

4125 RIVENDELL LN

19522109

5/2/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Richardson, Wm. E. Jr.
Address: 4125 Rivendell Ln.
Charlotte, NC **Zip:** 28227
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** L. Thompson
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: ground
Source of Sample:
Type of Sample: raw
Type of Treatment: none
Type of Analysis: Nitrate
Category: other

Collected By: L. THOMPSON **Date:** 02/15/2000 **Time:** 1:00:00 PM
Location of sampling point: O/T
Remarks: III b

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	02/16/2000
Nitrate as N	<1.0	mg/l	02/16/2000

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Date Received: 02/16/2000 **Report Date:** 02/17/2000 **Reported By:**
Today's Date: 03/09/2000 **Reference:** 2227 **Sample Number:** AA30892

Mecklenburg County
Health Department

February 18, 2000

William E. and Patricia Elaine Richardson, Jr.
4125 Rivendell Lane
Charlotte, NC 28227

Re: Water Sample Results

Dear Mr. and Mr.s. Richardson:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on February 15, 2000.

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

The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory. If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

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

1176

Microbiological Analyses

Owner, System or Establishment: William E. Richardson, Jr.

Address: 4125 Rivendell Lane

Charlotte, NC Zip: 28227

Collected By: L. Thompson

Date Collected: 2-15-00 Time: 1:00 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 2-15-00 Time: 1:45 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

Type of Sample

Potable Water

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

Treatment ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Nonpotable Water

- ☐ Surface
- ☐ Storm
- ☐ Other (specify)

Analysis Requested: ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus ☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa ☐ Other (specify)

☐ Food Analysis (specify)

Comments:

Laboratory Analysis Report

Method: ____ Membrane Filter ✓ Colilert ____ Multiple Tube Fermentation

Total Coliform	Absent /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: 2/15/00 Date Reported: 2/16/00

Received By: MB Analyst: MB Lab #: 176

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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
3777A — Permit/Project No.
4125 Rivendell Lane — Location
residence — Name of Establishment / Type of Establishment
360 gpd — Design Flow
William E. Richardson, Jr., 4125 Rivendell Lane, Charlotte 28227 — Owner/Agent / Address / Phone
None - IIIb — Operator / Address / Phone
Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and sewage flow in accordance with permit?	☐	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☐	☑	Riser lid covered with soil and plastic, I did not want to risk removing.
Tanks and access manholes structurally sound, watertight?	☐	☐	If you will remove this, I can come back
Sanitary tee(s) in good working condition?	☐	☐	to check the depth of sludge in the
Tanks pumped, cleaned out as needed?	☐	☐	pump tank - most systems older
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	than 5 years are found to be in
High-water alarm present and operating properly?	☐	☐	the need of cleaning out. Pumping
Floats/pipe/valves/disconnects in good working condition?	☐	☐	the tanks will keep solids out of
Control panel enclosure/components in good condition?	☐	☐	the drainfield, increasing system
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☐	☐	life.
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	Could not check pump tank components.
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	Nema 4x Simplex control panel - good
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?	☑	☐	Looks good.
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing - I can recheck pump tank if you will uncover what can be back. Regardless, it is probably time to pump the tanks.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 2-15-00 SIGNED: J B Thompson Jr. L.S. AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

OWNER:
William E. and Patricia Elaine Richardson, Jr.
4125 Rivendell Lane
Charlotte, NC 28227

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type	# of Bedrooms
Richardson	4125 Rivendell Lane	195-221-09	3777 A	IIIb	3

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
1-12-00	2-14-00

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

January 12, 1999

William E. and Particia Elaine Richardson, Jr.
4125 Rivendell Lane
Charlotte, NC 28227

Dear Mr. and Mrs. Richardson:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

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

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

Enclosure

cc: Fiscal Services Manager, HMHCS

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.

