

15216 N OLD STATESVILLE RD

01120118

12/27/2007

duponbj

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

Mecklenburg County
Health Department

October 24, 2002

Louis A. Burton
15224 Old Statesville Rd.
Huntersville, NC 28078

Dear Mr. Burton:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for 15216 Old Statesville Road, Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by November 11, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Louis A. Burton
15224 Old Statesville Rd.
Huntersville, NC 28078

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Louis A. Burton	15224 Old Statesville Rd.	01120118	2061B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/24/02

Payment Due Date: 11/24/02

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Return Survey
Worked O.S.
6/18/96
Needs
① agreement form &
(Mr. Burton has form)
② Repair break in plumb. to S.T.
(constant water running into P.T.)
③ Little Hawkins to check D-Box - lowest line setting most effluent.

PB repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2061B

[] 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

COPY

Date:

PERSON FILING APPLICATION:

NAME: ~~Louis~~ Burton (last) Louis (first) A. (mi)

ADDRESS: 15216 Hwy 115 PHONE: 704 875-1230

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY OWNER:

NAME: Burton (last) Louis (first) A (mi)

ADDRESS: 20811 Island Forest PHONE: 704 892-0512

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-013-21

STREET ADDRESS: 15216 Old State Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT # 162 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE

[redacted]

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Louis A. Burton Date: 6-10-96

NOTICE:

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

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

...This permit is not transferable.

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

6/13 OSR. Mr Burton present - Stop - No plumb on floor drain. Has 2 employees Advised Agreement Forms Fix toilet ~~Add cover to manhole~~

6/14 OSR. PC w/ Mr Burton. Need crawl pins located then contact me.

6/17 OSR. Mr Burton present. Advised ~~that~~ pins corners marked, every pins removed

Environmentalist Date

6/18 OSR. Mr Burton + Little present Pins corners marked/flagged by Survey

Director or Authorized Section Head Date

Need Agreement form

② Break in WATER : 12275 P/L to S.T. fixed

③ O-Box uncovered

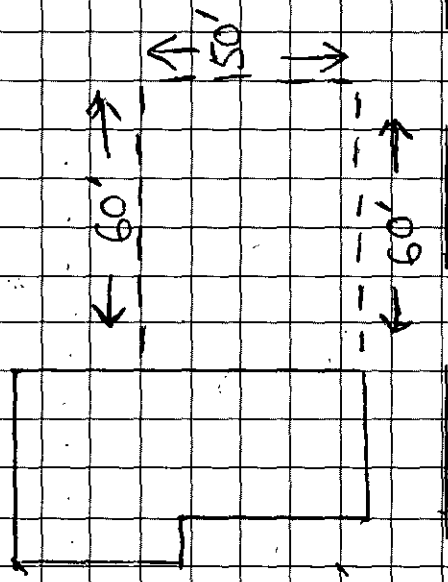
PROPOSED PLOT PLAN

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

FILE: 2061B

TC: 041-013-21

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.



Old Statesville Rd. Hwy 115

James A. Burts
OWNER/AGENT SIGNATURE

DATE 6-10-96

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

$400 CK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2061B / 9232A

D.P. 2000 12/13/93 chg 214 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: Burton (last) Louis (first) A (mi)

ADDRESS: 15224 dd Statesville Rd. PHONE: (704) 875-1230

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: 12-8-93

PROPERTY OWNER:

NAME: Bradford (last) Cecil (first) D (mi)

ADDRESS: 202 Smain ST. PHONE: 704 875-6725

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-013-21

STREET ADDRESS: 15216 [redacted] 91b Statesville Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): .6

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business CAR WORKERS # Employees 2 Per Shift 200

Industrial Wastes (Y/N)? ___

Underground Storage Tanks On Property (Y/N) ___ Type None

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: Cecil Bradford Date:

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 pump required

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

Philip S. Walker 3/4/94
Environmentalist Date

P. Walker for J. Daniel 3/4/94
Director or Authorized Section Head Date

WATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT 400.14

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

FILE: 2061B/9232A DATE: 12-2-94

TC: 011-013-21 ☐ L ☒ CRT

SERIAL Nº 16064

Name of Owner Louis Burton Juris.:

Address of Property 15216 Old Statesville Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12"-16"

Water Supply Source municipal

Distance to Water Source 100'+

Excavation Inspected 12-2-94

Tank(s) Inspected 12-2-94

Wash Line Inspected

High Water Alarm Inspected 12-12-94

PLOT

Design 1994, 1000gst, 1000gpt, pump to conv, 12" stone, Cecil-like. Gould pump 3871 CTR# Hawkins 69

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Domestic type wastewater only - no industrial process wastewater to go into septic tank system. Type III b

See building standards approved plans concerning floor drain waste disposal (not going to septic tank).

