

13724 THOMPSON PLACE DR

19510310

1/7/2008

duponbj

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/21/07
Receipt #: 48765
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: B31280
Contractor: SMITH CONST HOBART
Attn:
Address: 3703 LATROBE DR
Address: SUITE 240
City/State/Zip: CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13724 THOMPSON PLACE DRIVE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
185.95					

EHS PW Reviewer (CR)

47242B County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	Y									
.1937(d)	Is there a Site plan/Plat with application	Y									
.1937(d)	Is the Facilityshown?	Y									
.1937(d)	Are appurtenances shown	Y									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	Y									
.1940 (a-g)	Slope % Recorded?	Y									
.1939 (a)(2)	Texture Class Recorded?	Y									
.1939 (a)(2)	Structure type Recorded?	Y									
.1939 (a)(2)	Consistence Recorded?	Y									
.1939 (a)(2)	Mineralogy Recorded?	Y									
.1939 (a)(3)	Soil Wetness Condition Recorded?	Y									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	Y									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Y									
.1939 (a)(6)	Sufficient Available Space Recorded?	Y									
.1937(m)	Are the Profile Locations Shown?	Y									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	Y									
	Number of auger borings made:	Y									
	Were sufficient auger borings made?	Y									
.1939(d), .1955, .1956, .1957	LTAR	2.5									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	I									
.1945(b)	Proposed System Type stated-Repair	I									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	Y									
.1937(g) & .1945(b)	System components shown - Initial	Y									
.1945(b)	Repair area shown	Y									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	Y									
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**	Y									
.1937 (f)(g)	Is the System located in the approved area?	Y									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	Y									
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**	Y									
.1937(g)	Trench depth indicated?	Y									
.1937(g)	Trench width indicated?	Y									
.1937(g)	Trench length indicated?	Y									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	Y									
G.S. 130A-336(a)(1)	Property line lengths shown?	Y									
G.S. 130A-336(a)	**Facility/appurtenance setbacks shown from fixed points?**	Y									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	Y									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	N/A	not	PWE							

If system design is incorrect or inconsistent with site conditions, indicate why for each below

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4742B Permit #: _____ Tax Parcel #: 195 101 09

Property Owner: Hobart Smith

Job Location Address: 13724 Thompson Place Dr Lot 3

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 1/7/07 Contractor Name: RCS

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Gould WE0 311M

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 440 feet

# of Lines: Line lengths vary @ 440 Total feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 18 inches

Distribution Device: Drop boxes

Inspection Dates

Tank(s) Inspected: 1/7/07

Excavation Inspected: 1/7/07

Pump & Controls Inspected: 1/7/07

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

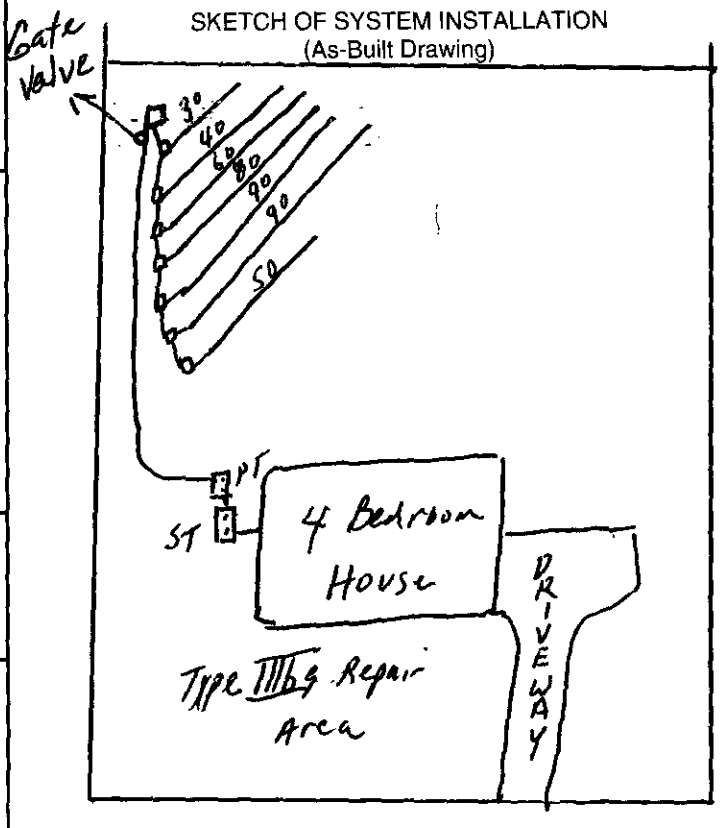
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10' feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Type IIIb9 Pump to EZ Flow w Drop Box Distribution

