

14420 SOLDIER RD

19908605

8/14/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2460

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

FILE: 17793 DATE: 3/31/94

TC: 199-086-05 ☐ L ☒ ~~CBT~~

SERIAL № 15806

Name of Owner Harvey L. Yoakum Juris.:

Address of Property 14420 Soldier Drive

Inspection Data:

Tank Material PVC 10/27/93

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source Well

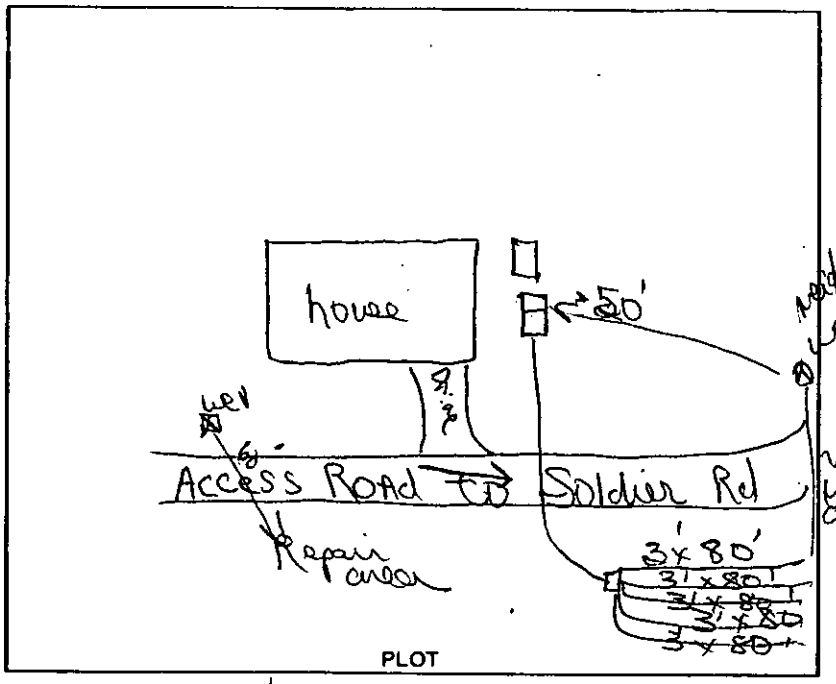
Distance to Water Source 250'

Excavation Inspected 10/27/93

Tank(s) Inspected 3/30/94

Wash Line Inspected

High Water Alarm Inspected 3/31/94



Design: 1994 1500 St 1000 Dt Pl 1200 SFt 12" B Cecil CTR# 62

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~~ 15A 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.

* See Attached OP for Details

COMMENTS: System designed for 3 bedroom home

Tanks & drainfield checked 10/27/93 by Toni Haskell Toni Haskell, RS.

Risers, Pumps, Control panel & Alarm 3/31/94 by T. Miller Type III

J. Weller for S. Daniel
Type III 4/5/94

Judy J. Kuss R.S. Toni Haskell
Environmentalist

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

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

Larry B. Thompson, R.S.
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Harvey L. Graham
144420 Soldier Road
Charlotte, NC 28278

4. Article Number

Type of Service:

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ COD
- ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

8. Addressee's Address *(ONLY if requested and fee paid)*

2-865 **DOMESTIC RETURN RECEIPT**

Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

CERTIFIED
P 063 162 938
MAIL

23'00
NC

PB METER 7206062 =320= U.S. POSTAGE

RETURNED TO SENDER
INSUFFICIENT ADDRESS
NO SUCH NUMBER
UNCLAIMED REFUSED
ATTEMPTED - NOT KNOWN
NO SUCH STREET
MOVED
NO RECEPTACLE
NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD
ROUTE NO. DATE
CARR/INITIALS

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

LW RR QP
Sale 100 SP
#25-36
Ret 6-8

28202/2236

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 14420 Soldier Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by June 15, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

Mecklenburg County
Health Department

March 15, 2000

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Dear Mr. Graham:

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

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

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

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

Sincerely,

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

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

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Please Make Check Payable To

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	199-086-05	17793	IIIb
			Total Amount Due: $85.00	

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3-15-00	4-14-00

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	199-086-05	17793	IIIb

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3-15-00	4-14-00
	PAST DUE

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

December 5, 2008

Harvey L. Graham
9229 N. Vicksburg Park Court
Charlotte, NC 28210

Dear Property Owner:

Re: Septic System Inspection

Enclosed you should find a copy of the report for the septic system inspection conducted at 14420 Soldier Road on December 5, 2008.

If you have questions regarding the report please contact me at (704) 353-0139.