for S. Daniel

Susan Satterwhite
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

DRO

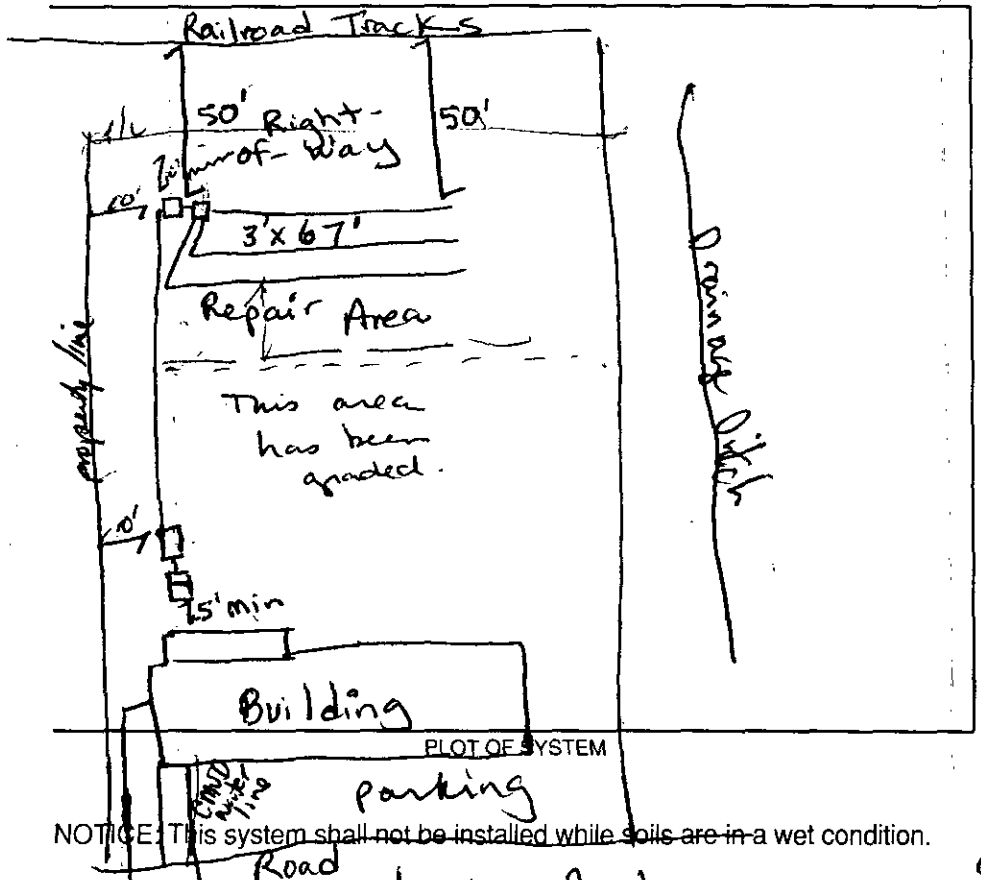
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2061B/9232A DATE: 11-21-94

TC: 011-013-21 ☐ L

SERIAL Nº 16124

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 12-13-93. All work shall be completed on or before 12-21-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"-28" to trench bottom

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 3 at 67'

Depth of Stone 12" inches

Distance from ~~House~~ Bldg foundation 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

Install pump, pump controls + alarm according to current NC Regulations

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

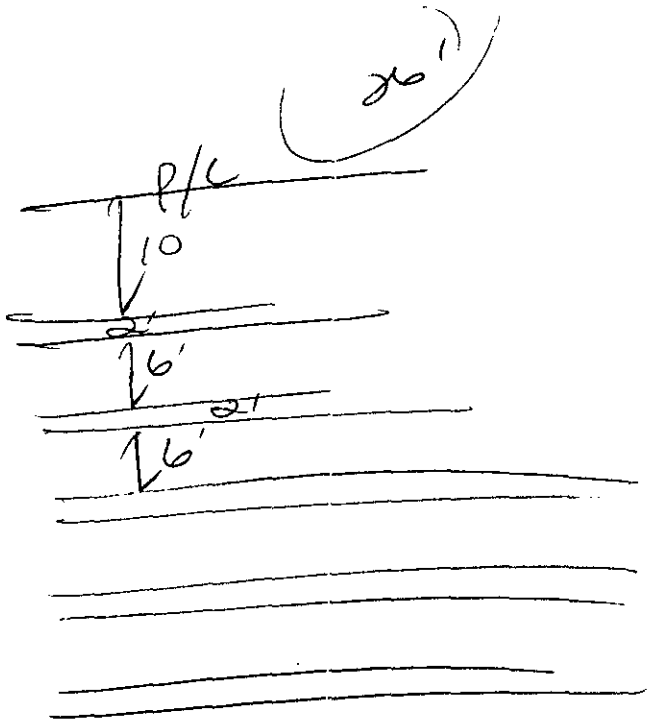
NAME OF OWNER Louis Burton

LOCATION OF PROPERTY 15216 Old Statesville Rd.

