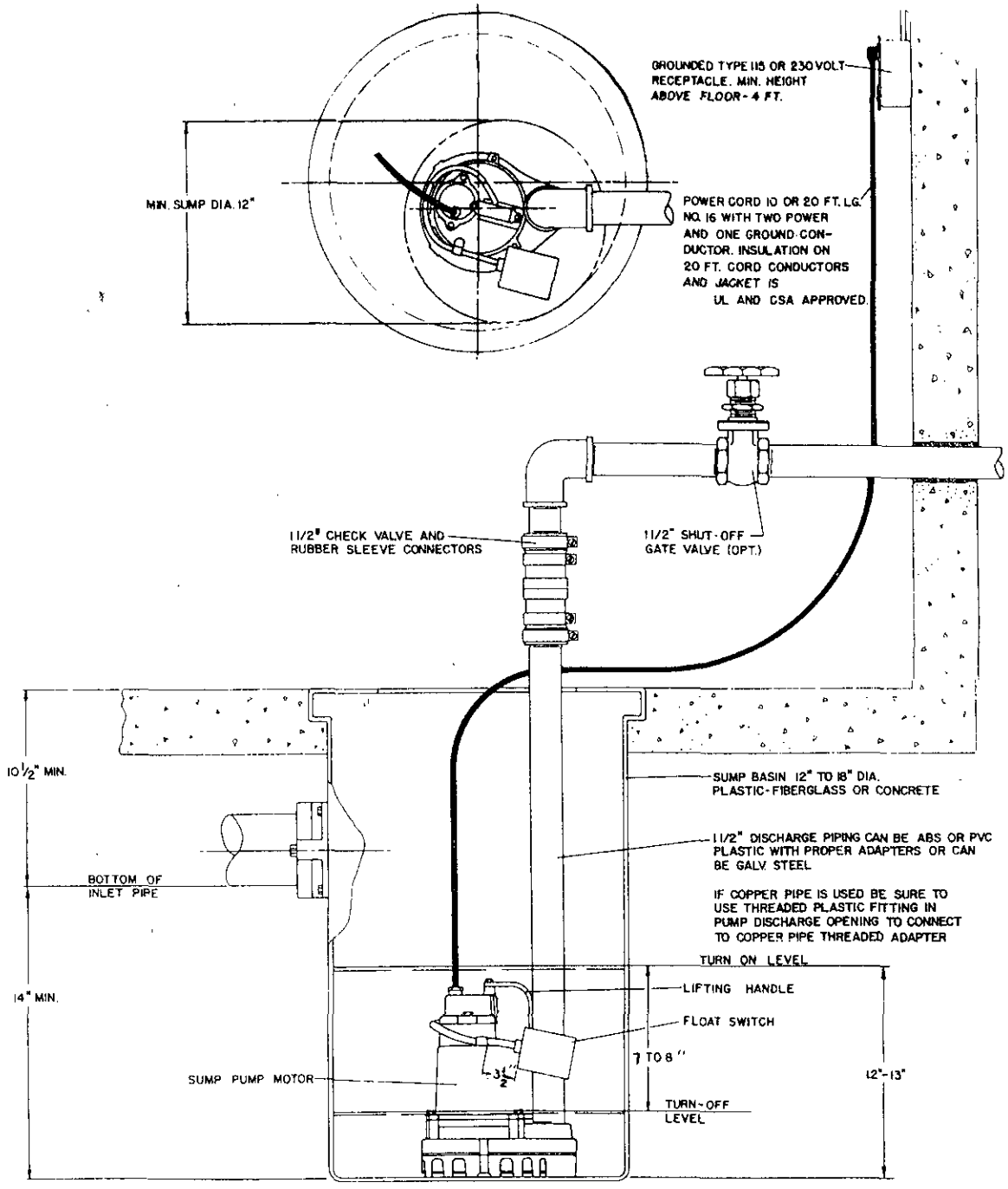
CLEANING IMPELLER AND VOLUTE CASE FOR SSM33 & SSM4

