CERTIFICATE OF COMPLETION/OPERATION PERMIT

400

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

FILE: 3940A DATE: 7/25/94

TC: 007 1627 3 ☐ L ☒ CRT

SERIAL Nº 14226

00731114

Name of Owner Willis E. Brown Juris.:

Address of Property 17924 Pages Pond Ct

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200' PPBPS

Number of Lines Refer to plot plan

Cover Depth 8"

Water Supply Source well

Distance to Water Source ≥ 50'

Excavation Inspected 7/22/94

Tank(s) Inspected 7/22/94

Wash Line Inspected –

High Water Alarm Inspected 7/25/94

PLOT

Design: 1994, 1500ST, 1000DT, PI, 200'PPBPS, ceil CTR# Little's Landscaping

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: septic system designed for 3 bedroom residence

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT Approval

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

D405

FILE: 3940A DATE: 7/5/94

TC: 007 162 13 ☐ L

SERIAL № 15783

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/23/91. All work shall be completed on or before 8/5/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 10A~~ 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.

see plot plan

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 2' feet

Total Line Length 200' PPBPS feet

Number of Lines see plot plan

Depth of Stone _____ inches

Distance from House 45 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER Willis E Brown

LOCATION OF PROPERTY 17924 Pages Pond Ct

Comments: System to be installed in accordance with approved plot plan. Keep septic system > 50' from any wells.

Division or Section Head

Philip S. Walker
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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 2-21-02

☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Mck

System Classification & Type: 4

Location of System

Lee Brown
17924 Page Pond Ct.
Davidson NC 28036

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank	_____	_____
Tanks and access structurally sound?		Water Depth	_____	
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping	_____	
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap	_____	_____
Grease trap and access structurally sound?		Water Depth	_____	
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping	_____	
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	_____
Signs of Infiltration?	✓	Filter in Good Condition	_____
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	_____
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	_____
Control panel enclosure/components in good condition?	✓	Pump #3	_____
Effluent appears clear and free of solids?	✓	Pump #4	_____

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	_____
Evidence of leakage, blockage in discharge lines?	/	Corrected Today	_____
Pressure head is properly adjusted?	/	Corrected Today	_____

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	_____
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	✓		
Pressure head is properly adjusted?	✓	Corrected Today	✓

Pump Tank Size 1,000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime 3.25 Level Begin 66 Level End 73.5 Flow Amount 46 (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	1'	3'
2	2	↓	2'	↓
3	3	↓	5'	↓

RECOMMENDATIONS TO OWNER: Looks Good.

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": [signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER

P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 8-7-01

☒ 6 Mo. ☐ Follow-up ☐ 12 Mo. ☐ Service Call

County: Mecklenburg

System Classification & Type: 4

Lee Brown
17924 Page Pond Ct.
Davidson NC 28036

Location of System

Lot # _____ Phase _____

Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓	Septic Tank		
Signs of infiltration?	✓	Water Depth		
Tanks and access structurally sound?	✓	Septic Tank Needs Pumping		
Sanitary tee(s) in good condition?	✓			
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?	✓	Grease Trap		
Signs of infiltration?	✓	Water Depth		
Grease trap and access structurally sound?	✓	Grease Trap Needs Pumping		
Sanitary tee(s) in good condition?	✓			
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	✓	Corrected Today	
Evidence of leakage, blockage in discharge lines?	✓	Corrected Today	
Pressure head is properly adjusted?	✓	Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	no		
Pressure head is properly adjusted?	✓	Corrected Today	✓

Pump Tank Size 1000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime 3.0 Level Begin 65.5 Level End 71 Flow Amount 36.6 (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	3'	3'
	6			
2	2		1'	
	5			
3	3		2.5'	
	4			

RECOMMENDATIONS TO OWNER: Everything looks good.

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": M. Gordon

3940 A

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

007311-14

Name and Address of System Manager

TRI-COUNTY WASTEWATER

P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 2-15-01

☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Meck

System Classification & Type: IV

Lee Brown
17924 Page Pond Ct.
Davidson NC 28036

Location of System

0073114

Lot #_____ Phase_____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

		Scum Level	Sludge Level
Tank risers accessible?			
Signs of infiltration?			
Tanks and access structurally sound?		Septic Tank	
Sanitary tee(s) in good condition?		Water Depth	
Effluent filter cleaned?		Septic Tank Needs Pumping	
Effluent filter in good condition?			

TANKAGE (grease traps)

		Scum Level	Sludge Level
Grease trap risers accessible?			
Signs of infiltration?		Grease Trap	
Grease trap and access structurally sound?		Water Depth	
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping	
Effluent filter cleaned?			
Effluent filter in good condition?			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	
Evidence of leakage, blockage in discharge lines?		Corrected Today	
Pressure head is properly adjusted?		Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	NO		
Pressure head is properly adjusted?	✓	Corrected Today	✓

SWDSMR 3/99

Pump Tank Size 1000 gallons

Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____

Run Tiime 3.25 Level Begin 18.5 Level End 34 Flow Amount 34 (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1/4	3'	2.5'	3'
2	2/5		3'	
3	3/4		3'	

RECOMMENDATIONS TO OWNER:

Looks Good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Gowdy

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager



TRI-COUNTY WASTEWATER

8037 Fairview Road, Suite G
Charlotte, NC 28227
(704) 545-1711

Date of Inspection: 8-22-05

☒ 6 Mo. ☐ Follow-up ☐ 12 Mo. ☐ Service Call

County: Meck

System Classification & Type: IV

Lee Brown
17924 Page Pond Ct.
Davidson NC 28036

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank		
Tanks and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap		
Grease trap and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	
Evidence of leakage, blockage in discharge lines?		Corrected Today	
Pressure head is properly adjusted?		Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	NA		
Pressure head is properly adjusted?	✓	Corrected Today	

Pump Tank Size 1000 gallons
Level Begin Dose N Level End Dose N Dose Amount (Gallons) _____
Run Tiime 2.75' Level Begin 49 Level End 14 Flow Amount 30 (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	3'	3'
2	2	↓	↓	↓
3	3			
	4			

RECOMMENDATIONS TO OWNER:

Looks Good

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": Michael Goodnight

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

2000 ~~1995~~ THIS AGREEMENT is made and entered into this 9th day of February, by and between Lee Brown (hereinafter the "Owner") and Tri-County Wastewater Management (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IV system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall have performed the following services on the Owner's system located at 17924 Page Pond Ct Davidson NC 28036

a. The Contractor shall have an inspection of the system performed twice a year in accordance with Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

b. The Contractor shall have performed the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [see attachments]

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. If the Contract is terminated by the Contractor prior to both inspections being completed during a year the annual fee will be pro rated and refunded to the Owner. If any monies are owed to the Contractor by the Owner for any work performed to the system, the refund for cancellation will be deducted.

g. The Contractor shall employ or contract with a Certified Operator to perform the maintenance procedures if required by table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

h. If the Contractor makes a change in Certified Operators, the Contractor shall notify the local health department within 48 hours of the change and will have a replacement within thirty (30) days.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The initial annual fee is payable upon the execution of the contract. Annual billings will be made thereafter and payable within fifteen (15) days of billing. The annual fee may be amended upon sixty (60) days advance notice to the Owner. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. These fees are due and payable within fifteen (15) days of billing. Payments due to the Contractor and unpaid by the Owner after fifteen (15) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

b. Within thirty (30) days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Automatic Termination for Cause.
This agreement shall automatically terminate if the Owner fails to pay any fees or charges to the Contractor within the terms specified in paragraph 2.a.

c. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Owner.
The Owner may terminate this Agreement by giving written notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

e. Termination by the Contractor.
The Contractor may terminate this Agreement by giving written notice to the Owner and to the local health department thirty (30) days in advance of the date of termination.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type IV system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default of a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:
Lee Brown
17924 Page Pond Ct. Davidson NC 28036

To the Contractor:
Tri-County Wastewater Management
~~712 South Hayne Street~~, ~~Monroe~~, NC ~~28112~~ 28227
8037-G Fairview Rd Charlotte

To the Local Health Department:
Mecklenburg County Environmental Health Department
700 N. Tryon St., Suite 211, Charlotte, NC 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Effective Date / Unoccupied Property. If the property is unoccupied at the time of the execution of this agreement, the effective date of this agreement may be changed to the date of occupancy with the mutual consent between all parties. This change resets the annual billing structure and the calender for periodic inspections. Fees that are paid upon the execution of this agreement will be held by the Contractor and applied at the date of the change. An attachment showing proof of the occupancy date must be provided by the Owner to the Contractor and the local health department at the time the change is to be made.

12. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

13. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Lee Brown

(Owner)

Attest:

Jo Brown

Tim Baker

(Contractor)

Attest:

Vicki Davis

Tim Baker

(Certified Operator)

Attest:

Vicki Davis

(Office use only)

Change of effective date for unoccupied property:_____
(If applicable; refer to paragraph 11.)

(LPPCRNTC-05694)

MAINTENANCE PROCEDURES

1. Inspect ground cover and landscaping to insure proper water runoff over system.

2. SEPTIC TANK
   a. Check sludge depths yearly (if applicable). Recommendation will be made to have tank pumped when sludge depth comes within 8 inches of the bottom of the outlet tee.