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

103-10

File #: 4742 B Permit #: _____ Tax Parcel #: 195 ~~101 09~~

Property Owner: Hobart Smith

Job Location Address: 13724 Thompson Place Dr Lot 3

City: Mint Hill State: NC Zip Code: 28227

Installation Approval Issuance Date: 1/19/07

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 2/19/07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

Site LTAR: .275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 440 feet

# of Lines: Line lengths to vary @ _____ feet

Depth of Media: 12 inches (Type) Accepted

Distribution Device: Drop boxes

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

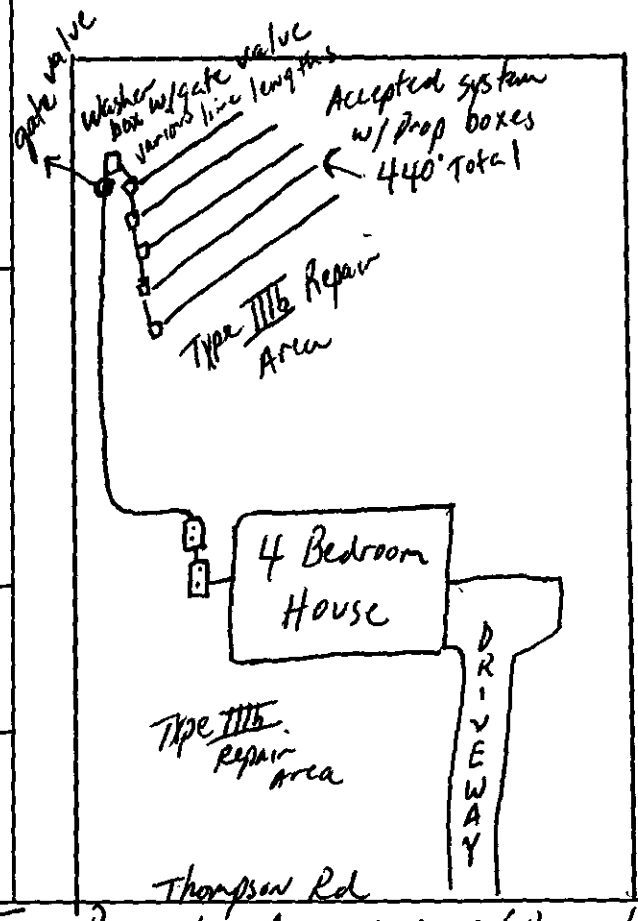
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIbg Pump to Accepted w/Drop boxes

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: ~~05-101-09~~

Permit Number: 4742B

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes X No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.275 Long-term acceptance rate	480 Max gallons/day wastewater flow	1128 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	376 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: WARRANTY & AGREEMENT FORMS REQUIRED

Repair Area System Type
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1309 Absorption Area (Sq ft) 1436 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

... This Improvement permit is transferable.

