

5601 ROWAN WY

05914527

12/18/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Laotian Culture Center of NC	339B
Health Department	**Name of Establishment**	**Permit/Project No.**
1824 Toddville Rd., Charlotte NC 28214	Church	~450 GPD
Location	**Type of Establishment**	**Design Flow**
Laotian Culture Center of NC	Same as location address	(704) 391-5540
Owner/Agent	**Address**	**Phone**
N/A	N/A	N/A
Operator	**Address**	**Phone**
IIIb	8/29/2005	August 2010
System Type	**Date of Inspection**	**Next Inspection Due**

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

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Remove debris (sticks, rebar, etc.) from dosing tank.
2. Restore power to effluent pump.
3. Secure riser lid on dosing tank with stainless steel bolts.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

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

1. Re-work electrical wiring to dosing tank to include an audible alarm and control for manual operation of the effluent pump.

DATE: 8/30/2005

SIGNED: _____ AGENT

Division of Environmental Health

COPY Recd #1732 Check 7/15/05

$85.00 V. Walker

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

June 30, 2005

Laotian Culture Center of NC

1824 Toddville Drive

Charlotte NC 28214

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. Copies of the regulations are available in our office. You may also obtain a copy of the regulations by visiting:
http://www.deh.enr.state.nc.us/oww/Rulelaw/june2003Rules.pdf

Our records indicate that the Type **IIIb** septic system serving the property located at:

5601 Rowan Way
Charlotte NC 28214
MCHD File Number: 339B

is due for inspection on: **8/19/2005**

The fee for this inspection is $85.00. Your payment should be received in our office no later than July 22, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

Once payment is received in our office, I will contact you to schedule an inspection time. If possible, I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system. System inspections take approximately one hour to perform.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater and Wastewater Services

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/18/05	**Amount:**	85.00
Receipt #:	35871	**Tendered:**	85.00
Check / Auth #:	CHECK 1732	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: LAOTIAN CULTURE CENTER
Attn:
Address: 1824 TODDVILLE ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 5601 ROWAN WAY/704-391-5540		1	85.00	85.00

(704) 460-9186

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Entrance is at 1824 Toddville Rd

10 X 34 733

10/9/03

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

David

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

(704)336-5102 339B

Date: 10/9/2003

PERSON FILING APPLICATION:

NAME: Williams (last) Dale (first) G. (mi)

ADDRESS: 2500 Huntley Dr PHONE: (704) 309-5267.

CITY: Marvin STATE: NC ZIPCODE: 28173

PROPERTY OWNER:

NAME: Laotian Culture of N.C. (last) (first) (mi)

ADDRESS: 5601 Rowan Way PHONE: (__) _____

CITY: Charlotte STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-145-27

STREET ADDRESS: 5601 Rowan Wy

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Kitchen, Baths rooms expand Temple

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

[redacted]

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business CHURCH. # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: [signature] Date: 10/9/2003

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.

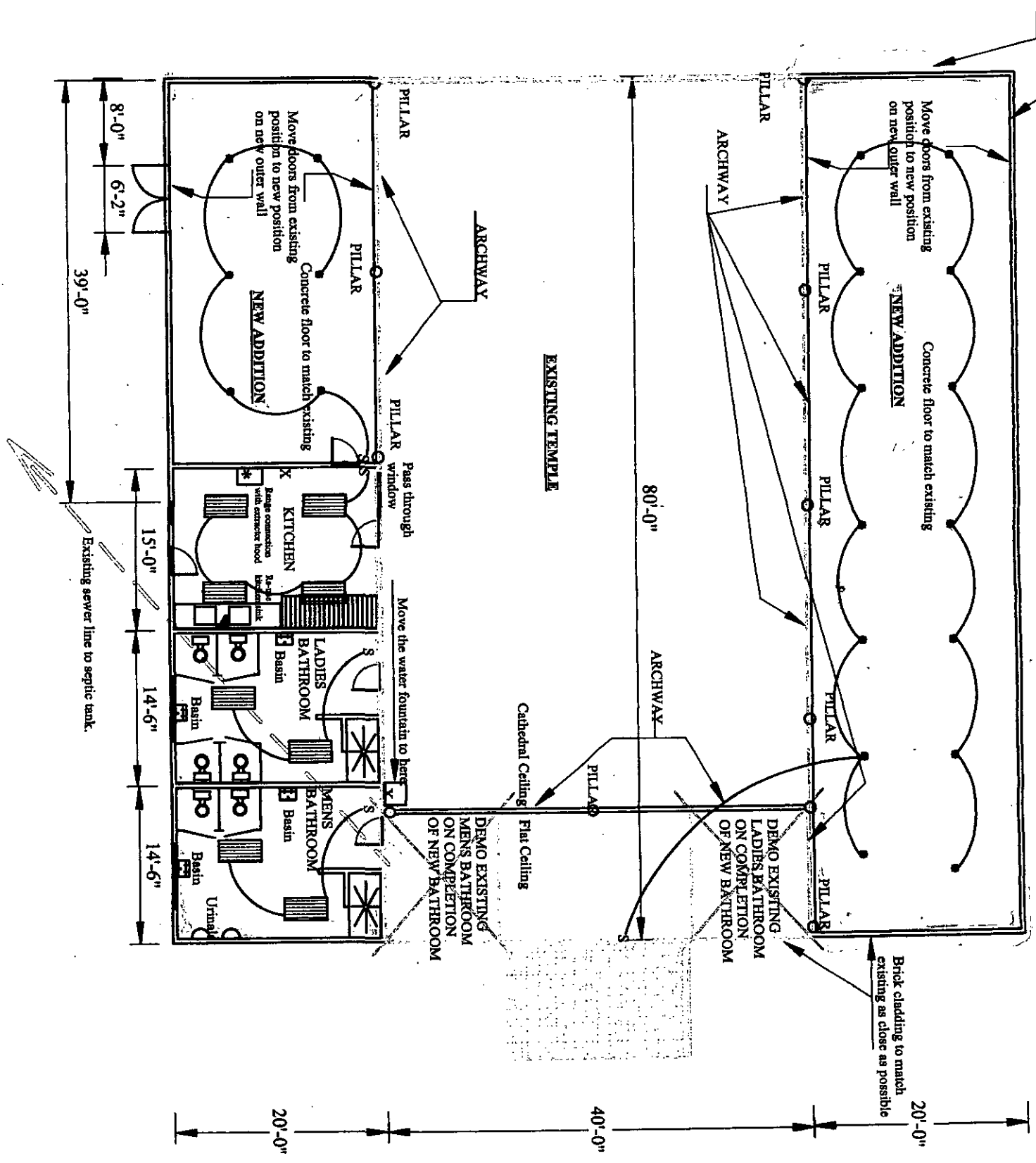
...

☐ 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

WWATER : 122791

BUILT 1995 OTHERS IN 1994.



Project #142-99 SFH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 339B/823IA DATE: 11/94 8/21/95

TC: 059-145-27 ☐ L ☒ CRT

SERIAL № 12942

Name of Owner: Laotian Culture Center Juris.:

Address of Property: 5601 Rowan Way

Inspection Data:

Tank Material: 1500

Total Length of Drainfield: 500

Number of Lines: 5 @ 100

Cover Depth: min. 12"

Water Supply Source: Municipal

Distance to Water Source: 10' off water line

Excavation Inspected: 11/10/94

Tank(s) Inspected: 11/10/94

Wash Line Inspected: 11/10/94

High Water Alarm Inspected: 8/21/95

PLOT

Site visit made w/ M. Daley - 6-19-95
① Piggin pack plugs in riser (Needs moved) to outside box beside pump
② NEMA 4x box needed for receptacle box because of plugs
③ (?) as to alarm on same circuit
6/28/95 - Electrician called. I informed him of requirements. JB

Design: 1500 ST, 1000 PT, 1500 SQ FT., 12" G, CHEVRON-LIKE CTR#

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(B) - No paving or driving over system.

Joni Liggins-Burney, RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(2400)

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

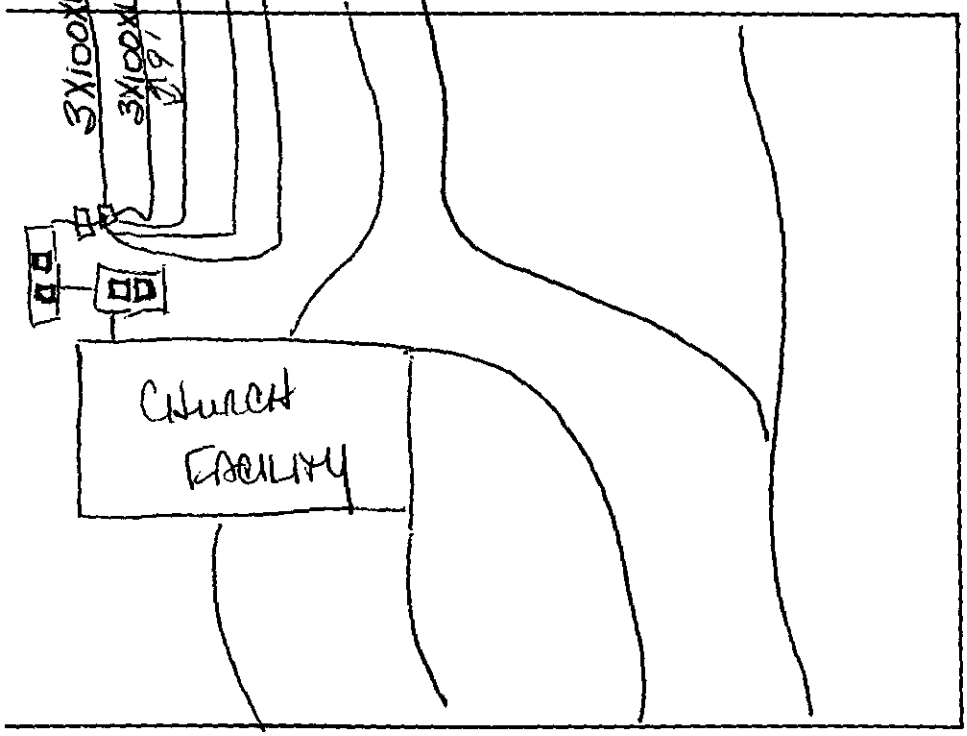
FILE: 339B/8231A DATE: 9/28/94

TC: 059-145-27 ☐ L

SERIAL Nº 13923

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 9-2-94. All work shall be completed on or before 9-2-99, 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.

1000 Pump Tank



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 500 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

Non Community

NAME OF OWNER Laotian Culture Ctr.

LOCATION OF PROPERTY 5601 Raven Way

Comments: 1500 Septic tank, 1000 Pump Tank, 1 WASHER BOX AND 1 D BOX, 5 TRENCHES @ 3X100'X12". LINES TO BE INSTALLED ON CONTOUR.

