

10720 TRAYMORE LN

19938138

6/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7244A

Pd 50.00 Chk # 19343 [X] CRT

400

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: 2/7/97

PERSON FILING APPLICATION:
NAME: Haston (last) DON (first) W (mi)
ADDRESS: P.O Box 221416 PHONE: (704) 334-5477
CITY: Charlotte STATE: NC ZIPCODE: 28222

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-381-38
STREET ADDRESS: 10720 Traymore Ln
ZONING:

PROPERTY OWNER:
NAME: Rea (last) Mike (first) (mi)
ADDRESS: 10720 Traymore Lane PHONE: (704) 588-5298
CITY: Charlotte, STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Don Haston Date: 2/9/97

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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... Moving 1 Bedroom & Bath to new addition - Existing bedroom will have a wall removed for a den/study. 3 bedroom total

Joni Alexis Bunney 2/11/97
Environmentalist Date

WATER : 122791

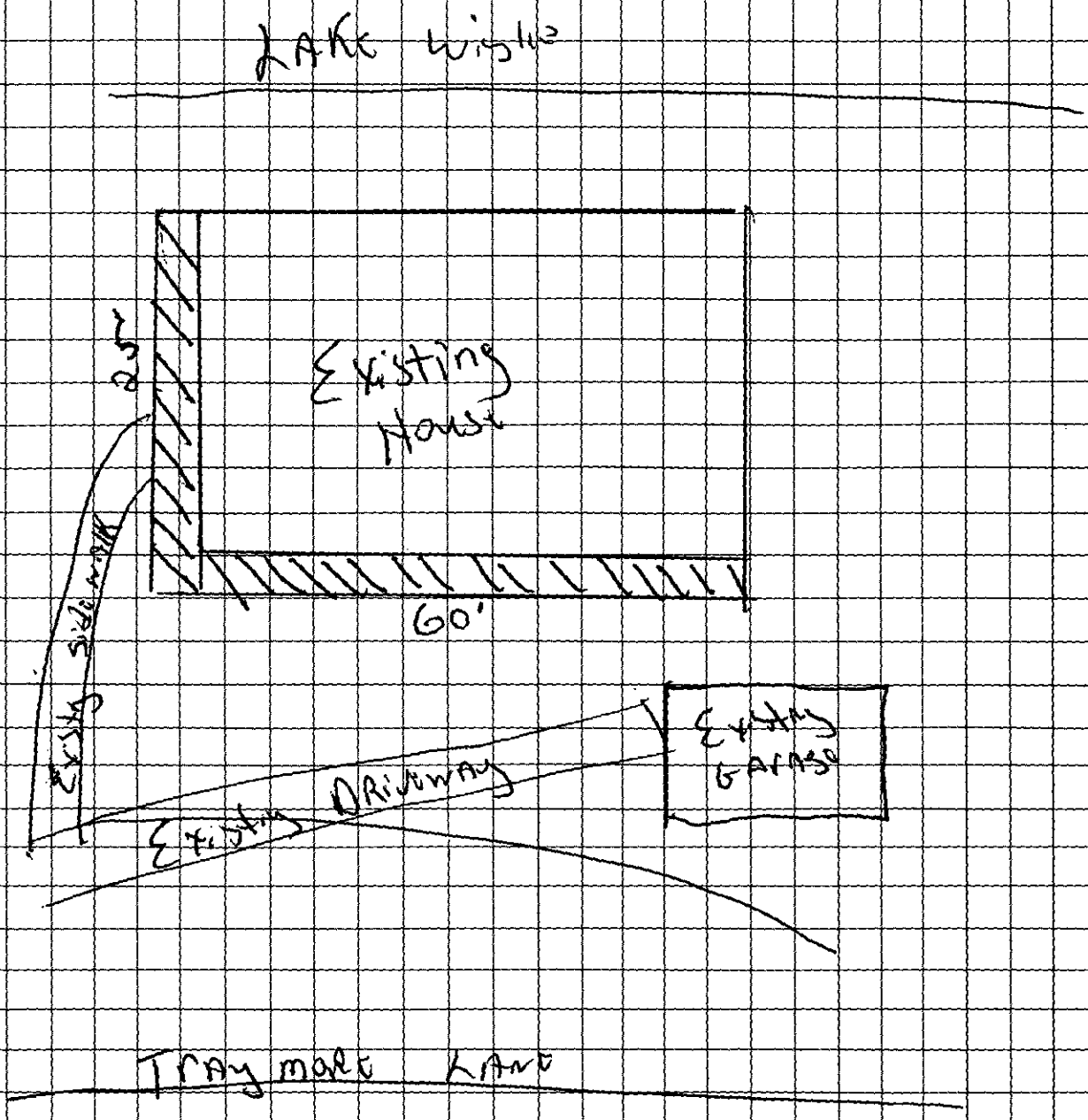
PROPOSED PLOT PLAN

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

FILE: 7244A

TC: 199-381-38

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.



Daniel W [illegible]
OWNER/AGENT SIGNATURE