DEHNR Authorized Agent — Date 11/7/03

Owner/Agent Signature — Date 11/6/03

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: 150
DATE: 10/01/03 JKA

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

#1879

I CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 47428

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19510310

STREET ADDRESS: 13734 Thompson Place Dr

SUBDIVISION OR MOBILE HOME PARK NAME: Thompson PLACE

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
✓ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER: TONY

NAME: Homes HOBART SMITH
(LAST) (FIRST) (MI)

ADDRESS: 3703 CATAWBA DR. Ste. 240

CITY: CHARLOTTE STATE: N.C. ZIP: 282 11

DAYTIME PHONE: (704) 365 - 6830

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 10/1/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

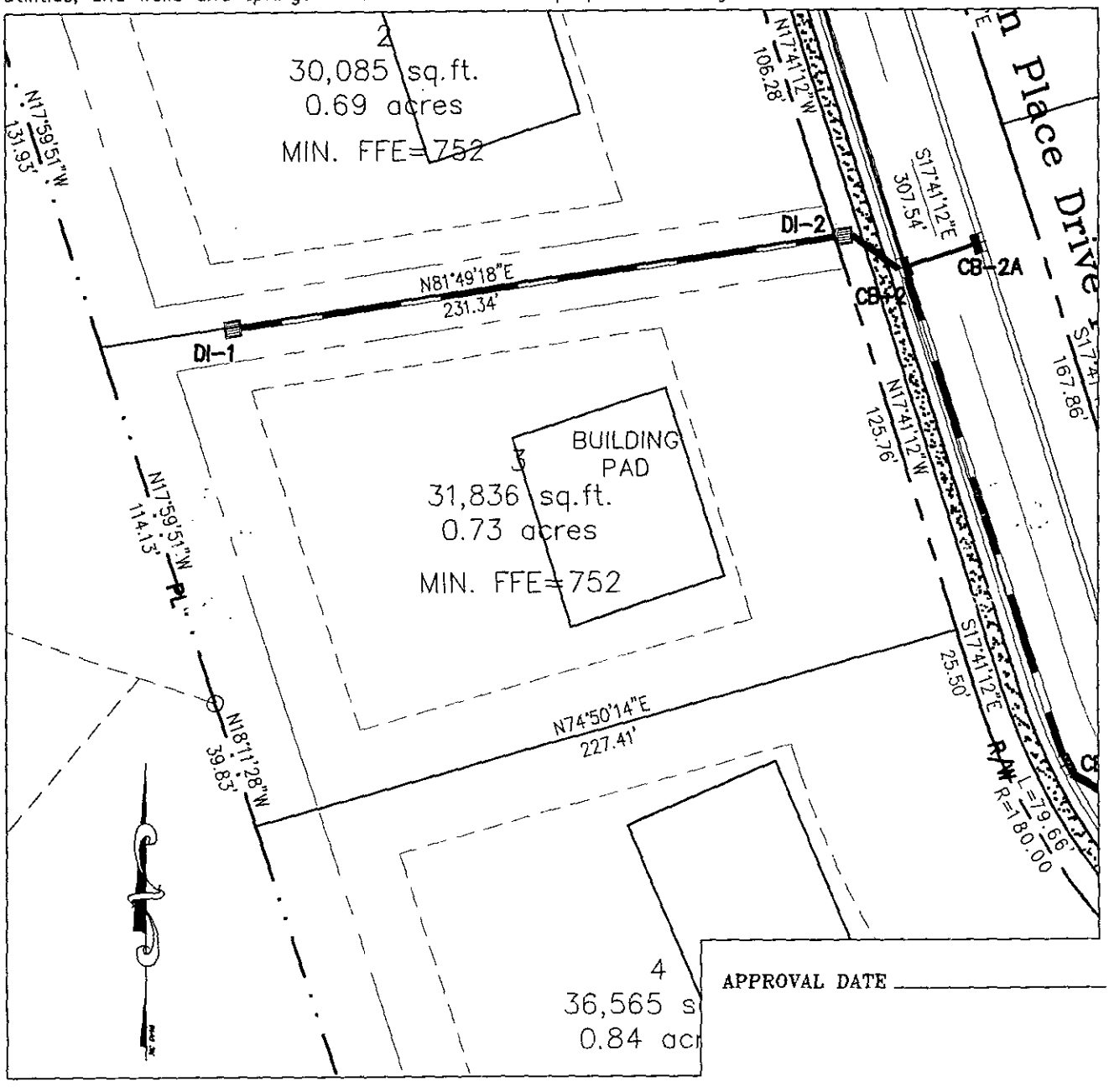
PROPOSED PLOT PLAN

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

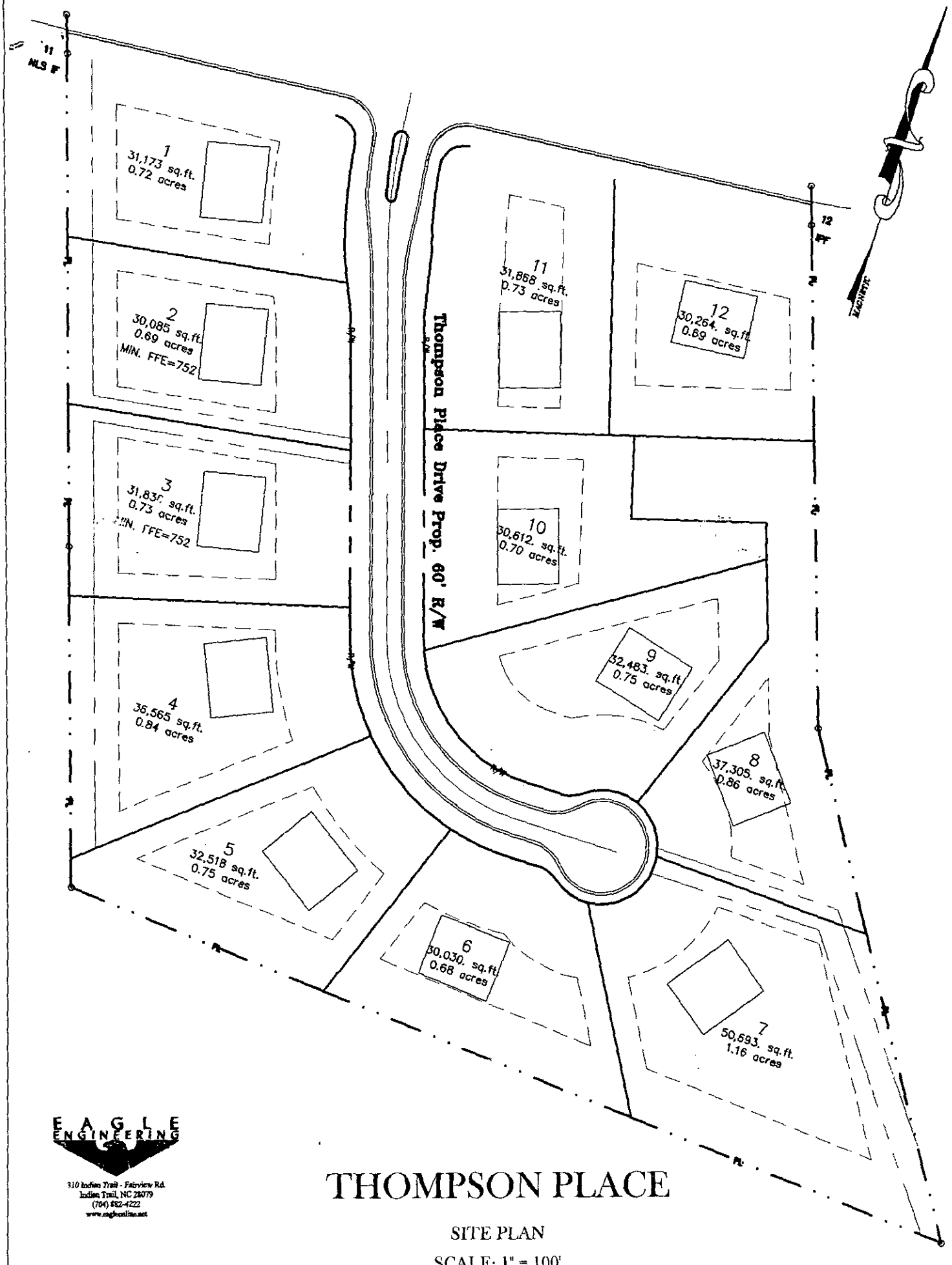
FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately diminsion the lot concerned. Accurately indicate property boundaries, proposed and/or exisitng structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building and drainfield.