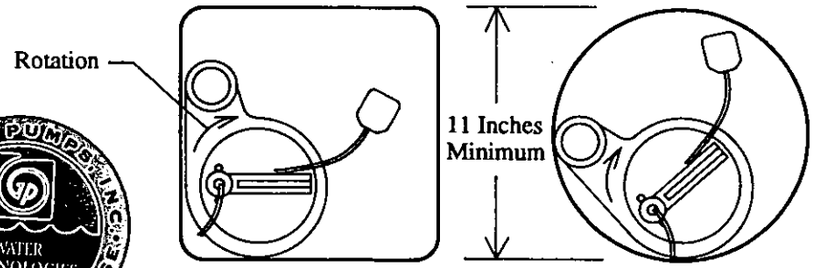
MOTOR NOT RUNNING
(See causes 1, 2, 3, 4, 6, 8)

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

GOULDS PUMPS • PROOF OF PURCHASE • WATER TECHNOLOGIES GROUP

LIMITED WARRANTY

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

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

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

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

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

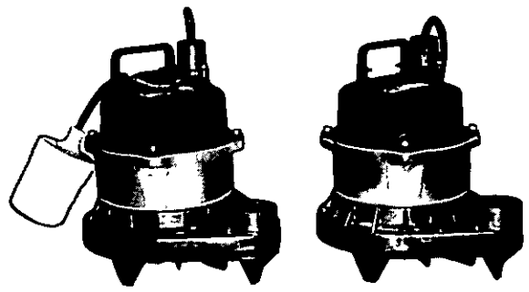
Form No. 3871-2/89

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

Installation, Operation and Maintenance Instructions

Model 3871



DESCRIPTION & SPECIFICATIONS:

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

1. Important:

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

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

CAUTION

Always disconnect electrical power when handling pump or controls.

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

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

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

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

1.7. Maximum Operating Limits:

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

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

2. Installation:

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

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

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

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

3. Piping:

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

4. Operation:

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

5. Maintenance:

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

6. Disassembly:

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

CAUTION

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

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

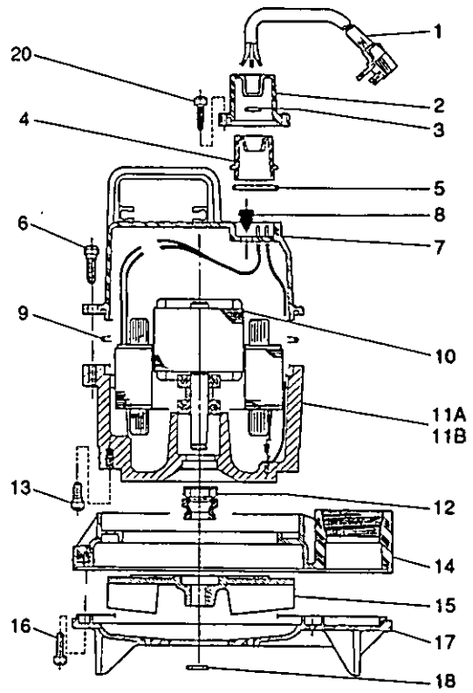
6.6.1. Clear oil with no burnt odor indicates pump and seals are in acceptable condition.
6.6.2. Dark oil with burnt odor indicates motor has been overheated. Check winding resistance to ground. It should be one megohm or higher.
6.6.3. Milky or emulsified oil indicates water leaking into sealed chamber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

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

7. Reassembly:

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

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



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

CAUTION

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

PARTS

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3777A DATE: 9/10/93

TC: 195-041-87 ☐ L ☒ CRT

SERIAL Nº 15690 2400

Name of Owner Bill Richardson Juris.:

Address of Property 405 Rivendell Lane

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12

Water Supply Source 52' Well

Distance to Water Source 52'

Excavation Inspected 9/10/93

Tank(s) Inspected 9/10/93

Wash Line Inspected —

High Water Alarm Inspected 9/10/93

PLOT

Design: 1500ST, 1000DT, 01, Con, 1200SF, 12"G, Crk CTR# 113

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Type III - no repair required.