1. Remove screws that hold lower plastic base to metal housing.
2. Use screwdriver to pry plastic base from metal housing. Use care not to gouge groove in the plastic. Pry in several spots to loosen.
3. Remove base and clean impeller and volute passage. If tar or paint has entered pump, it may be necessary to clean with kerosene. DO NOT USE STRONG PAINT SOLVENTS ON THESE PARTS.
4. Be sure impeller turns freely after cleaning.
5. Clean out holes in plastic pump base and wash thoroughly before replacing.
6. DO NOT UNSCREW IMPELLER.

SERVICE CHART

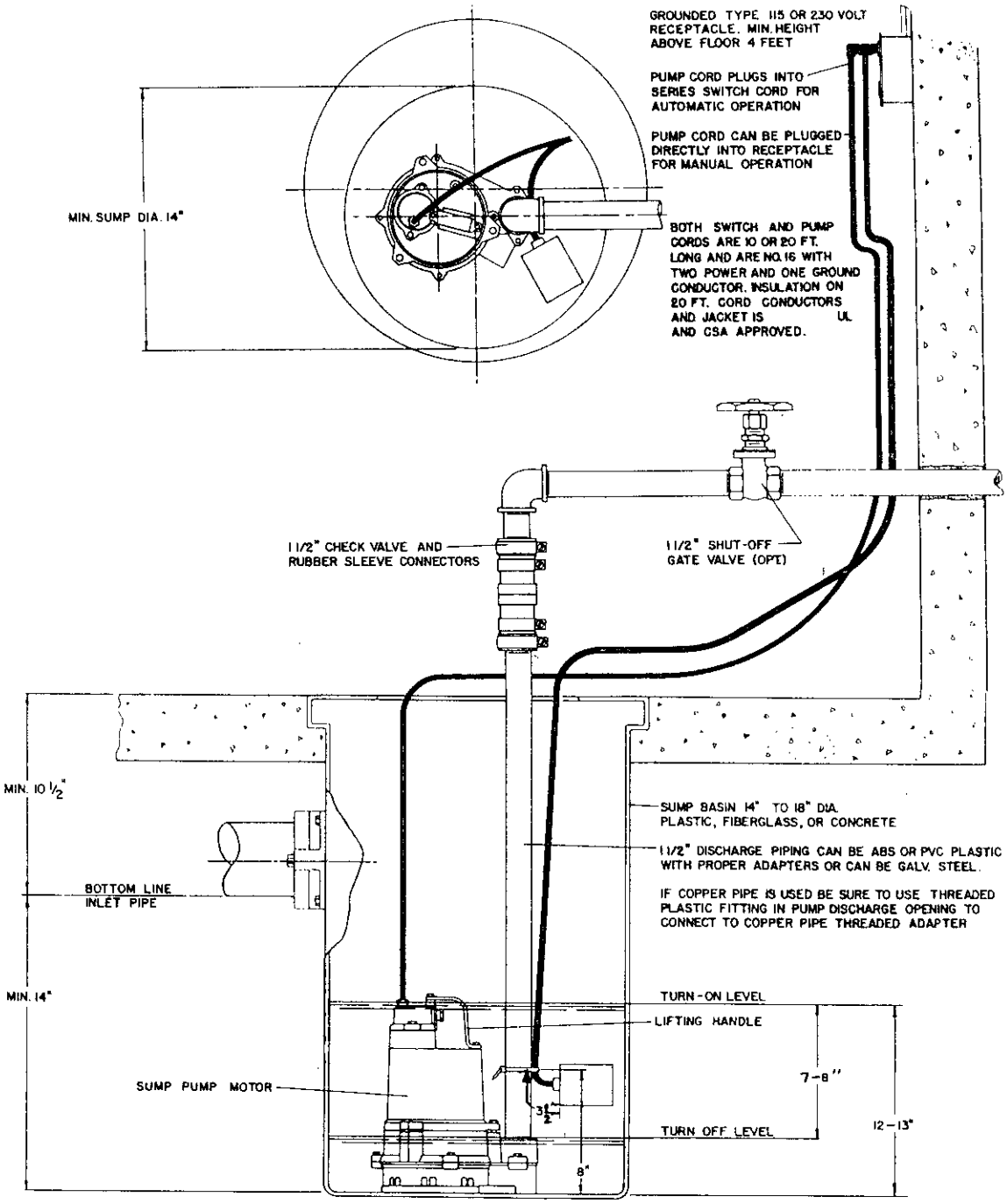
SYMPTOMS	Line circuit breaker may be off, or fuse if used, may be blown or loose.	Water level in sump may be too low. Run in more water. Turn on level is 12 to 13 inches above sump bottom.	Pump cord plug may not be making contact in receptacle.	If pump is using the series cord plug, the two plugs may not be plugged tight together.	Float may be stuck. Be sure float operates freely in basin.	If all symptoms check OK, motor winding may be open; take to service center for check.	Check valve may be installed backwards. Arrow on valve points in direction of flow.	Discharge shut-off valve, if used, may be closed.	Pump may be air locked. Start & stop several times by plugging & unplugging cord. Check vent hole in pump case for plugging.	Pump head may be too high. Pump cannot deliver water over 18 Ft. vertical. Horizontal distance does not affect pumping, except loss due to friction.	Inlet holes in pump base may be clogged. Remove pump and clean out openings.	Impeller or volute openings may be plugged or partially plugged. Remove pump & clean per maintenance instructions.	Float is stuck in up position. Be sure float operates freely in basin.	Pump impeller may be partially clogged with tar or paint, causing motor to run slow, resulting in motor overload.	Fuse size or circuit breaker is too small. Must be 15 amps.	Defective motor stator; return to Myers service center.
Pump does not run or hum.	X	X	X	X	X	X										
Pump runs but does not deliver water.							X	X	X	X	X	X				
Pump runs and pumps out sump but does not stop.													X			
Pump runs but delivers only small amount of water.									X	X	X	X		X		
Fuse blows or circuit breaker trips when pump starts.											X	X		X	X	X
Motor runs for short time then stops. Then after short period starts again. Indicates tripping overload caused by symptom shown.											X	X		X		X