1"=50'



EAGLE ENGINEERING
310 Indian Trail - Fairview Rd.
Indian Trail, NC 28079
(704) 882-4222
www.eagleonline.net

THOMPSON PLACE

SITE PLAN

SCALE: 1" = 100'

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 195-101-09
Lot #: 3
File #: 4742B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Kevin Pressley
Applicant:
Address: 7125 Secrest Short Cut Road, Indian Trail, N. C. 28079
Date Evaluated: 10/3/01
Proposed Facility: residence
Design Flow (480gpd
Property Size: .73a
Location of Site: Off Thompson Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	2-10								
1	LS	0-4	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41	N/A	NONE	PS, IV
		4-41	ABK/C	FI/SEXP/S/P					.275G/FT^2/DAY
2	"	0-7	GR/CL	FR/SEXP/SS/SP	>29" TO SOIL WETNESS	29	"	"	US, IV
		7-29	ABK/C	FI/SEXP/S/P					.135G/FT^2/DAY
3	"	0-11	GR/CL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV
		11-30	ABK/C	FI/SEXP/S/P					.275G/FT^2/DAY

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	III b
Site LTAR	.275G/FT^2/DAY	.275G/FT^2/DAY

Other Factors (.1946):
Site Classification (.1948): ~~UNSUITABLE~~ PROV. SUITABLE
Evaluated By: W. R. Marlin, LSS, 10/4/01, W.R. Marlin
Others Present:

FILE # 47428

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

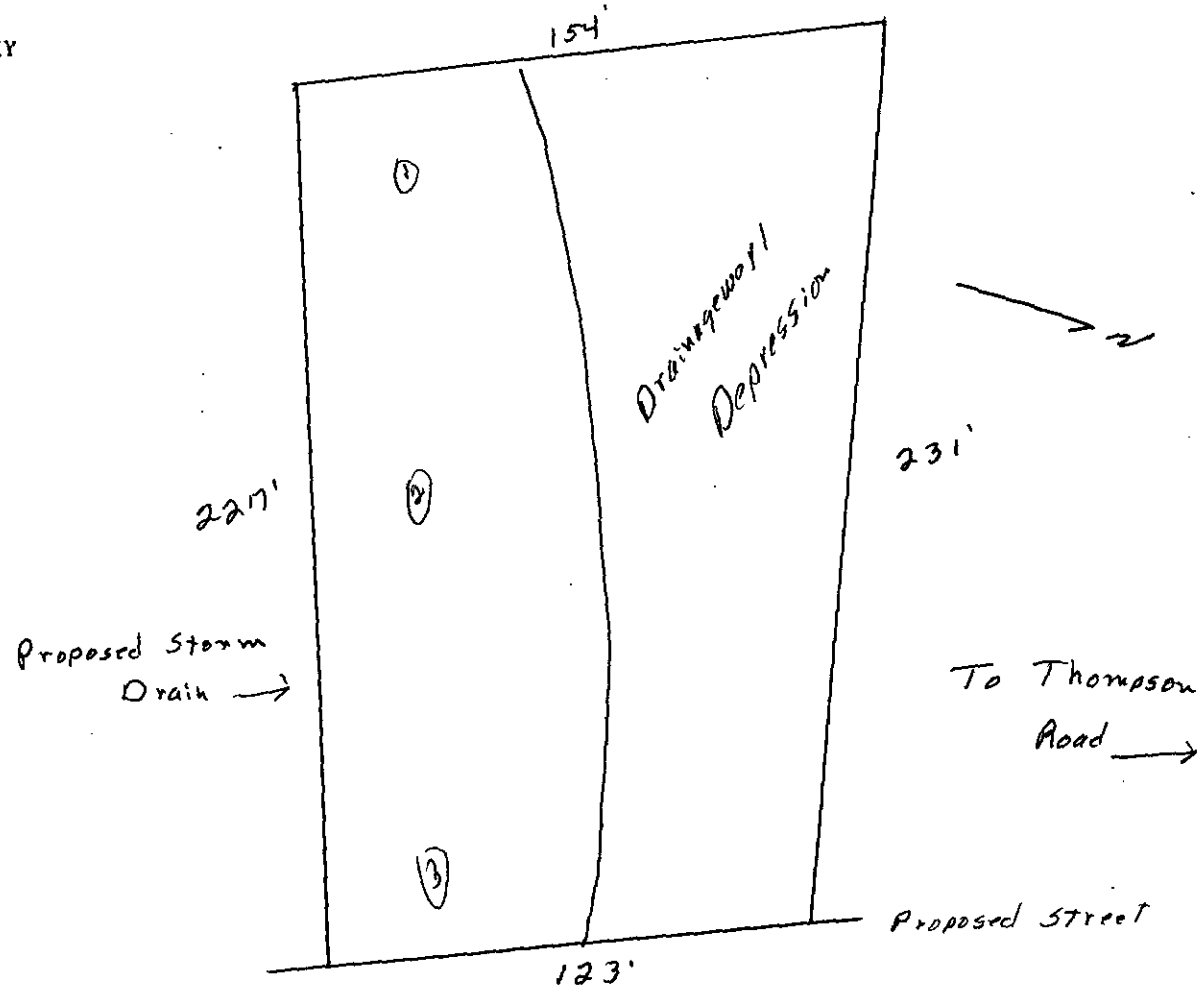
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