Sincerely,

Chris Sherrill, RS
Environmental Specialist

Enclosures (1):

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	**Name of Establishment**	17793 **Permit/Project No.**
14420 Soldier Rd **Location**	Residence **Type of Establishment**	360 gpd **Design Flow**
Harvey L Graham **Owner/Agent**	**Address**	**Phone**
Operator	**Address**	**Phone**
IIIb **System Type**	12/5/08 **Date of Inspection**	12/2013 **Next Inspection Due**

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

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	Pressure manifold to be bolted down
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

Compliant

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

Control panel buried in mud. Must have minimum 6 inches clearance above finished grade.
Pump tank lid inaccessible.

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

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

DATE: 12/5/08

SIGNED: _____ AGENT
Division of Environmental Health

Printed Name: Chris Sherrill, RS, LSS
Phone #: 704-353-0139

MECKLENBURG COUNTY
Health Department

March 14, 2003

Harvey L. Graham
14420 Soldier Rd.
Charlotte, NC 28278

Dear Mr. Graham:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 14420 Soldier Rd., Charlotte, North Carolina, was completed on 3/13/03. The results of this inspection are enclosed.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Inspection Report
Septic System Owner's Guide
Inspection Invoice

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — 17793
Health Department — Permit/Project No.

14420 SOLDIER RD. — RESIDENCE — 360 GPD
Location — Name of Establishment — Type of Establishment — Design Flow

HARVEY L. GRAHAM — 9229 N. VICKSBURG PARK CT., CHARLOTTE, NC
Owner/Agent — Address — Phone

N/A
Operator — Address — Phone

Remarks III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	N/A
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	EVERYTHING LOOKS GOOD!
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 3/13/03 SIGNED: _____ AGENT
Division of Environmental Health

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

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

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

1779 3

Parcel Ownership Summary

Parcel ID #: **19908605** ***GIS ID #:*** **19908605**

Owner Name:	HARVEY L GRAHAM
Mailing Address:	9229 N VICKSBURG PARK CT CHARLOTTE, NC 28210-7644

Property Characteristics

Legal Desc.:	P2 M19-543
Land Area:	1AC
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORP.
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

05622-676 (10/7/1987) $25,000.00

Situs Addresses Tied to This Parcel

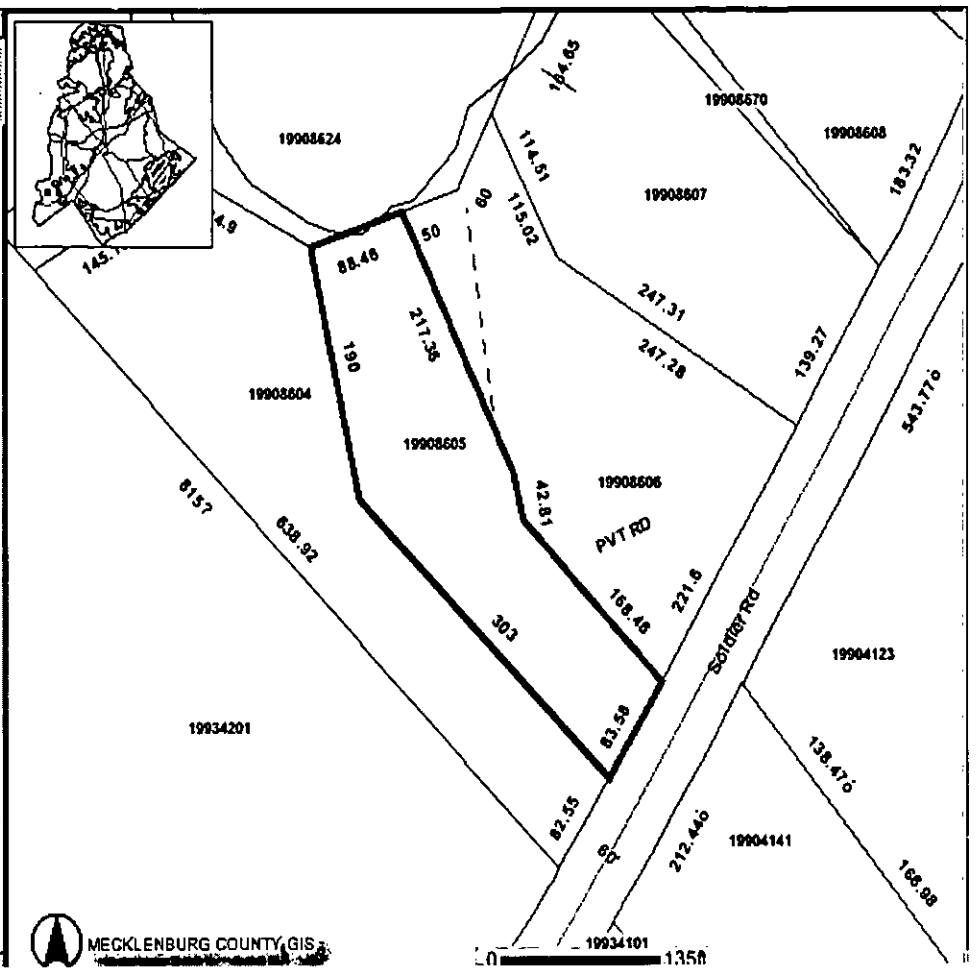
14420 SOLDIER RD

Choose an address from the list above and click on the links below for more information