JNewell for SDaniel
Division or Section Head

JW Newell, R.S.
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

Transferred Jan 6/12/94 cont 1708

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 339B/8231A

$200.00 ☐ CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
X NAME: Darley (last) Thomas (first) Samuel (mi)
ADDRESS: 6833 EXETER LN PHONE: (704) 827 3296
CITY: STANLEY NC STATE: NC ZIPCODE: 28164

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 059-145-27
STREET ADDRESS: 5601 Rowan Way
ZONING:

PROPERTY OWNER:
X NAME: LaOtian Cultural Ctr (last) (first) (mi)
ADDRESS: 5601 Rowan Way PHONE: (704)
CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Township 30 ☐ Housing facility
Type Business Church Hall # Employees 02 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: X Tom Darley Date: X 9-7-94

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.

Jeff pump will 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

John D Jewell, RS. 9-28-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

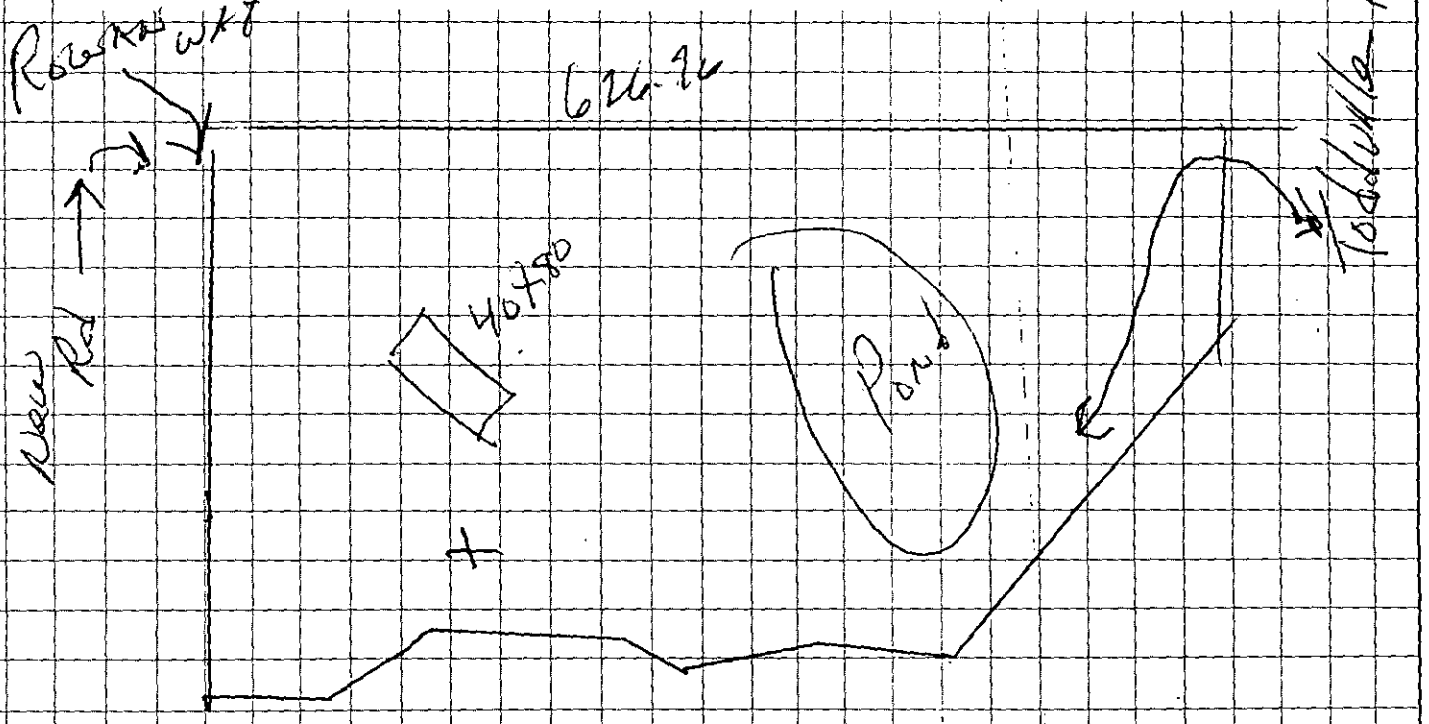
PROPOSED PLOT PLAN

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

FILE: 339B/8281A

TC: 059-145-27

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 _____

OWNER/AGENT SIGNATURE

DATE

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

HYDROMATIC SK60

Submersible Sewage Ejector Pump

- Residential or Commercial Sewage
- High-Capacity Sump
- Septic Tank Effluent



AURORA PUMP
A UNIT OF GENERAL SIGNAL

© 1990 AURORA PUMP, NORTH AURORA, ILLINOIS

Bulletin 6140-4



ENGINEERING DETAILS - SK60

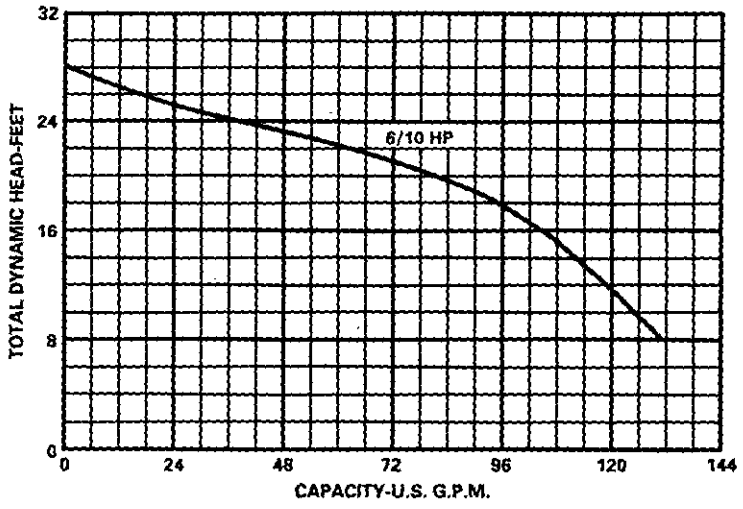
Pump Characteristics

Pump/Motor Unit	Submersible						
Manual Model	M1	M7	M2	M6	M3	M4	M5
Automatic Models	A1	—	A2	—	—	—	—
Horsepower	6/10						
Full Load Amps	12.0	6.9	6.0	3.0	2.5	1.3	1.1
Motor Type	Split Phase			Three-Phase			
R.P.M.	1750						
Phase Ø	1			3			
Voltage	115	200	230	200	230	460	575
Hertz	60						
Operation	Intermittent						
Temperature	140°F Ambient						
NEMA Design	A						
Insulation	Class A						
Discharge Size	2" NPT std. (3" opt.)						
Solids Handling	2"						
Unit Weight	63 lbs.						
Power Cord	16/3, STW, 1a, 115V = 10' std. (20' opt.) 200v, 230V = 20' std. 16/4, STW, 3a, 200V, 230V, 460V, 575V = 20' std.						

Materials of Construction

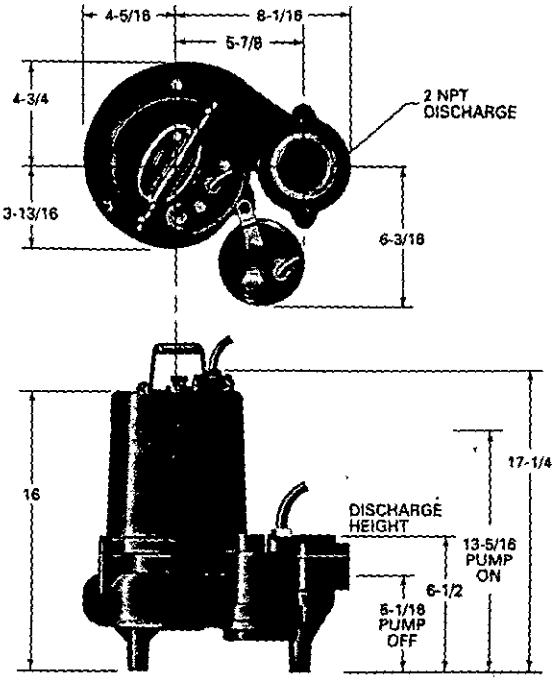
Handle	Steel
Lubricating Oil	Dielectric Oil
Motor Housing	Cast Iron
Pump Casing	Cast Iron
Switch Housing	Thermoplastic
Shaft	Stainless Steel
Mechanical Shaft Seal	Seal Faces: Carbon/Ceramic Seal Body: Brass Spring: Stainless Steel Bellows: Buna-N
Impeller	Cast Iron
Upper Bearing	Bronze Sleeve
Lower Bearing	Single Row Ball Bearing
Fasteners	Stainless Steel

Performance Data



Total Head (feet)		8	12	16	20	24	28
GPM	6/10 HP	140	125	105	80	35	0

Dimensional Data



1. All dimensions in inches
2. Component dimensions may vary ± 1/8 inch
3. Not for construction purpose unless certified
4. Dimensions and weights are approximate
5. We reserve the right to make revisions to our products and their specifications without notice

AURORA/HYDROMATIC Pumps, Inc.
1840 Baney Road, Ashland, Ohio 44805
(419) 289-3042

Mecklenburg County
Health Department

November 16, 1994

Mr. Thomas S. Dailey
6833 Exeter Lane
Stanley, North Carolina 28164

Re: 5601 Rowan Way
File: 339B/8231A (tax parcel 059-145-27)

Dear Mr. Dailey:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, 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(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 waterproof, 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 336-5571 to discuss any question you may have concerning this matter.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

TN:gf

339B/823 1A

Pd 200.00 #1708
6-2-92 Pam

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Project #42-93111

[ ] 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: Marvin O. Amos (last) (first) (mi)

ADDRESS: 2517 Tanglebrook PHONE: (704) 391-2530

CITY: Charlotte STATE: N.C. ZIPCODE: 28216

Date: 6-2-92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-145-27

STREET ADDRESS: 5601 Rowan Way Charlotte, N.C.

ZONING:

PROPERTY OWNER:

NAME: Laotian Culture Center (last) (first) (mi)

ADDRESS: 5601 Rowan Way PHONE: (704) 391-2530

CITY: Char STATE: N.C. ZIPCODE: 28217

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS: 150

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business CHURCH # 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 SMALL WARM-UP KIT

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: Marvin O. Amos Date: 6-2-92

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.