PROPOSED PLOT PLAN

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

FILE: 47428

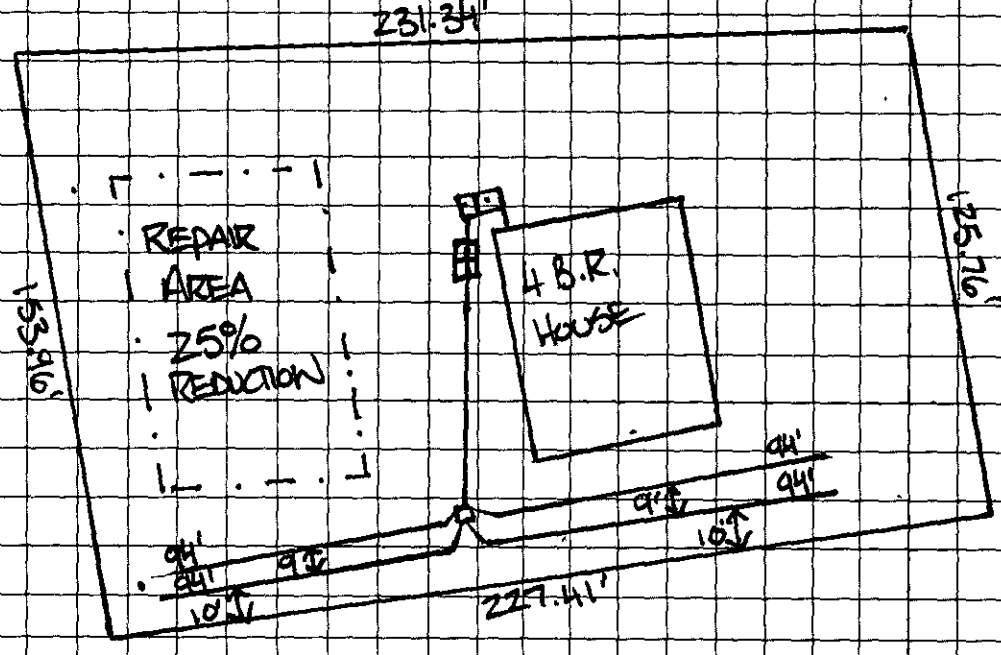
TC: 195-101-09

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS:

1" = 50'

- 1500 GALS.T.
- 1000 GAL PUMPTANK
- 380' INNOVATIVE DRAINLINE 35% REDUCTION SYSTEM
- WARRANTY & AGREEMENT FORMS REQUIRED



- TYPE III (IV(g)) SYSTEM REQUIRES 5 YR. MAINTENANCE INSPECTION BY LOCAL HEALTH DEPT. @ OWNERS EXPENSE.
- STAY >5' OFF BUILDING FOUNDATION & >10' OFF ALL PROPERTY LINES.
- KEEP LINES LEVEL & ON CONTOUR.
- ANY DEVIATION FROM THIS PLOT PLAN REQUIRES RE-EVALUATION BY LOCAL HEALTH DEPARTMENT TO ASSURE THAT THE SEPTIC SYSTEM WILL NOT BE IMPACTED.