Where to Go Vote | School Districts
Parks Within 3 Miles | Get Directions

Links to More Information

Building Photo(s)
FEMA, Zoning, Etc. Adjoining Owners
Tax Values & Building Info. Tax Bill Info.



NOTICE HAS BEEN REMOVED 67 TIMES.
LAST NOTICE MAILED ~~4/24/02~~ 3/11/03

Done 3/13/03

560
Westinghouse 7
Stephens(S)

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210
Site: 14420 Soldier Rd
IIIb

G

MAILED NOTICE 9/24

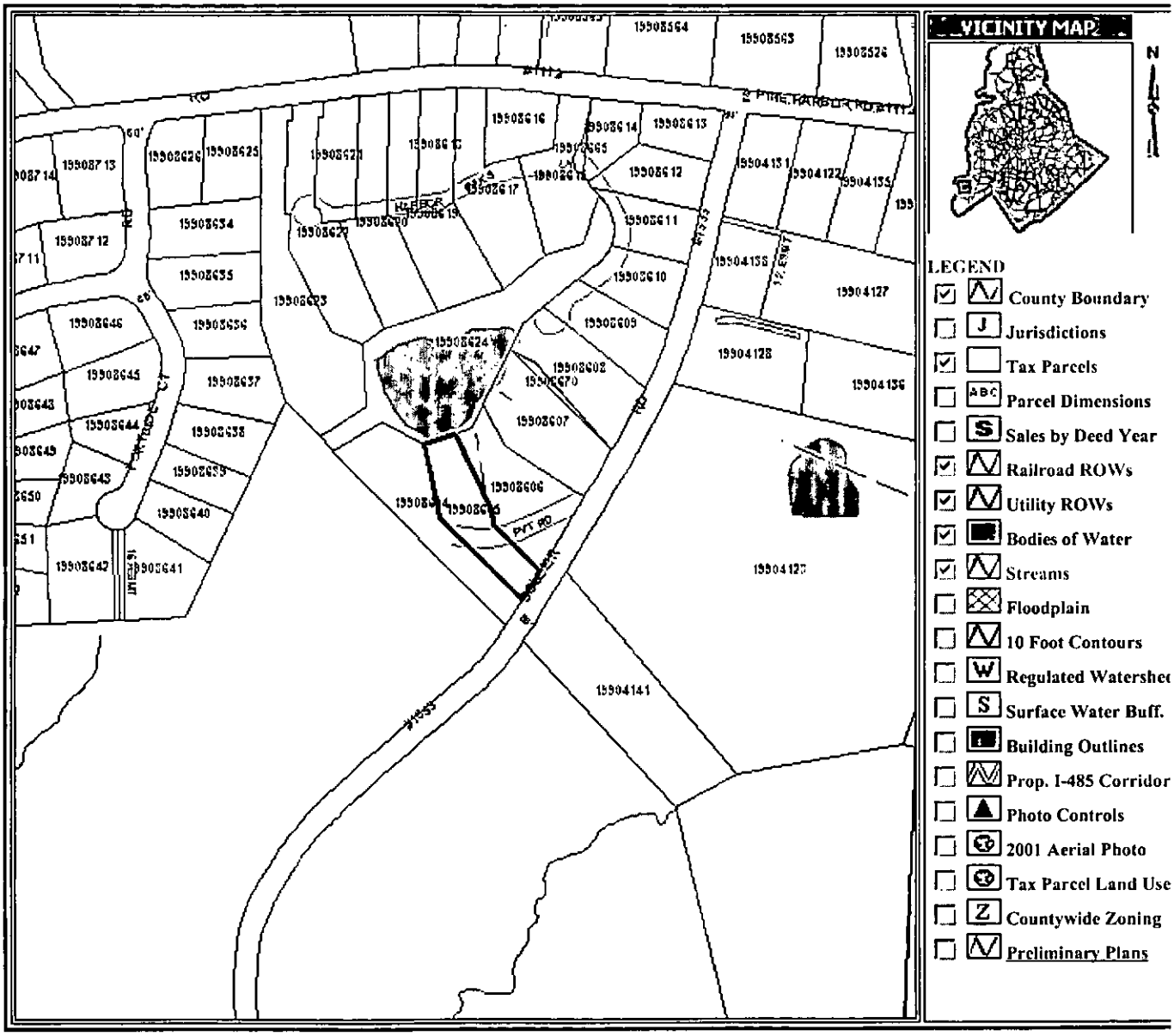
GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor [1X] ○ Identify [Parcels] ○ Surveyor's Report
○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [Parcel-Id(PID)]