...Dist Pump 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 7/23/92

Director or Authorized Section Head Date

WWATER : 122791

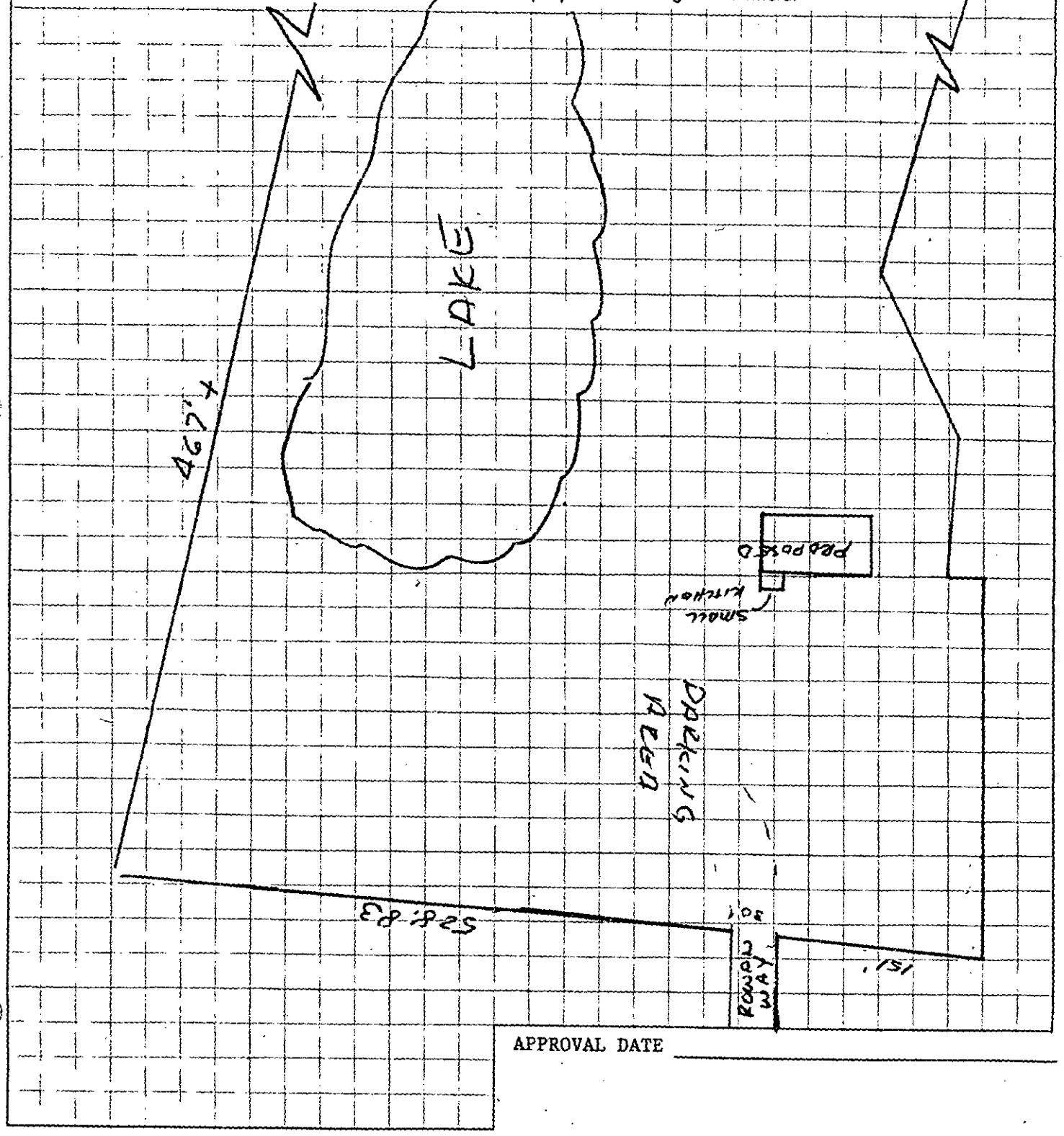
PROPOSED PLOT PLAN

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

FILE: 3398 / 8231A

TC: 059-145-27

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

Pol SOCK#1664
G 4-13-92.

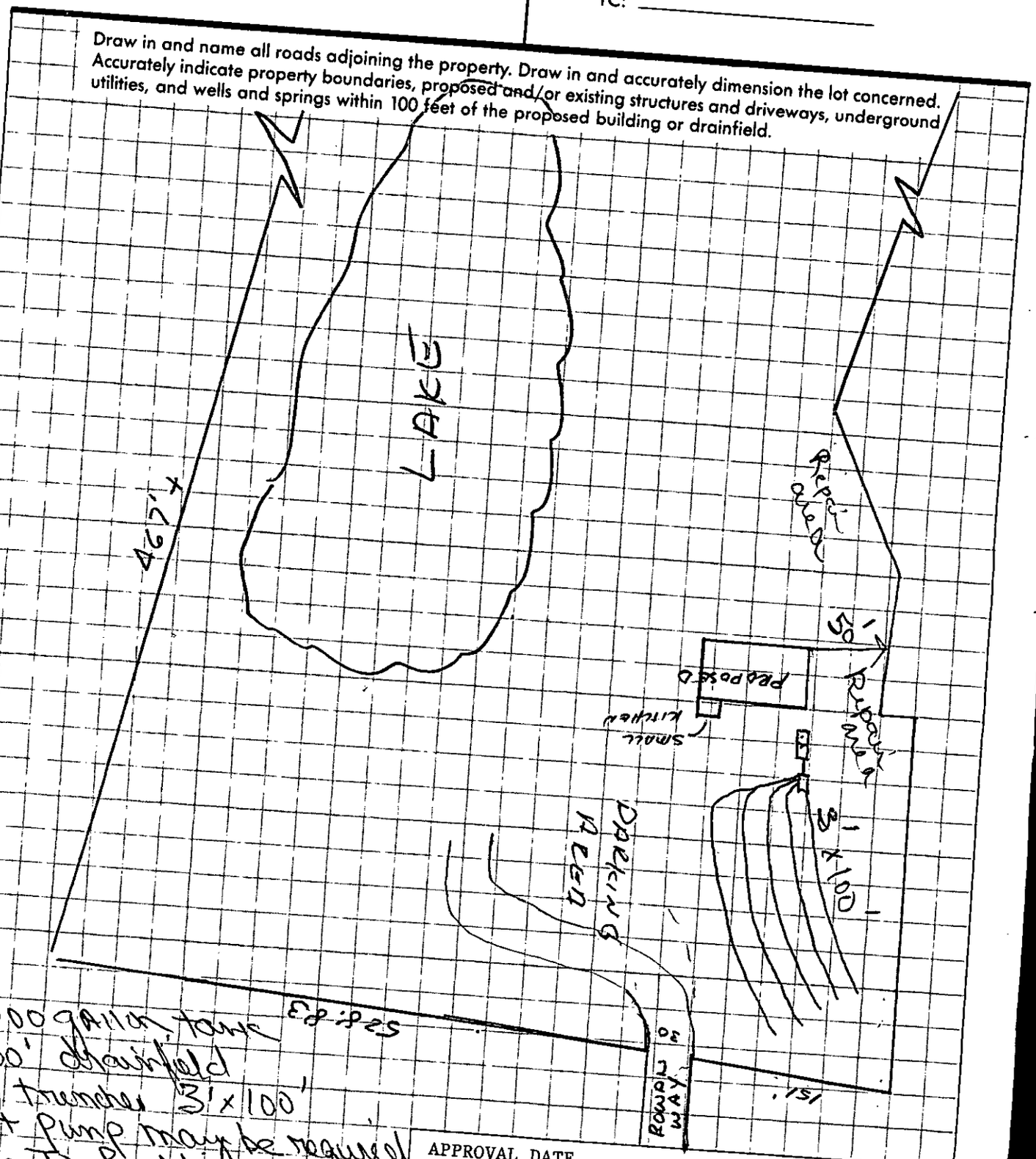
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



1500 gallon tank
500' drainfield
(5) trenches 3' x 100'
* Lift pump may be required due to Building on Slab
M.O. Amos

APPROVAL DATE _____

* Lift pump will be required for access to repair area

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12625

File: 339B/823A Action 1

Parcel: PO 059-145-27 ☐ PC

Location: 5601 Rowan Way

Subdivision:

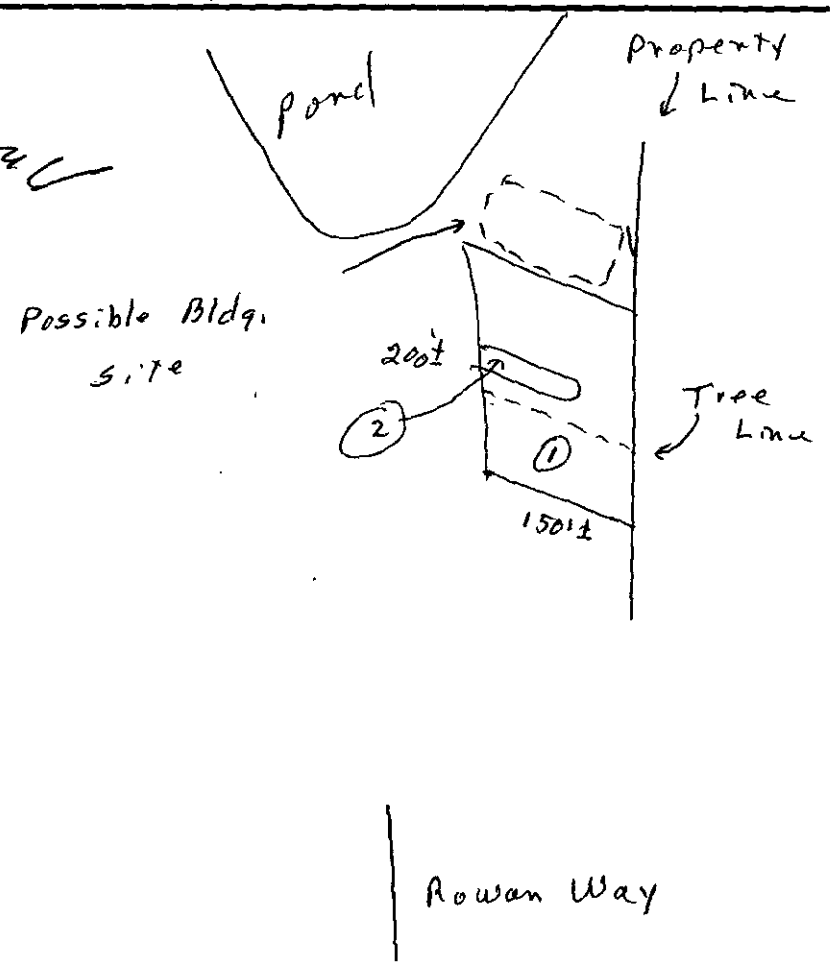
Lot: Block: Acres: Approx. .75

Owner: Faolain Culture Center
Address: 5601 Rowan Way
Charlotte, N.C.

