

8736 LOCHINVAR DR

13927101

7/7/08

marliwr

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

November 7, 2005

Brian Carey
8736 Lochinvar Drive
Charlotte, NC 28227

Dear Mr. Carey:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 8736 Lochinvar Drive on October 17, 2005. The laboratory analysis of the well water sample was reported to be ABSENT for Total Coliform and E. COLI-PA bacteria. It is recommended that you perform an annual bacteriological analysis for your private well.

I am also including a copy of the septic system inspection report for your review. Please review the report carefully and address any items that require attention.

Thanks again for your cooperation with the septic inspection and well sampling programs. If you have questions or need assistance with your septic system or private well please contact our office at (704) 336-5103.

Sincerely,

Trevor Thomason, R.S.I.
Sr. Environmental Health Specialist

Enclosures (2):

700 North Tryon Street • Suite 211• Charlotte, North Carolina 28202 • (704) 336-5103 • Fax (704) 336-6894

http://groundwater.charmeck.org

CHARLOTTE.

Laboratory Analysis Report
Report Date: 10/20/2005 04:20 PM

LABORATORY SERVICES DIVISION

LOCATION: 13095
LOC ID: G-PME
SAMPLE DATE-TIME: 10/17/2005 12:45
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB51887
CHAIN OF CUSTODY #: 05100293

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB51887	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	10/18/2005 10:30	KEK
AB51887	**Total Coliform**	**absent**	**P/A**		SM 9223B	10/18/2005 10:30	KEK

Comment:

Laboratory Supervisor: Keith O'Neal (KOS)

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.182; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water) - Carey Residence

LOCATION / ADDRESS: 8736 Lochivar Dr., Charlotte NC 28227

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 05100293

Sampled By (Print Name): Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-13095	TT	10/17/05 12:45		N					X		100 ml		1						X		X												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
	Maria Hearley	10-18-05	1028
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: REAL=REAL ESTATE TRANSACTION PRIV=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR NEW=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Carey Residence	13095
Health Department	**Name of Establishment**	**Permit/Project No.**
8736 Lochinvar Dr., Charlotte NC 28227	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Brian Carey	Same as location address	(704) 458-6359
Owner/Agent	**Address**	**Phone**
Clay Oaks		
Operator	**Address**	**Phone**
IV	10/17/2005	October 2008
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	3.a. Keep vegetation trimmed around
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	riser & control panel.
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?	☒	☐	☐	5.A.c. Inspect/repair check valve.
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Alarm light not functioning.
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?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☒	☐	6.A.a. Repair damaged turnups &
b. No effluent standing in lower laterals?	☒	☐	☐	install valve boxes.
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Services to be performed by
d. Pressure head is properly adjusted?	☐	☐	☒	your Certified Operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Repair alarm light on control panel (bulb may be burned out).

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.
1. Inspect check valve and replace if necessary. Appears that water may be running back into the dosing tank after the pump shuts off.
2. Repair damaged PVC turnups and install valve boxes.

DATE: 10/18/2005

SIGNED: _____ AGENT
Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date: 10/18/05
Receipt #: 37576
Check / Auth #: CHECK 601
Received By: WALKEVA

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CAREY BRIAN S.
Attn:
Address: 8736 LOCKINVAR DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE #13095 NO PHONE NO ON CHECK		1	85.00	85.00

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

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

Mecklenburg County
Health Department

October 30, 2002

Brian S. Carey
8736 Lochivar Dr.
Charlotte, NC 28227

Dear Mr. Carey:

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 8736 Lochivar Dr., 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 November 13, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

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

Sincerely,

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

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Brian S. Carey
8736 Lochivar Dr.
Charlotte, NC 28227

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
Brian S. Carey	8736 Lochivar Dr.	13927101	13095	IVa
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/30/02

Payment Due Date: 11/13/02

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

CLAY'S WASTEWATER SERVICES
INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

BRYAN CAMPO

8736 Lochview Dr. Mt Hilly

Name of Establishment | Permit/Project No.

Location | Type of Establishment

Owner CLAY OAKS Address 9001 Stanley Rd Phone 704 391-3392

Operator

	YES	NO
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?	✓	
Free of blockage/solids buildup in lines or manholes?	✓	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):	✓	
Tank rises 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 panels enclosure/ components in good condition?	✓	
Elapsed time readings: ____ ____ ____ ____	—	
SIPHON SYSTEM:		
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?	✓	
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?		✓
Laterals free of excess solids, cleaned out as needed?	✓	
Pressure head is properly adjusted?	✓	

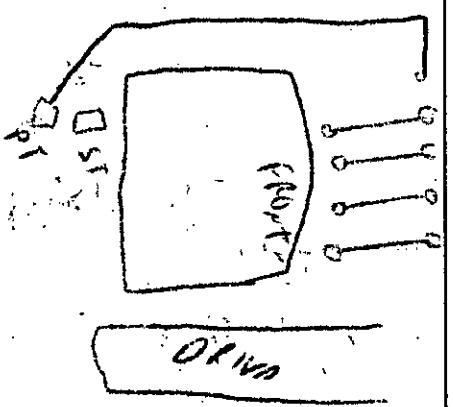
INSPECTION FREQUENCY

Annual | Quarterly

Bi-Annual | Yearly

Other

SITE LOCATION MAP



OVERALL CONDITION AND OPERATION OF SYSTEM: _____

IMPROVEMENT: COMPLIANT / LIGHT BULB OUT ON ALARM

DATE: 5/16/02 **SIGNED:** [signature]

STATE OF NORTH CAROLINA

COUNTY OF Mech

INSPECTION AND MAINTENANCE AGREEMENT (rev. 3/91)

this agreement is made and entered into this 16 day of MAY, 2002 by and between BRYAN CAREY (hereinafter the "Owner") and [illegible] (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 8736 Lochlivar Dr Mint Hill NC.

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

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

(1) [from operation permit]
(2) INSPECT & REPORT 2x PER YEAR TO CMHD
(3)

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

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

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

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

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

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 10 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 10 percent per month.

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

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 16 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

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

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

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

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

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

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

To the Owner: 8736 Lochinvar DR
Mint Hill NC

To the Contractor: Clays WasteWater Service
9001 Singing Pine Road
Charlotte NC 28214

To the Local Health Department: 700 N Tryon ST STE. 211
Charlotte NC 28270

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

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

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

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

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

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

(Owner)

Attest:

(Contractor)

Attest:

Mecklenburg County
Health Department

April 18, 2002

Brian S. Carey
8736 Lochinvar Drive
Charlotte, NC 28227

Dear Mr. Carey:

A required inspection of the type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 8736 Lochinvar Dr., Charlotte, North Carolina, is past due.

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

Please submit a new contract with a certified operator to our office by May 18, 2002.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5571.

Sincerely,

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

Enclosure: Certified Operators List

Mecklenburg County
Health Department

March 11, 2002

Pat Harvey
8736 Lochinvar Drive
Charlotte, NC 28227

Dear Mr. Harvey:

A required inspection of the type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 8736 Lochinvar Drive, Charlotte, North Carolina, is past due.

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

Please submit a new contract with a certified operator to our office by April 10, 2002.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius R.S.I.

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

Enclosure: Certified Operators List

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER

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

Date of Inspection: 2-2-01

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

County: Mock

System Classification & Type: IV

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

Location of System

Lot #_____ Phase_____
Subdivision: _____

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

TANKAGE (septic tanks)

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

TANKAGE (grease traps)

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

EFFLUENT DOSING STATION:

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

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM:

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

SWDSMR 3/99

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Tiime N Level Begin N Level End N Flow Amount _____ (gpm)

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

RECOMMENDATIONS TO OWNER:

Looks Good

Worked on HOA Switch, seems to be working better not sticking as before

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

SIGNATURE OF "ORC": Michael Gumby

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

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

Date of Inspection: 8-22-00

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

County: Meck

System Classification & Type: IV

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

Location of System

Lot #_____ Phase _____
Subdivision: _____

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

TANKAGE (septic tanks)

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

TANKAGE (grease traps)

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

EFFLUENT DOSING STATION:

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

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM:

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

Pump Tank Size 1000 gallons
Level Begin Dose 6'5" Level End Dose 7' Dose Amount (Gallons) 130
Run Tiime N/ Level Begin N Level End N Flow Amount _____ (gpm)

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

RECOMMENDATIONS TO OWNER: Next visit need to replace the HOA switch in control panel. This allows us to turn pump off or manually on. It will be fine till next inspection.

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": Michael Gonzales

DEH

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

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

Date of Inspection: 3-6-00
☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Meck
System Classification & Type: IV

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

Location of System: same

Lot # _____ Phase _____
Subdivision: _____

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

TANKAGE (septic tanks)

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

TANKAGE (grease traps)

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

EFFLUENT DOSING STATION:

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

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM:

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

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Tiime 5.25 Level Begin 65.25 Level End 72.75 Flow Amount 29 (gpm)

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

RECOMMENDATIONS TO OWNER:

Looks Good

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

SIGNATURE OF "ORC": Michael Goodnight

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

MECKLENBURG CO. | 8736 LOCHINVAR DRIVE | 13095
Health Department | Name of Establishment | Permit/Project No.

8736 LOCHINVAR DRIVE | PRIVATE RESIDENCE | 360
Location | Type of Establishment | Design Flow

PAT HARVEY | 8736 LOCHINVAR DRIVE, CHARLOTTE | 704-573-1111
Owner/Agent | Address | Phone

TRI-COUNTY WASTEWATER MANAGEMENT. | 712 SOUTH HAYNE ST. MONROE, NC | 704-282-1278
Operator | Address | Phone

Remarks

	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?	☑	☐	
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?	☑	☐	SEPTIC TANK NOT ACCESSIBLE THROUGH RISER
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	APPEAR TO BE - COULD NOT FULLY INSPECT
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: _____ NA _____ _____			
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?	☑	☐	
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?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☑	☐	
Pressure head is properly adjusted?	☐	☐	I DID NOT PROPERLY ADJUST PRESSURE

OVERALL CONDITION AND OPERATION OF SYSTEM: SYSTEM APPEARS OK.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 12-15-97 SIGNED: Jackson Andrew Walker AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following 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 (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____
[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 sanitary sewage 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 sewage 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 Environmental Health Services 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:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEH

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

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

Date of Inspection: 8-2-99
☒ 6 Mo. ☐ Follow-up ☐ 12 Mo. ☐ Service Call

County: Mecklenburg
System Classification & Type: IV

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

Location of System: same

Lot # _____ Phase _____
Subdivision: _____

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

TANKAGE (septic tanks)

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

TANKAGE (grease traps)

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

EFFLUENT DOSING STATION:

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

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM:

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

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Tiime N Level Begin N Level End N Flow Amount N (gpm)

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

RECOMMENDATIONS TO OWNER:

Looks Good!

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

SIGNATURE OF "ORC":

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of ORC	Date of Inspection
Tri-County Wastewater Management 8037 Fairview Road, Suite G Charlotte, NC 28227 (704) 545-1711	2-22-99 ☐ 6 Mo. ☑ 12 Mo. ☐ Service Call. County: Meck — System Classification: IV
Name and Address of Owner	**Location of System**
Pat Harvey 8736 Lochinvar Drive Charlotte NC 28227	same

(✓ = Satisfactory, M = Marginal, ✖ = Unsatisfactory, N - Not Evaluated, NA = Not Applicable)

TANKAGE (grease traps/septic tanks)

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

RAW SEWAGE LIFT STATION (if present):

Required pumps present & operating properly?		Elapsed Time Readings:
High water alarm operating properly?		Pump #1 ____
Floats, pipes, valves, disconnects in good condition?		Pump #2 ____
Control panel enclosure/components in good condition?		

EFFLUENT DOSING STATION:

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

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM:

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

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Time 2.25 Level Begin 63 Level End 69.5 Flow Amount _____ (gpm)

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

RECOMMENDATIONS TO OWNER: System looks good.

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": Michael Goodnight

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of ORC	Date of Inspection
Tri-County Wastewater Management 8037 Fairview Road, Suite G Charlotte, NC 28227 (704) 545-1711	7-20-98 ☑ 6 Mo. ☐ 12 Mo. ☐ Service Call.
	County: Mecklenburg — System Classification: IV
	Location of System

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

(✓ = Satisfactory, M = Marginal, ✖ = Unsatisfactory, N - Not Evaluated, NA = Not Applicable)

TANKAGE (grease traps/septic tanks)

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

RAW SEWAGE LIFT STATION (if present):

Required pumps present & operating properly?		Elapsed Time Readings:	
High water alarm operating properly?		Pump #1	
Floats, pipes, valves, disconnects in good condition?		Pump #2	
Control panel enclosure/components in good condition?			

EFFLUENT DOSING STATION:

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

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM:

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

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Time 3.5 Level Begin 65 Level End 73 Flow Amount 46 (gpm)

VALVE #	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	1.5'	3'
2	2	↓	↓	↓
3	3			
4	4			

RECOMMENDATIONS TO OWNER:

Everything looks good.
Thanks
Mike

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT

SIGNATURE OF "ORC":

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of ORC
Tri-County Wastewater Management
712 South Hayne Street
Monroe, NC 28112
(704) 282-1298

Date of Inspection: 4-7-97

Interval: ☐ 6 Mo. ~~☐ 12 Mo.~~

County: Mck.

System Classification: IV

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

Location of System: Harvey

during Inspection

(✓ = Satisfactory, M = Marginal, ✗ = Unsatisfactory, N= Not Evaluated, NA = Not Applicable)

TANKAGE (grease traps/septic tanks):

		Scum Level	Sludge Level
Tank risers accessible	✓ pump tank		
Signs of infiltration?	Septic Tank		
Tanks and access structurally sound?	NA Grease Trap	NA	
Sanitary tee(s) in good condition?	Septic Water Depth		NA

RAW SEWAGE LIFT STATION (if present):

		Elapsed Time Readings:	
Required pumps present & operating properly?			
High water alarm operating properly?	/	Pump # 1	/
Floats, pipes, valves, disconnects in good condition?	/	Pump # 2	/
Control panel enclosure/components in good condition?	/		

EFFLUENT DOSING STATION:

		Elapsed Time Readings:	
Required pumps present and operating properly?			
High water alarm operating properly?			
Floats, pipes, valves, disconnects in good condition?	✓	Pump # 1	/
Control panel enclosure/components in good condition?	✓	Pump # 2	/
Effluent appears clear and free of solids?	✓	Pump # 3	/
Zone valve sequencer operating properly?	✓	Pump # 4	/

GROUND ABSORPTION FIELDS (general):

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

573-1111

12-5-97 - P.C.LM.

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM

Turnups/cleanouts/valves intact and accessible?	✓
Laterals free of excess solids?	✓
Laterals flushed this inspection?	yes
Zone valves operating properly?	✓
Pressure head is properly adjusted?	✓

ZONE #1

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Time 6.0 Level Begin 65 Level End 73 Flow Amount 27 (gpm)

VALVE #	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	Ø	3'
2	2		30"	
3	3		30"	
4	4		Ø	

RECOMMENDATIONS TO OWNER: Everything looks good.

Thanks,

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

DATE: 4/17/07 SIGNATURE OF "ORC": [signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of ORC
Tri-County Wastewater Management
712 South Hayne Street
Monroe, NC 28112
(704) 282-1298

Date of Inspection: 9-11-96

Interval: ~~6 Mo.~~ ☐ 12 Mo.

County: Mtck.

System Classification: IV

Pat Harvey
8736 Lochinvar Drive
Charlotte NC 28227

Location of System
Harvey

uring Inspection

(✓ = Satisfactory, M = Marginal, ✗ = Unsatisfactory, N= Not Evaluated, NA = Not Applicable)

TANKAGE (grease traps/septic tanks):

		Scum Level	Sludge Level
Tank risers accessible	✓ pump Tank		
Signs of infiltration?	✓ Septic Tank		
Tanks and access structurally sound?	~~NA~~ Grease Trap	~~NA~~	~~NA~~
Sanitary tee(s) in good condition?	____ Septic Water Depth		

RAW SEWAGE LIFT STATION (if present):

		Elapsed Time Readings:	
Required pumps present & operating properly?	✓		
High water alarm operating properly?	✓	Pump # 1	✓
Floats, pipes, valves, disconnects in good condition?	✓	Pump # 2	✓
Control panel enclosure/components in good condition?	✓		

EFFLUENT DOSING STATION:

		Elapsed Time Readings:	
Required pumps present and operating properly?	✓		
High water alarm operating properly?	✓		
Floats, pipes, valves, disconnects in good condition?	✓	Pump # 1	✓
Control panel enclosure/components in good condition?	✓	Pump # 2	✓
Effluent appears clear and free of solids?	✓	Pump # 3	✓
Zone valve sequencer operating properly?	✓	Pump # 4	✓

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM

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

ZONE #1

Pump Tank Size 1000 gallons
Level Begin Dose 64 Level End Dose 71 Dose Amount (Gallons) 140
Run Time 5.9 Level Begin 66.25 Level End 75.5 Flow Amount 31 (gpm)

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

RECOMMENDATIONS TO OWNER: Everything looks good.

Thanks, JE

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

DATE: 9/11/96 SIGNATURE OF "ORC": [signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection: 3-26-96	Interval: ☐ 6 Mo. ~~☑ 12 Mo.~~
	County: Meck.	System Classification: II PPOP

Name and Address of ORC	Name and Address of Owner
Tri-County Wastewater Management **712 South Hayne Street** **Monroe, NC 28112** **(704) 282-1298**	PAT HARVEY 8736 LOCHINVAR DR. CHAR. NC Phone No. ( )

Areas Evaluated During Inspection

(✓ = Satisfactory, M = Marginal, ✗ = Unsatisfactory, N= Not Evaluated, NA = Not Applicable)

TANKAGE (grease traps/septic tanks):

			Scum Level	Sludge Level
Tank risers accessible	____			
Signs of infiltration?	NA	Septic Tank		____
Tanks and access structurally sound?	NA	Grease Trap	NA	NA
Sanitary tee(s) in good condition?	____	Septic Water Depth		

RAW SEWAGE LIFT STATION (if present):

Required pumps present & operating properly?	/	Elapsed Time Readings:	
High water alarm operating properly?	/	Pump # 1	/
Floats, pipes, valves, disconnects in good condition?	/	Pump # 2	/
Control panel enclosure/components in good condition?	/		

EFFLUENT DOSING STATION:

Required pumps present and operating properly?	✓		
High water alarm operating properly?	✓	Elapsed Time Readings:	
Floats, pipes, valves, disconnects in good condition?	✓	Pump # 1	/
Control panel enclosure/components in good condition?	✓	Pump # 2	/
Effluent appears clear and free of solids?	✓	Pump # 3	/
Zone valve sequencer operating properly?	✓	Pump # 4	/

GROUND ABSORPTION FIELDS (general):

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

PRESSURE MANIFOLD SYSTEM:

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

LOW PRESSURE PIPE SYSTEM

Turnups/cleanouts/valves intact and accessible?	✓
Laterals free of excess solids?	✓
Laterals flushed this inspection?	yes
Zone valves operating properly?	✓
Pressure head is properly adjusted?	✓

ZONE #1

Pump Tank Size 1000 gallons
Level Begin Dose 64.5 Level End Dose 71 Dose Amount (Gallons) 130
Run Time 4.5 Level Begin 66.5 Level End 71.5 Flow Amount 23 (gpm)

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

RECOMMENDATIONS TO OWNER: No problems with anything. System operating properly.

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

DATE: 3/26/96 SIGNATURE OF "ORC": T



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ISSI Operations Center Staff

400 P

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4813

PERMIT # [illegible] DATE 3 9 93

TO [illegible] FOR [illegible]

ORIGINAL DATE 11 3 16 91

Name of Owner ERROL COMEN (new owner)

Address of Property 3736 LUCHINVAR

Inspection Data:

Tank Material PLC

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 24" - 6"

Water Supply Source well

Distance to Water Source ≈100'+

Excavation Inspected 3-9-93

Tank(s) Inspected 3-9-93

Wash Line Inspected —

High Water Alarm Inspected 3-9-93

PLOT

Design: 1993 1500 ST 1000 DT PI MOD PPBS 245 GRAVELLESS CTRS

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: PPBPS DESIGN TYPE IV

MAINTENANCE AGREEMENT ON FILE

Kelly Ruff
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

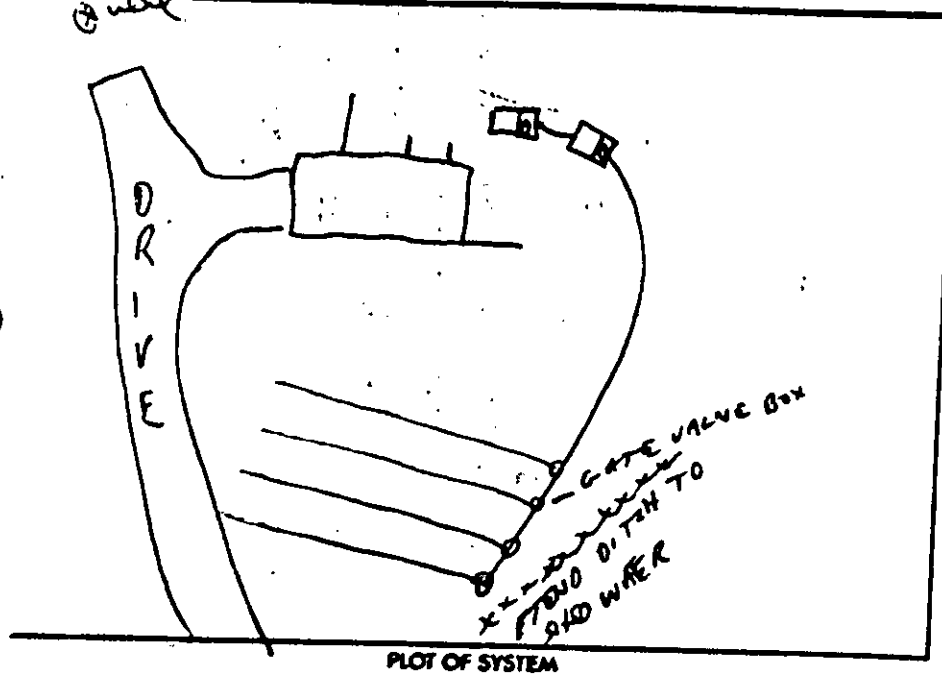
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

FILE: 13095 DATE: 5-1-92

TC: 139-211-01 ID #

SERIAL NO: 15129

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 4-6-92, All work shall be completed on or before 2-1-93, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 2' PIPES feet

Total Line Length 200' feet

Number of Lines 4 x 50

Depth of Stone SAND 30" inches

Distance from House 15'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

NAME OF OWNER ERROL, COHEN

LOCATION OF PROPERTY 8736 LOCHINVAR DR

Comments: INSTALL in ACCORDANCE W/ PLAN ON FILE

Division or Section Head

1
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

13095

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

THIS AGREEMENT is made and entered into this 2nd day of January, 1995, by and between Pat & Donna Harvey (hereinafter the "Owner") and Tri-County Wastewater Management (hereinafter the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall have performed the following services on the Owner's system located at 8737 Lochinvar Drive, Charlotte, NC, 28227.

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

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

(1) [see attachments]

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

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

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

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

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

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

2. The Owner's Obligations.

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

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

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

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

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

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

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

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

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

4. Assignment.

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

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

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

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

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

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

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

To the Owner:
Pat & Donna Harvey
8737 Lochinvar Drive, Charlotte, NC, 28227

To the Contractor:
Tri-County Wastewater Management
712 South Hayne Street, Monroe, NC 28112

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

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

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

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

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

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

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

Donna A. Harvey
(Owner)

Attest:

Laurel Moretti

(Contractor)

Attest:

(Certified Operator)

Attest:

(Office use only)

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

(LPPCRNTC-05694)

MAINTENANCE PROCEDURES

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

2. SEPTIC TANK

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

3. PUMP TANK

a. Inspect riser connection and conduit connections to make sure they are not allowing surface water into the pump tank.

b. Activate the pump to insure that it is functional.

c. Inspect and test all float switches to insure that they are functional.

d. Activate and test all components of the alarm system including high water alarm float, control box, audible and visible alarms.

e. Add water if necessary to test pumping controls, pump, piping, and all components of the pumping system. Measure and record draw down and calculate dosing volume and running time of the pump. Adjust float controls, if necessary, to achieve specified gallons/dose.

f. Inspect pump tank for sludge. Pump tank shall be pumped out if 6 inches of sludge are present.

4. DISTRIBUTION SYSTEM

a. Activate system and check for any breaks or cracks in supply manifold, distribution manifold, pipe connections, valves or valve connections, lateral piping, and turn-ups.

b. Check lines for correct pressure head.

c. Check caps on clean-out connections and stand pipes.

d. Inspect all valve boxes and protective sleeves of turn-ups.

e. Cut off and cap turn-ups after initial six weeks of use as prescribed in permit (if applicable).

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

6. SPECIAL CONDITIONS:

_____

_____

_____

_____

_____

_____