DATE 2/7/97

APPROVAL DATE 2/11/97

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7244A DATE: 3/6/91

TC: 199-381-38 ☒ L ☒ CRT

SERIAL № 13668

Name of Owner Michael Rea Juris.:

Address of Property 10720 Traymore Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 9 (Bed) @ 50'

Cover Depth 8'

Water Supply Source well

Distance to Water Source ≥50

Excavation Inspected 3/6/91

Tank(s) Inspected 3/6/91

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1991, Alteration CTR# 91

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: System designed for 3 bedroom house grinder pump to be utilized, pumping to septic tank

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

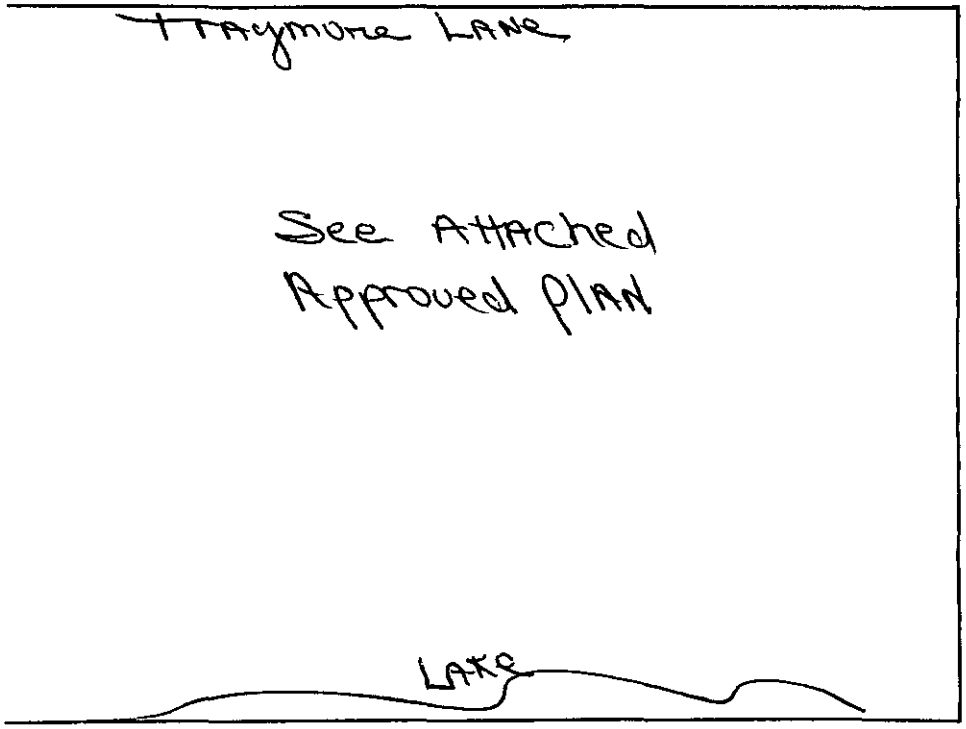
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7244A DATE: 2/21/91

TC: 199-381-38 L

SERIAL Nº 14798

Permission is hereby given to AAA 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 1/22/91. All work shall be completed on or before 3/21/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. *A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department* before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width (3) 6 X 50 Beds feet