3. PUMP TANK
   a. Inspect riser connection and conduit connections to make sure they are not allowing surface water into the pump tank.
   b. Activate the pump to insure that it is functional.
   c. Inspect and test all float switches to insure that they are functional.
   d. Activate and test all components of the alarm system including high water alarm float, control box, audible and visible alarms.
   e. Add water if necessary to test pumping controls, pump, piping, and all components of the pumping system. Measure and record draw down and calculate dosing volume and running time of the pump. Adjust float controls, if necessary, to achieve specified gallons/dose.
   f. Inspect pump tank for sludge. Pump tank shall be pumped out if 6 inches of sludge are present.

4. DISTRIBUTION SYSTEM
   a. Activate system and check for any breaks or cracks in supply manifold, distribution manifold, pipe connections, valves or valve connections, lateral piping, and turn-ups.
   b. Check lines for correct pressure head.
   c. Check caps on clean-out connections and stand pipes.
   d. Inspect all valve boxes and protective sleeves of turn-ups.
   e. Cut off and cap turn-ups after initial six weeks of use as prescribed in permit (if applicable).

5. Inspect all required curtain, interceptor, or french drains to insure that they are functioning as designed to insure proper water runoff around system.

6. SPECIAL CONDITIONS:

_____

_____

_____

_____

_____

_____

Mecklenburg County
Health Department

December 30, 1999

Willis Lee and Jo E. Brown
17924 Pages Pond Court
Davidson, NC 28036

Dear Mr. and Mrs. Brown:

The required inspections for the Type IVa septic system that serves as the wastewater treatment and disposal system for the residence located at 17924 Pages Pond Court, Davidson, North Carolina are past due.

A review of our files reveals that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment, Health, 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."

Enclosed is a copy of the information we have on file. Please submit a new contract with a certified operator to our office by January 25, 1999.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5568 between 8:00 – 9:00 a.m., Monday through Friday, or leave a message on my voice mail.

Sincerely,

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

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

Enclosure: Certified Operators List
Maintenance Contract

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

INSPECTION AND MAINTENANCE
SAMPLE AGREEMENT (rev. 3/91)

THIS AGREEMENT is made and entered into this 26 day of July 1994 by and between Lee Brown (hereinafter the "Owner") and Bobby Mayhew (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type ___ system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type II system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 17924 Pages Pond Court

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type II System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit] Check pump run time, switches, alarm, etc.
(2) check pressure settings
(3) flush lines
(4) check overall site conditions

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type ___ System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 1 System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than ____ percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination, after first year.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:

To the Contractor: Bobby Mayhew PO Box 219
Conetoe NC 27831

To the Local Health Department:

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Jill Brown
(Owner)

Attest:

_____

Bobby O'Neal
(Contractor)

Attest:

_____

(hr:mecontract.gm)

Date: Oct 13, 1993

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Craig Roseman
19719 Shearwater Point Drive
Huntersville, NC 28078
Phone 704-896-0773 h 704-534-1499

Subject: Lot 9 Pages Pond Mecklenburg County
File # : 3940A
Parcel : 00716213 PO

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a three bedroom house at an application rate of .300 gpd. 360/.30 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	18	one	3/16	2.0ft	80 '	.59	10.62
B	18	one	3/16	2.0ft	80 '	.59	10.62
C	18	one	3/16	2.0ft	80 '	.59	10.62
E		repair			27 '		
F		repair			57 '		
G		repair			68 '		
H		repair			75 '		
Totals	54				240 '		31.86

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 3.70
Total lift = 26.70 (102.2 + 2 - 77.50 = 26.70) elev.
TDH = 30.40
20% margin = 38 ft (30.40 / .8 = 38.00 = 38ft)

Pump Size: 40 (31.86/.8) gallon per minute at 38 feet of head.

Pump cycle should be 6.1 min or 194 gallons.

Note: Each line shall have a globe valve as shown in the detail for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 150 lf = 1.50 * 2.05 = 3.08

fittings = 3.08 * .2 = 0.62

total 3.70

Design, Installation and Maintenance

Of The

T & J Panel Wastewater Treatment System

For

Sanitarians

And

Septic Tank Installers

Although this manual is sectioned for specific user groups, we at T & J Panel suggest that you familiarize yourself with the complete manual. Fourth Edition.

Sanitarians

In the early days of the T & J Panel System, when it was still considered an experimental system, the primary reason for permitting the Panel System was because of insufficient space for a conventional system. Now with inclusion in the Sewage Regulations(10NCAC 10A .1956(3)(a)(ii)), the Panel System should be considered when a quality effluent may be needed, space is limited, usable soil is limited, or there are indications that at some future time space may be needed for other uses. When there is a trend for added development such as additions to homes, pools, or other special landscaping development the T & J Panel System may prevent insufficient space later. As an example, there was a subdivision where three of five homes in the same block added in-ground pools. Each of these pools impacted the existing nitrification lines. As a sanitarian, if you can foresee such a trend developing, discuss the Panel System with the home owner.

As noted in the regulations, the PPBPS is only permitted where soils are suitable for a conventional system, however, only one-half of the space is needed. The Panel System will allow the use of the best soils on the lot. This system may be gravity fed or pumped using the LP Panel system as described. Most of the concepts for a T & J Panel layout are the same as for a conventional system. The biggest differences are areal area needs and quality of effluent being introduced into the soil.

Conversion

A three bedroom house with a 0.4 gpd application rate. (First three steps are the same as the conventional line)

1) 120 gallons per bedroom x 3 bedrooms = 360 gallons per day design flow rate.

2) 360 flow rate/0.4 application rate = 900 sq. ft. of trench bottom.

3) 900 sq. ft./3 ft. wide trench = 300 lineal feet of conventional system.

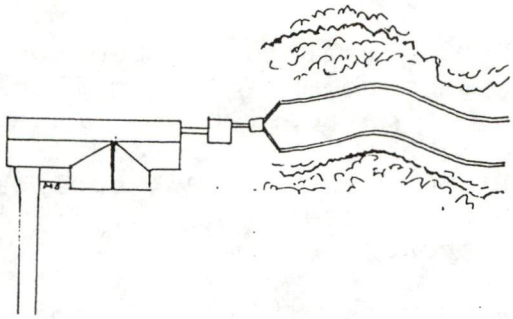
This conventional layout requires 2700 sq. ft. of area on the lot and equal space for repair for a total of 5400 sq. ft. of suitable and usable area. To calculate the T & J Panel system size, the above calculations must be made with an additional fourth step as described in 10NCAC 10A .1956 (3)(a)(ii)(B) for a PPBPS (the T & J Panel System)

4) 300 lineal feet of conventional system x 0.5 for a 16 inch high Panel system = 150 lineal feet of T & J Panel trench.

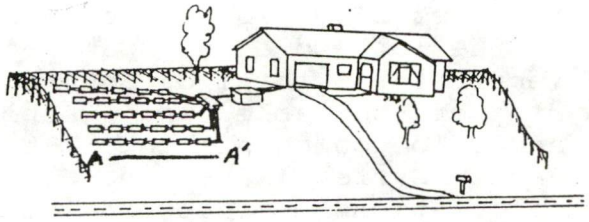
A Panel System requires only a 1200 sq. ft area on the lot for the system and equal area for repair. with the Panel System the installation and repair can go into the same space as the initial area required by a conventional gravel trench system.

Window Effect

Areal space should always be a consideration for any system, however, it is especially notable with the Panel System as with any system that reduces the size of the areal area drainfield. The following is a simplistic example of this concept.



RIGHT

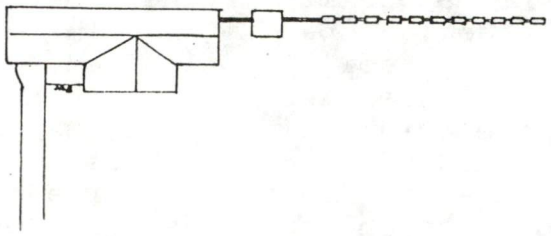


WRONG

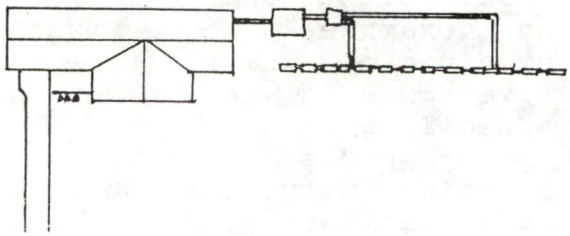
While both systems have the same lineal footage of trench the lower diagram is not a desireable design. The effluent must pass through the area A-A' which can cause a strain on that area and even a failure because of hydraulic overloading.

Distribution

Another extreme would be the use of a long single trench fed from only one end. In the first example, below the areal space is good and the chance of hydraulic overloading is greatly reduced. However downline distribution in the panel line will not give optimum treatment.



WRONG



RIGHT

In the lower example we see that the trench has been feed from multiple points. Because the Panel lines are put in as level as possible, never exceeding 1/4 inch of fall in 10 feet of run, they feed both ways equally. T & J recommends that no gravity line exceed 50 feet, unless it is fed from multiple points. In both of these examples, we are specifying the Panel System, but the logic applies to the conventional system as well.