FOR ANY OTHER SYMPTOMS CALL MYERS SERVICE DEALER . — CHECK TETHER LENGTH OF SWITCH PER INSTRUCTIONS.



TYPICAL INSTALLATION DRAWING SSM33A1C OR SSM4A1C
SUMP PUMP WITH FLOAT SWITCH

Figure 1

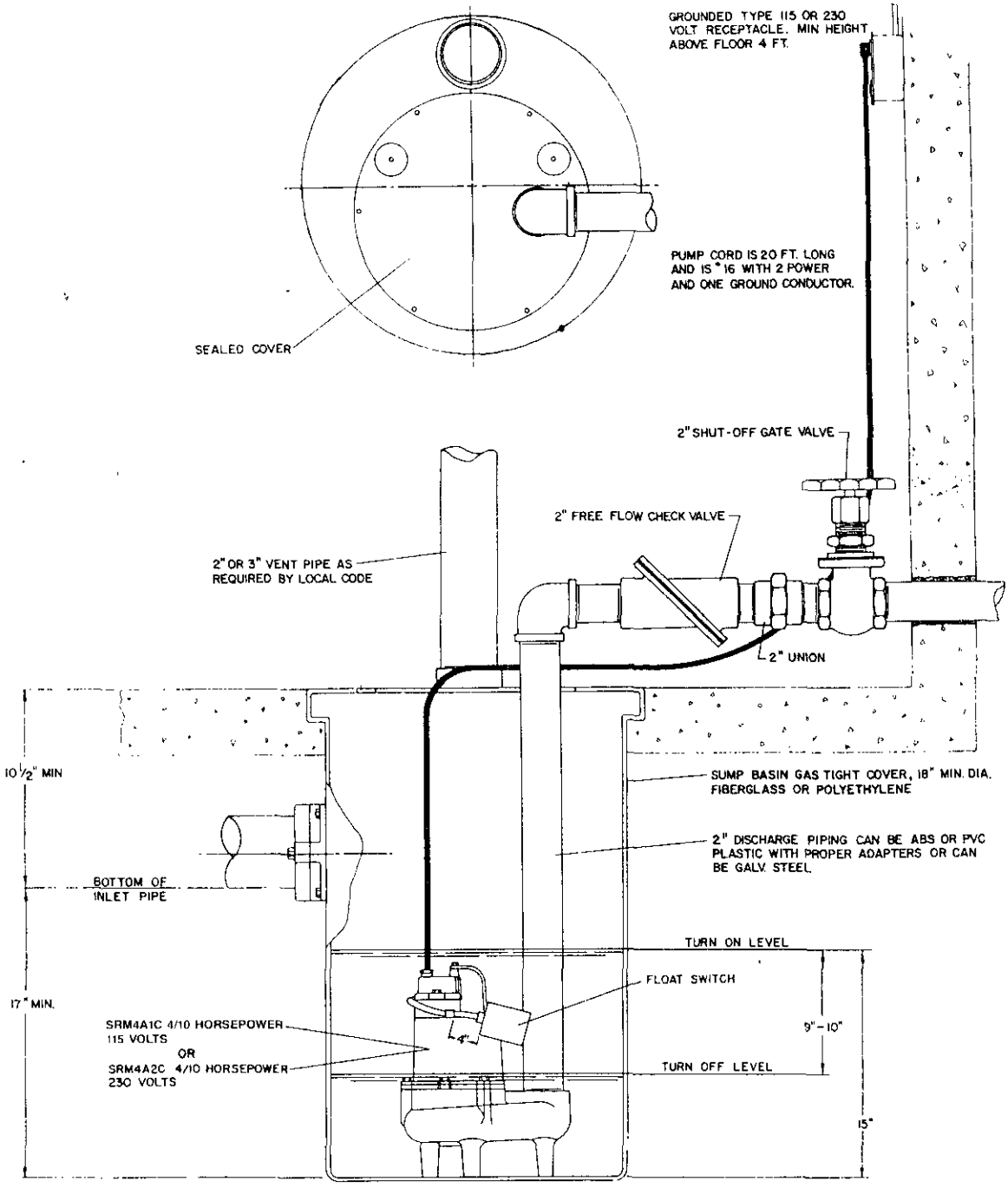


TYPICAL INSTALLATION DRAWING SSM33M OR SSM4M
SUMP PUMP WITH FLOAT SWITCH

Figure 2

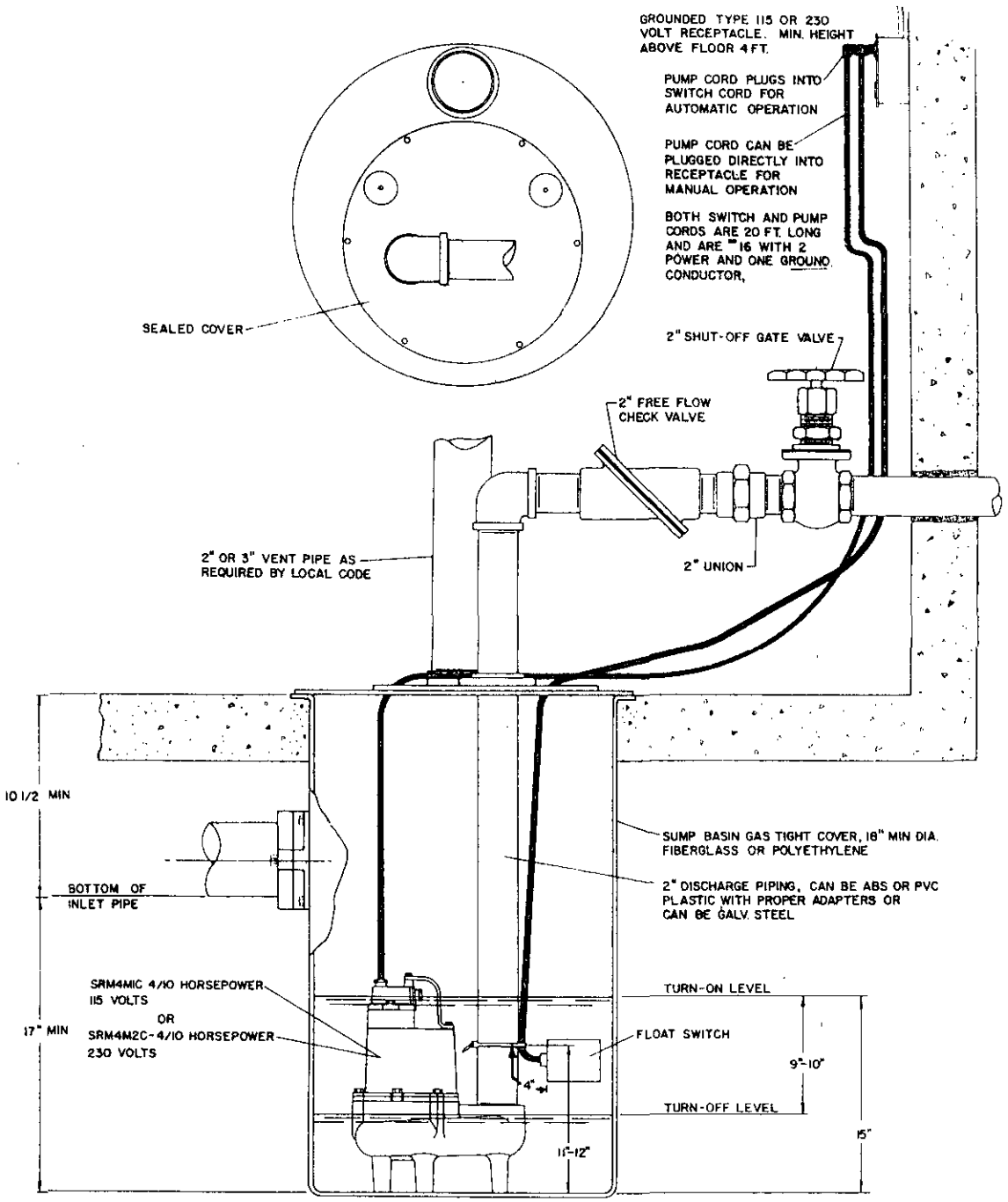
Gibbons Rd.

SRM4A1C & SRM4A2C



TYPICAL INSTALLATION DRAWING SRM4A1C OR SRM4A2C
SEWAGE PUMP WITH FLOAT SWITCH

Figure 3



TYPICAL INSTALLATION DRAWING SRM4M1C OR SRM4M2C
SEWAGE PUMP WITH FLOAT SWITCH

Figure 4

MYERS
LIMITED WARRANTY
SUMP & RESIDENTIAL SEWAGE

During the time periods and subject to the conditions hereinafter set forth, F.E. MYERS, A Pentair Company, will repair or replace to the original user or consumer any portion of your new MYERS product which proves defective due to defective materials or workmanship of MYERS. Contact your nearest authorized MYERS dealer for warranty service. At all times MYERS shall have and possess the sole right and option to determine whether to repair or replace defective equipment, parts or components. Damage due to lightning or conditions beyond the control of MYERS is NOT COVERED BY THIS WARRANTY.

WARRANTY PERIOD

PUMPS: 12 months from date of installation or 18 months from date of manufacture, whichever occurs first.