OWNER/AGENT SIGNATURE

DATE 11/6/03

APPROVAL DATE _____

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/01/03
Receipt #: 18756
Check / Auth #: CHECK 1948
Received By: AIDOOJK

Amount: 1,800.00
Tendered: 1,800.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HOBART SMITH CONSTRUCTION CO
Attn:
Address: 3703 LATROBE DRIVE S240
Address:
City/State/Zip: CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr THOMPSON ROAD LOT 1 - LOT 12		1	1,800.00	1,800.00

Outstanding Balances

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

FEE: _____ DATE: 9/13/01

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

paid 200 CK 9/12/01 RP [ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 47428

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-101-09 PO

STREET ADDRESS: Thompson Road

SUBDIVISION OR MOBILE HOME PARK NAME: Thompson Place Subdivision

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 3,000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

X WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
X MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Pressley Kevin
(LAST) (FIRST) (MI)

ADDRESS: 7125 Seerest Short Cut Rd

CITY: Indian Trail STATE: NC ZIP: 28079

DAYTIME PHONE: (704 882- 2571

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 9-5-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

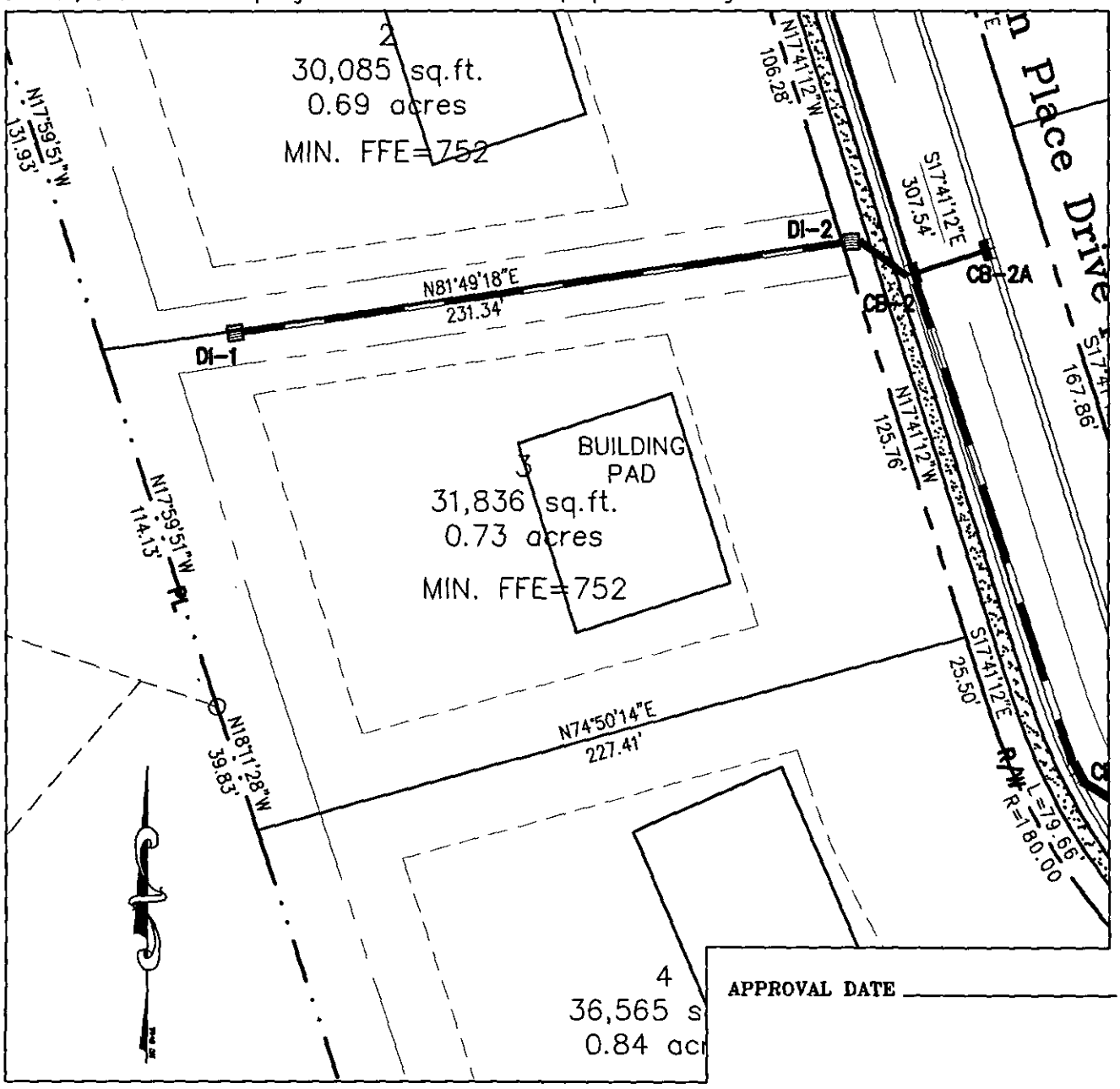
PROPOSED PLOT PLAN

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

FILE: 4742B

TC: 195-101-09 PO

Draw in and name all roads adjoining the property. Draw in and accurately diminsion the lot concerned. Accurately indicate property boundaries, proposed and/or exisitng structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building and drainfield.



1"=50'

LOT #3

FOR REGISTRATION
REGISTER OF DEEDS
MECKLENBURG COUNTY