Comments: Domestic-type wastewater only! No industrial process wastewater may go into septic tank system. See plans on file concerning floor drains and bldg standards approval for off site removal of floor drain waste. / Do not drive, pave, or compact soil in septic system area or its repair area

J Rimmell for S Bonnell

Environmental Health Specialist


x6'
P/L
10'
2'
6'
2'
6'

Pd 50 Check 1800 9C 6/10/96

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2061B

[] 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: ~~Louis~~ BURTON (last) Louis (first) A. (mi)

ADDRESS: 15216 Hwy 115 PHONE: 704 875-1230

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date:

PROPERTY OWNER:

NAME: BURTON (last) Louis (first) A (mi)

ADDRESS: 20811 Island Forest PHONE: 704 892-0512

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-013-21

STREET ADDRESS: 15216 Old Statesville Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT #162 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE

[redacted]

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Louis A. Burton Date: 6-10-96

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

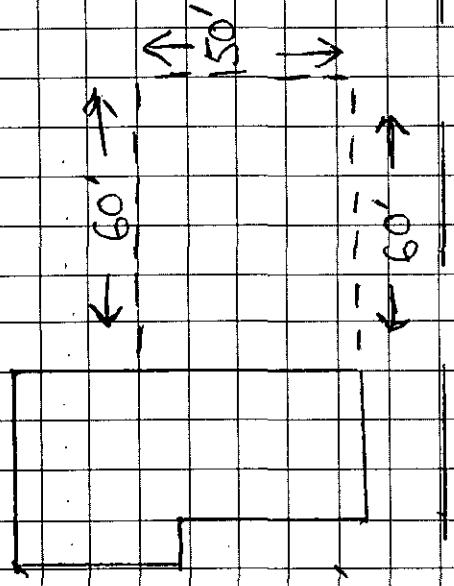
PROPOSED PLOT PLAN

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

FILE: 2061B

TC: 011-013-21

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.



Old Statesville Rd. Hwy 115

James A. Burns
OWNER/AGENT SIGNATURE

DATE 6-10-96

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

December 7, 1994

Mr. Louis Burton
15224 Old Statesville Road
Huntersville, North Carolina 28078

Dear Mr. Burton:

Re: 15216 Old Statesville Road
File: 2061B/9232A (Tax Parcel No. 011-013-21)

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

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

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

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

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

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

CERTIFICATE OF COMPLETION/OPERATION PERMIT

400 TW

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

FILE: 2061B/9232A DATE: 12-2-94

TC: 011-013-21 ☐ L ☒ CRT

SERIAL No 16064

Name of Owner Louis Burton Juris.:

Address of Property 15216 Old Statesville Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12"-16"

Water Supply Source municipal

Distance to Water Source 100'+

Excavation Inspected 12-2-94

Tank(s) Inspected 12-2-94

Wash Line Inspected —

High Water Alarm Inspected 12-12-94

PLOT

Design 1994, 1000 gst, 1000 gpt, pump to conv, 12" stone, Cecil-like. Gould pump 3871 CTR# Hawkins 69

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Domestic type wastewater only - no industrial process wastewater to go into septic tank systems. Type III b

See building standards approved plans concerning floor drain waste disposal (not going to septic tank)

J Newell for J Daniel Susan Satterwhite

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

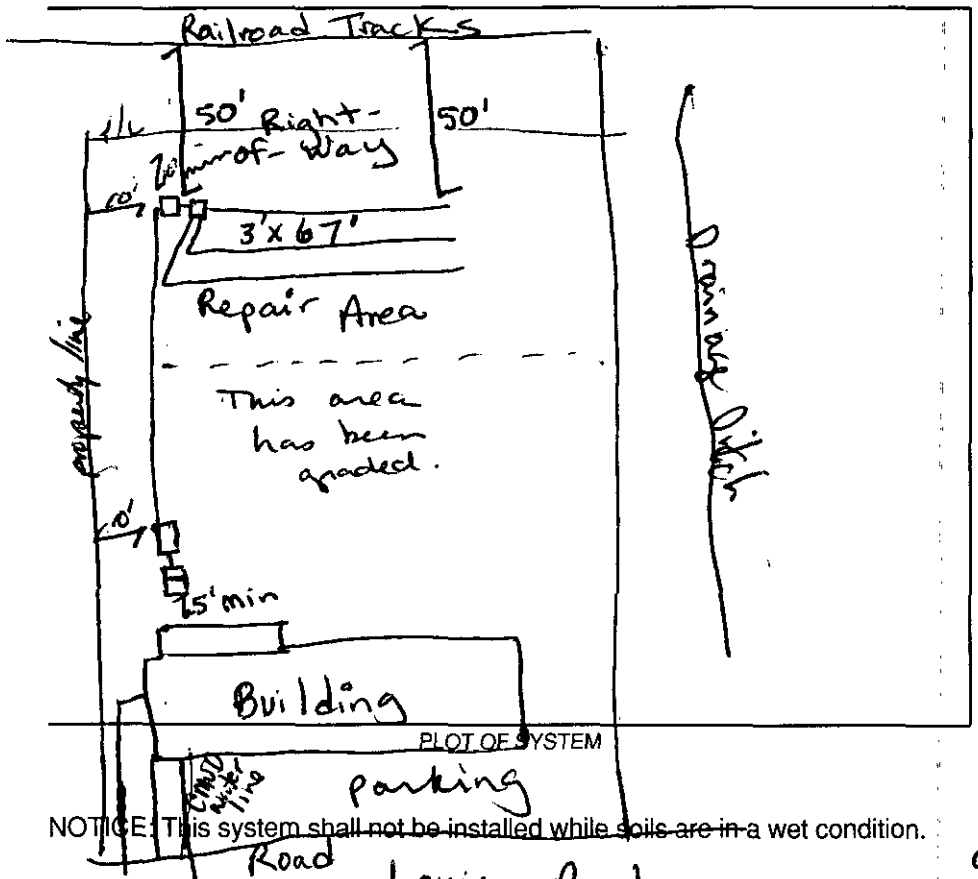
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2061B/9232A DATE: 11-21-94