LABOR, ETC. COSTS: MYERS shall IN NO EVENT be responsible or liable for the cost of field labor or other charges incurred by any customer in removing and/or reaffixing any MYERS product, part or component thereof.

THIS WARRANTY WILL NOT APPLY: (a) to defects or malfunctions resulting from failure to properly install, operate or maintain the unit in accordance with printed instructions provided; (b) to failures resulting from abuse, accident, or negligence; (c) to normal maintenance services and the parts used in connection with such service; (d) to units which are not installed in accordance with applicable local codes, ordinances and good trade practices; or (e) unit is used for purposes other than for what it was designed and manufactured, and (f) if three phase submersible motors are installed on a single phase power supply using a phase converter or if three phase power is supplied by only two transformers, making an open Delta system.

RETURN OR REPLACED COMPONENTS: any item to be replaced under this Warranty must be returned to MYERS at Ashland, Ohio, or such other place as MYERS may designate, freight prepaid.

PRODUCT IMPROVEMENTS: MYERS reserves the right to change or improve its products or any portions thereof without being obligated to provide such a change or improvement for units sold and/or shipped prior to such change or improvement.

WARRANTY EXCLUSIONS: as to any specific MYERS product, after the expiration of the time period of the warranty applicable thereto as set forth under the heading "Warranty Periods" above. THERE WILL BE NO WARRANTIES, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you. No warranties or representations at any time made by any representative of MYERS shall vary or expand the provisions hereof.

LIABILITY LIMITATION: IN NO EVENT SHALL MYERS BE LIABLE OR RESPONSIBLE FOR CONSEQUENTIAL, INCIDENTAL OR SPECIAL DAMAGES RESULTING FROM OR RELATED IN ANY MANNER TO ANY MYERS PRODUCT OR PARTS THEREOF.

Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

This Warranty gives you specific legal rights and you may also have other rights which vary from state to state. In absence of suitable proof of this installation date, the effective date of this warranty will be based upon the date of manufacture plus one year.

Direct all notices, etc. to: Warranty and Product Service Department, F.E. Myers, A Pentair Company, 1101 Myers Parkway, Ashland, Ohio 44805.

DETERMINATION OF UNIT DATE OF MANUFACTURE: Submersible sump pump (8-84) month and year stamped on pump nameplate; column sump pump subtract 18 months from month and year on red warranty tag.

Myers®

F.E.Myers, A Pentair Company, 1101 Myers Parkway, Ashland, Ohio 44805-1923
419/289-1144, FAX: 419/289-6658, TLX: 98-7443

Printed in U.S.A. 5/92
13800A991

PRINTED WITH SOY INK

8818/8752A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 CHK 213 2/23/93 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: CABARRUS BANK (last) (first) (mi)
ADDRESS: P.O. Box 328 PHONE: (704) 782-1193
CITY: CONCORD STATE: NC ZIPCODE: 28026-0328

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 04545101
STREET ADDRESS: 4509 Gibbon Rd
Charlotte, NC
ZONING: R-3

PROPERTY OWNER:
NAME: CABARRUS BANK (last) (first) (mi)
ADDRESS: P.O. Box 328 PHONE: (704) 782-1193
CITY: CONCORD STATE: NC ZIPCODE: 28026-0328

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[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: 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 [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Cabarrus Bank by Michael Mahaffey Date: 2-19-93

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

WWATER : 122791

THIS IS TO CERTIFY THAT ON THE 29th DAY OF October 1990. I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS, AND BUILDINGS ARE AS SHOWN HEREON; THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY; AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