2006 SEP 11 07:16:13 AM
BK 20347 PG 613-615 FEE $22.00
INSTRUMENT # 2006180341
2006180341

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4742B ~~4741-B~~
PARCEL # 195-103-10

The undersigned, Hobart Smith Const. Co., Inc., owner of property located at 13724 Thompson Place Drive, (the "site") and described in an instrument recorded in Book 41 at Page 842, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Hobart Smith Const. Co., Inc.
Mail after recording to: 3703 Latrobe Drive, Suite 240, Charlotte, NC 28211

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 29 day of August, 2006.

Hobart Smith Const. Co., Inc.
(Corporate Name)

By: _____

_____ President

ATTEST:

Charles A. Smith

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Nancy L. Bell, a Notary Public for said County and State, do hereby certify that H. C. Smith, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument

WITNESS my hand and notarial seal, this 29 day of August, 2006.

Nancy L. Bell
Notary Public

My Commission Expires:

Jan. 11, 2009

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

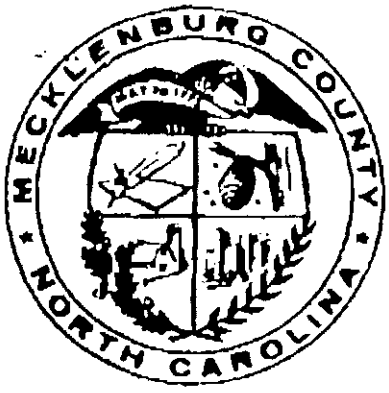
I, Nancy L. Bell, a Notary Public for said County and State, do hereby certify that Charles A. Smith personally came before me this day and acknowledged that he is _____ Secretary of Hobart Smith Construction Co., Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal, and attested by Charles A. Smith as its _____ Secretary.

WITNESS my hand and notarial seal, this 29 day of August, 2006.

Nancy L. Bell
Notary Public

My Commission Expires:

Jan. 11, 2009



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

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Book:	RE 20987 Page: 610-613
Document No.:	2006180341
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Recorder:	GRACE TUCKER



2006180341