TC: 011-013-21 ☐ L

SERIAL Nº 16124

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 12-13-93. All work shall be completed on or before 12-21-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"-28" to trench bottom

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 3 at 67'

Depth of Stone 12" inches

Distance from ~~House~~ Bldg Foundation 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

Install pump, pump controls + alarm according to current NC Regulations

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

NAME OF OWNER Louis Burton

LOCATION OF PROPERTY 15216 Old Statesville Rd.

Comments: Domestic-type wastewater only! No industrial process wastewater may go into septic tank system. See plans on file concerning floor drains and bldg standards approval for off-site removal of floor drain waste. / Do not drive, pave, or compact soil in septic system area or its repair area.

Newell for S Boniel

Environmental Health Specialist

$400 CK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

D.X. P.Q 200.00 12/13/93 chk 213 CRT

2061B / 9232A

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: Burton (last) Louis (first) A (mi)
ADDRESS: 15224 dd Statesville Rd. PHONE: (704) 875-1230
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date: 12-8-93

PROPERTY OWNER:
NAME: Bradford (last) Cecil (first) D (mi)
ADDRESS: 202 Main ST. PHONE: 704 875-6725
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-013-21
STREET ADDRESS: 15216 [redacted] 91d Statesville Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): .6

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business CAR REPAIRS # Employees 2 Per Shift 200
Industrial Wastes (Y/N)? ___
Underground Storage Tanks On Property (Y/N) ___ Type None

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: Cecil Bradford Date:

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 pump required

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

Philo S. Walker 3/4/94
Environmentalist Date

P. Walker for S. Daniel 3/4/94
Director or Authorized Section Head Date

WATER : 122791

Mecklenburg County

Health Department

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

December 6, 1993

Cecil D. Bradford
202 South Main Street
Huntersville, NC 28078

RE: Property located at Highway 115
FILE: 2061B/9232A
PARCEL: 011-013-21

Dear Mr. Bradford:

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 Number 20139) is enclosed.

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 .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20139

File: 2061B/9232A Action 2

Parcel: 011-013-21 ☐ PC

Location: Highway 115

Subdivision:

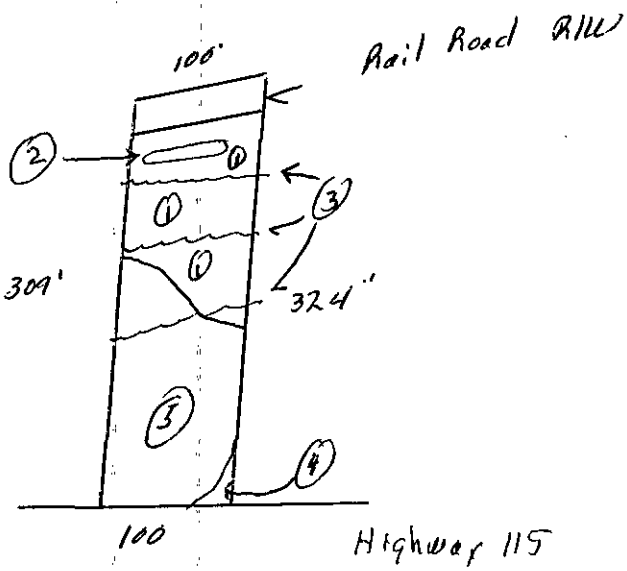
Lot: Block: Acres: .75

Owner: Cecil D. Bradford
Address: 202 S. Main St.
Huntersville, N.C. 28078

Comments: .3 gal/ft²/day LTAR, system would need pump - soils variable, recommend drainfield area be spot checked before permit is signed

Described by: William A. Medlin

Date: 12-3-93



***** 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 6-12%	S PS (U) Depression	S PS (U) Old Terraces	S PS (U) Drainageway	(S) PS U 2-10%	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U —	S PS (U) Expansive Clay	S PS U
Structure	S (PS) U Sub & Blocky	S PS U —	S PS U —	S PS U —	S (PS) U & Sub & Blocky	S PS U
Drainage	S (PS) U >40" TO water	S PS U —	S PS U —	S PS U —	S PS (U) some perched water 15-24"	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U —	S PS U —	S PS (U) & 4-36"	S PS U
Restrictive Horizons	S (PS) U 40"+	S PS U —	S PS U —	S PS U —	S (PS) U >36"	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	Ue Cecil Like	Depression	Old Terraces	Drainageway	Series Not Determined	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/12/93 PD 3/4 ac 80.00 chk 2021

[] 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 206/B/9232A

PERSON FILING APPLICATION:
NAME: Burton (last) Louis (first) A. (mi)
ADDRESS: 15224 Hwy 115 PHONE: 704 875-1230
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Bradford (last) Cecil (first) D. (mi)
ADDRESS: 202 Smain ST. PHONE: (704 875-6775
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-013-21
STREET ADDRESS: Hwy 115 Old Statesville Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 3/4 ACRES