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

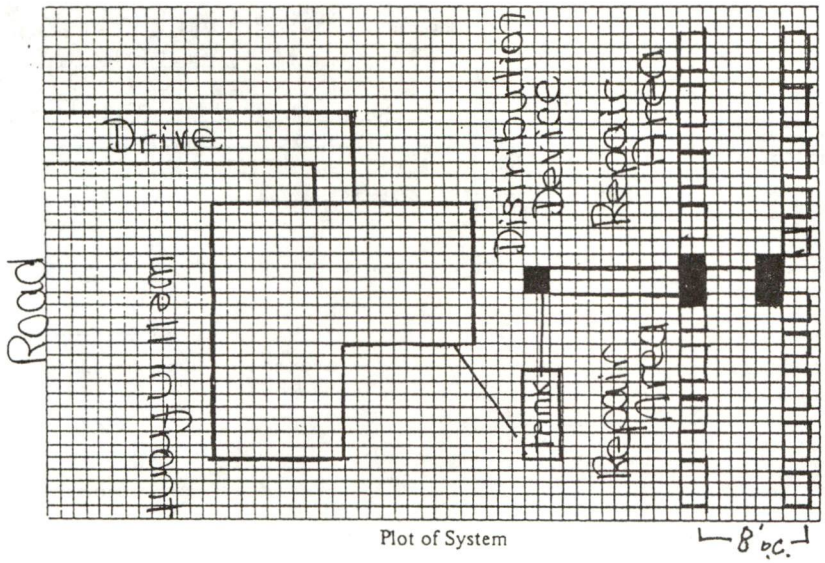
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit N/A Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 6% slope
Depth to Water Table > 60"
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 panels
Depth of Stone in Lines 24" of Sand
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 2 lines with 17 panels each line. flow split by flow divider. 2' wide and 75' long each split. in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit N/A Yes ( ) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000

Character & Porosity of Soil clay loam over clay

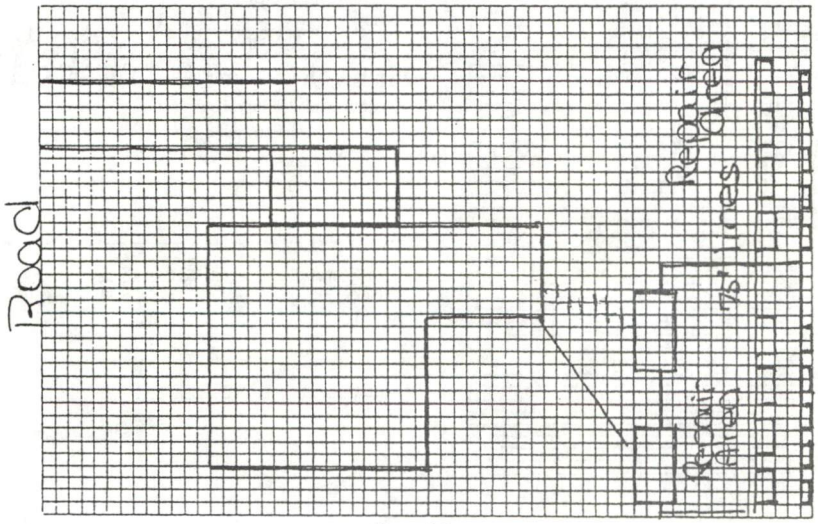
Percolation Rate 0.4 gal/ft²/day

Topography 6% slope

Depth to Water Table >60"

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Pressure Distribution



Plot of System

Size of Tank 1,000 septic/1600 pump Gals.

Nitrification Field:

No. of Lines 3 (75') lines of Tuf

Sq. Ft. 900 Linear Ft. 150

Depth of Stone in Lines 24" sand

Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: pump sized by head 2-4' at turn up

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

How Many Panels Do You Need?

To calculate the number of 16 inch high panels needed for a 150 foot line, multiply 150'x 12" = 1800" then divide by 52" which is 46 inches for the panel and 6 inches for the space between the panels in the trench. 1800" /52" = 34.6 panels, so you would call for 34 panels. (A material order chart is included in the installer section of this manual.) If there is to be more than one trench, the sizing of the lines should be as equal as possible with as close to the same number of panels in each trench as is practical. A permit will normally show the panel as small blocks on the line. The following two pages are sample copies of permits for Panel systems.

Gravity or Pressure

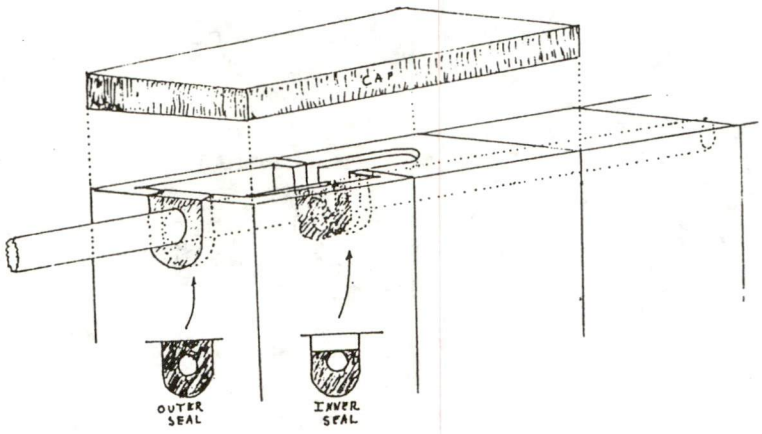
The T & J Panel System can be installed as either gravity or a low pressure distribution system. When designing a pressure system the principles of low pressure distribution are as described in the LPP manual. There is further discussion on pressure systems in the installer section of this manual. One of the attached permits is for a LP Panel drainfield.

Backfill

Backfill sand shall be a clean, washed, medium sand that is naturally occurring and falls within the gradation of ASTM C-33 specification. This specification is one that is used in the ready mix industry and is readily available in all areas. The second type of sand that you will need is a clean particle sand to coat the bottom of each panel's top chamber with a bed of sand one inch thick. This sand is a medium grade of sand blasting sand. Each one hundred pound bag should cover eight panels. Backfill sand calculations should be taken from the material sheet.

Tar Seals

The two drawings below illustrate the inner and outer seal. Note that while the outer seal is a complete seal, the inner seal is only up to the top of the connecting pipe. This is to allow for over flow of the effluent at peak use periods into the lower air chambers. At this point the air chambers become additional storage chambers for the effluent.



Trench Preparation

Trench grade should be established so that backfill cover will be four to six inches over the tops of the panels. (Note on severe slopes system depth should be adjusted to protect against brakeout of effluent) In clay type soils the trench side walls should be raked to bring slicked over areas back to as near to original structure as possible. A light dusting of lime on the side walls will help the system to continue the brake down of solids.

Final Inspection

The following list of points are things that an inspector should look for when issuing an completion permit.

1) Is depth of the panels within guidelines?

2) Are drain lines level or less than 1/4 inch fall in ten feet?

3) Have seals been properly constructed?

4) Was the proper sand used in the trench backfill?

5) If in clay type soils were the side walls raked and limed?

(For Pumped Systems)

6) Have pump size, head pressure, and dose cycle been properly sized and set?

(Set dose cycle for 3.6 gallons per 16 inch high panel.)

Installer

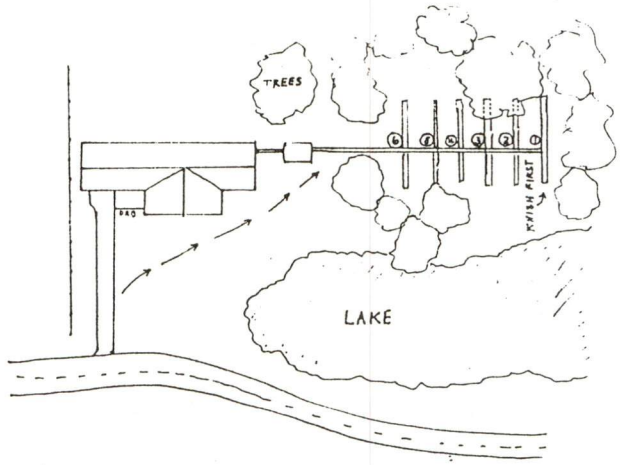
Generally, on level open land, a Panel System can be installed in about the same time as a conventional system; however, traditionally, Panel Systems have been installed where space and topography have restricted use of a conventional system. For this reason Panel System installations have required more time. Many installers enjoy the change of working with panels, not handling gravel, and the satisfaction of knowing a system is being installed where previously a conventional system was not possible.

Ordering Materials

Enclosed on following two pages you will find an order sheet for the T & J Panel System and a materials chart for 16 inch high Panel System. The distributor in your area will lead you through these sheets when ordering or pricing the system. For information on the distributor located closest to you call 1-800-222-2577 (inside N.C.) or 704-872-9566. After ordering, your panels will be shipped to the job site banded together on pallets.

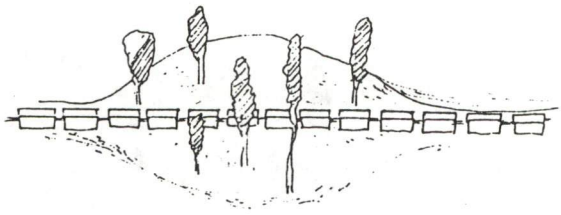
Installation Tips

Installation for multiple line systems should begin in the most confining area and be worked to the more open areas.

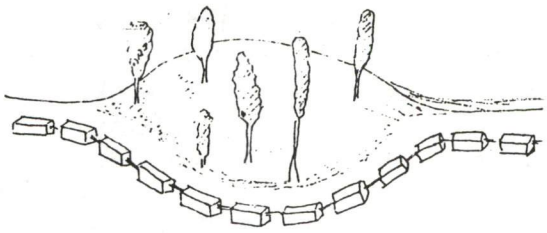


Above is an example of a multiple line installation. As you can see the installation should begin with the line marked 1 and proceed to 2, 3, then 4. This procedure will greatly ease material handling and backfilling. (Note sections of the drainlines should be left uncovered to allow for inspection of lines when area is confined and return access to lines is limited.)