ROBERT EARL STEPHENSON

SIGNED: Robert Earl Stephenson

N. C. REG. LAND SURVEYOR L742

NORTH CAROLINA REGISTERED L-742 LAND SURVEYOR ROBERT EARL STEPHENSON

Diamfield appears to own off-property in this area

Slight Depression

Old Iron

N. 39-58-30 W. 115.49'

New Iron

Betty Nichols Pope 4144-137

197.87' Total

1-Story Conc. Block Garage & Storage

Frame Well House

Carport

1-Story Frame Alum. Siding Comp. Roof (old) #4509

Porch

Porch

Stone Drive

Power, Tel. & C-TV

N. 49-00 E.

Bettie H. Causey 5378-513

185.18' Total

S. 49-00 W.

Old Iron

Old Iron

(Paved)

1530' ± To ℄ Old Statesville Rd. (N. C. Hwy. #115)

1279' ± To ℄ Garvin Rd.

S. 46-15 E. 115.96'

GIBBON ROAD

S. R. # 2519

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19261

File: #81 B/S 7529 Action 2

Parcel: 045-451-01 ☐ PC

Location: 4509 Gibbon Road

Subdivision:

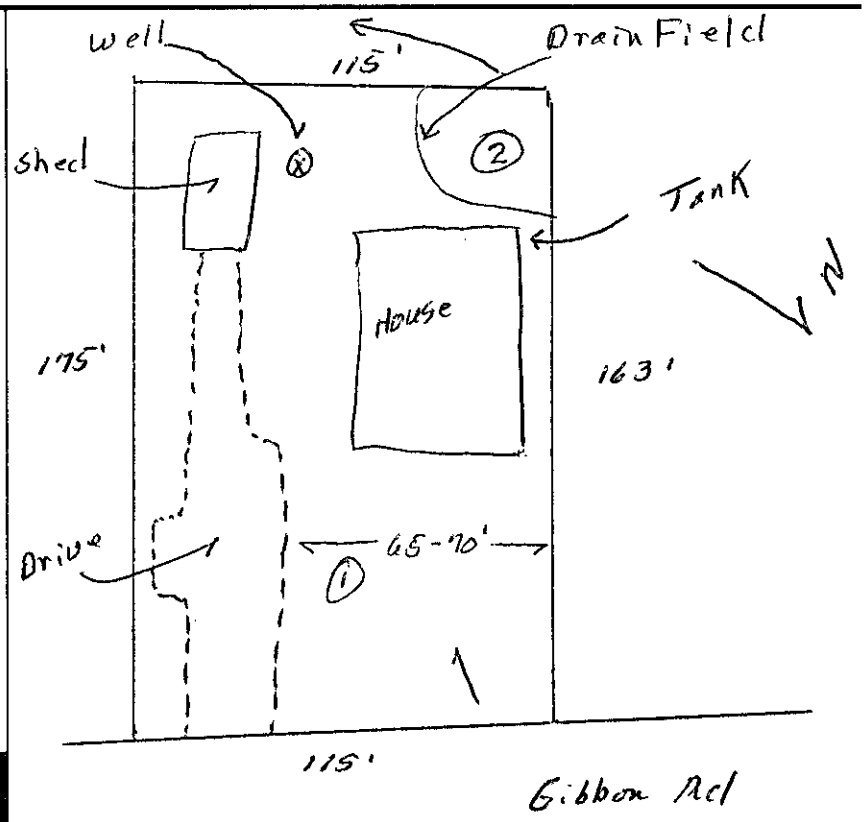
Lot: Block: Acres: .45

Owner: Cabarrus Bank
Address: PO Box 328
Concord, N.C. 28026-0328

Comments: .3 gal/ft²/day LTAR
will probably need lift pump
drainfield runs onto adjacent
property at rear of lot

Described by: William R. Merlin

Date: 3-5-93



*** 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 2-6%	S PS (U) slight Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slight Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sabl Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 740" To 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 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IV Cecil-like	slight Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

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

March 9, 1993

Cabarrus Bank
P. O. Box 328
Concord, North Carolina 28026-0328

Re: Property located at 4509 Gibbon Road
File: 881B/8752A
Parcel: 045-451-01

Dear Sir:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19261) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

KR:lw
Enclosure (2)