Total Line Length 300 feet

Number of Lines 9

Depth of Stone 18 inches

Distance from House ≥ 50' feet

Distance from Property Line 5' feet

Distance from Well ≥ 50' feet

NAME OF OWNER Michael Rea

LOCATION OF PROPERTY 10720 Traymore Lane

Comments: INSTALL AS Approved on Plan. Keep At least 10' between individual beds. Ejection Pump Will be utilized from house to TANK. See Plumbing Approval letter on File

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 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

2-04-91 CK#1781 $100.00 cash $100.00 1-22-91

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7244A
TC: 199-381-38
SERIAL: № 21602
☐ L ☐ CRT

JOB LOCATION

ADDRESS: 10720 (STREET NO.) TRAYMORE (STREET) LANE
FILE:
JURISDICTION:
TAX PARCEL NO.: 199-381-38
SUBDIVISION:
LOT:
BLOCK:

OWNER

NAME: WATSON (Mike) MICHAEL (FIRST) (MIDDLE) REA (LAST)
MAILING ADDRESS: 10720 TRAYMORE LANE
CITY: CHARLOTTE
STATE: NC
ZIP: 28278
PHONE: (WORK) 552-2272
(HOME) 588-5298

REQUEST

This request is for a(n):

☐ New permit
☐ Repair or alteration permit
☐ Authorization for mobile home exchange
☑ Other (specify) Add Bedroom & Moving Bath

DESIGN CRITERIA

System will serve:

☑ Residence
☐ Mobile home
☐ Business or place of public assembly
Number of bedrooms? 3 when Remodeled
Type?
Maximum occupancy? 5
Maximum number of employees?
Basement? ☑ yes ☐ no
Maximum number of seats?

WATER SUPPLY

Water supply from (present or proposed):

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

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: X Watson M. Rea
Date: X 22 JAN 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 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-22-91

Name/Company: Watson Michael Rea

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App + Dup Permit - Add w/s

~~10728 Raymore~~ Raymore Lane

Tax # 199-381-38

Lic # 7244A

MECK. HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 22 1991

Fee: $ 25.00

Cash $25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

W. Watson
Completed by

Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 02/04/91

Name/Company: Watson M. Rea

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Addit Fee
Change in Septic
System
F. Fee # 72444
10720 Traymore Lane

Fee: $100.00 CR # 1781 $100.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

DATE 11/8/91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

199-381-38
PARCEL NUMBER

10720 Teaymore Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: Remodeling & addition

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).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7244A
TC: 199-381-38
SERIAL: NC 2162
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10720 (STREET NO.) TRAYMORE (STREET) LANE ② FILE:
③ JURISDICTION: ⑧ TAX PARCEL NO.: 199-381-38
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

④ NAME: WATSON (FIRST) (Mike) MICHAEL (MIDDLE) REA (LAST)
⑨ MAILING ADDRESS: 10720 TRAYMORE LANE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28278
⑬ PHONE: (WORK) 552-2272 ⑭ (HOME) 588-5298

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Add Bedroom + Moving Bath

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? 5 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: Watson Mi. Rea
Date: 22 JAN 91

IMPROVEMENT PERMIT

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... This permit is not transferable, and shall become null and void 36 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