On the following page are two examples of drain lines on sloping lots. The first drawing shows the drainline going through a slope making the center of the line deeper in the ground. This is not a desirable situation. The second drawing shows the drainline going around the slope keeping the trench depth and cover uniform for the entire length of the line. On slopes care should be given to avoid cutting away valuable top soil in an effort to make straight lines. Panel lines can be curved to almost any degree.



Wrong



Right

Digging The Trench

Start by shooting the grade and marking the contour. Then for a 16 inch panel add 28 inches to the shallowest or lowest grade that the trench must cross to obtain the trench bottom grade. Now dig the trench at the elevation derived, checking the grade frequently. The trench should be a minimum of two feet wide. With the trench open all sidewalls shall be raked to bring smeared areas back to their original structure before a light dusting of lime is applied. Now place a 6 inch layer of backfill sand in the trench and level to grade, then place a 1 x 4 or 6 inch board flat on it's side on top of the 6 inch layer of sand. Once more check the grade of the trench by shooting the top of the board. Once the grade boards have been set, the panels may be set into the ditch by hand or using the backhoe. Each panel weights about 155 pounds and placement by hand goes quickly. The panels should be placed about 6 inches apart in the trench to obtain equal spacing. Now place 10 to 12 pounds of clean particle sand (medium sand blasting sand) in the top chamber of each panel to form a bed of sand about one inch thick. Tar seal rope should be placed in the U outs to form seals as shown in earlier drawings. Once the tar rope is in place, a 24 inch section of two inch PR160 pipe is cut to span from the upper middle top chamber of the first panel to the upper middle chamber of the next panel. The tar seal rope that is used should be of tar or butyl that is soft and pliable to obtain a water tight seal. Now that the connection and sealing is complete a block cap is placed on each end of the panel covering all openings.(These will be delivered with the panels.) The cap block may well serve as an inspection port at some future date. The trench is ready to be backfilled to the top of the panel with the same backfill sand used in the trench bottom. With the sand to the top of the panel, trenches should be left for the sanitarian to inspect. Soil cover should be added after the final inspection.

Most Panel Systems are currently used due to space considerations and caution should be taken to preserve suitable soil structure and site conditions.

Materials Chart For 16 Inch Panels

Materials needed per panel:

- Three feet of half inch tar seal rope per panel.
- Two feet of two inch PR160 pipe per panel or same linear feet as line layout of pressure system of one and a quarter inch pipe. Add pipe for tie in of lines to tank and house.
- One hundred pounds of partical sand (sand blasting sand fine texture) per eight panels.
- Same linear feet of one by six boards as line length.
- Bag powder lime when in clay soils.

Panel and C-33 Sand fill

50 LF - 11 panels
8¼ tons sand

60 LF - 14 panels
10 tons sand

70 LF - 16 panels
11½ tons sand

80 LF - 18 panels
13¼ tons sand

90 LF - 21 panels
15 tons sand

100 LF - 23 panels
16½ tons sand

110 LF - 25 panels
18¼ tons sand

120 LF - 27 panels
20 tons sand

130 LF - 30 panels
21½ tons sand

140 LF - 32 panels
23 tons sand

150 LF - 34 panels
25 tons sand

160 LF - 37 panels
26½ tons sand

170 LF - 39 panels
28 tons sand

180 LF - 41 panels
30 tons sand

190 LF - 43 panels
31½ tons sand

200 LF - 46 panels
33 tons sand

T & J Panel Material Worksheet

Homeowner _____ County _____

Address _____

_____

Description of System _____

_____

_____

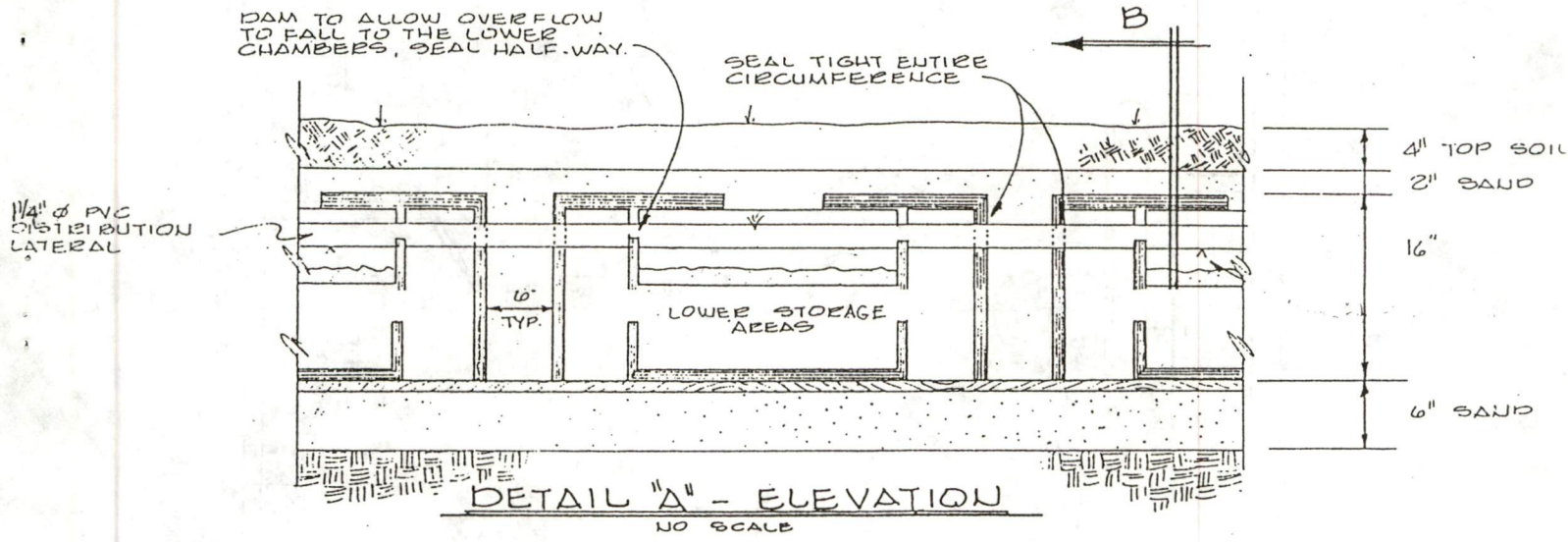
_____	T & J Panels _____ Inch (caps N/C)	_____
_____	2" Pipe	_____
_____	1 1/4" Pipe	_____
_____	Fittings for Pipe	_____
_____	Tar Seal Rope (3' per Panel)	_____
_____	Bag Partical Sand (100 lbs per 8 Panels)	_____
_____	Pallets (Returnable)	_____
_____	Screened Creek Sand (FM 2.3 to 3.0)	_____
_____	1x4 or 1x6 Boards	_____
_____	Power Lime	_____
_____	Sep Tank _____ Gallon	_____
_____	Tar Seal for Tank	_____
_____	4" PVC Pipe Schedule 40	_____
_____	Distrobution Box	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Sub-total	_____
	Delivery Charge	_____
	Tax	_____
	Total	_____

Panels With Pressure Distribution

The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the holes discharging into the panels.

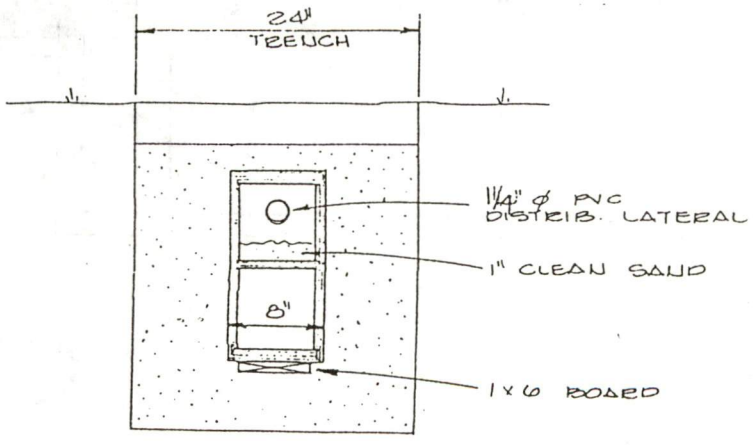
The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. when the system has 34 panels and all the holes are the same size, then you would multiply 34 X 3.6 to get 122 gallon per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top center chamber of the panel. If the hole sizing changes in the system the the pump cycle is set by the the hole that is discharging the fastest.

All valves and turn ups should be neatly capped, covered and labled for future service. Pump tanks should constructed as shown in the drawing as to allow for service and repairs.

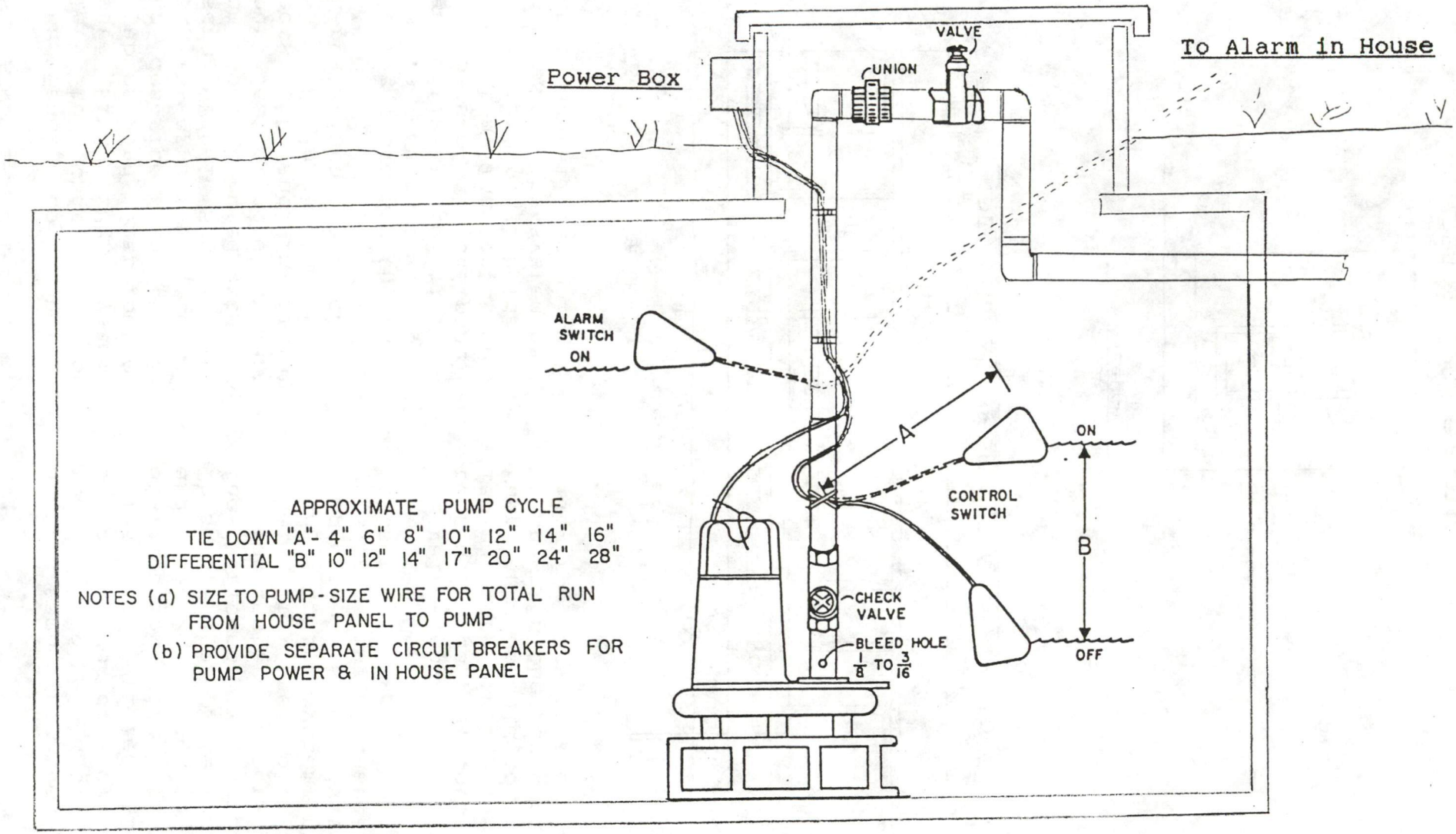


DETAIL "A" - ELEVATION

NO SCALE



DETAIL "B" - SECTION



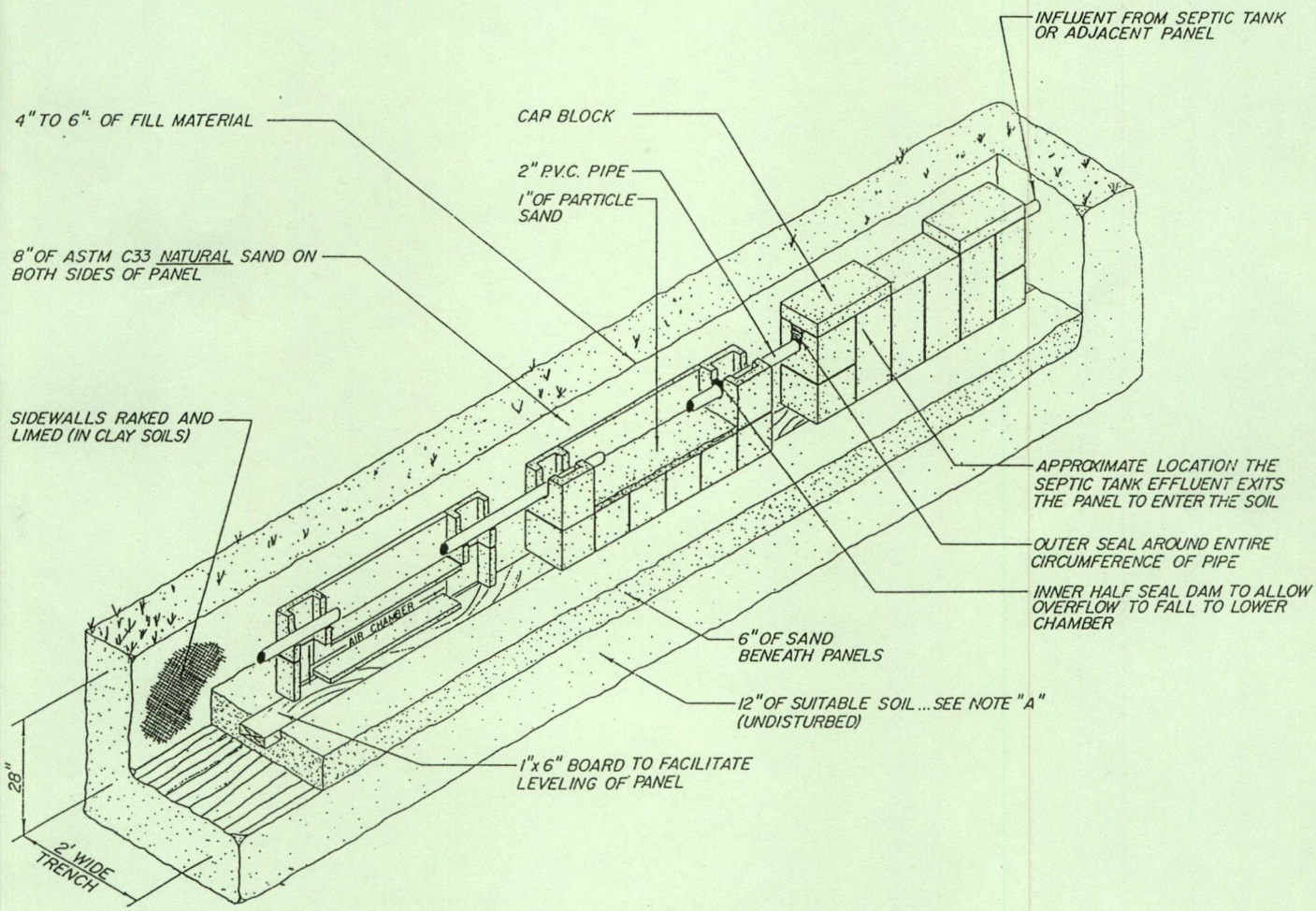
APPROXIMATE PUMP CYCLE

TIE DOWN "A" -	4"	6"	8"	10"	12"	14"	16"
DIFFERENTIAL "B"	10"	12"	14"	17"	20"	24"	28"

NOTES (a) SIZE TO PUMP - SIZE WIRE FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

(b) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN HOUSE PANEL

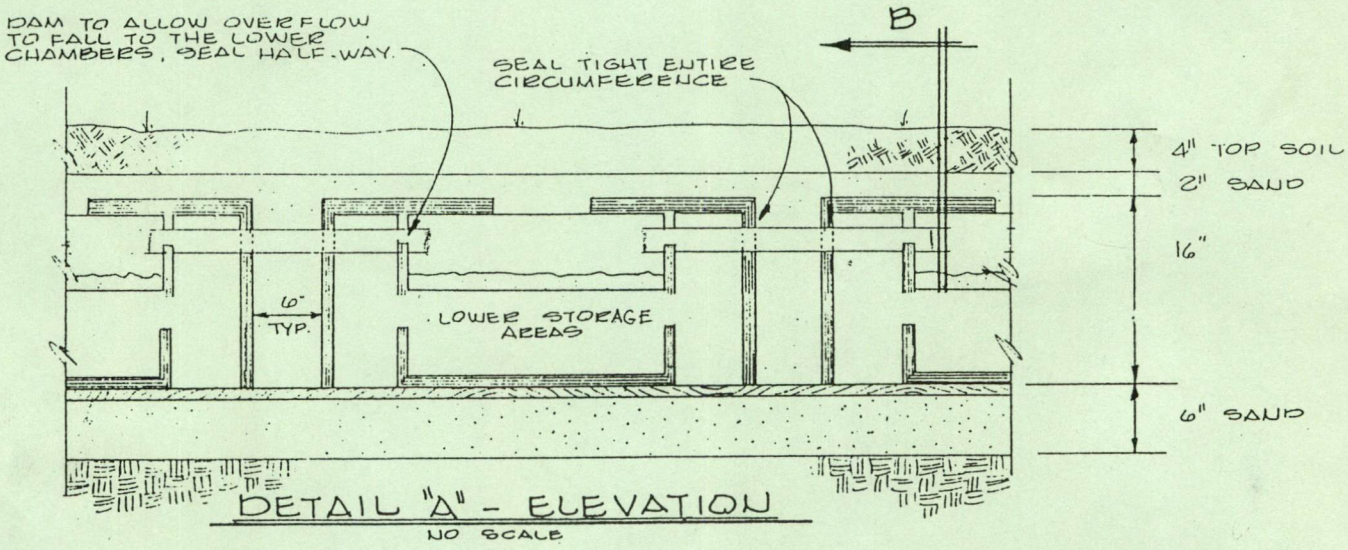
Isometric Drawing of a Segment of 16" T & J Panel System Drainfield



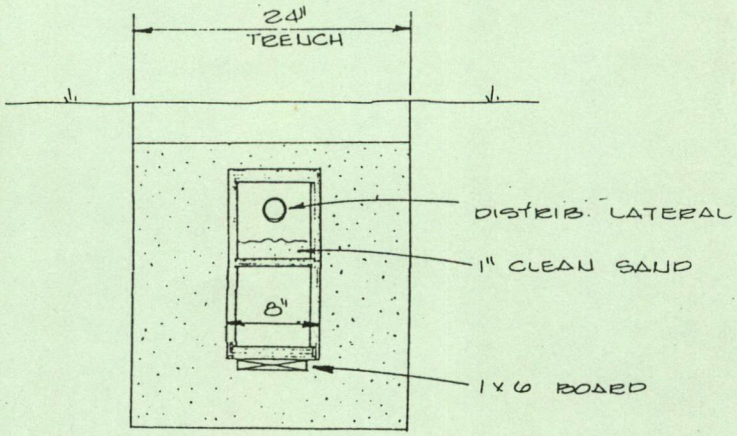
THE T. & J. PANEL
WASTE WATER TREATMENT SYSTEM

PATENT NUMBER 4013559

P.O. Box 288 • Statesville, North Carolina 28677
N.C. WATS 1-800-222-2577 • (704)872-9566



DETAIL "A" - ELEVATION
NO SCALE



DETAIL "B" - SECTION
NO SCALE

FILED FOR REGISTRATION 10/20/93 09:38

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Willis LEE BROWN owner of property located at 17924 Pages Pond Court, ("the site") and described in an instrument recorded in Book 6598 at Page 605, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit falls to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 20TH day of October, 1993.

Drawn by: Willis Lee Brown (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Mary G. Dominguez, a Notary Public for said County and State, do hereby certify that Willis Lee Brown personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20 day of October, 1993.

Mary G Dominguez
Notary Public

My Commission Expires May 15, 1996

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Mary G. Dominguez

said corporation, the foregoing instru deed of
corporate seal and attested by ____ with its

WITNESS my hand and notarial seal,

Notary(ies) Public is/are certified to be correct.

This 20th day of October, 19 93.

JUDITH A. GIBSON, REGISTER OF DEEDS

My Commission Expires_____

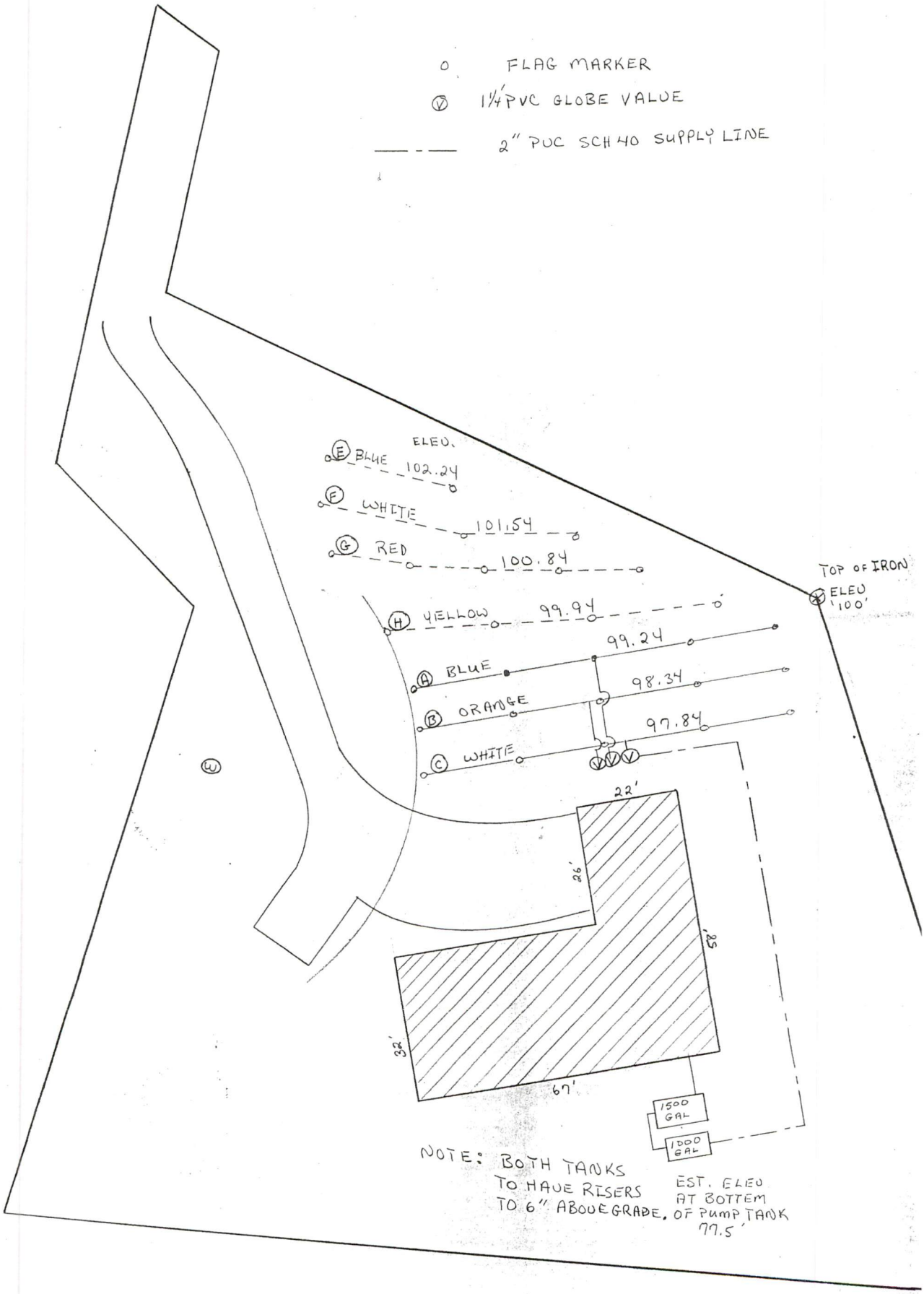
By: _____ Deputy Register of Deeds

Amended 07/93

RETURN TO ENVIRONMENTAL HEALTH SEPTIC DIVISION

MECKLENBURG COUNTY
FILE # 3940A
LOT 9 PAGE'S POND
DATE 10-12-93

SCALE 1" = 20'



file

Mecklenburg County
Health Department

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

October 20, 1993

Mr. Willis Lee Brown
2033 East Ninth Street
Charlotte, NC 28204

File #: 3940A
Parcel #: 007-162-13
Subject: 17924 Pages Pond Court Lot #9

Dear Mr. Brown:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the plot plan submitted 9/15/93, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal."Our comments are listed below:

(1) **.1945 AVAILABLE SPACE**

(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these rules.

(b)Sites shall have sufficient available space for a repair area equal to the area determined in RULE .1945 (A) of this section.

For these reasons, the plans as submitted are disapproved. However, 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 demensioned 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.

Please be advised that you have the right to an informal review by this Department and the right of appeal under G.S 130A-24.

If you have any questions regarding these matters, please do not hesitate to contact me at 336-5570.

Sincerely,

Philo S. Walker, R.S

Philo S. Walker, R.S
Individual Water and Wastewater Systems

PW:lw

Mecklenburg County
Health Department

October 19, 1993

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

Mr. Willis Lee Brown
2033 East Ninth Street
Charlotte, NC 28204

Re: 17924 Pages Pond Court
File: 3940A
Parcel: 007-311-14

Dear Mr. Brown:

Receipt of your plans for a modified waste disposal system on the above referenced property is hereby acknowledged.

The plans as submitted are approved with the following provisions:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

Upon execution and recording of the enclosed "Septic Tank Agreement Forms" an Improvement Permit can be issued by this department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

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

cc: Craig Roseman
19719 Shearwater Point Drive
Huntersville, NC 28078

DATE 9-20-93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

007-311-14
PARCEL NUMBER

17924 Page's Pond Ct
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot # 10
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Page's Pond
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. EROSION CONTROL REGULATIONS	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	✓ PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	✓ NO

REMARKS: S.F. Home

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McGinnis

REVISED 1/91

transferred to 0.8 from 13-4-88

APPLICATION FOR AN IMPROVEMENT PERMIT

ck # 1350 $150.00 7/16/91 eg

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

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

(OFFICE USE ONLY)
FILE: 3940 A.
TC: 007-162-13.
SERIAL: № 21728
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 17924 (STREET NO.) PAGES POND COURT (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 007-162-13. ~~007-311-14~~
⑤ SUBDIVISION: PAGES POND. ⑥ LOT: 9 ⑦ BLOCK:

OWNER

⑧ NAME: WILLIS (FIRST) LEE (MIDDLE) BROWN. (LAST)
⑨ MAILING ADDRESS: 2022 E. NINTH ST.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28204.
CONTACT DOUG RHUDY 375 2009
⑬ PHONE: (WORK) ~~527-6555~~ 8753123 ⑭ (HOME) ~~375-3417~~ CONTACT - DOUG RHUDY

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

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

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: W. Lee Brown
Date: 7-3-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

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

Philo A. Walker, 7/23/91
Environmentalist — Date

Director or Authorized Section Head — 7/24/91 Date

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

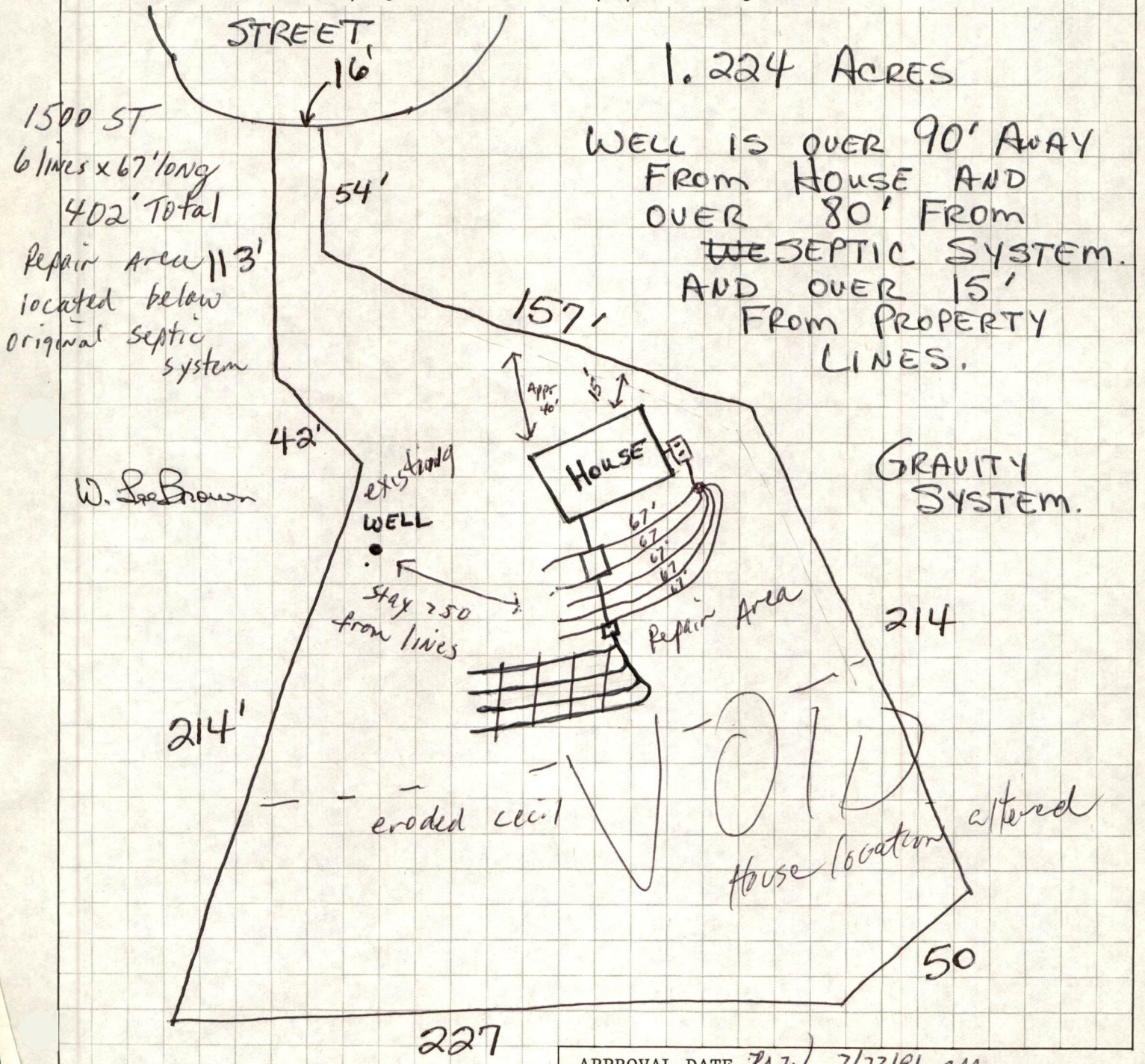
PROPOSED PLOT PLAN

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

FILE: 3940 A

TC: 007-162-13

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 RSW 7/23/91 appr

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

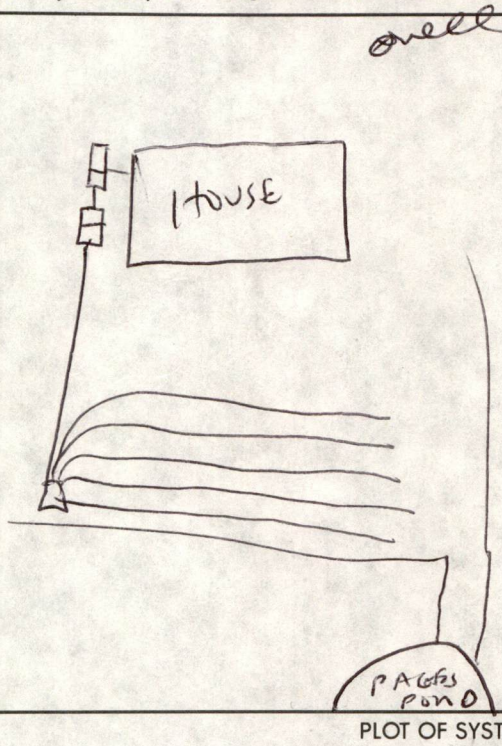
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3940-A DATE: 3-3-88

TC: 007-162-13 ☐ L

SERIAL № 11637

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 3-2-88. All work shall be completed on or before 4-3-88, 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 Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5 x 107

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NAME OF OWNER JANICE S. THOMPSON

LOCATION OF PROPERTY 12924 PAGES POND CT

Comments: 5 lines @ 107' each + 3 ends x 12" rock

S. Arnold, RS
Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

Paid 3/2/88 #100.00 Septic Tank Permit & Ev

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

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

(OFFICE USE ONLY)

FILE: 3940 A

TC: 007-162-13 PO

SERIAL: № 12206

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 17924 (STREET NO.) PAGE'S POND COURT (STREET) ② FILE: 3940A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 007-162-13 PO

⑤ SUBDIVISION: PAGE'S POND ⑥ LOT: 9 ⑦ BLOCK:

OWNER

⑧ NAME: JANICE (FIRST) S. (MIDDLE) THOMPSON (LAST)

⑨ MAILING ADDRESS: RT. 2, BOX 375

⑩ CITY: DENVER ⑪ STATE: NC ⑫ ZIP: 28037

⑬ PHONE: (WORK) ⑭ (HOME) 704-483-4429

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4

㉓ Maximum occupancy? 4

㉔ Basement? ☐ yes ☑ no

㉕ Type?

㉖ Maximum number of employees?

㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Michael P. Thompson

Date: 3/2/88

IMPROVEMENT PERMIT

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

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

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

Kelly Ladd / Environmentalist — Date: 3-3-88

Director or Authorized Section Head — Date: 3-4-88

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

PROPOSED PLOT PLAN

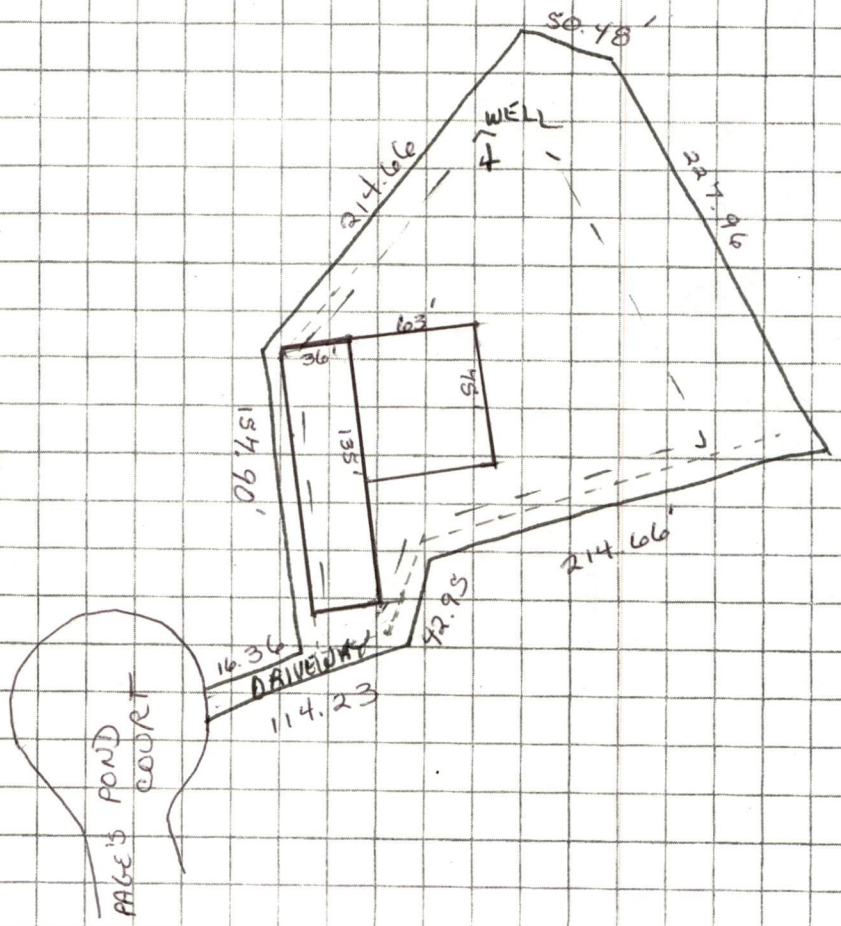
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 3940A

TC: 007-162-13

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.



Signed: Michael P. Thompson

Date: March 2, 1988

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 14 1987
ENVIRONMENTAL HEALTH
DIVISION

FILE: 3940A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: OFF SAM FURR RD.

② SUBDIVISION: PAGES POND ③ LOT: 9 ④ BLOCK: 162

⑤ PARCEL REFERENCE: OUT OF V BOOK NO.: 07 PAGE NO.: 16 PARCEL NO.: 13

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

OWNER

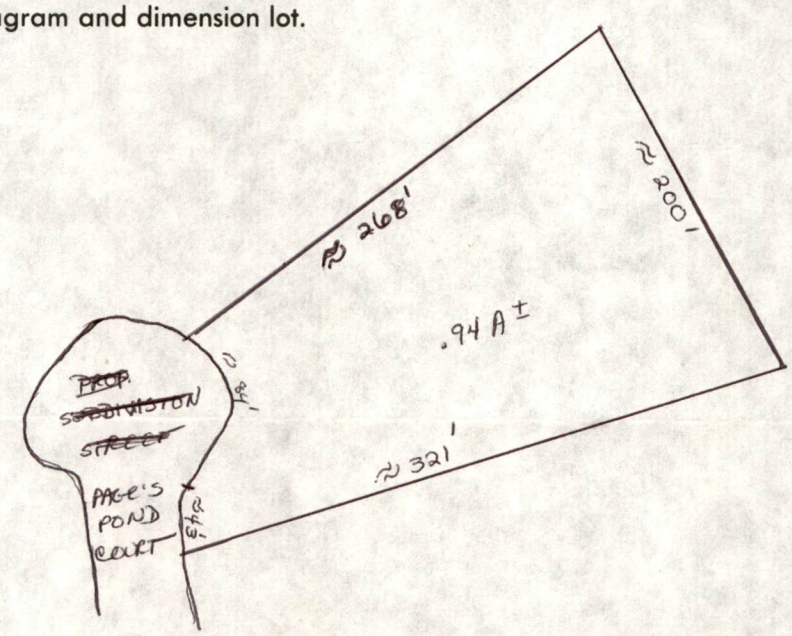
⑦ NAME: ROBERT B. BOWMAN
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 1378

⑨ CITY: DAVIDSON, ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 704-892-1886 (HOME) 704-875-2194

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 8/5/87

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

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11794

File: 3940A

Parcel: 007-162-13

Action 1

☐ PC

Location: 17924 Pages Pond Ct.

Subdivision:

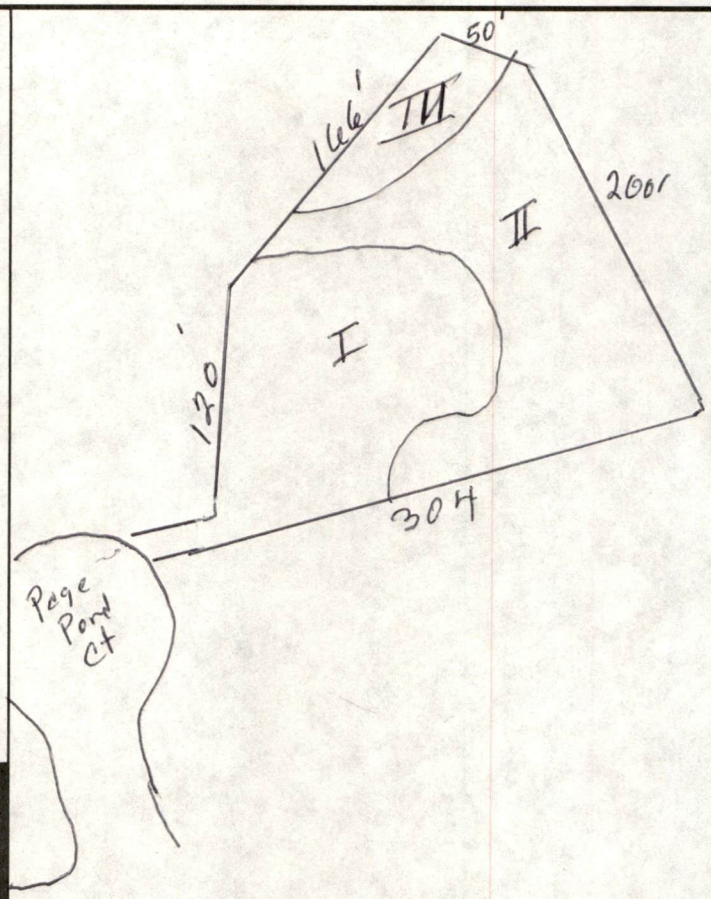
Lot: 9 Block: Acres: 2

Owner: Robert B. Bowman
Address: Davidson, N. C. 28078

Comments: Limited Area
New Lot
Well To Be put on Lot

Described by: W. B. Ramsey

Date: 12-21-87



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2–6	S PS (U) Complex	S (PS) U 2–10	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Depth	S (PS) U 47–48	S PS (U) Various	S PS (U) 10–25	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space limited	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	IVa Cecil	IVa Eroded Cecil	IVa Eroded Wedowee			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 39404

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 17924 PAGES POND CT

② SUBDIVISION: PAGES POND ③ LOT: (9) ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 007 PAGE NO.: 162 PARCEL NO.: 13

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

OWNER

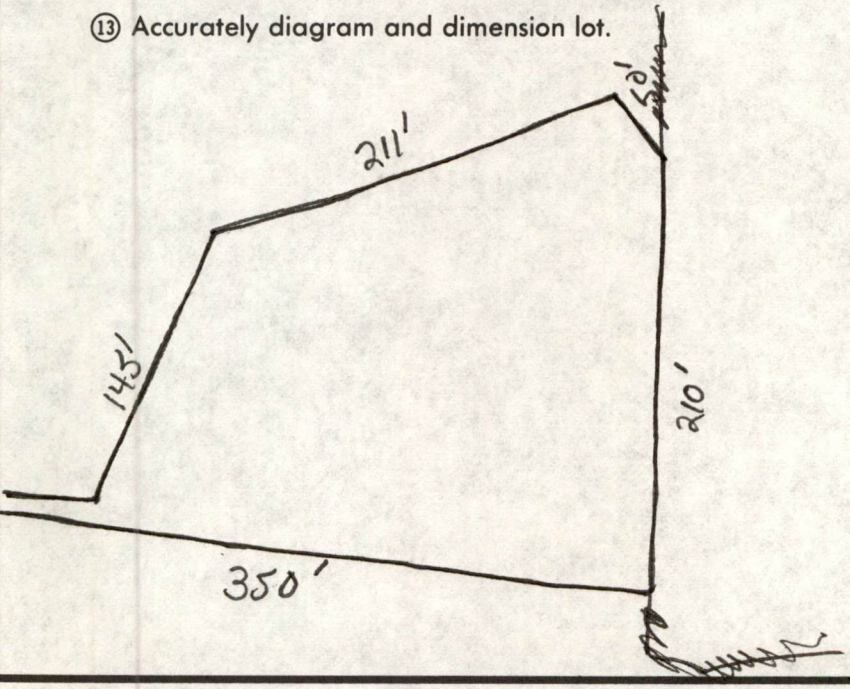
⑦ NAME: ROBERT (FIRST) BRUCE (MIDDLE) BOWMAN (LAST)

⑧ MAILING ADDRESS: C/O BOWMAN DEVELOPMENT GROUP

⑨ CITY: DAVIDSON ⑩ STATE: N.C. ⑪ ZIP: 28078

⑫ PHONE: (WORK) 892-9770 (HOME) 875-2194

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: 12/15/87

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 3940A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 17924 Page's Pond Ct

② SUBDIVISION: Page's Pond ③ LOT: 9 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

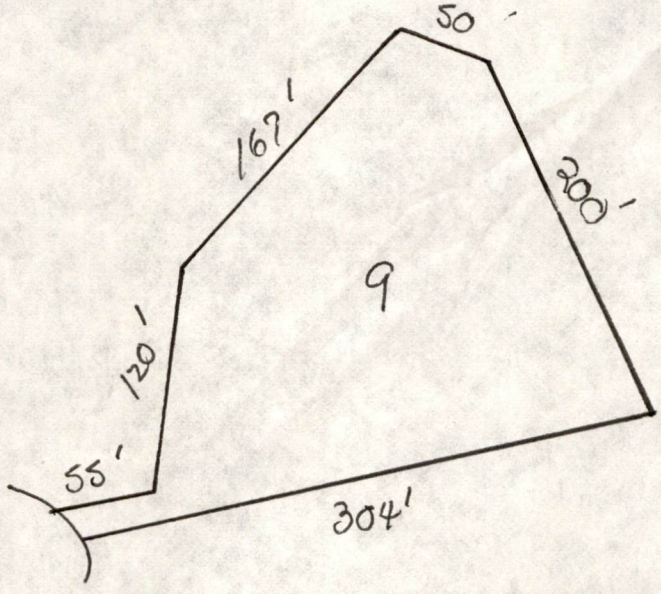
⑦ NAME: Robert (FIRST) Bruce (MIDDLE) Bowman (LAST)

⑧ MAILING ADDRESS: c/o Bowman Development Group P.O. Box 1378

⑨ CITY: Davidson ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 875-2194 (HOME) 875-2194

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 12/4/87

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

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

MECKLENBURG COUNTY
Department of Environmental Health

December 23rd, 1987

Robert B. Bowman
P. O. Box 1378
Davidson, NC 28036

RE: Property located at Page's Pond Court 9
FILE: 3940A
PARCEL: 00716213 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 11794) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

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

Sincerely,

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

Enclosure