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

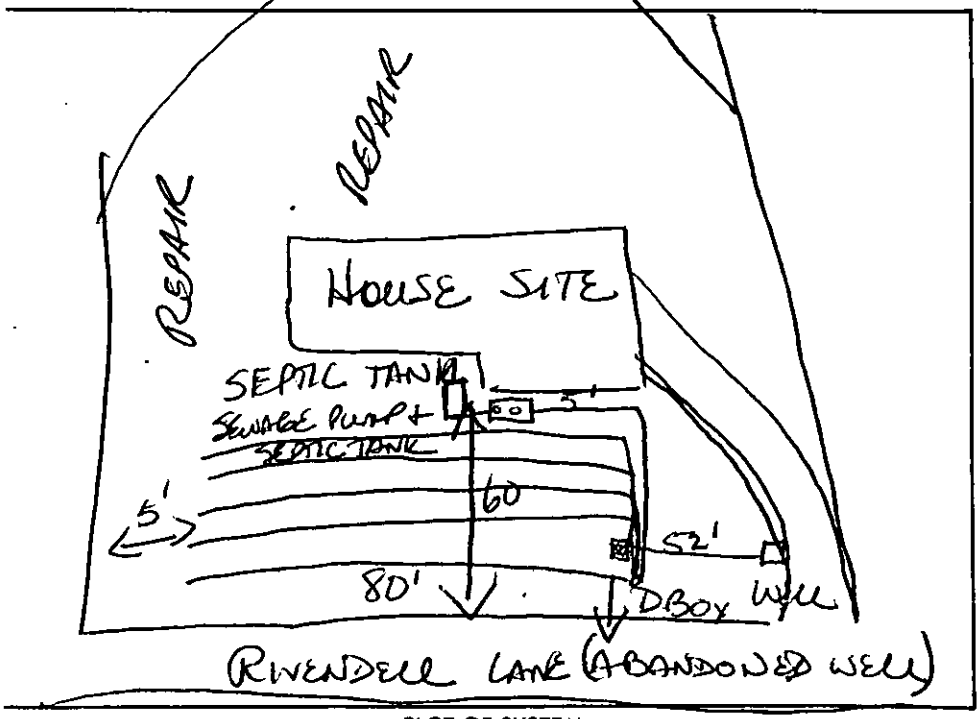
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3777A DATE: 7/20/93

TC: 195-041-87

SERIAL Nº 15541

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 7/20/93. All work shall be completed on or before 8/20/93, 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 - PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 52' feet

NAME OF OWNER Bill Richardson

LOCATION OF PROPERTY 4125 Rivendell Lane

Comments: REPAIR AREA NOT REQUIRED -
5 lines 3'x80'x12" - 3 bedroom residence

J. Ruiz for D. Daniel
Division or Section Head

Jon H. Ewell, 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

3777A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd # 200 8-21-92 BK

[] 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: Richardson William Earl Jr.
(last) (first) (mi)
ADDRESS: 2705(28th Cross Point Crt PHONE: (704) 536-0519
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 8/16/92

PROPERTY OWNER:
NAME: Richardson William Earl Jr.
(last) (first) (mi)
ADDRESS: 2705(28th Cross Point Crt PHONE: (704) 536-0519
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
Bill # 7776
TAX/PARCEL NUMBER: 195-041-87
STREET ADDRESS: Bivendell Lane #4125
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 87 PG.05 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [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: Bill Richardson Date: 8/16/92

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.

...LIFT STATION MAY BE 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 8-24-92 Date