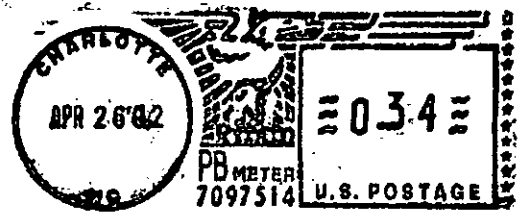
Click here to submit questions or comments about the information shown on this page.

Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds.

Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236



Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

A
C
S
☐ INSUFFICIENT ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER/ STREET
☑ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
☐ OTHER

RTS
RETURN TO SENDER

28210+1604 27 28202-2236

Mecklenburg County
Health Department

April 26, 2002

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

Dear Mr. Graham:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 14420 Soldier Road, Charlotte, NC is due.

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

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

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 10, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

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

Sincerely,

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

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	19908605	17793	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/26/02

Payment Due Date: 5/26/02

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

1793 G

Mecklenburg County
Health Department

September 24, 2002

HARVEY L. GRAHAM
~~Current Resident~~
14420 Soldier Rd.
Charlotte, NC 28278

Dear Current Resident:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 14420 Soldier Rd., Charlotte, NC is past due.

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

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

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. Please contact our office by October 8, 2002.

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

Sincerely,

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

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Current Resident
14420 Soldier Rd.
Charlotte, NC 28278

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Current Resident	144420 Soldier Rd.	19908605	17793	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 9/24/02

Payment Due Date: 10/24/02

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

17793 G

Mecklenburg County
Health Department

April 26, 2002

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

Dear Mr. Graham:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 14420 Soldier Road, Charlotte, NC is due.

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

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

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 10, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

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

Sincerely,

RSI

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

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	19908605	17793	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/26/02

Payment Due Date: 5/26/02

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

MECKLENBURG COUNTY
Health Department

February 11, 2003

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Dear Mr. Graham:

Our records indicate that the fee payment for the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 14420 Soldier Rd., Charlotte, NC is past due.

Please return the enclosed bill with payment by 3/11/03.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	19908605	17793	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 9/24/02

Payment Due Date: 3/10/03 **Past Due**

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

PAST DUE NOTICE

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	199-086-05	17793	IIIb
			Total Amount Due: $85.00	

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3-15-00	4-14-00 *PAST DUE*

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

FINAL NOTICE!

Re: 14420 Soldier Road

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by June 15, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure

Environmental Health Division

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

Mecklenburg County
Health Department

March 15, 2000

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Dear Mr. Graham:

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

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

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

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

Sincerely,

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

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

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Harvey L. Graham
14420 Soldier Road
Charlotte, NC 28278

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	199-086-05	17793	IIIb
			Total Amount Due: $85.00	

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3-15-00	4-14-00

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

March 8, 2000

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

Re: 14420 Soldier Road

Dear Mr. Graham:

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

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

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

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

Sincerely,

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

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

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Harvey L. Graham
9229 N. Vicksburg Park Ct.
Charlotte, NC 28210

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Harvey L. Graham	14420 Soldier Road	199-086-05	17793	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
3/8/00	4/6/00

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

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

12460

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

FILE: 17793 DATE: 3/31/94

TC: 199-086-05 ☐ L ☒ ~~☐~~ CBT

SERIAL № 15806

Name of Owner Harvey L. Bratton Juris.:

Address of Property 14420 Soldier Drive

Inspection Data:

Tank Material PCC 10/27/93

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source Well

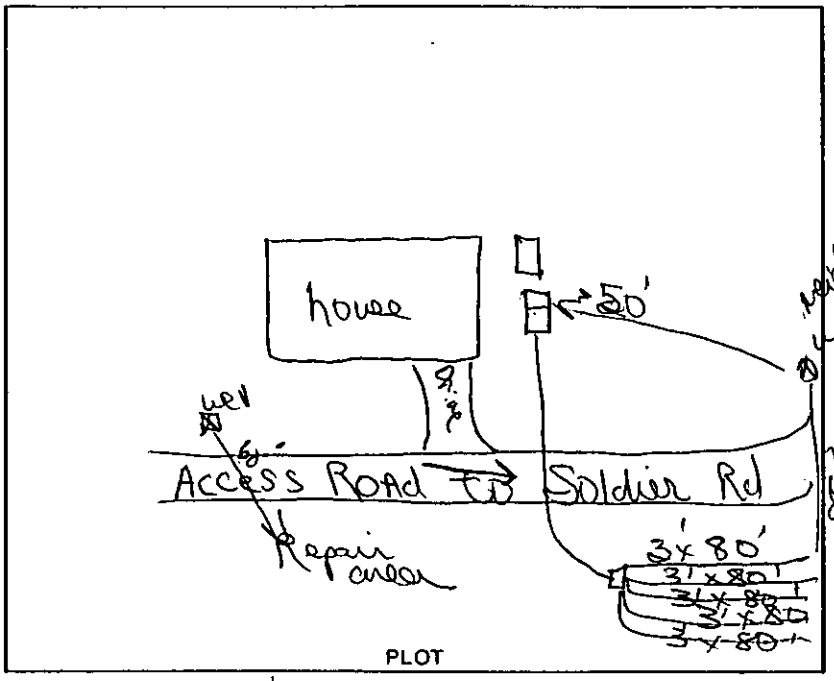
Distance to Water Source ≥ 50'

Excavation Inspected 10/27/93

Tank(s) Inspected 3/30/94

Wash Line Inspected

High Water Alarm Inspected 3/31/94



Design: 1994 1500St 1000Dt Pl 1200SFt 12" G Perc CTR# 62

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~~ 15A 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 home * See ATTACHED OP for Details

Tanks & drainfield Checked 10/27/93 by Tom Haverle Jane Hackwell, RS.

Risers, Pumps, Control Panel & Alarm 3/31/94 by T. Miller Type III

T. Walker for S. Daniel
Type III 4/5/94

Jane Hackwell, RS
Environmentalist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 17793 DATE: ~~10/1/93~~

TC: 199-086-05 ☐ L ☐ CRT

SERIAL Nº 15773

Name of Owner Harvey Graham Juris.:

Address of Property 14420 Soldier Rd.

Inspection Data:

Tank Material 1500 ~~1000~~

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12

Water Supply Source Well

Distance to Water Source 50±'

Excavation Inspected 10/27/93
ADDITIONAL RISER REQUIRED

Tank(s) Inspected
12" ABOVE FINISHED GRADE

Wash Line Inspected —

High Water Alarm Inspected

SAVE THIS Copy for ORIGINAL documentation

PLOT

Design: CHECK PUMP, FLOAT & ALARM CTR# 62
1500ST, 1000PT, 1200 SQ.FT., 12" G.T., CECILLIKE

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:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

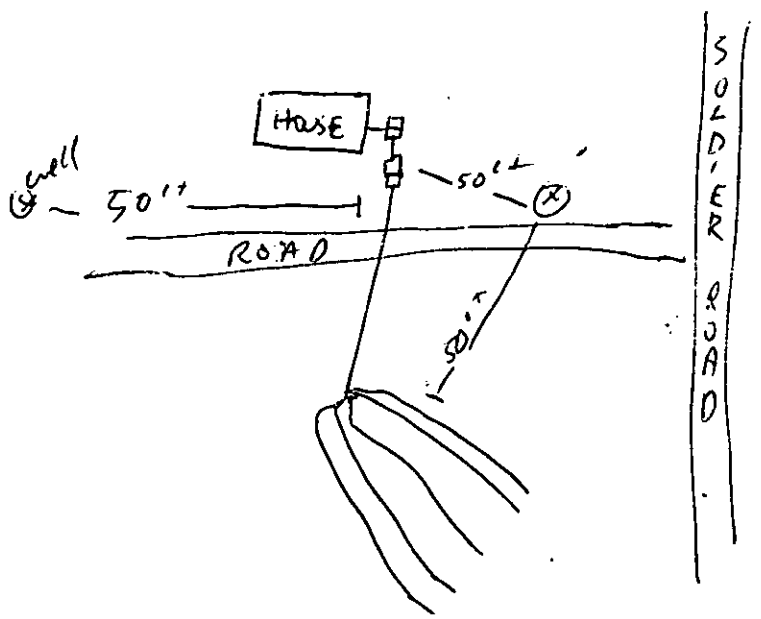
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 17793 DATE: 10-22-93

TC: 199-086-05 ☐ L

SERIAL Nº 15614

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9-5-93. All work shall be completed on or before 11-22-93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5 x 80

Depth of Stone 12" inches

NO BASEMENT

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

NAME OF OWNER GRAHAM, HARVEY

LOCATION OF PROPERTY 14420 SOLDIER RD

Comments: 5 lines @ 80' long x 3' wide x 12" rock

Kelly Randall
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

8. Trouble Shooting Guide:

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

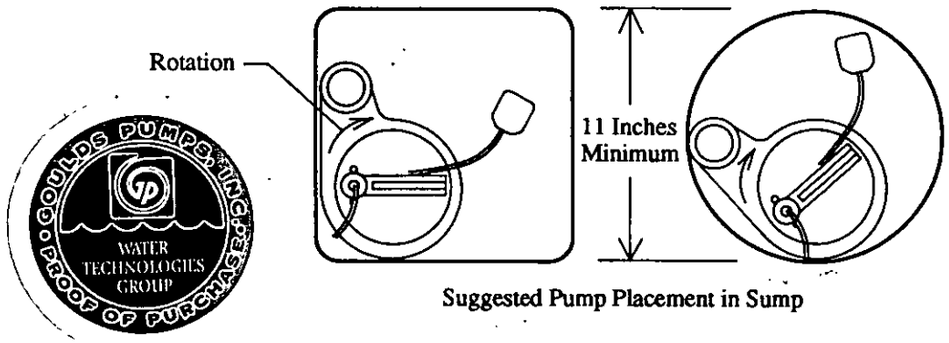
MOTOR NOT RUNNING
(See causes 1, 2, 3, 4, 6, 8)

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

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

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

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



Suggested Pump Placement in Sump

LIMITED WARRANTY

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

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

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

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

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

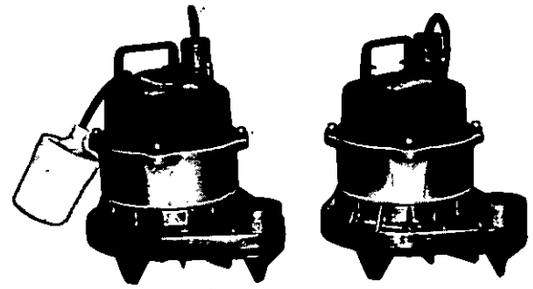
Form No. 3871-2/89

GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13148

G&L
A GOULDS PUMPS COMPANY

Installation, Operation and Maintenance Instructions

Model 3871



DESCRIPTION & SPECIFICATIONS:

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

1. Important:

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

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

CAUTION

Always disconnect electrical power when handling pump or controls.

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

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

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

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

1.7. Maximum Operating Limits:

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

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

2. Installation:

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

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

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

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

3. Piping:

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

4. Operation:

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

5. Maintenance:

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

6. Disassembly:

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

CAUTION

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

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

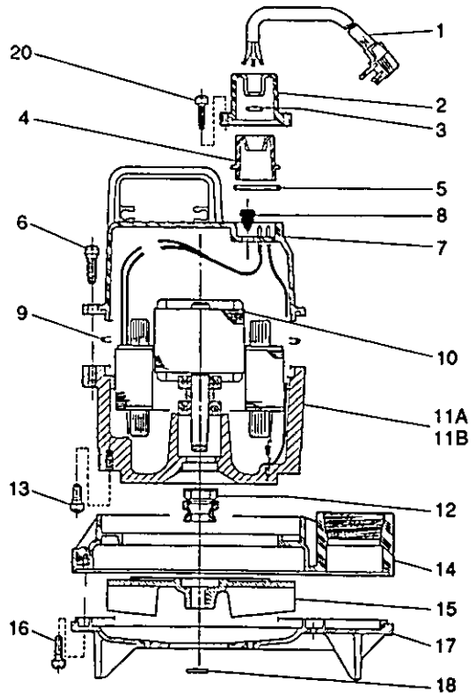
6.6.1. Clear oil with no burnt odor indicates pump and seals are in acceptable condition.
6.6.2. Dark oil with burnt odor indicates motor has been overheated. Check winding resistance to ground. It should be one megohm or higher.
6.6.3. Milky or emulsified oil indicates water leaking into sealed chamber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

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

7. Reassembly:

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

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



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

CAUTION

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

PARTS

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

Duplicate - Original Misplaced 2nd

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

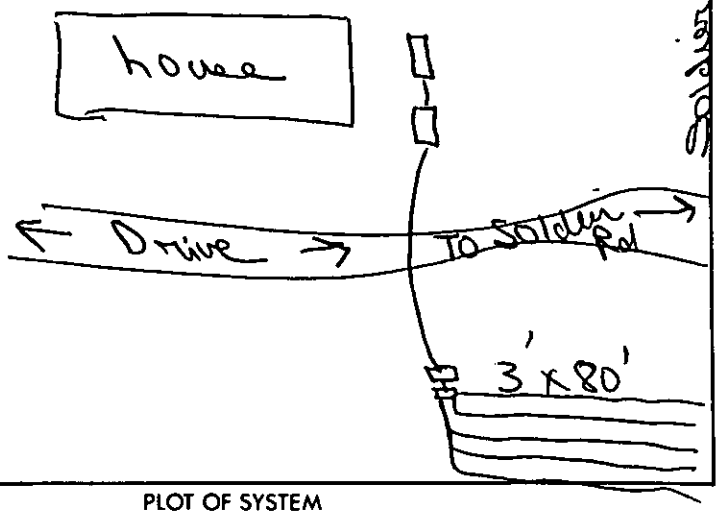
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 17793 DATE: 10/93

TC: 199.086.05 ☐ L

SERIAL Nº 15745

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



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction pvc

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Harvey L. Graham

LOCATION OF PROPERTY 14420 Soldier Drive

Comments: Install 5 trenches, 3' x 80' x 12" Stone. Use 2 D-Boxes.

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

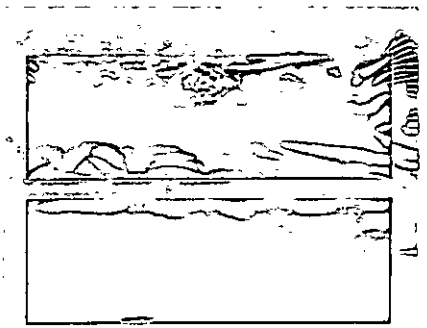
APT. NO. 17793 YEAR 1993

TAX NO. 199-086-05

ST. ADDRESS 14420 soldier rd.

item 4

3 of 3



MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Others
© Keuffel & Esser Co. Evanston, Ill. U. S. Pat. Nos 3,147,561; 3,220,133 U. K. Pat. No 935,479 Pending
1265R
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
RECORDAK® APERTURE CARD. MANUFACTURED IN THE U.S.A. FOR EASTMAN KODAK COMPANY

08/10/93

17793

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRH 4187 $200 CK CRT

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

(704)336-5102

PERSON FILING APPLICATION: NEW TREND HOMES, INC. (c/o)

NAME: GRAHM (last), HARVEY (first) (OR ERROL COTTER) (mi)

ADDRESS: 616 SWEETGUM LN PHONE: (704) 366-6070

CITY: CHARLOTTE STATE: NC ZIPCODE: 28211

Date: 8-5-93

PROPERTY OWNER:

NAME: GRAHM (last), HARVEY (first) (mi)

ADDRESS: C/O SAME AS ABOVE PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-086-05

STREET ADDRESS: 14420 SOLDIER RD

CHARLOTTE, NC.

ZONING:

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: 2 LOT SIZE (in acres): 3/4 + ACRE + 1/3 ACRE

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION: SPTA

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: Errol Cotter, New Trend Homes, Date: 8-5-93

NOTICE:

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

...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.

...System approved for 3 bedroom home —

Lift Pump required —

System to be pumped Install Easement Driveway

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

Judy J. Kuei R.S. 9/3/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

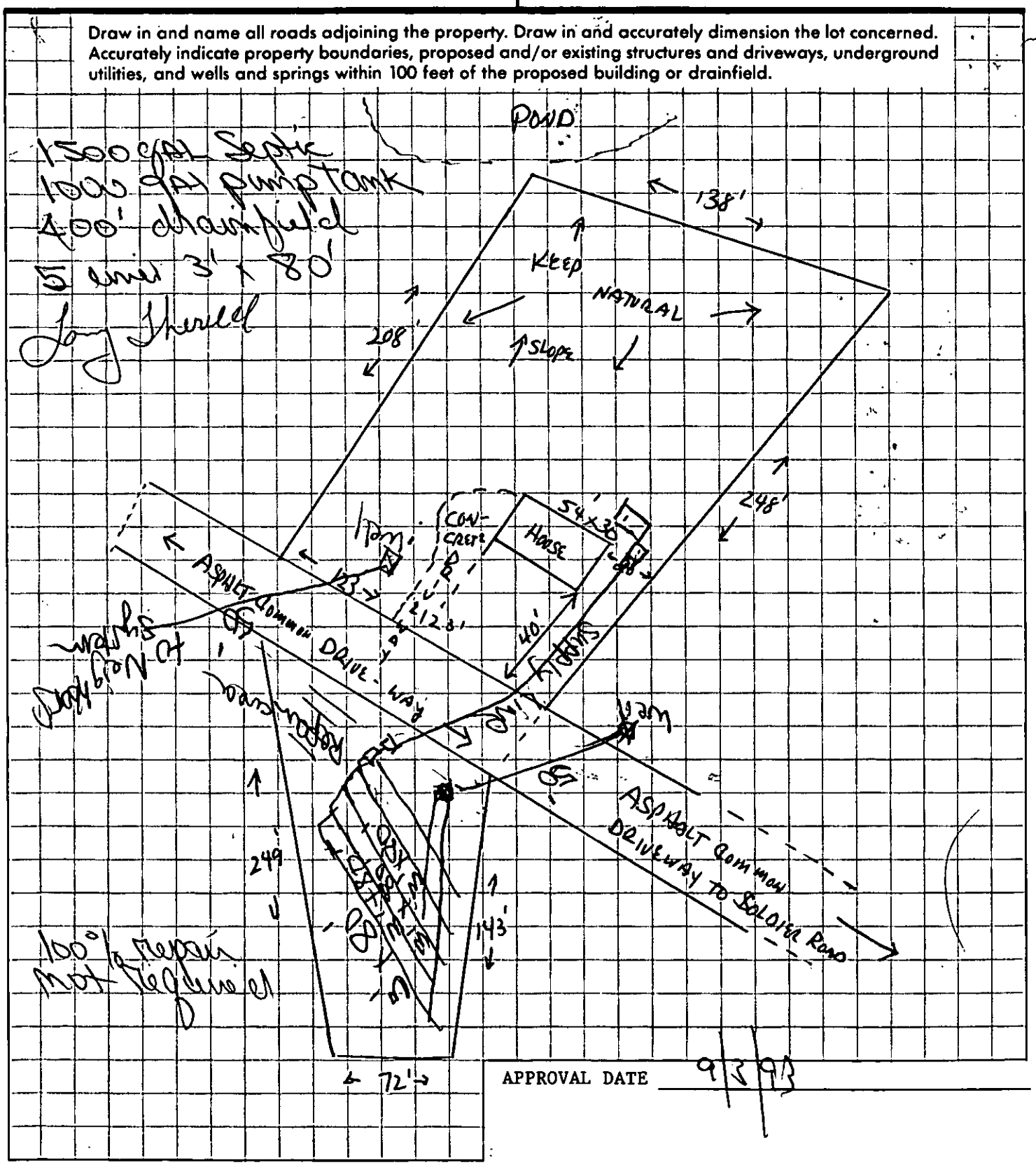
PROPOSED PLOT PLAN

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

FILE: 17793

TC: 199-086-05

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 9/3/93

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

File 17793

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6-30-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE 17793 JURISDICTION CODE Mech

PARCEL NUMBER 199-086-05

ASSIGNED ADDRESS * 14420 Soldier Rd

EXISTING ADDRESS

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*
		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & septic.
* address may change to Pine Harbor Rd

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED:

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

```
                                Print Key Output                                Page
1
    5738SS1 V2R1M0 910524                MCHD01                 08/20/93     11:21:4
6

    Display Device  . . . . . :   DSPENV01
    User  . . . . . . . . . . :   ENVLORR

 08/20/1993                      PUBLIC ACCESS SYSTEM                      TSRO01O
 11:25   AM                          PARCEL INQUIRY
 PARCEL:     19908605                      FIRE: 24     TWP: 03  MTG:
                                                         SD: 0   BILL: 92-0966843
 OWNER:      GRAHAM HARVEY L                                          *TAX PAID*
 MAILING:    9229 N VICKSBURG PK CT
             CHARLOTTE, N.C.              28210
                                                                 % INT:
 LEGAL:      1AC P2M19-543 14420 SOLDIER RD                      AC TP: INDIVIDUAL
 PROP LOC:    14420          SOLDIER              RD          MECK
 DEED INFO: 5622-676    10/07/87        25,000  V  DS
-------------------------------------------------------------------------------
 CARD NUMBER:  001 OF 001                          * THIS CARD *      PARCEL VALUE
 AREA NUMBER:  19901                        LAND         27,000            27,000
 USE/MODEL:    SINGLE FAM-VACANT            BLDG
 YEAR BUILT:          CONDITION: 1.00       OBXF
 ACREAGE:               1.000               TAXABL       27,000            27,000
 UNITS:                                     DEFER
 ZONING:       R3       LAND USE: 0100      BASESF
 EXEMPT STAT:           SP CD:              AUX SF
 PARCEL DATA DISPLAYED
-------------------------------------------------------------------------------
 ENTER=ACCEPT INPUT              PF8=NEXT CARD    PF9=TSNA          CLEAR=REFRESH
   PF1= JAN1 OWNER                                                   PF12=EXIT
```