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business REPAIR CARS # Employees 3 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] Home
[X] 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: Cecil D. Bradford Date: 11-15-93

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:

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...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

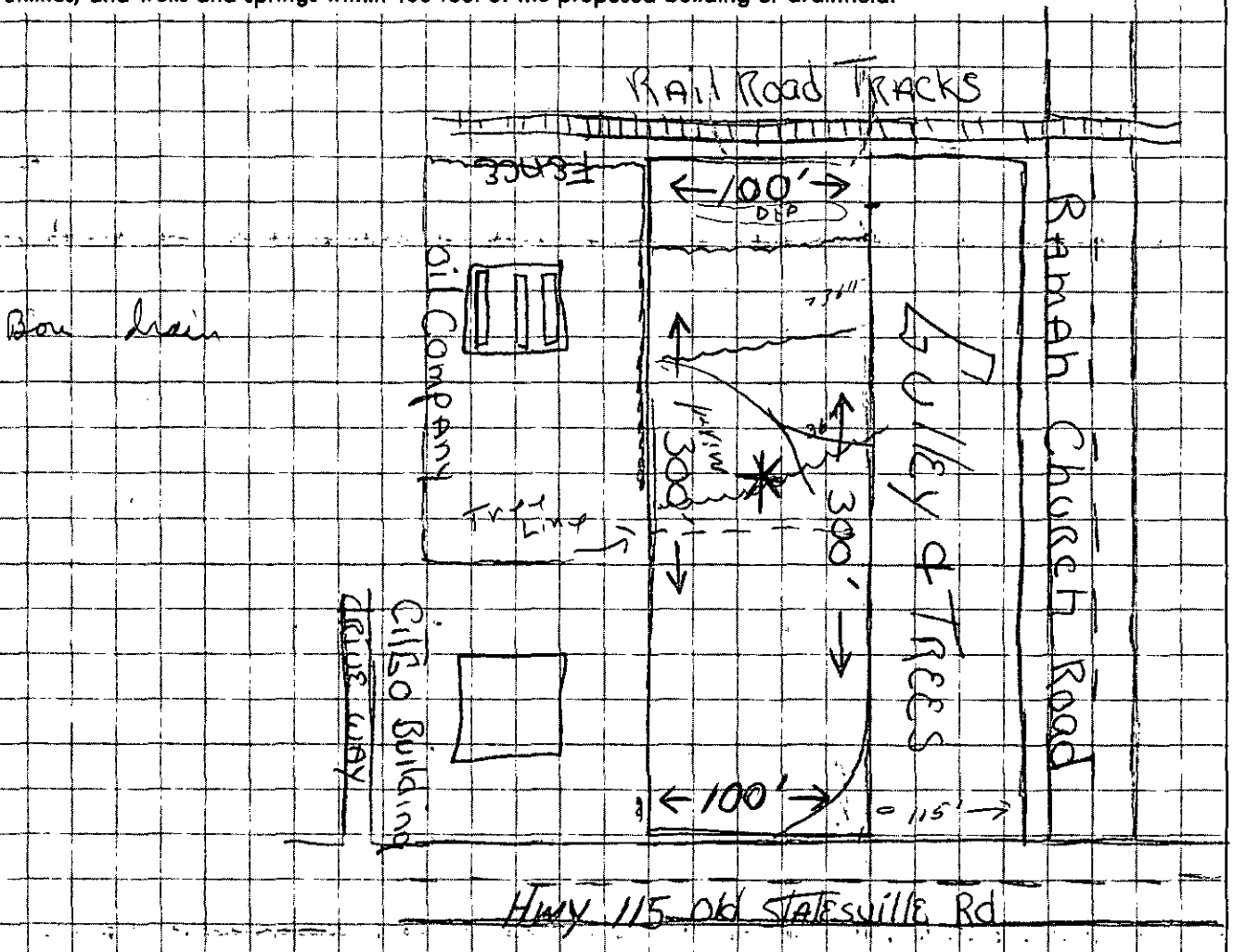
PROPOSED PLOT PLAN

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

FILE: 2061B/9232A

TC: 011-013-21

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/17/93 P&S 50.00 Chk 2021

[] 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 206/R/9232A

Date:

PERSON FILING APPLICATION:
NAME: Burton (last) Louis (first) A. (mi)
ADDRESS: 15224 Hwy 115 PHONE: 704 875-1230
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY OWNER:
NAME: Bradford (last) Cecil (first) D. (mi)
ADDRESS: 202 Main ST. PHONE: (704 875-6775
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Signed: Cecil D. Bradford Date: 11-15-93

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

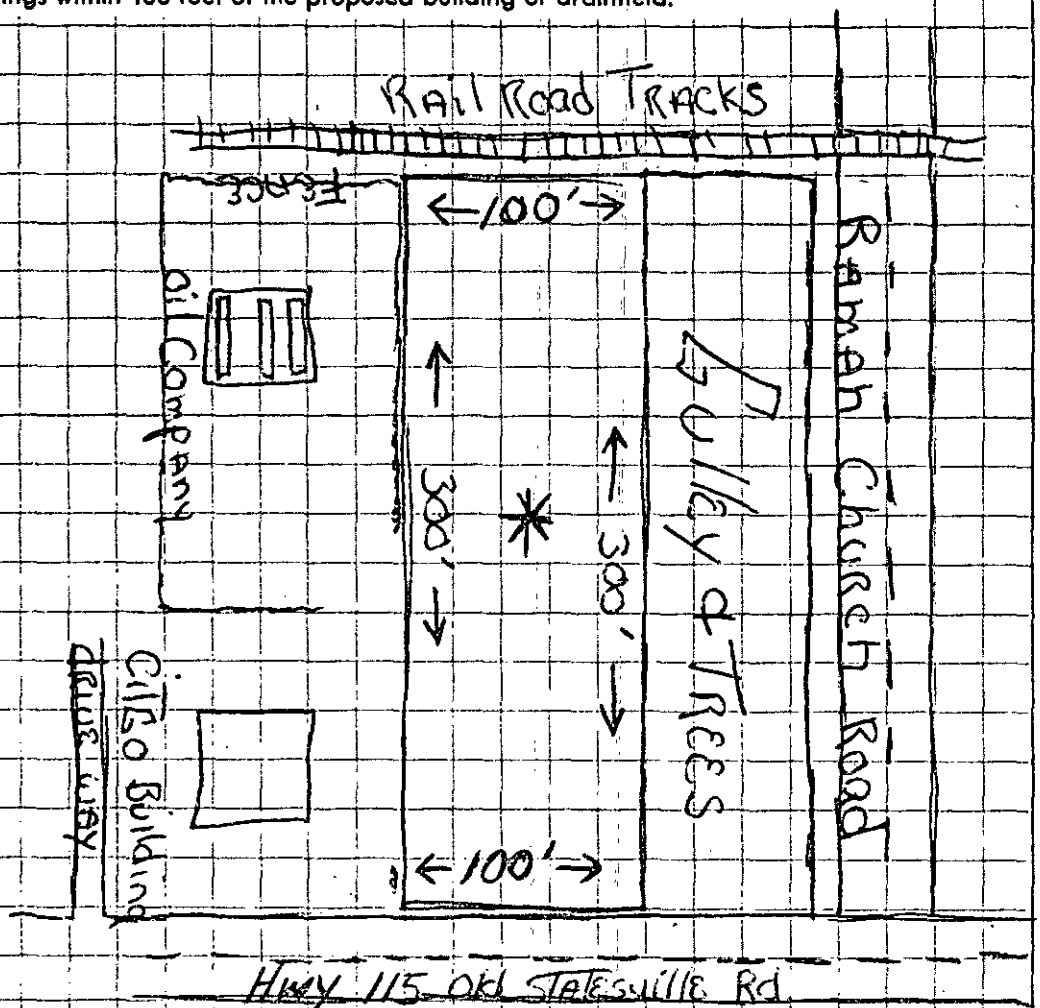
COPY

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

FILE: 206B/933A

TC: 011-013-21

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



APPROVAL DATE _____

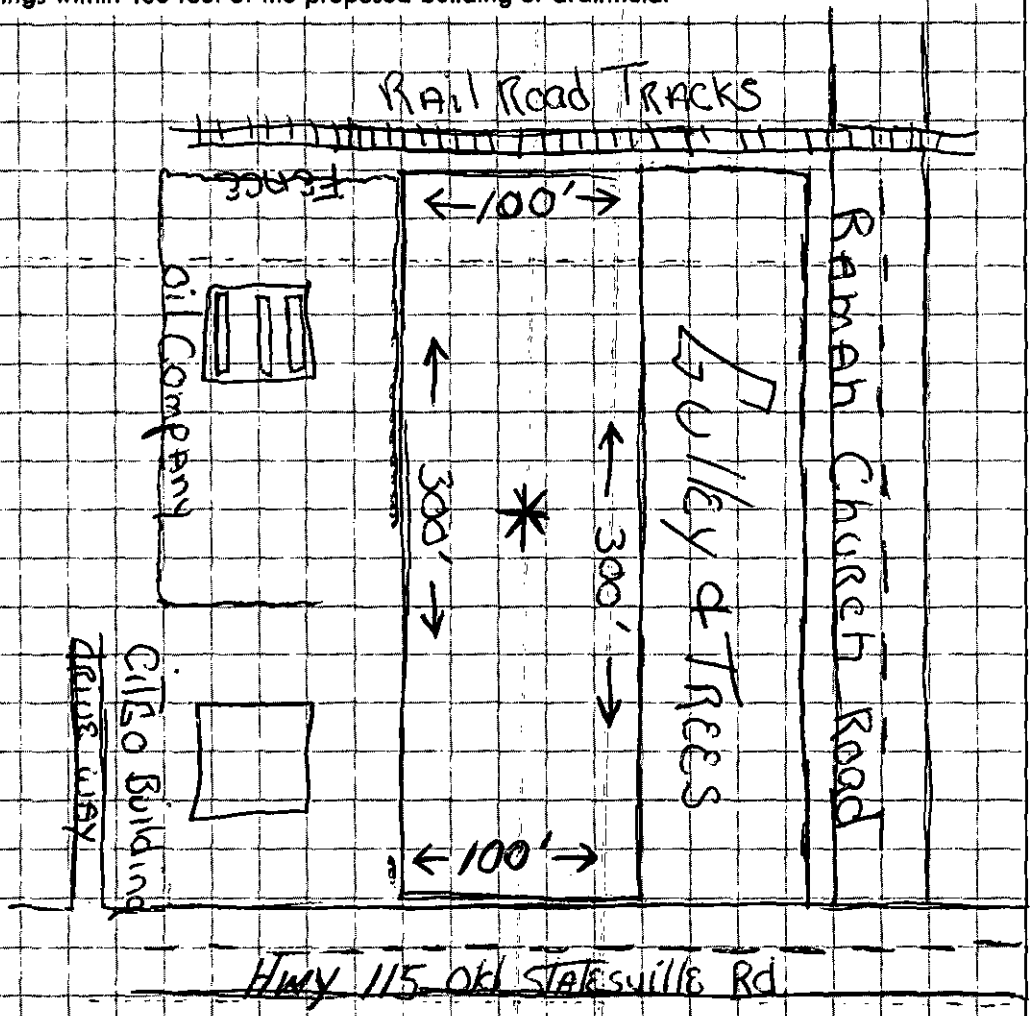
PROPOSED PLOT PLAN

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

FILE: 206B/923A

TC: 011-013-21

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APPROVAL DATE _____

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

Note 2001B

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 137-989171 **SUBMITTED DATE:** 05/27/94
PROJECT NAME: BURTON GARAGE **PHS:** **SEC:** **TIME:** 10:01 AM

CONTACT NAME: LOUIS BURTON **PHONE #:** 875-1230
TITLE: **TYPE OF PERMIT:** FULL

COMMENTS: 15216 OLD STATESVILLE RD MECK 011-013-21

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

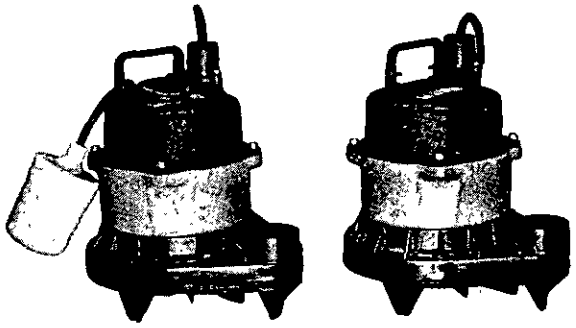
FL 2061B

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.

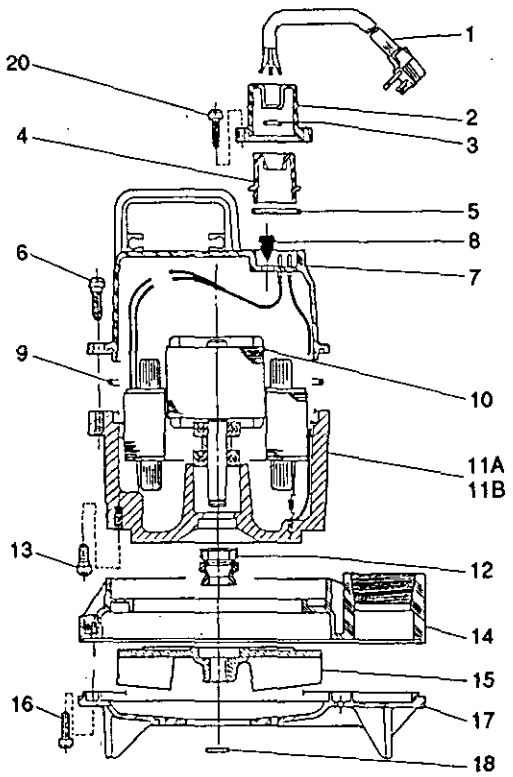
6.7. Refer to sectional drawing and reassembly instructions if further tear down is required.

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 1/8" 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 1/2" 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

8. Trouble Shooting Guide:

Extreme caution should be exercised when servicing electrical devices. Fatal injuries could result from electrical shock. Always disconnect the electrical power from the device being serviced unless it is necessary for the work being done.

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

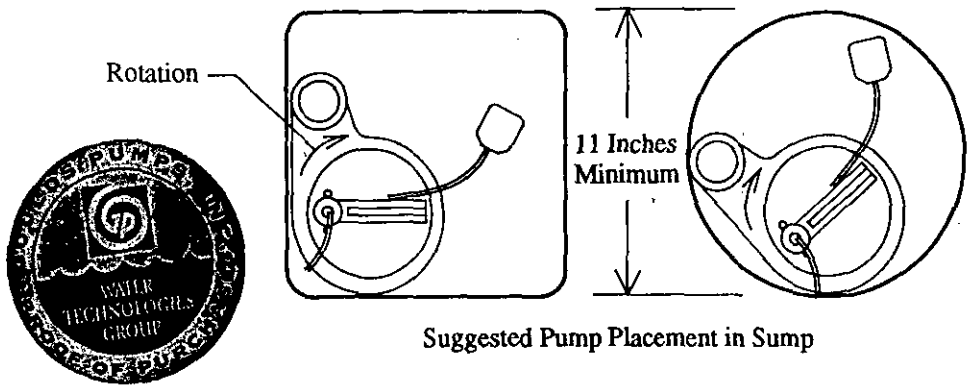
LITTLE OR NO LIQUID DELIVERED
(See causes 5, 6, 7, 8, 10)

PUMP WILL NOT TURN OFF
(See causes 7, 8, 9, 10, 12, 13)

PUMP CYCLES CONSTANTLY
(See causes 9, 11, 12, 13)

PROBABLE CAUSES:

1. Tripped thermal protector.
2. Open Circuit breaker or blown fuse.
3. Rotating parts binding.
4. Defective motor.
5. Air bound.
6. Low voltage.
7. System head too high.
8. Pump clogged.
9. Level control defective or switch not properly positioned.
10. Improper check valve direction.
11. Check valve leaking.
12. Incorrect size basin or wet-well.
13. Inflow excessive for size of pump.



Suggested Pump Placement in Sump

LIMITED WARRANTY

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

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

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

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

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

Form No. 3871-2/89

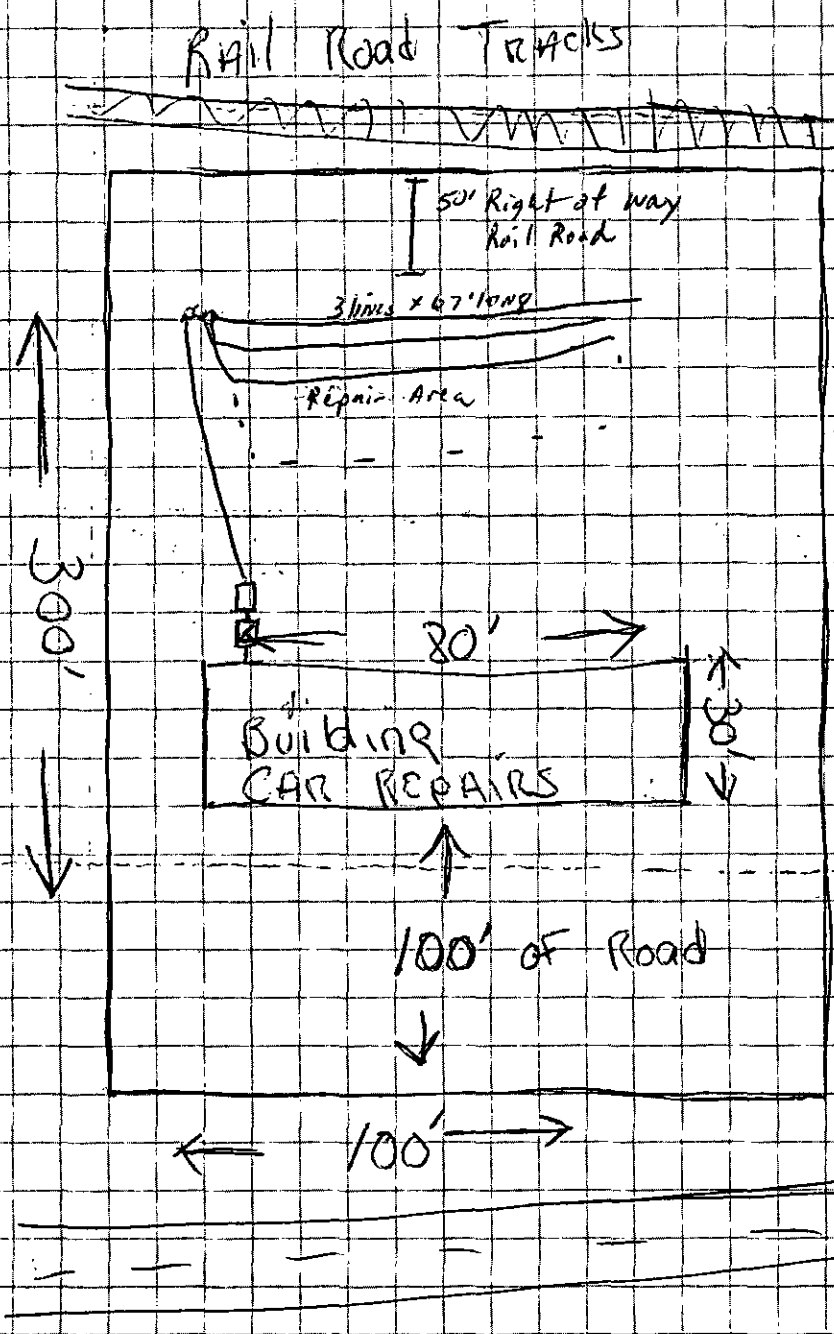
PROPOSED PLOT PLAN

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

FILE: 2061B

TC: 011-013-21

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.



1000 ST
1000 PT
3 lines x 67' long
x 3' wd x 12" stone
201 TLF
Lift pump required
Repair Area
3 lines x 67' long
201 TLF

Existing well water

Louis A. Burton
3-3-94

APPROVAL DATE DAW 3/3/94

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