WWATER : 122791

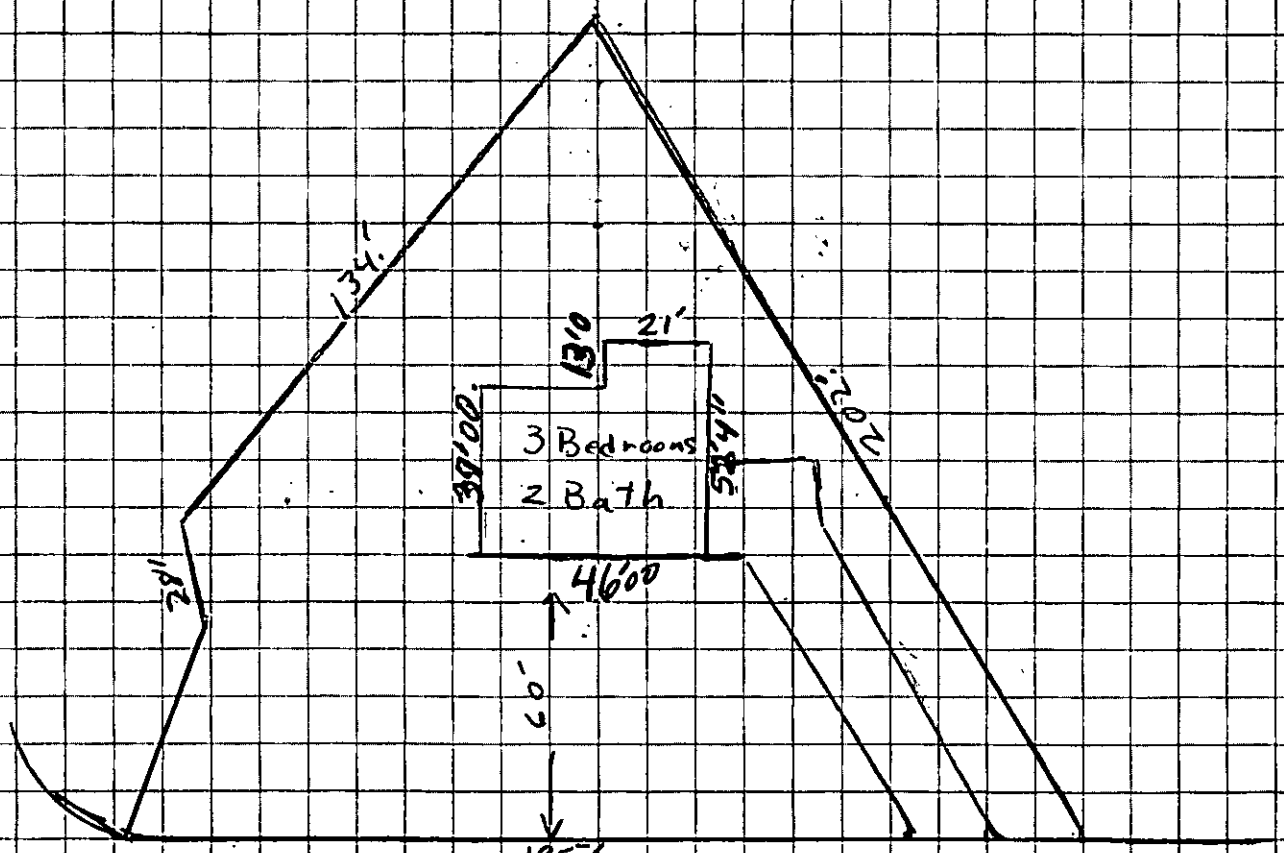
PROPOSED PLOT PLAN

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

FILE: 3777A

TC: 195-041-87

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

Paid 2/26/88 $100.00 cash/check Pender Co.

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 3777A
TC: _____
SERIAL: Nº 15624
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 4125 Rivendell (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: None ④ TAX PARCEL NO.: 195-041-87
⑤ SUBDIVISION: None ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Mrs. Jane ~~Fulmer~~ E. FULMER (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 5622 N. King's Hiway
⑩ CITY: Myrtle Beach ⑪ STATE: S. C. ⑫ ZIP: 29577
⑬ PHONE: (WORK) 449-2373 ⑭ (HOME) 449-2810

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard Fuhrman for West Builders
Date: 2-26-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Willard B. Ramsey 2/26-88
Environmentalist Date

Director or Authorized Section Head 2-29-88 Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

2-29-88

Please
enter -
Thanks
DK

DATE 2-25-88

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

195-041-87 all
PARCEL NUMBER

4125 Rivendell Ln (Rivendell)
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS		APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS		APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS		APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN		APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	NO
7.	DRIVEWAY PERMIT REQUIRED		YES	NO

REMARKS: S.F. Housing

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

09-19-86
ALL OTHER FORMS OBSOLETE

SIGNED: Rwl

West Builders of Myrtle Beach, Inc.
504 62nd Avenue • at Northside • (803) 449-2373
Myrtle Beach, South Carolina 29577

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 29 1988
ENVIRONMENTAL HEALTH
DIVISION

Feb 23 1988

Dear Ms. Daniel:

A quick note here to enclose our plat of proposed building, and hoping that you can perhaps prepare someone for us,

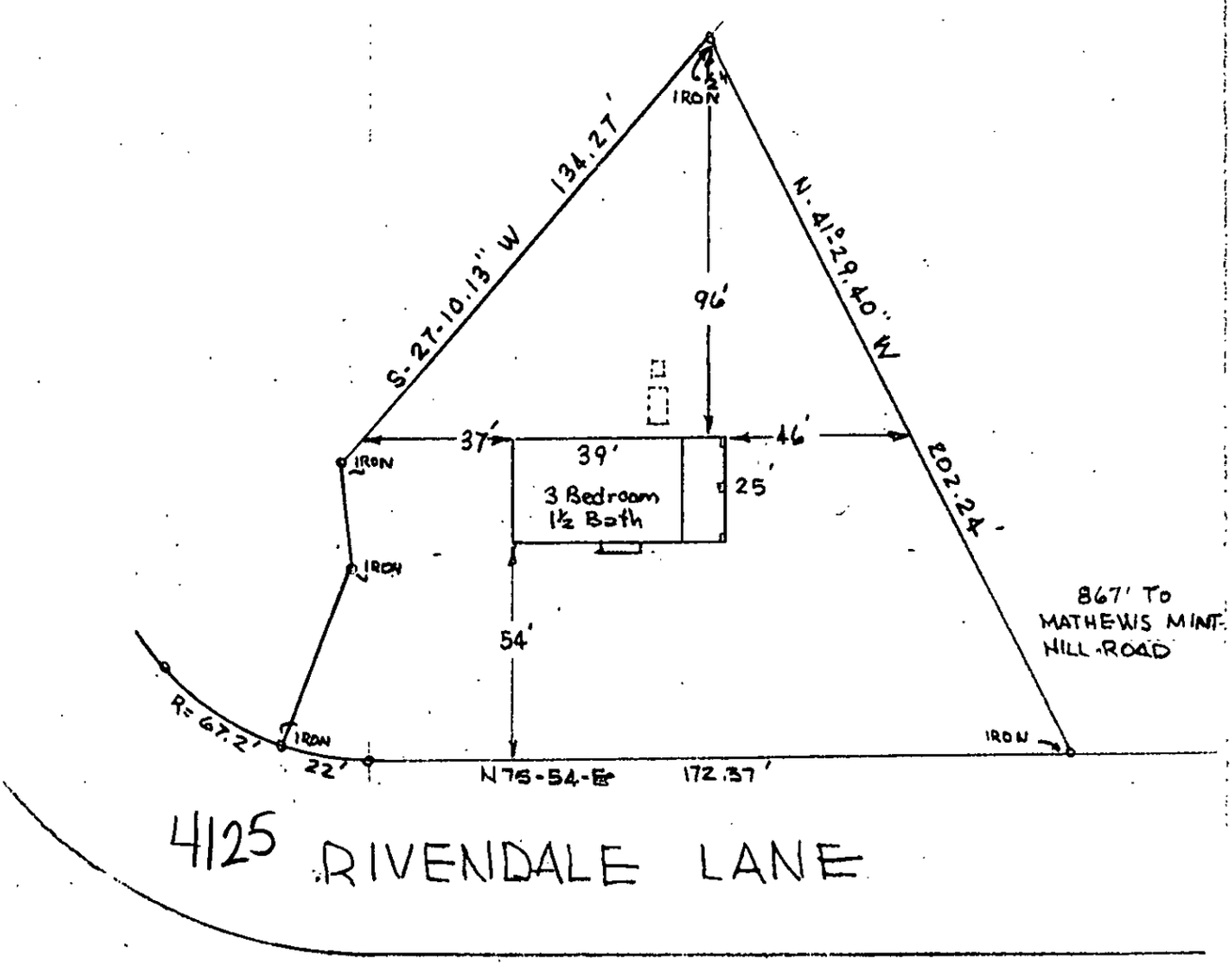
We will fly up to CH. Thurs. --- go to engineering for an address and be early at the Health Dept. Friday 26th.

We will make the required application & peg the fee at that time. We are hoping by doing this that we can get someone Fri to go out there. That way it would preclude us having to make another trip for this matter.

Yours truly

Richard Fulmer

PLOT PLAN



PROPOSED PLOT PLAN FOR A SINGLE FAMILY RESIDENCE - BY WEST BUILDERS, INC.

FEB. 26 1988

Scale 1" = 40'

Office 545-6177
Res. 545-4811
Res. 545-4057

CENTRAL PIEDMONT REALTY CO.
P. O. BOX 23146
CHARLOTTE, NORTH CAROLINA 28212

MEMBER
Charlotte Board of Realtors
Multiple Listing Service

Memorandum of Sale of Real Estate

NORTH CAROLINA
MECKLENBURG COUNTY

Janet Howell has this day sold,

and West Builders, Inc. has this day purchased that certain property known as

Lot Rundell Ln #185-041-87

at the price of Nine Thousand Dollars, on the following terms:

$500.00 Binder and part payment to be held in escrow by the Central Piedmont Realty Co.

Balance at Closing

SPECIAL CONDITIONS:

Seller to pay for new deed and revenue stamps.
Buyer to pay all other closing

Contingent on obtaining permit for conventional septic system

It is agreed that the Purchaser will in good faith do all things necessary to procure said loan, and will co-operate to the fullest in obtaining such loan, and if the loan cannot be obtained the binder will be returned. The binder will not be returned if the Purchaser takes any action that will prevent the loan being obtained.

In case of rejection of this offer or in case the present owners are unable to convey a good and marketable title, the binder which I hand you herewith is to be returned to me, and this offer shall become null and void.

It is understood that no representations other than those expressed herein, either oral or written, are a part of this agreement. Possession to be given At Closing

It is understood that the property will be conveyed subject to such conditions, reservations and restrictions as appear in instruments constituting the chain of title, and that the seller will execute and deliver to the buyer within a reasonable time from date, a deed conveying an indefeasible fee simple title to the land above described, with full covenants and warranties, subject only to exceptions herein provided.

Seller agrees to furnish a letter from a licensed pest control company stating that this home is free from termites and other wood destroying organisms or damage therefrom, and shall allow Purchaser to inspect heating, cooling system (if any), plumbing, electrical system, and appliances (if any) to verify that these items are in good working order. It will be Buyer's responsibility to inspect these items prior to closing. Such warranty and/or agreement not enforceable after closing.

It is agreed that if the Seller cannot deliver a good fee simple title, free and clear of all liens and encumbrances, excepting those referred to above, within (30) days after written notice to the Seller, the earnest money shall be refunded. Otherwise, upon default by the Purchaser in the performance of any of the conditions and agreements contained herein, the earnest money deposited herewith shall be retained by and become the property of Central Piedmont Realty Co. and credited as part of sales commission for negotiating this agreement, but such payment shall not affect any other remedies available to seller and Central Piedmont Realty Co. for such breach of contract.

Closing to be on or before March 18, 1988

This offer must be accepted not later than ~~Feb 21, 1988~~

Taxes for current year will be Prorated Insurance will be purchased thru N/A

Deed to be made to As Directed and wife

In witness whereof the parties hereto have set their hands and seals this 18 day of Jan 1988

Witness Robert B Long Seller Janet D. Howell (SEAL)

Witness Seller (SEAL)

Witness Robert B Long Purchaser David Tudor (SEAL)

Witness Purchaser (SEAL)

Received of West Builders Inc. the purchaser above named, the sum of Two Hundred and no/100 ($500.00) Dollars, as earnest money and part payment on the purchase price of the property herein described.

Date 2/18/88 By Robert B Long Agent

MECKLENBURG COUNTY

Department of Environmental Health

August 28th, 1987

Janet Howell
4201 Rivendell Lane
Mint Hill, NC 28212

RE: Property located at Rivendell Lane
FILE: 3777A
PARCEL: 19504187

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 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 14493) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14493

File: 3777A
Parcel: 19504187

Action 1
☐ PC

Location: Rivendell Lane

Subdivision:

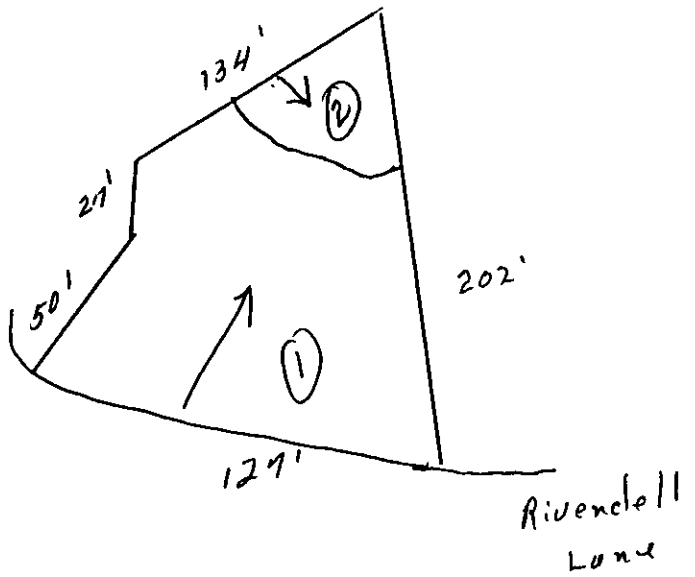
Lot: Block: Acres: .5

Owner: Janet Howell
Address: 4201 Rivendell Lane
Mint Hill, NC 28212

Comments: System may need lift pumps

Described by: William A Martin

Date: 8-28-97



***** 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 2-10%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	WA cecil-like	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

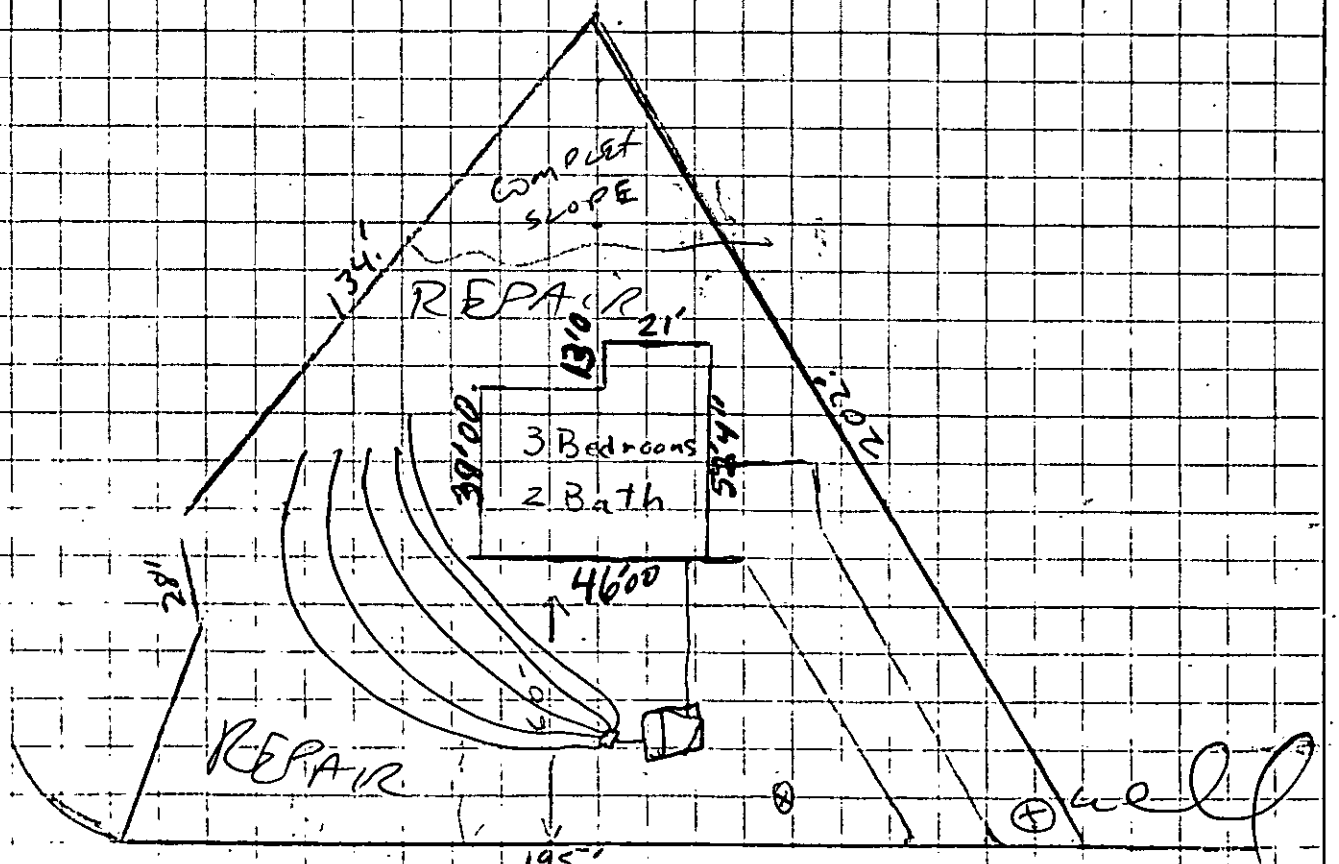
DRAFT

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

FILE: 3777A

TC: 195-041-87

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.



Bill Richardson

APPROVAL DATE _____

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 3777A

TC: _____

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 31 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: Rivendell Ln.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 195 PAGE NO.: 041 PARCEL NO.: 87

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Janet (FIRST) _____ (MIDDLE) Howell (LAST)

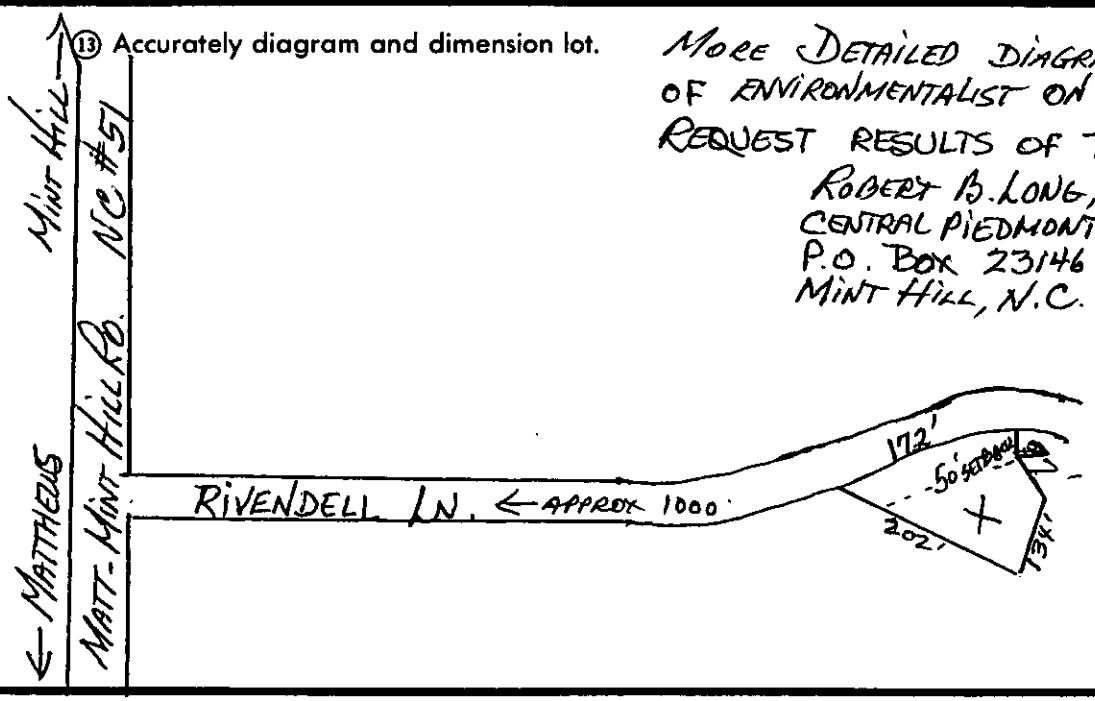
⑧ MAILING ADDRESS: 4201 Rivendell Ln.

⑨ CITY: Mint Hill ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 545-3932 (HOME) 545-5236

⑬ Accurately diagram and dimension lot.

More detailed diagram enclosed for benefit of environmentalist on previously submitted form.
Request results of tests be sent to:
Robert B. Long, Agent
Central Piedmont Realty Co.
P.O. Box 23146
Mint Hill, N.C. 28212



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Janet D. Howell

Date: 7/29/87

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY