

18301 MANDRIAN POINT DR

00109168

4/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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SEWER

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

Name and Address of ORC Tri-County Wastewater Management 8037 Fairview Road, Suite G Charlotte, NC 28227 (704) 545-1711	Date of Inspection 6.11.98 ☑ 6 Mo. ☐ 12 Mo. ☐ Service Call. County Mck. System Classification IV
Name and Address of Owner Clifford Rhodes 18301 Mandrian Point Huntersville NC 28078	Location of System RHODES City Sewer

(✓ = 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	____	____
Sanitary tee(s) in good condition?	____	Septic Water Depth	____	
Effluent filter cleaned?	____			
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?	____	
Zone valves operating properly?	____	
Pressure head is properly adjusted?	____	Corrected Today ____

Pump Tank Size _____ gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Time _____ Level Begin _____ Level End _____ Flow Amount _____(gpm)

VALVE #	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
Name of Establishment — 2108 A — Permit/Project No.
18301 Nantucket Point — Location
Type of Establishment — 480 — Design Flow
Clifford Rhodes — Owner/Agent
Address — Phone
Tri-County — Operator
Address — Phone
Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	Not able to verify # of bedrooms
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?	☐	☐	
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?	☐	☑	Not able to verify alarm present/work.
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?	☐	☑	Effluent surfacing at two points
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?	☐	☑	Does not appear so

OVERALL CONDITION AND OPERATION OF SYSTEM: System due for inspection/service by certified operator in January. Will make an effort to be present.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
1-9-98 Inspected/serviced by Tri-County — pressure regulated. Certified owner is stepping up inspections on this system to once a quarter.	

DATE: 12-12-98 SIGNED: Jerry B. Thompson, Jr., R.S. 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)

MECKLENBURG COUNTY

FILE # 310/M

LOT [illegible] SUBJ. TO WATER POLICY

GRASS OVER DRAINFIELD

○ FLUSH CURB

Ⓥ PVC BALL VALVE

(TH) TURN UP AT END OF LINE FOR FITTINGS PVC ELBOW HEAD

— — — 2 INCH PVC SCHED 40 SUPPLY LINE

LOT HAS PUBLIC WATER SUPPLY

1" = 20'

SO-

SETBACK MARKED WITH WOODEN STAKE AND YELLOW STREAMER

ELEV.

Ⓐ WHITE 93.2

Ⓑ YELLOW 93.5

Ⓒ BLUE 93.9

(TH) Ⓓ RED 94.1

(TW) Ⓔ YELLOW 94.6

(TH) Ⓕ BLUE 94.8

Ⓗ WHITE 95.1

Ⓘ RED 95.5

Ⓙ YELLOW 95.5

Ⓚ BLUE 95.7

Ⓛ WHITE 96.0

Ⓜ RED 96.4

Ⓝ YELLOW 96.5

VALVE BANK SEE DETAIL (1)

TANKS MARKED WITH RED/BLUE FLAGS
EST ELEV AT BOTTEM OF PUMPTANKS 86.4

1500 GAL

1500 GAL

DECK

DRAINAGE EASEMENT

DEDICATED STREET

PT LOT LINE

ELEV. AT CENTER TOP OF POWER BOX '100'

POWER BOX

copy

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: 1-9-98 ☐ 6 Mo. ☑ 12 Mo. ☐ Service Call

County: Meck. System Classification: IV

Name and Address of Owner

Clifford Rhodes
18301 Mandrian Point
Huntersville NC 28078

Location of System
RHODES

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

TANKAGE (grease traps/septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	___	Septic Tank		
Signs of infiltration?	___	Grease Trap	NA	NA
Tanks and access structurally sound?	NA	Septic Water Depth		
Sanitary tee(s) in good condition?				
Effluent filter cleaned?	___			
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?	MN	Rain the prior day
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?	X	Corrected Today ✓

Pump Tank Size 1500 gallons
Level Begin Dose 52 Level End Dose 58 Dose Amount (Gallons) 171
Run Time 4.4 Level Begin 56.25 Level End 66.5 Flow Amount 66 (gpm)

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

RECOMMENDATIONS TO OWNER: The ground is very saturated with rain water. Overloading of the system is happening. We will request your water readings from CMUD to make sure of water consumption is below design of system.

Thanks,
Jim

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": [signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of ORC	Date of Inspection	Interval
Tri-County Wastewater Management **712 South Hayne Street** **Monroe, NC 28112** **(704) 282-1298**	2-10-97	☒ 6 Mo. ☐ 12 Mo.
	County: Meck	System Classification: IV

Clifford Rhodes
18301 Mandrian Point
Huntersville NC 28078

Location of System
RHODES

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?	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?	M # 1, 2, 4
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 1500 gallons
Level Begin Dose 52 Level End Dose 58 Dose Amount (Gallons) 171
Run Time 4.0 Level Begin 58 Level End 64 Flow Amount 43 (gpm)

VALVE #	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	2'	4'	2'
2	2		4'	2'
3	3		3'	3'
4	4		3½'	2½'
5	5		2'	3'

RECOMMENDATIONS TO OWNER: Try to conserve water usage for the height of your system's life. You're pretty much at capacity now. We continue to try shifting the pressures around to keep it from surfacing on the ground.

Thanks,

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

DATE: 2/10/97 SIGNATURE OF "ORC": [signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection: 6-6-96	Interval: ~~6 Mo.~~ ☐ 12 Mo.
	County: Meck	System Classification: II
Name and Address of ORC **Tri-County Wastewater Management** **712 South Hayne Street** **Monroe, NC 28112** **(704) 282-1298**	Name and Address of Owner CLIFFORD RHODES 18301 MANDRIAN POINT HUNTERSVILLE 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	NA			
Signs of infiltration?	✓	Septic Tank		-----
Tanks and access structurally sound?	~~NA~~	Grease Trap	NA	
Sanitary tee(s) in good condition?	NA	Septic Water Depth		NA

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?	M # 1, 4, 5
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?	✓

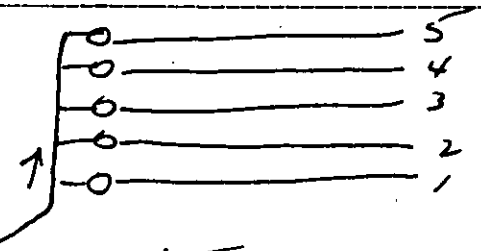
ZONE #1

Pump Tank Size 1500 gallons
Level Begin Dose 52 Level End Dose 58 Dose Amount (Gallons) 171
Run Time 3.0 Level Begin ~~58.5~~ 56.75 Level End 61 Flow Amount 40 (gpm)

VALVE #	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	2'	2'	24"
2	2		1'	36"
3	3		1'	42"
4	4		wide flooding open	24"
5	5		2'	36"

RECOMMENDATIONS TO OWNER: # 4 was flooding out and # 1 was holding water at the valve. I adjusted pressures accordingly.

Thanks



COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

DATE: 6/16/96 SIGNATURE OF "ORC": T. [illegible]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

2108 A

Name and Location of System	Date of Inspection	Interval
RHODES	8-24-94	☐ 6 Mo. ~~☐ 12 Mo.~~
	County: MECK	System Classification: IV

Name and Address of ORC	Name and Address of Owner
Tri-County Wastewater Management **712 South Hayne Street** **Monroe, NC 28112** **(704) 282-1298**	CLIFFORD RHODES 18301 MANDRIAN POINT HUNTERSVILLE 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?		Grease Trap	NA	NA
Sanitary tee(s) in good condition?	NA	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?	

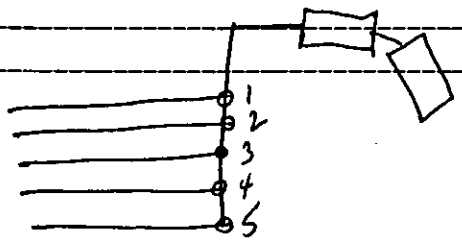
LOW PRESSURE PIPE SYSTEM	
Turnups/cleanouts/valves intact and accessible?	✓
Laterals free of excess solids?	✓
Laterals flushed this inspection?	✓ yes
Zone valves operating properly?	✓
Pressure head is properly adjusted?	

ZONE #1

Pump Tank Size 1500 gallons
Level Begin Dose 52.5 Level End Dose 57 Dose Amount (Gallons) 129
Run Time 5.0 Level Begin 57 Level End 64.5 Flow Amount 42.7 (gpm)

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

RECOMMENDATIONS TO OWNER: Everything looks good.
Thanks for your business!
Next inspection will be March 1995



COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

DATE: 8/24/94 SIGNATURE OF "ORC": Tim Bartz

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

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County — Health Department
2108A — Permit/Project No.
18301 Mandarin Point Dr. — Location
Private Residence — Name of Establishment
480 GPD — Design Flow
Type of Establishment
Clifford Rhodes — Owner/Agent
18301 Mandarin Point, Huntersville — Address
Phone
Tri-County Wastewater Management — Operator
712 S. Hayne St, Monroe (704) 282-1298 — 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?	☐	☑	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	riser at grade
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?	☐	☑	Did not see alarm
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?	☐	☑	Trenches are full of effluent effluent surfacing
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?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Effluent surfacing, riser at grade, no duct seal around wires in pump connection box

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 12-12-97 SIGNED: Larry B. Thompson Jr., R.S. 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)

2108A

NORTH CAROLINA

IREDELL COUNTY

INSPECTION AND MAINTENANCE AGREEMENT

THIS AGREEMENT, made and entered into this 16 day of April, 1993, by and between Charles W. Parker, (hereinafter "Owner") and Chad W. Ferris, (hereinafter "Contractor");

W I T N E S S E T H

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 4 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 4 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. CONTRACTOR'S OBLIGATIONS. The Contractor shall perform the following services on the Owner's system located at

Lot 13 Clearwater Point, 18301 Mandarin Point Drive

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 4 System.

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

(1) Visual Inspection
(2) Check and regulate lines
(3) Check pump and alarm & sludge build-up in tank

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 4 System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within forty-eight (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 therefore at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 4 System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. OWNER'S OBLIGATIONS.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than Ten percent (10 %) per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent (1½ %) per month.

b. Within 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. 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 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 Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 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 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 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 4 System upon thirty (30) days written notice to the Owner and to the local health department.

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

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

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

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

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

Owner: Charles W Rades
18301 Mandrian Point Drive
Huntersville NC. 28078

Contractor: Chad Ervin (704)663-3175
Route 11, Box 213
Mooresville, N.C. 28115

Health Dept. Mecklenburg County Environmental Health
Charlotte, North Carolina

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

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

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

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

13. Default. In the event Contractor is required to commence a legal action to enforce any part of this agreement, then and in that event, the Contractor shall be entitle to collect all costs incurred in bringing such action to include reasonable attorney's fees. This remedy shall be in addition to and not exclusive of all other remedies available to Contractor for breach of this Agreement by the Owner.

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.

Charles W Rader
Owner

Owner

Chad W. Erwin
Contractor

Do Not
film

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER N° 11081

File: 2108A Action 4

Parcel: 00109150 PO ☐ PC

Location: Meta Road

Subdivision:

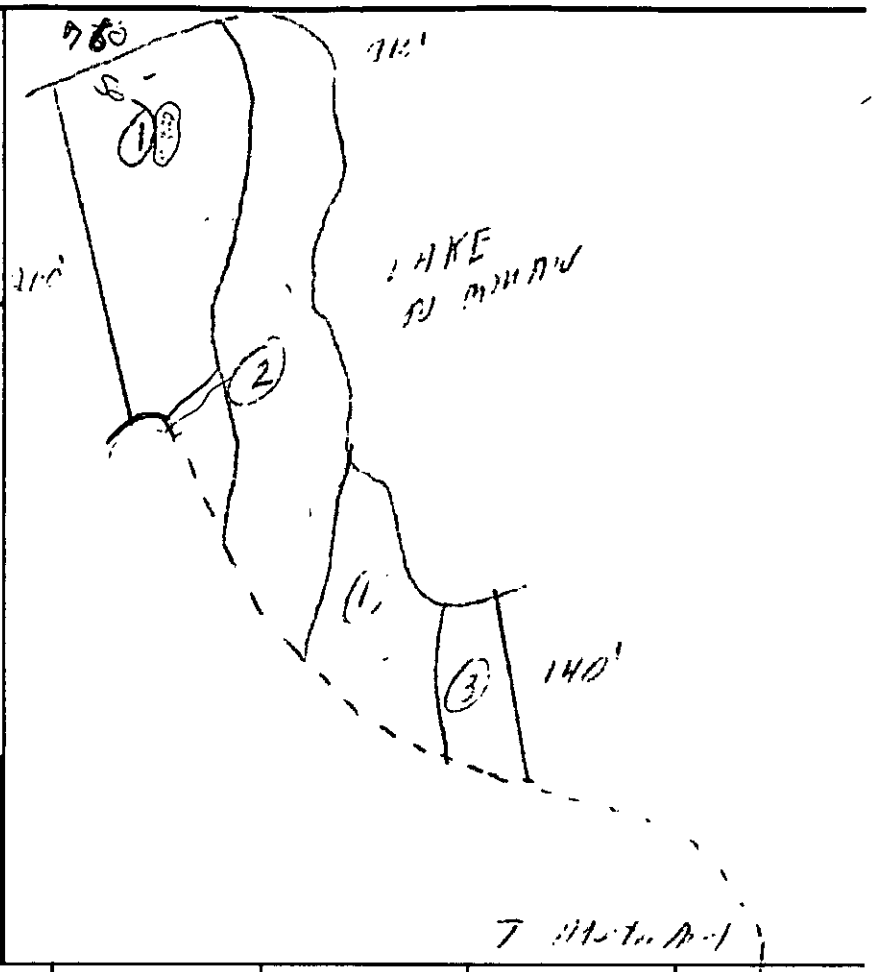
Lot: L13 Block: Acres: 1.44

Owner: Martin Development Group, Inc.
Address: One Tryon Center, Suite 1800
Charlotte, NC 28284

Comments: [illegible] road - may be some [illegible] [illegible]

Described by: W. A. Mauk

Date:



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-10%	S PS (U) Complex Slope	S PS U —	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U >3' to water	S PS (U) High water table	S PS (U) Depression	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	WA Cecil	Complex Slope	Depression			
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

400 D

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2108A DATE: 4/16/93

TC: 001 091 68 ☐ L ☒ CRT

SERIAL Nº 14192

Copy

Name of Owner Charles W. Rader Juris.:

Address of Property 18301 Mandrian Point Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 280' panel

Number of Lines 6 @

Cover Depth 6"

Water Supply Source community well

Distance to Water Source 7100

Excavation Inspected 12/1/92

Tank(s) Inspected 12/1/92

Wash Line Inspected —

High Water Alarm Inspected 12/1/92

PLOT

Design: 1500ST, 1000DT, 280' PPBPS, PI

Coil

Fill Form

CTR#

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Checked panel box for NEMA 4X equivalency and had alarm box mounted for visibility and audibility. DNewell, R.S. 4/16/93

TYP. IV

Phillip L. Walker R.S.

Environmentalist

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

LR40?

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 2108A DATE: 11/24/92

TC: 057 291 68

SERIAL Nº 13517

Copy

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 11/5/92. All work shall be completed on or before 12/24/92, 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.

Septic system to be installed in accord with approved plot plan. PSel

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PC

Absorption and/or Nitrification Lines:

Trench Width ___ feet

Total Line Length 280' panel system feet

Number of Lines 6

Depth of Stone - inches

Distance from House 5 feet

Distance from Property Line 11 feet (Common)

Distance from Well 200' feet

PLOT OF SYSTEM

NAME OF OWNER Charles W Ryder

LOCATION OF PROPERTY 16361 Hendrian Point Dr

Comments: 280' panel system. Septic System to be installed in accord to the approved plot plan.

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

Mecklenburg County
Health Department

January 3, 1992

Charles Rader
P. O. Box 1076
Cornelius, NC 28031

Re: Property located at 18301 Mandrian Point Drive
File: 2108A
Parcel: 001-091-68

Mr. Rader:

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

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls.
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Kelly Randall

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

KR/hb

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

December 31, 1991

copy

Mr. Charles Radar
P. O. Box 1076
Cornelius, N.C. 28013

Re: Property located at 18301 Mandrian Point Drive
File: 2108A
Parcel: 001-091-68

Mr. Radar:

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

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Although the 100% repair area is not required, the maximum feasible remaining area, as determined by this department, shall be allocated for system repair.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Kelly Randall

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

KR:lw

Enclosures - 3 Septic Tank Agreement Forms

Date: Dec. 27, 1991

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

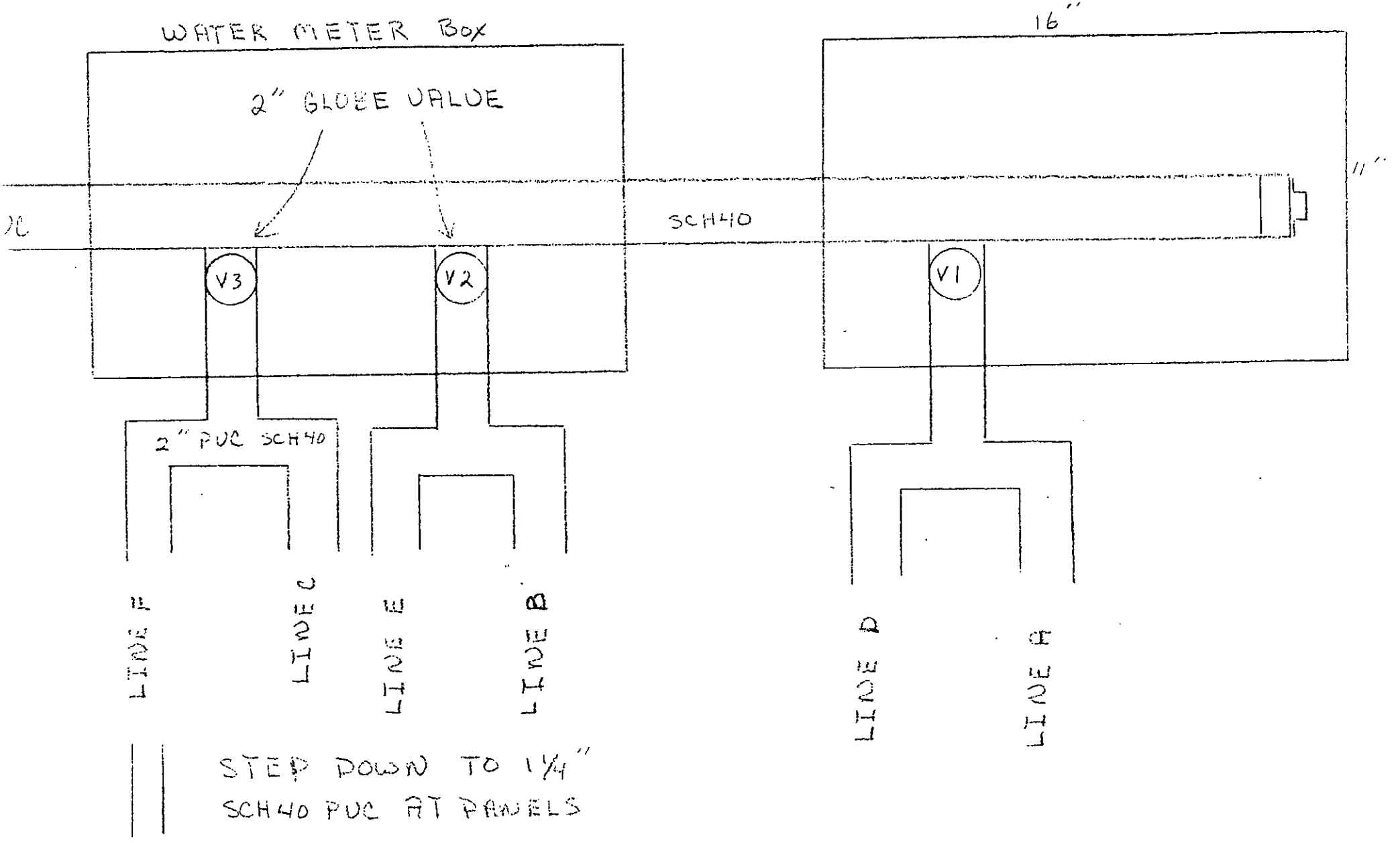
To: Charles Rad~~ar~~
P.O.Box 1076
Cornelius, N.C. 28013
Phone 704-896-8283 704-892-5129

Subject: 18301 Mandrian Point Drive Mecklenburg County
File # : 2108A
Parcel : 001-091-68 001

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

This system is designed for a four bedroom house at an application rate of .3 gpd. 480/.3 = 1600/3 = 533 LF of conventional drainfield multiplied by .5 = 267 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

VALVE BANK DETAIL (1)



Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per Panel Line Flow min
A	10	one	5/32	2.8ft	45 '	.48	4.80
B	13	one	5/32	2.9ft	55 '	.49	6.37
C	12	one	5/32	3.1ft	50 '	.51	6.12
D	10	one	3/16	2.0ft	45 '	.59	5.90
E	9	one	3/16	2.0ft	40 '	.59	5.31
F	10	one	3/16	2.0ft	45 '	.59	5.90
H		repair			34 '		
I		repair			34 '		
J		repair			42 '		
K		repair			46 '		
L		repair			49 '		
M		repair			50 '		
N		repair			40 '		
Totals	64				280 '		34.40

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 4.31
Total lift = 12.10 (96.50 + 2 - 86.40 = 12.10) elev.
--- (elev. highest line repair
TDH = 16.41 or original)
20% margin = 21 ft (16.41 / .8 = 20.51 = 21 ft)

Pump Size: 43 (34.40/.8) gallon per minute at 21 feet of head.

Pump cycle should be 6.1 min or 210 gallons.

Note: Each line shall have a globe valve as shown in detail 1 for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 175 lf = 1.75 * 2.05 = 3.59

fittings = 3.59 * .2 = 0.72

total 4.31

"FINAL NOTICE"

1-23-98 mailing date — LBT initials

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Clifford N. & Cheryl Rhodes

Mailing Address 18301 Mandrian Point Lane, Cornelius, NC 28031

Occupant _____ Location Same

☒ Residence ☐ Business ☐ Other tax parcel # 001-091-68

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by February 6, 1998, appropriate legal action will be taken.

Notice Issued January 6, 1998 (Date) Signed Larry B. Thompson, Jr., R.S. (Division of Environmental Health) Agent

Compliance 2-5-98 (Date) Signed Larry B. Thompson, Jr., R.S. (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

* Tim Bannister has contacted me regarding your septic system. Tim needs to determine flow rates for your house and we need to make a visit (together) to your residence to take a closer look at the wastewater system.

Thanks,
L.T.

2-5-98 Talked w/ Tim Bannister. H_2O usage rates are relatively low. Tim has offered to increase inspection frequencies and coordinate this with me. Owner has paid sewer tap-on fee and will connect to sewer if this continues to be a problem. LT

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Clifford N. & Cheryl Rhodes

Mailing Address 18301 Mandrian Point Lane Cornelius, NC 28031

Occupant _____

Location Same

☒ Residence ☐ Business ☐ Other tax parcel # 001-091-68

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DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

"FINAL NOTICE"

1-23-98 LBT
mailing date initials

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Clifford N. & Cheryl Rhodes

Mailing Address 18301 Mandrian Point Lane Cornelius, NC 28031

Occupant _____ Location Same

☒ Residence ☐ Business ☐ Other tax parcel # 001-091-68

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☐ Perform Maintenance (*specify*) _____

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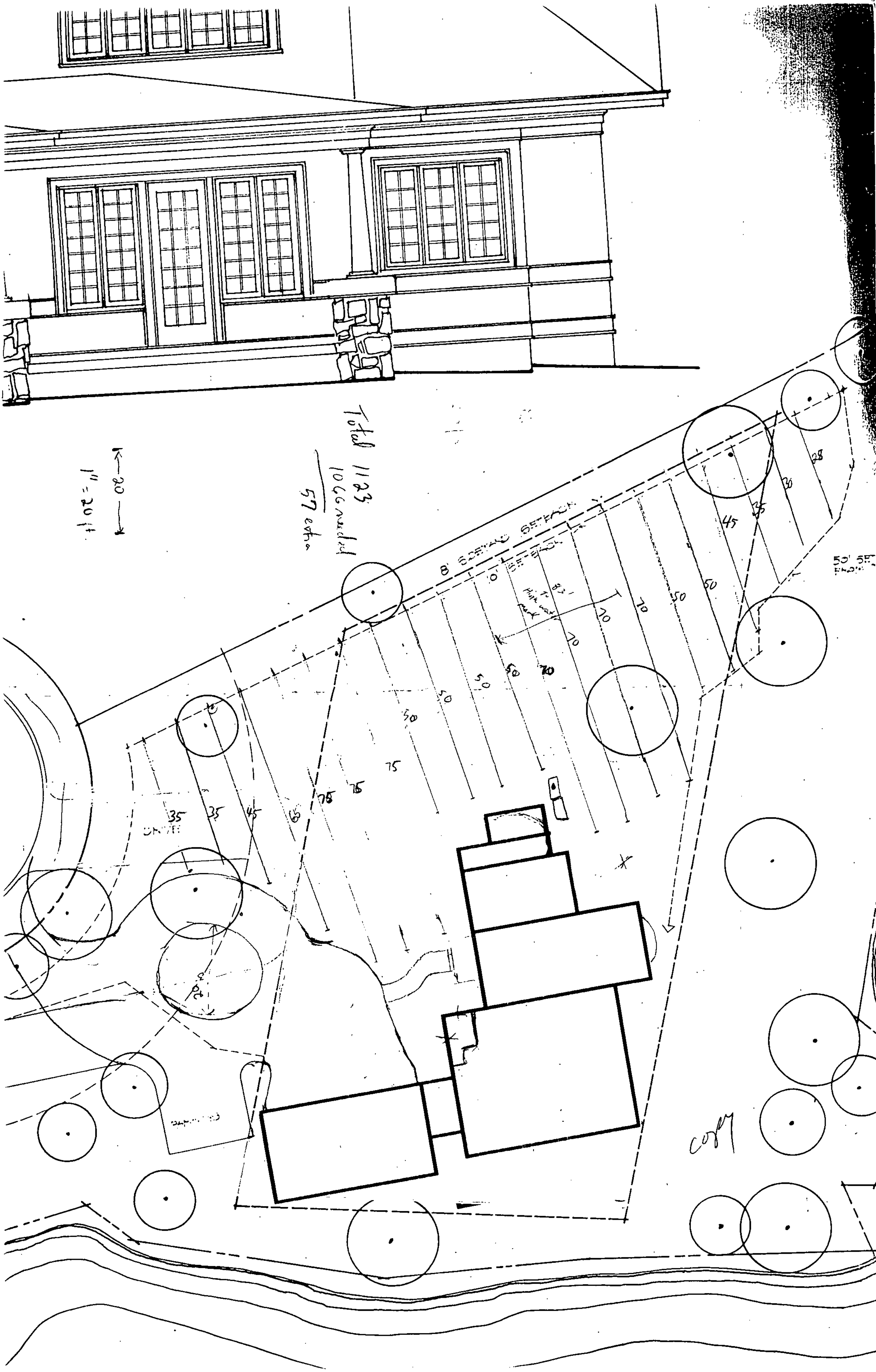
Notice Issued January 6, 1998 (Date) Signed Larry B. Thompson, Jr., R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

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On-Site Wastewater Section (Review 10/98)

* Tim Bannister has contacted me regarding your septic system. Tim needs to determine flow rates for your house and we need to make a visit (together) to your residence to take a closer look at the wastewater system.

Thanks,
L.T.



Total 1123
1066 needed
57 extra
1" = 20 ft
20
8' SIDEYARD SETBACK
10' SETBACK
To 83' High water mark
50' SETBACK
copy