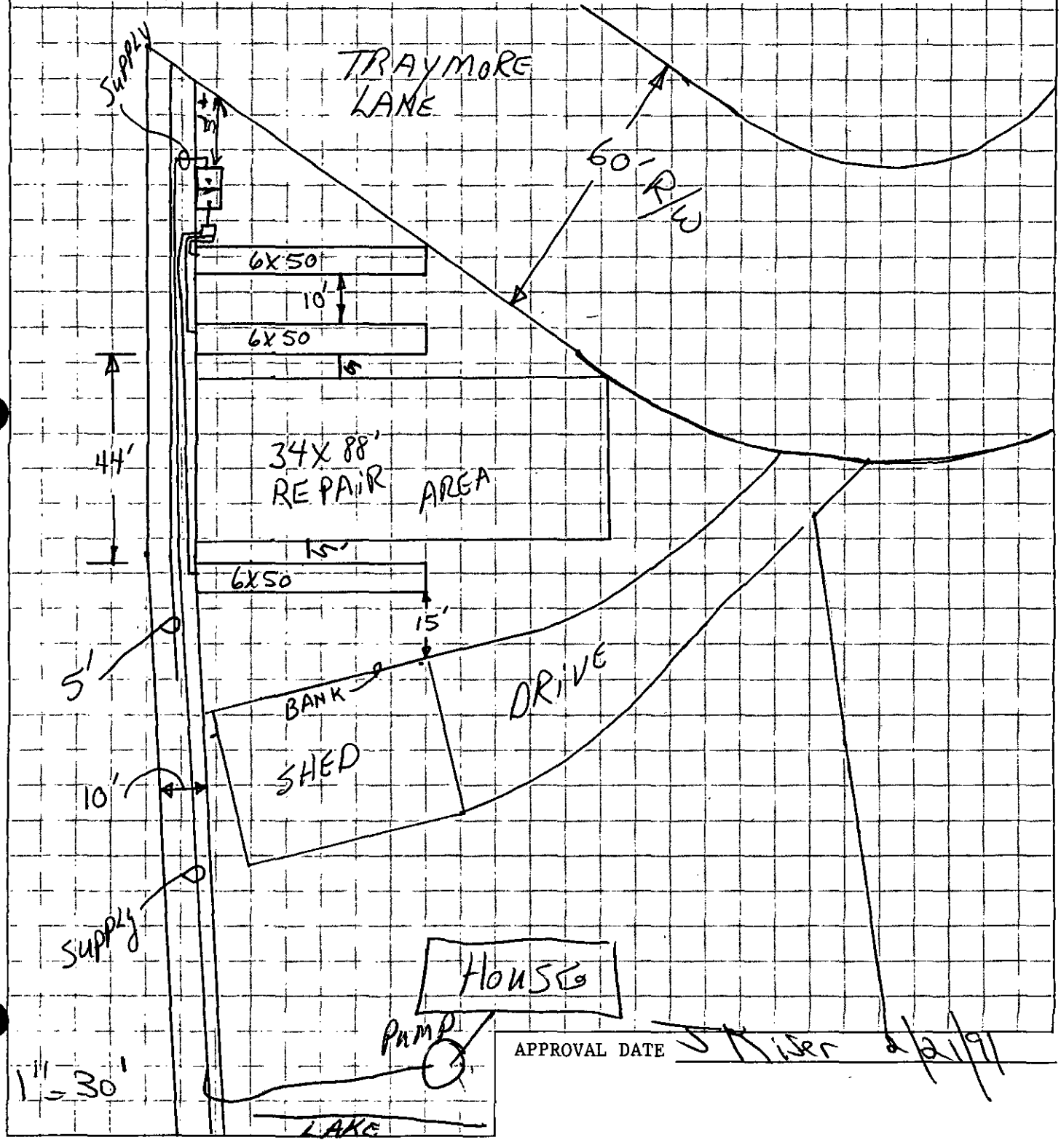
PROPOSED PLOT PLAN

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

FILE: 7244A

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.



APPROVAL DATE J Riser 4/2/91

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

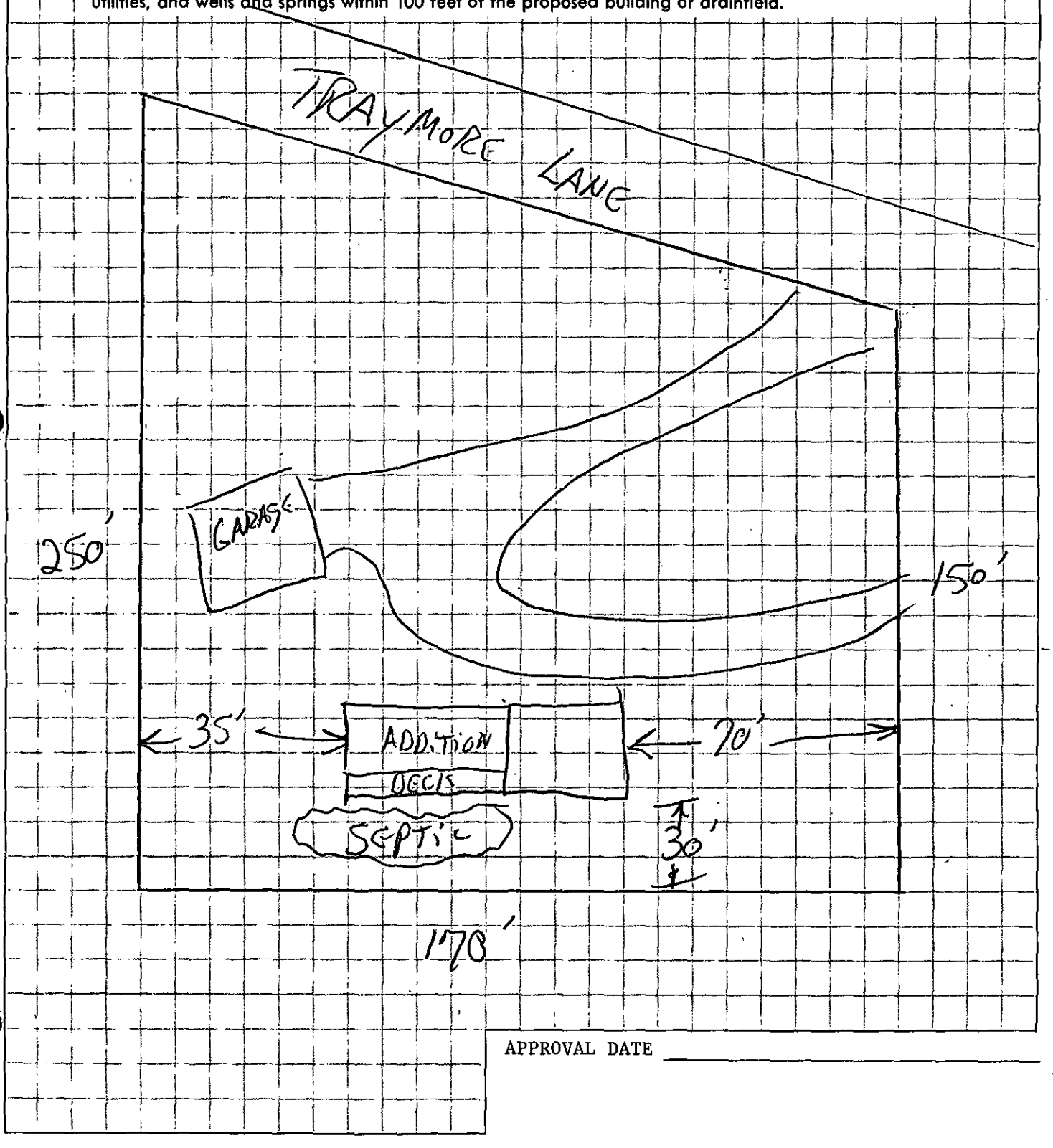
PROPOSED PLOT PLAN

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

FILE: 7244A

TC: 199-381-38

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

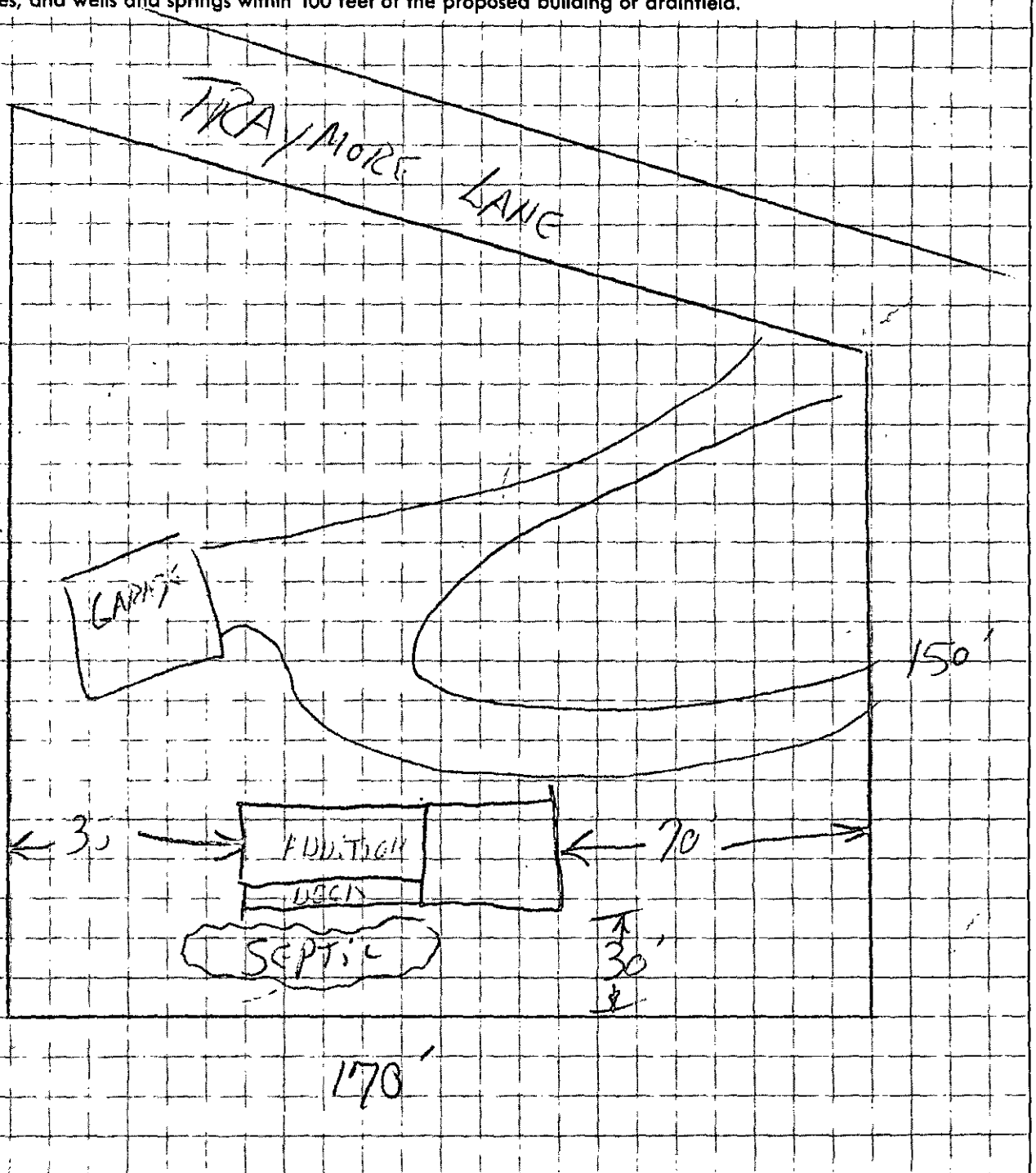
PROPOSED PLOT PLAN

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

FILE: 7244A

TC: 149-381-38

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

IMPORTANT MESSAGE

FOR Jane

.M.
.M.

ON

REA BROTHERS, INC.

WATSON M. (MIKE) REA, P.E.
PROJECT MANAGER

(704) 552-2272

MAILING:
P.O. BOX 158
PINEVILLE, NC 28134

STREET:
6607 SOUTH BLVD.
CHARLOTTE, NC 28210

RETURNED TOUCH CALL | SPECIAL ATTENTION

MESSAGE Please call him Thursday AM if possible

Thx

SIGNED

LITHO IN U.S.A.

TOPS FORM 3002W

BK: 06455 PG: 0692/0692 0:0175 6.00

REGISTERED FEB/14/1991 11:14AM ANNE A. POHERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 7244A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, WATSON MICHAEL REA

owner of property located at 10720 TRAYMORE LANE, CHARLOTTE, NC 28278

("the site") and described in an instrument recorded in Book 4777 at Page 0181, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 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 10 NCAC 10A .1948(c) 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 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an 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 fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible 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 having any right, title, or interest in the site.

This 14th day of February, 19~~90~~ 1991.

Watson M. Rea (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, SARA W. BOLING, a Notary Public for said County and State, do hereby certify that WATSON MICHAEL REA personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 14th day of February, 19~~91~~ 1991

Sara W Boling
Notary Public

Commission Expires 12-12-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

Commission Expires _____

7244A

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 8 1991
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

Date: 2-7-91

To: Judy Kiser
Enviromental Health

From: Donnie Taylor
Plumbing Code Administrator I

Ref: Sewer ejector sump for:
W.M. Rea
10720 Traymore Ln.
Charlotte, N.C.

Per our conversation this morning a sewer ejector pump may be installed on the Rea property within close proximity of the lake front, above the water level of the lake. Enclosed are the code requirements of the North Carolina State Building Code Volume II-1991 edition section 1308.

7247A

1308 SUMPS AND EJECTORS

1308.1 Building Drains Below Sewer

Building drains which cannot be discharged to the sewer by gravity flow shall be discharged into a tightly covered and vented sump from which the liquid shall be lifted and discharged into the building gravity drainage system by automatic pumping equipment or by any equally efficient method approved by the Plumbing Official.

1308.2 Check And Gate Valve Required

A check valve and a gate valve shall be installed in the pump or ejector discharge piping between the pump or ejector and the gravity drainage system. Such valve shall be accessibly located above the sump cover required by 1308.1, or when the discharge pipe from the ejector is below grade, the valves may be accessibly located outside the sump below grade in an access pit with removable access cover.

1308.3 Sewage Ejector Sump Construction

Sumps may be constructed of cast iron or monolithicly poured reinforced concrete. When concrete sumps are used, a cover attachment ring shall be embedded in the concrete in such a way as to be water and gas tight. The attachment ring shall be designed to fit the sump cover and allow a gas and water tight seal to be made. Other engineered sump construction and materials may be accepted by the Plumbing Official when designed to be water and gas tight and otherwise meet the requirements of this section.

1308.4 Venting

The system of drainage piping below the sewer level shall be installed and vented in a manner similar to that of the gravity system.

1308.5 Duplex Equipment

Sumps receiving the discharge of more than six water closets shall be provided with duplex pumping equipment.

1308.6 Vent Sizes

Building sump vents shall be sized in accordance with Table 1420.2 but shall in no case be sized less than 1 1/2 inches.

1308.7 Separate Vents

Vents from pneumatic ejectors or similar equipment may be carried separately to the open air as a vent terminal (see 1415).

1308.8 Connections

Direct connection of a steam exhaust, blowoff, or drip pipe shall not be made with the building drainage system. Waste water when discharged into the building drainage system shall be at a temperature not higher than 140° F. When higher temperature exists, proper cooling methods shall be provided.

1308.9 Pumping System

1308.9.1 A pumping system shall include the sump pump, pit and discharge piping as defined below:

1. Sump Pump: An automatic water pump for the removal of drainage, other than raw sewage, from a sump, pit, or low point in a residential, commercial or industrial property. Shall be of a capacity and head appropriate to anticipated use requirements.

2. Sump Pit: The sump pit shall not be less than 18 inches diameter and 24 inches deep, unless approved by the Plumbing Official. The pit shall be accessible and located such that all drainage flows into the pit due to gravity. The sump pit may be constructed of tile, concrete, steel, plastic or other approved materials. The pit bottom shall be solid and provide permanent support for the pump. The sump pit shall be fitted with a removable cover adequate to support anticipated loads in the area of use and to prevent refuse from entering the pit.

3. Discharge piping: Discharge piping shall meet the requirements of 1308.2.

1308.9.2 Electrical service outlet when required shall meet the requirements of the NFiPA 70 or local codes.

1308.9.3 Sumps which receive and discharge liquid wastes or raw sewage from plumbing fixtures shall meet the applicable requirements of 1308.3.

1308.10 Maximum Effluent Level

The effluent level control etc. shall be adjusted and maintained to at all times prevent the effluent in the sump from rising to within 2 inches of the invert of the gravity drain inlet into the sump.

1308.11 Ejector Connection To The Drainage System

Pumps when connected to the drainage system shall connect to the building sewer or shall connect to a wye fitting in the building drain a minimum of 10 ft from the base of any soil stack, waste stack or fixture drain.