Comments: additional area available - pump may be needed

Described by: William R. Marlin

Date: 5-5-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12 %	S PS (U) Slight Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay Slightly Expansive	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cec. 1-1.4	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County

Health Department

May 6, 1992

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

Laotain Culture Center
5601 Rowan Way
Charlotte, NC 28216

RE: Property located on 5601 Rowan Way
FILE: 82,31A/339A
PARCEL: 059-145-27

Dear Sirs:

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 12625) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall FOR GENE VAUGHAN

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems
V/wpg

losure

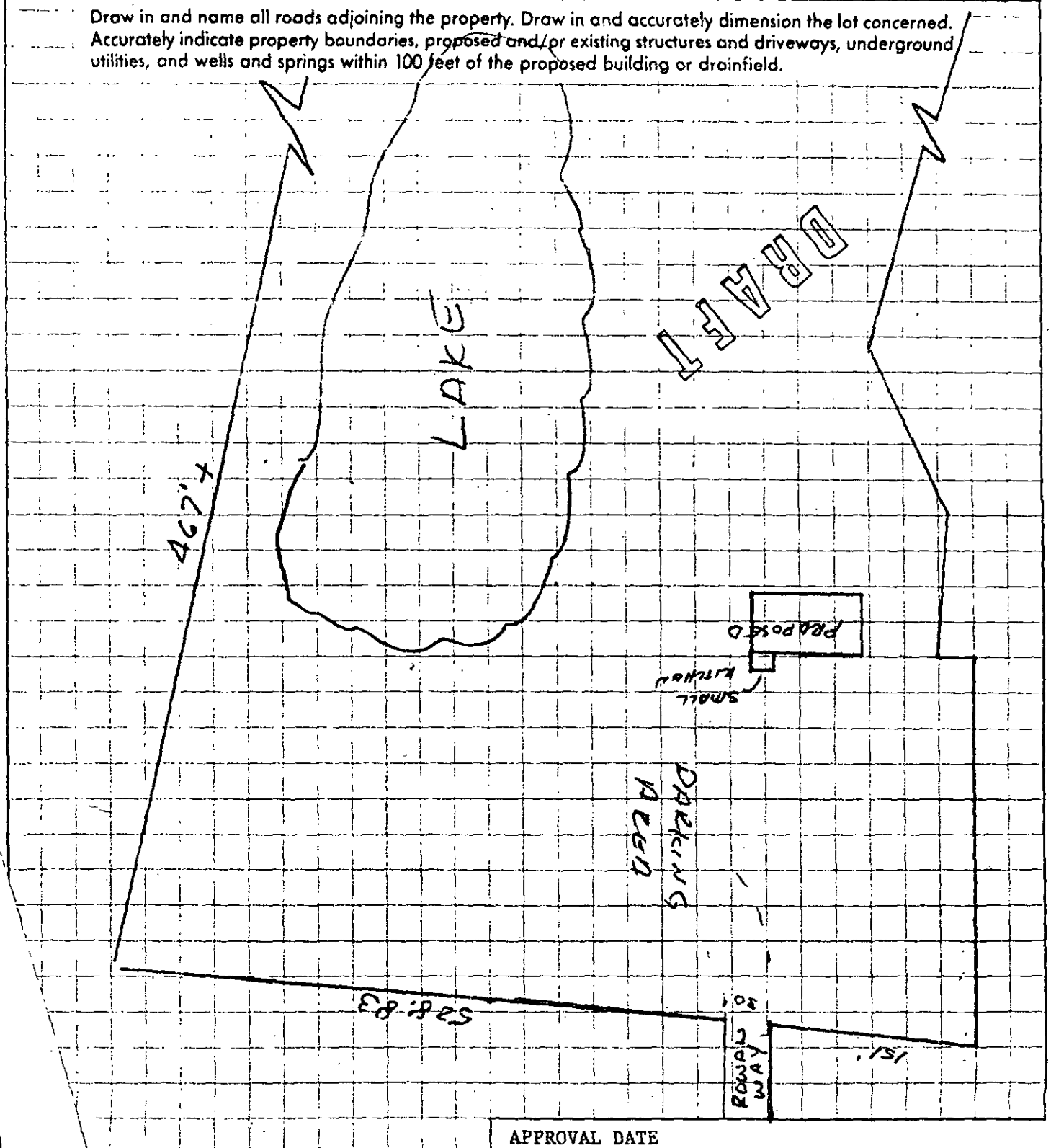
PROPOSED PLOT PLAN

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

FILE: 339B/823A

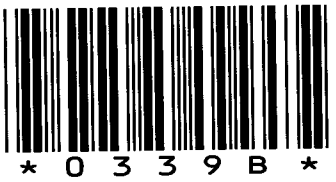
TC: 059-145-27

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



5601 ROWAN WY

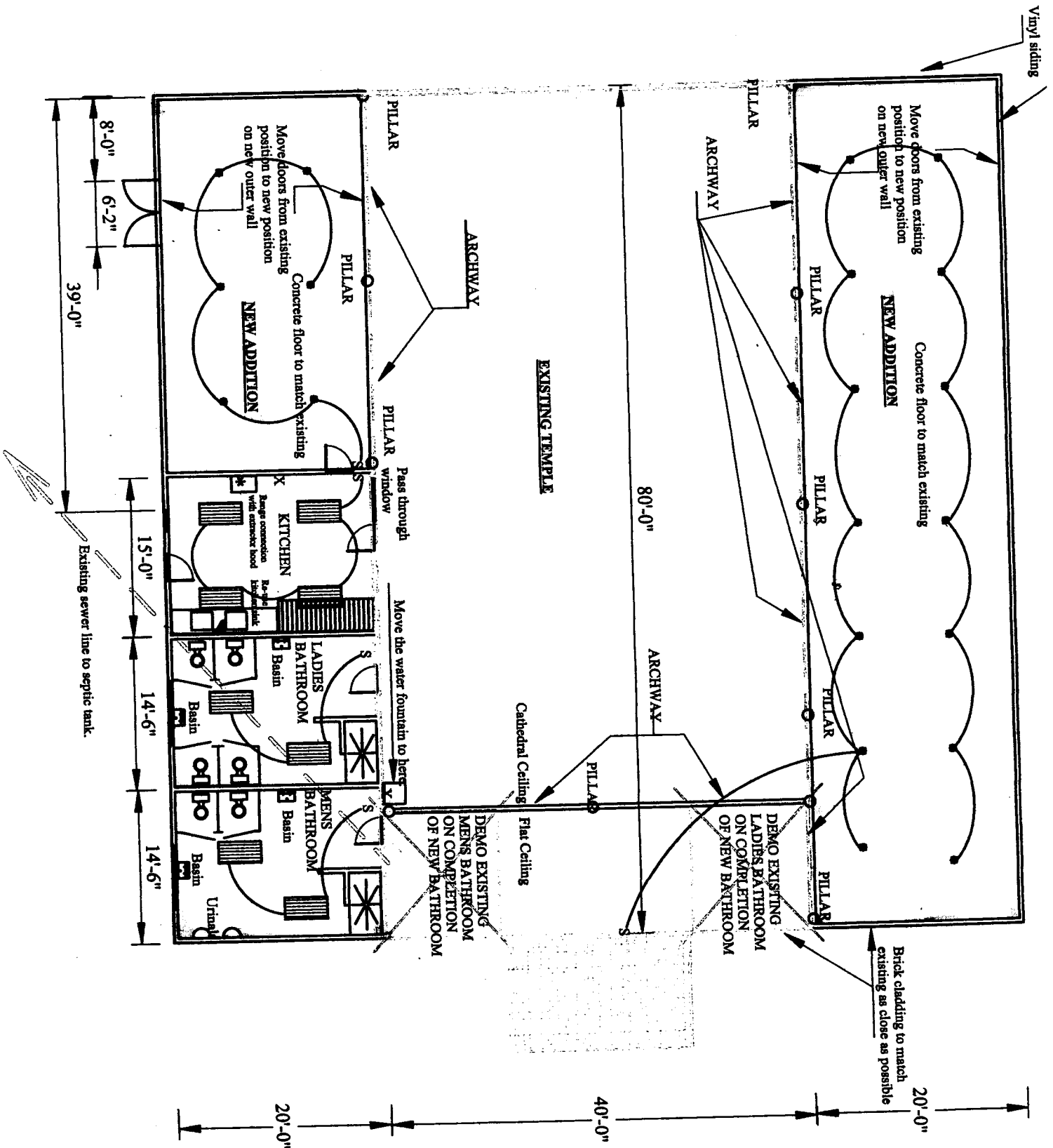
05914527

12/18/2007

duponbj

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

BUILT 1995 OTHERS IN 1994.



Proj. #142-9908711

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 339B/8231A DATE: 11/94 8/21/95

TC: 059-145-27 ☐ L ☒ CRT

SERIAL № 12942

Name of Owner: Laotian Culture Center Juris.:

Address of Property: 5601 Rowan Way

Inspection Data:

Tank Material: 1500

Total Length of Drainfield: 500

Number of Lines: 5 @ 100

Cover Depth: min. 12"

Water Supply Source: municipal

Distance to Water Source: 10' off water line

Excavation Inspected: 11/10/94

Tank(s) Inspected: 11/10/94

Wash Line Inspected: 11/10/94

High Water Alarm Inspected: 8/21/95

Site visit made w/ Mr. Daley - 6-19-95
① Piggy back plugs in riser (Needs Moved to outside box beside pump
② NEMA 4x box needed for receptacle box because of plugs
③ (7) ass to alarm on same circuit
6/28/95 - Electrician called. Informed him of requirements. JB

PLOT

Design: 1500 ST, 1000 PT, 1500 SQ FT., 12" G, CECIL-LIKE CTR#

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 18A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A 18A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Type III(b) - No paving or driving over system.

Joni Diggins-Burney, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(2400

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

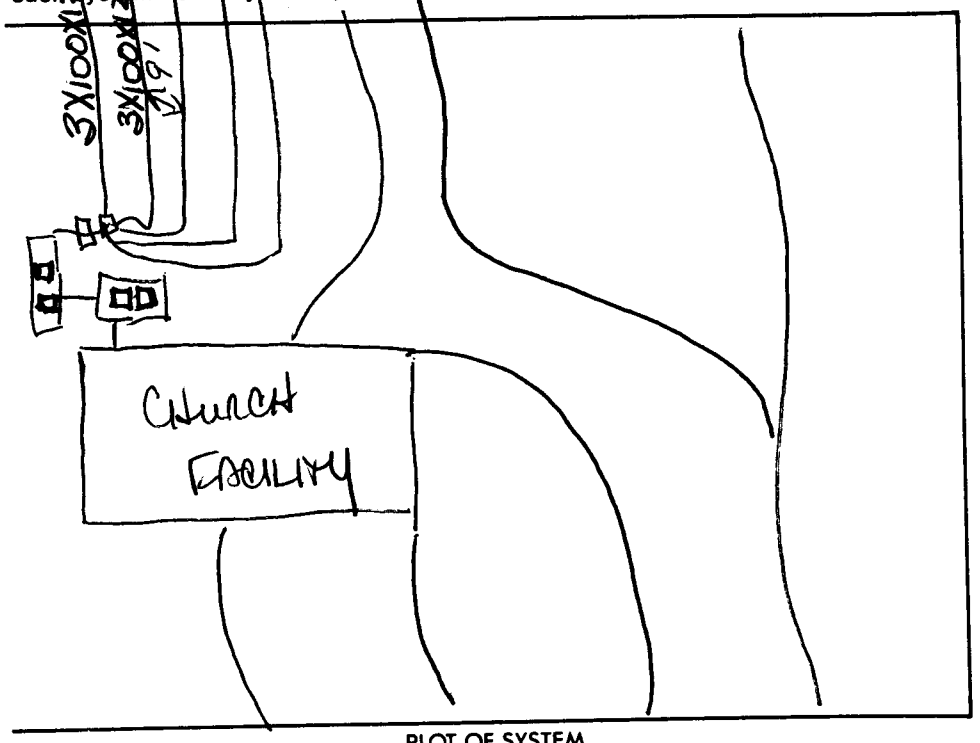
FILE: 339B/8231A DATE: 9/28/94

TC: 059-145-27 ☐ L

SERIAL Nº 13923

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 9-2-94. All work shall be completed on or before 9-2-99, 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.

1000 Pump TANK



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 500 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

Non Community

NAME OF OWNER Laotian Culture Ctr.

LOCATION OF PROPERTY 5601 Raven Way

Comments: 1500 Septic tank, 1000 Pump Tank, 1 WASHER BOX AND 1 D BOX, 5 TRENCHES @ 3X100'X12". LINES TO BE INSTALLED ON CONTOUR.

JNewell for SDaniel
Division or Section Head

JW Newell, R.S.
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

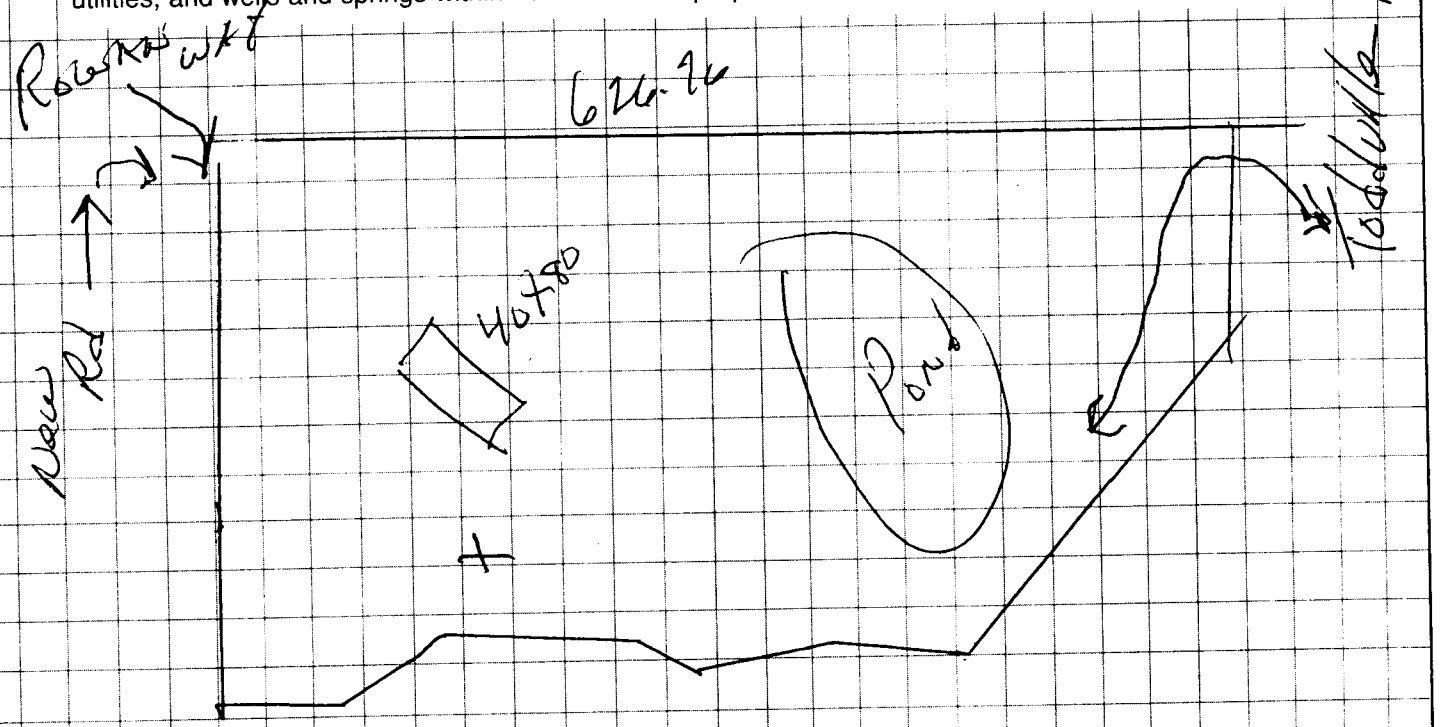
PROPOSED PLOT PLAN

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

FILE: 339B18281A

TC: 059-145-27

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.



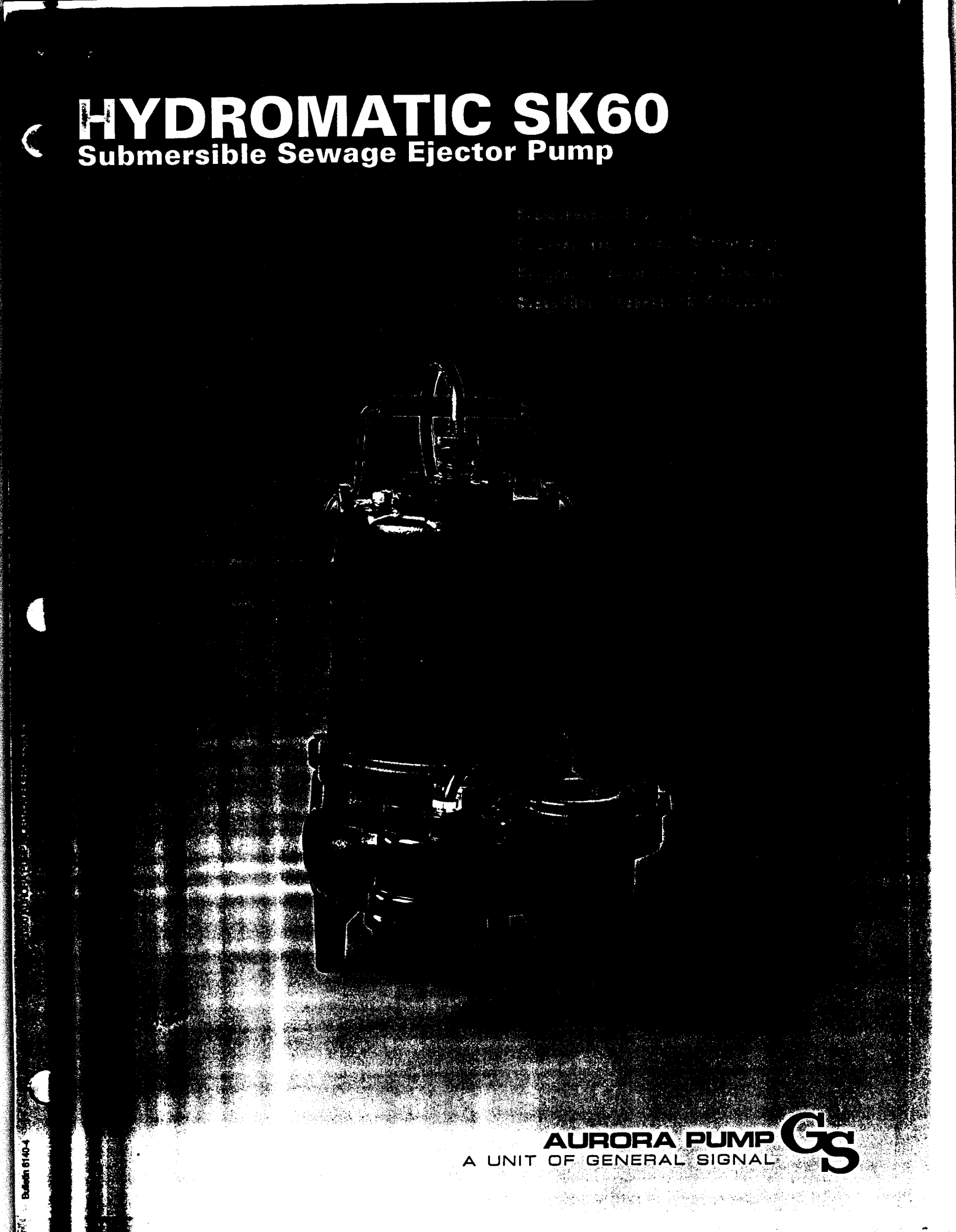
APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

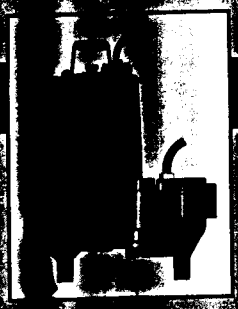
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

HYDROMATIC SK60
Submersible Sewage Ejector Pump



AURORA PUMP
A UNIT OF GENERAL SIGNAL

Bulletin 6140-4



SK60 SUBMERSIBLE SEWAGE EJECTOR PUMP

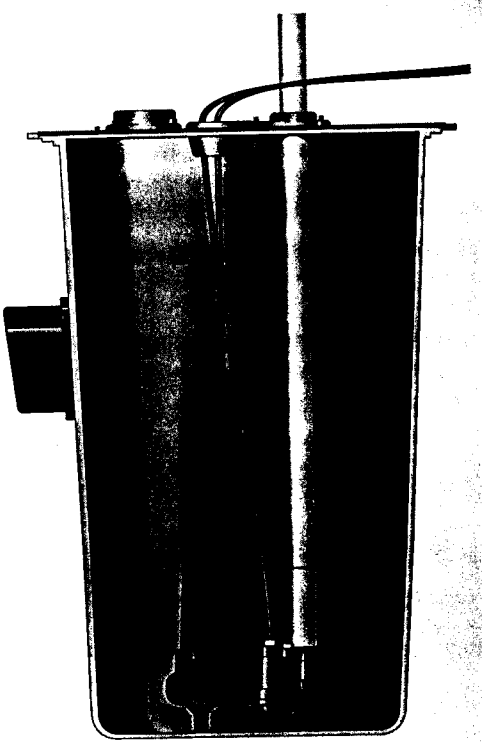
The Hydromatic SK60 submersible pump is specifically designed to meet the demands of residential or commercial waste-water and sewage applications. The 2 inch NPT discharge pump (3 inch discharge optional) is available with a powerful 6/10 horsepower motor, in both automatic and manual configurations; and can handle capacities up to 140 gallons per minute and heads to 27 feet.

The SK60 features a heavy-duty cast iron construction that provides durability in rugged applications, as well as assisting in dissipating heat from the motor, for cooler operation. The pump's non-clogging, two vane, semi-open cast iron impeller, which is threaded to a stainless steel shaft, handles applications involving higher capacities and heads, and is capable of handling up to 2 inch spherical solids and lint.

The SK60 also features a precision, carbon- and ceramic faced mechanical shaft seal that is extensively lapped, providing for a long, leakproof life.

The SK60's oil-filled motor provides superior cooling characteristics, allowing the motor to run cool and quiet for years. This oil-filled design also provides permanent lubrication of the shaft bearings, minimizing maintenance and extending the service life of the pump. In addition to protection against overheating, single phase motor windings contain an automatic reset thermal overload. Three phase motors require magnetic starters with overload protection located in the necessary control panel. Automatic models feature the exclusive Hydromatic diaphragm pressure switch which provides proven reliability in installations where a float might hang up. It also incorporates a unique piggyback plug arrangement, which allows for simple conversion to manual operation by simply removing the switch plug and inserting the motor plug directly into the electrical outlet. This feature provides an easy way of periodically cycling the pump to ensure it is operating properly.

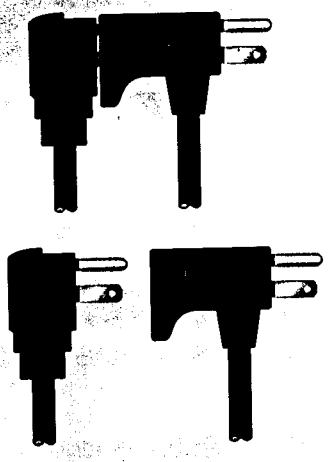
SK60 TYPICAL INSTALLATION



Piggyback Diaphragm Pressure Switch

The exclusive Hydromatic piggyback pressure switch is mounted to the SK60A with a stainless steel mounting strap for automatic pump operation. The pressure switch is sealed in a tough, non-corrosive engineered thermoplastic housing for a long service life.

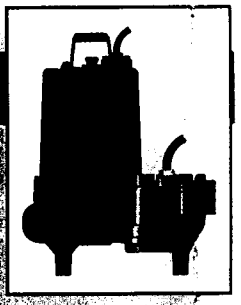
The diaphragm pressure switch with piggyback plug-in arrangement is perfect for installations in smaller diameter sump basins where a float switch might hang-up.



Piggyback Switch Plug

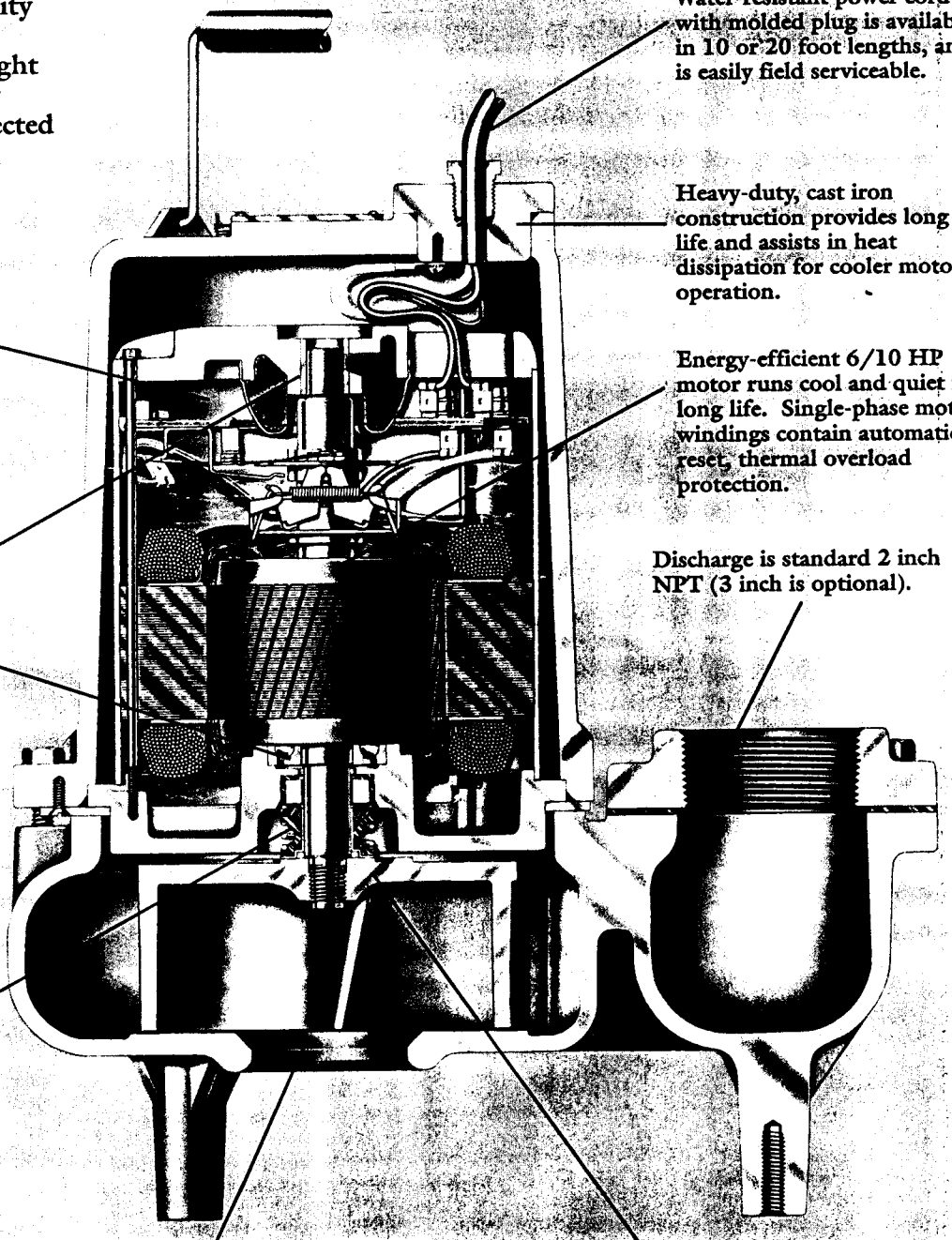
The Hydromatic diaphragm pressure switch features a unique piggyback vented plug arrangement. To operate pump manually, simply plug pump power cord directly into electrical outlet, bypassing the piggyback switch plug. This feature provides ease of service, as well as an easy way of periodically cycling the pump manually to ensure it is operating properly.

FEATURES/BENEFITS



The SK60 is a completely submersible ejector pump for use in handling wastewater and sewage in residential and commercial building applications; and is available in automatic or manual configurations.

Automatic models feature the exclusive Hydromatic diaphragm pressure switch with piggyback plug-in arrangement. Proven reliability for automatic operation in installations where a float might hang up. The switch is easily serviced and may be disconnected for manual pump operation.



Water-resistant power cord with molded plug is available in 10 or 20 foot lengths, and is easily field serviceable.

Heavy-duty, cast iron construction provides long life and assists in heat dissipation for cooler motor operation.

Oil-filled motor provides superior cooling and permanent lubrication of bearings minimizing maintenance and extending service life.

Energy-efficient 6/10 HP motor runs cool and quiet for long life. Single-phase motor windings contain automatic-reset, thermal overload protection.

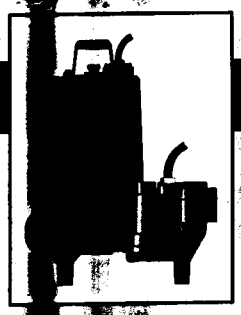
Discharge is standard 2 inch NPT (3 inch is optional).

Lower ball and upper bronze-sleeve bearings support motor shaft, minimizing the effects of impeller thrust loads. This design results in minimum friction and perfect alignment of rotor, for longer service from pump.

Precision, mechanical shaft seal is extensively-lapped, carbon- and ceramic-faced for a long leakproof life.

Bottom inlet has no screen to become clogged, providing optimum pump performance and minimal maintenance.

The non-clogging, two-vane, semi-open cast iron impeller, which is threaded to a stainless steel shaft, operates with higher capacities and heads. Pump-out vanes on back of impeller prevent stringy materials from binding impeller or shaft.



ENGINEERING DETAILS - SK60

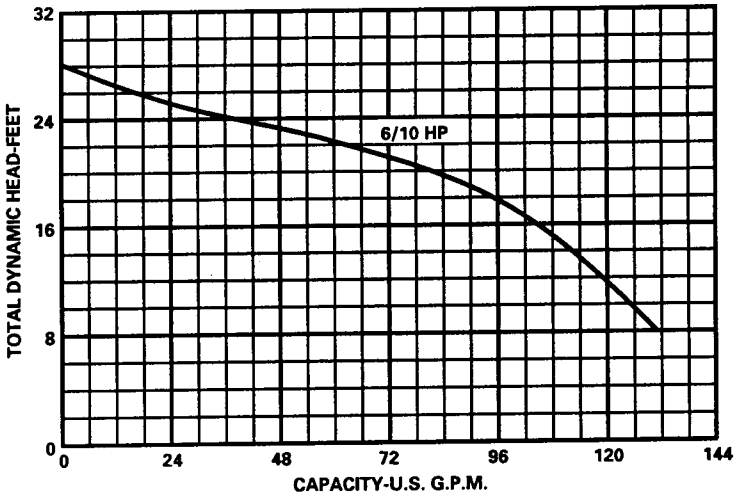
Pump Characteristics

Pump/Motor Unit	Submersible						
Manual Model	M1	M7	M2	M6	M3	M4	M5
Automatic Models	A1	—	A2	—	—	—	—
Horsepower	6/10						
Full Load Amps	12.0	6.9	6.0	3.0	2.5	1.3	1.1
Motor Type	Split Phase			Three-Phase			
R.P.M.	1750						
Phase Ø	1			3			
Voltage	115	200	230	200	230	460	575
Hertz	60						
Operation	Intermittent						
Temperature	140°F Ambient						
NEMA Design	A						
Insulation	Class A						
Discharge Size	2" NPT std. (3" opt.)						
Solids Handling	2"						
Unit Weight	63 lbs.						
Power Cord	16/3, STW, 1o, 115V = 10' std. (20' opt.) 200v, 230V = 20' std. 16/4, STW, 3o, 200V, 230V, 460V, 575V = 20' std.						

Materials of Construction

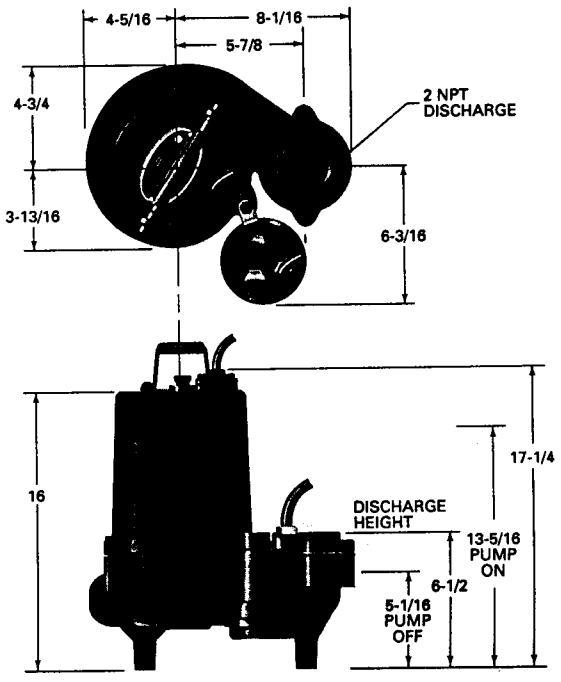
Handle	Steel
Lubricating Oil	Dielectric Oil
Motor Housing	Cast Iron
Pump Casing	Cast Iron
Switch Housing	Thermoplastic
Shaft	Stainless Steel
Mechanical Shaft Seal	Seal Faces: Carbon/Ceramic Seal Body: Brass Spring: Stainless Steel Bellows: Buna-N
Impeller	Cast Iron
Upper Bearing	Bronze Sleeve
Lower Bearing	Single Row Ball Bearing
Fasteners	Stainless Steel

Performance Data



Total Head (feet)		8	12	16	20	24	28
GPM	6/10 HP	140	125	105	80	35	0

Dimensional Data



1. All dimensions in inches
2. Component dimensions may vary ± 1/8 inch
3. Not for construction purpose unless certified
4. Dimensions and weights are approximate
5. We reserve the right to make revisions to our products and their specifications without notice

AURORA/HYDROMATIC Pumps, Inc.
1840 Baney Road, Ashland, Ohio 44805
(419) 289-3042

Mecklenburg County
Health Department

November 16, 1994

Mr. Thomas S. Dailey
6833 Exeter Lane
Stanley, North Carolina 28164

Re: 5601 Rowan Way
File: 339B/8231A (tax parcel 059-145-27)

Dear Mr. Dailey:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, 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(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 waterproof, 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.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Please call me at 336-5571 to discuss any question you may have concerning this matter.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

TN:gf

339B+823 1A

PH 2000#1708
6-2-92 Paid

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Project # 142-9937111

[ ] 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: MARVIN O. AMOS
(last) (first) (mi)

ADDRESS: 2517 TANGLEBROOK PHONE: (704) 391-2530

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

Date: 6-2-92

PROPERTY OWNER:

NAME: LAOTIAN CULTURE CENTER
(last) (first) (mi)

ADDRESS: 5601 ROWAN WAY PHONE: (704) 391-2530

CITY: CHAR STATE: N.C. ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-145-27

STREET ADDRESS: 5601 ROWAN WAY
CHARLOTTE, N.C.

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

NUMBER BEDROOMS: NUMBER OCCUPANTS: 150

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business CHURCH # 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 SMALL WARM-UP KIT

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: Marvin O. Amos Date: 6-2-92

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.

...Dist Pump 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

Judy J. Kiser 7/23/92
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

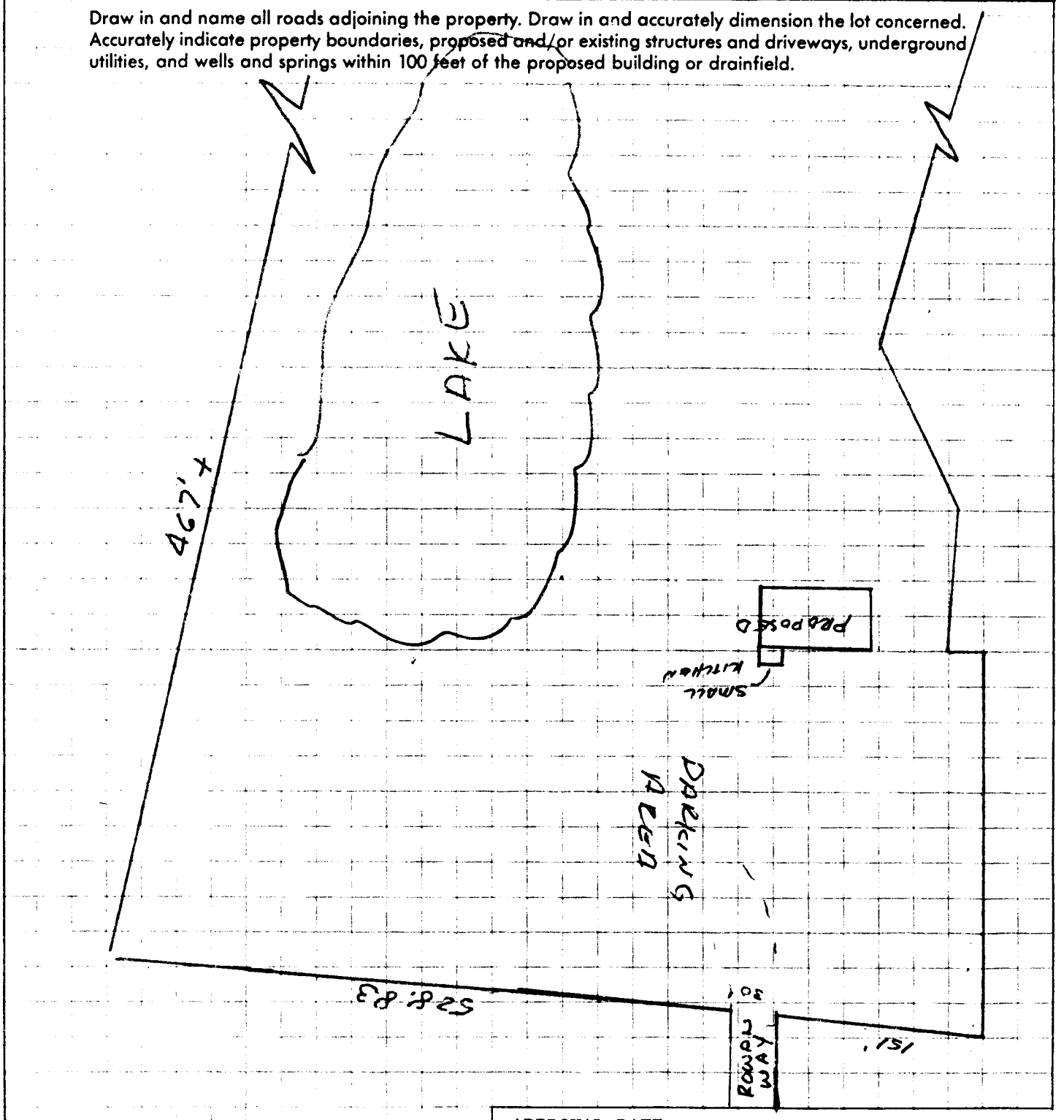
PROPOSED PLOT PLAN

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

FILE: 3398 / 8231A

TC: 059-145-27

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

Pol SOCK#1664
G 4-13-92.

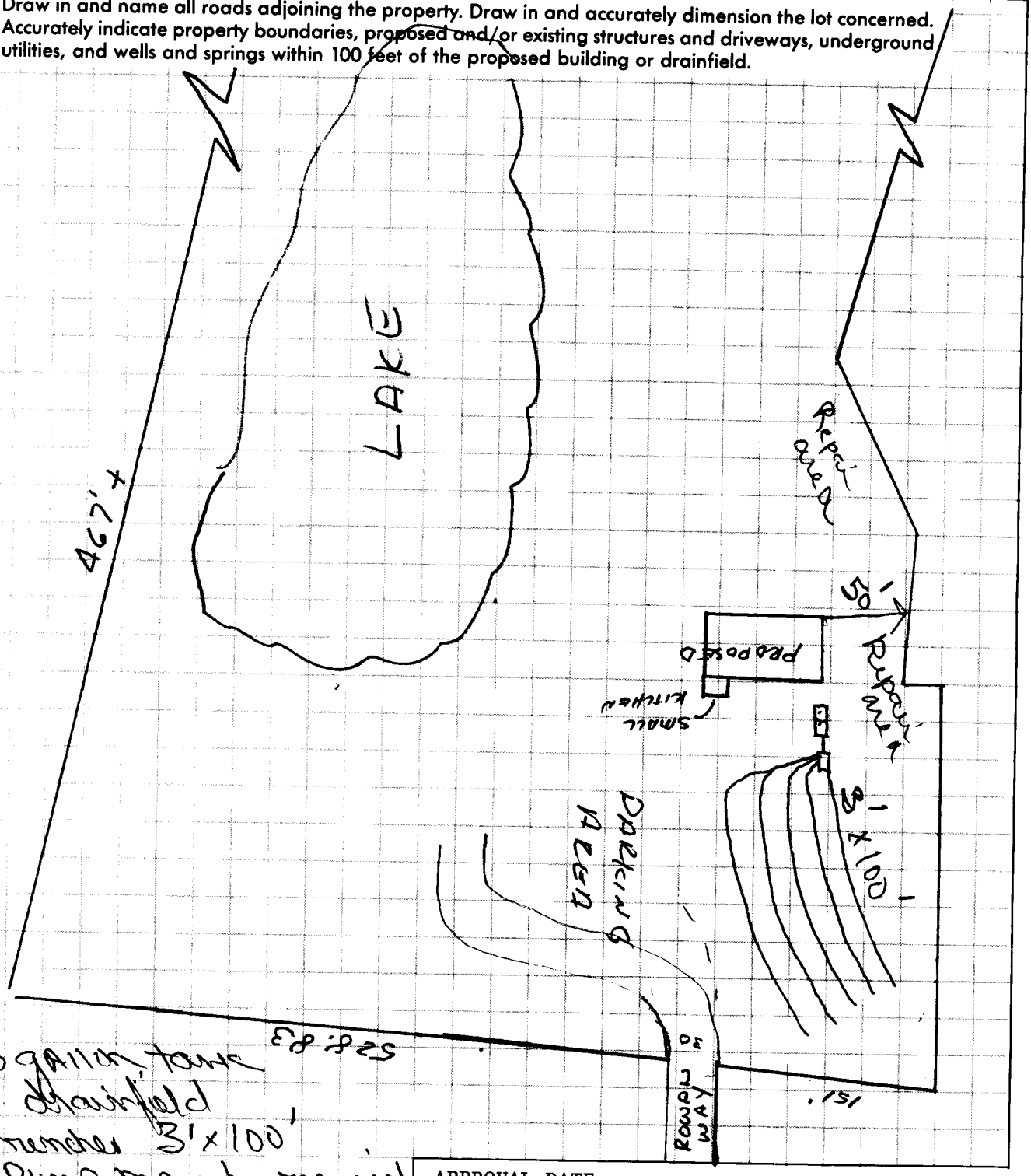
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



1500 GALLON TANK
500' drainfield
(5) trenches 3' x 100'
* List Pump may be required due to Building on Slab
M. O. Amos

APPROVAL DATE _____

* List Pump will be required for access to repair area

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12625

File: 339B/823A Action 1

Parcel: PO 059-145-27 ☐ PC

Location: 5601 Rowan Way

Subdivision:

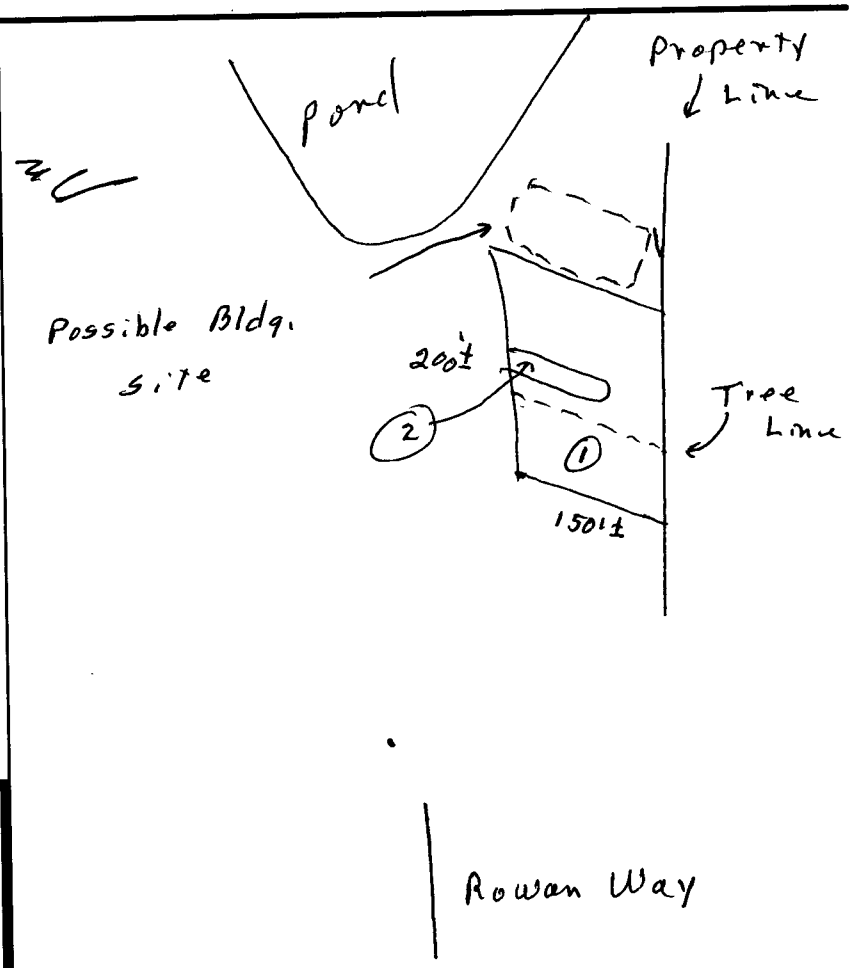
Lot: Block: Acres: Approx. .75

Owner: Haitian Culture Center
Address: 5601 Rowan Way
Charlotte, N.C.

Comments: Additional area available - pump may be needed

Described by: William R. Martin

Date: 5-5-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12 %	S PS (U) Slight Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay Slight Expansive	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lloyd	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

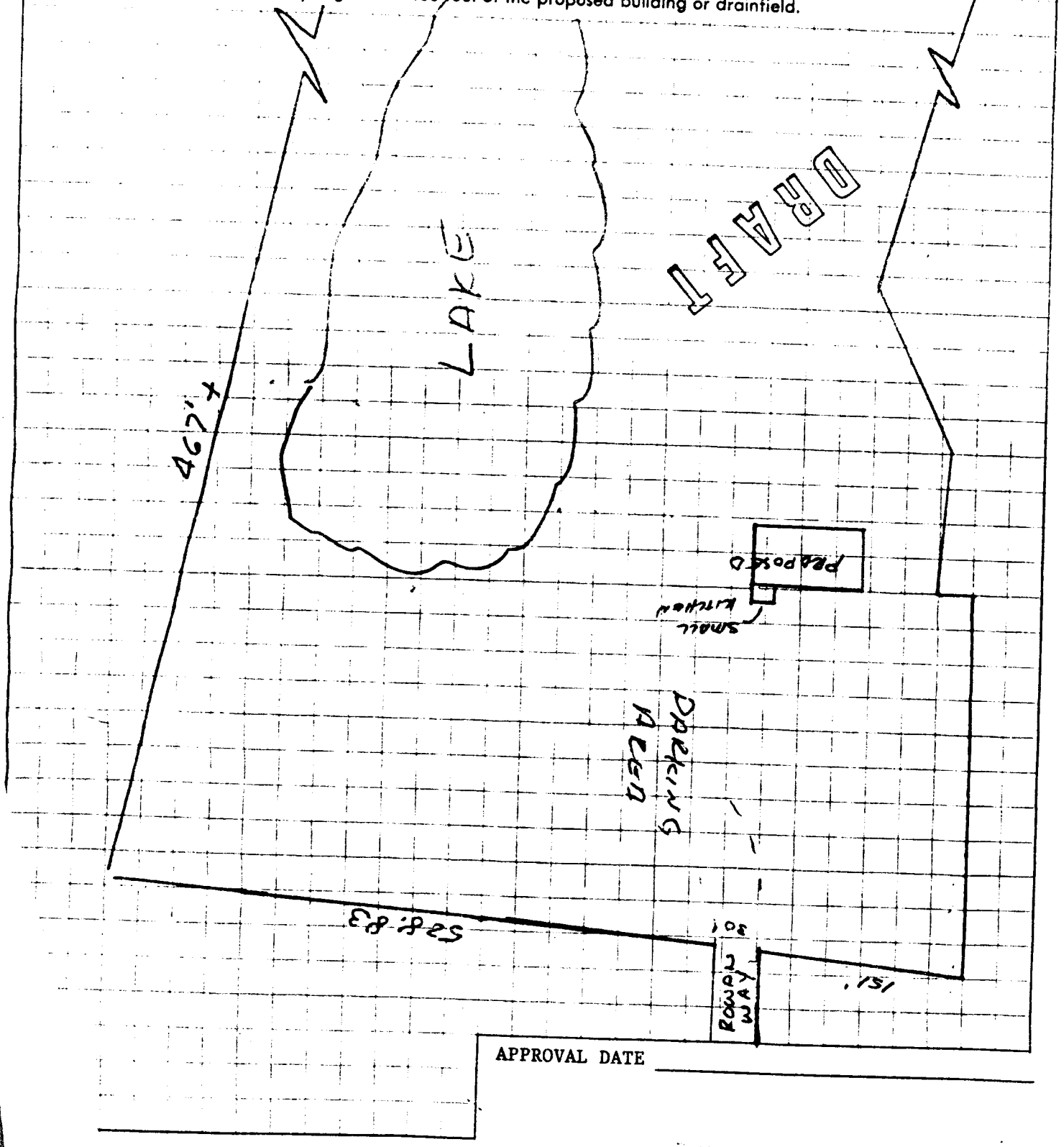
PROPOSED PLOT PLAN

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

FILE: 339B/823A

TC: 059-145-27

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 _____

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

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No sewage observed on the ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Remove debris (sticks, rebar, etc.) from dosing tank.
2. Restore power to effluent pump.
3. Secure riser lid on dosing tank with stainless steel bolts.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

1. Re-work electrical wiring to dosing tank to include an audible alarm and control for manual operation of the effluent pump.

DATE: 8/30/2005

SIGNED: _____ AGENT
Division of Environmental Health

Mecklenburg County
Health Department

May 6, 1992

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

Laotain Culture Center
5601 Rowan Way
Charlotte, NC 28216

RE: Property located on 5601 Rowan Way
FILE: 82.31A/339A
PARCEL: 059-145-27

Dear Sirs:

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 12625) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall FOR GENE VAUGHAN

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems
V/wpg

losure

Entrance is at 1824 Toddville Rd

10X34733

10/9/03

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

DAVID

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

(704)336-5102 339B

Date: 10/9/2003

PERSON FILING APPLICATION:
NAME: WILLIAMS (last) DALE (first) G. (mi)
ADDRESS: 2500 HUNTLEY DR PHONE: (704) 309-5267.
CITY: MARVIN STATE: NC ZIPCODE: 28173

PROPERTY OWNER:
NAME: LAOTIAN CULTURE of N.C. (last) (first) (mi)
ADDRESS: 5601 ROWAN WAY PHONE: (__) _____
CITY: CHARLOTTE STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 059-145-27
STREET ADDRESS: 5601 Rowan Wy
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

[redacted]
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Kitchen BATHrooms expand Temple
[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 CHURCH. # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: [signature] Date: 10/9/2003

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

WWATER : 122791

COPY Recd #1732 Check 7/15/05 $85.00 V. Walker

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

June 30, 2005

Laotian Culture Center of NC

1824 Toddville Drive

Charlotte NC 28214

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. Copies of the regulations are available in our office. You may also obtain a copy of the regulations by visiting:
http://www.deh.enr.state.nc.us/oww/Rulelaw/june2003Rules.pdf

Our records indicate that the Type **IIIb** septic system serving the property located at:

5601 Rowan Way
Charlotte NC 28214
MCHD File Number: 339B

is due for inspection on: **8/19/2005**

The fee for this inspection is $85.00. Your payment should be received in our office no later than July 22, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

Once payment is received in our office, I will contact you to schedule an inspection time. If possible, I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system. System inspections take approximately one hour to perform.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater and Wastewater Services

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Laotian Culture Center of NC **Name of Establishment**	339B **Permit/Project No.**
1824 Toddville Rd., Charlotte NC 28214 **Location**	Church **Type of Establishment**	~450 GPD **Design Flow**
Laotian Culture Center of NC **Owner/Agent**	Same as location address **Address**	(704) 391-5540 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	8/29/2005 **Date of Inspection**	August 2010 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☒	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☒	5.a.Did not measure solids level in dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☒	☐	5.A. No power to pump at time of inspection.
b. High-water alarm present and operating properly?	☐	☒	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☐	☒	☐	
d. 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?	☐	☐	☒	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/18/05
Receipt #: 35871
Check / Auth #: CHECK 1732
Received By: WALKEVA

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LAOTIAN CULTURE CENTER
Attn:
Address: 1824 TODDVILLE ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 5601 ROWAN WAY/704-391-5540		1	85.00	85.00

(704) 460-9186

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance