Supervisor/Administrative Professional Checklist

New Septic ☒ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) LE 3/2/16 Initials/Date

CA ($200.00) LE 6/2/16 Initials/Date

OP ($200.00) LE 6/2/16 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☑ JAM

OK TO generate CA

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	5217A
WASPS App #:	8063
Primary ES assigned to project:	Bryan Davenport
Secondary ES assigned to project:	
Project Type.	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: 1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization. .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	N/A

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	4/27/2016

Created at 4/27/2016 3:16 PM by Michael, Jeremy
Last modified at 4/27/2016 3:16 PM by Michael, Jeremy

Close

S

FEE: 200.00
DATE:6/2/2016

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5217A

PERMIT NUMBER: 30008063

PARCEL NUMBER: 19514116

JOB LOCATION INFORMATION

ADDRESS: 16040 THOMPSON RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: JULIA EUDY

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/2/2016

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008063, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5217A #8063

2 MAR '16 AM 7:56

MECKLENBURG COUNTY
HEALTH DEPARTMENT

2 MAR '16 AM 7:56

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** N/A (NEW SYSTEM) ALTERATION REPAIR MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** N/A NEW WELL MAJOR REPAIR ABANDONMENT

3. **JOB LOCATION INFORMATION:** 19514116

TAX PARCEL NUMBER: 195-141-016
STREET ADDRESS: 16040 Thompson Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 4.12 (2.12 useable)
TOWNSHIP:

(MECKLENBURG) CORNELIUS HUNTERSVILLE
DAVIDSON CHARLOTTE PINEVILLE
MATTHEWS MINT HILL

4. **BUILDING INFORMATION:** To Be Built

BUILDING TYPE:

SINGLE MOBILE HOME MODULAR HOME
DOUBLE WIDE MULTIPLE FAMILY
(HOUSE) OTHER _____

HEATED SQUARE FOOTAGE: 2300
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

CONCRETE SLAB BASEMENT WITH PLUMBING
(CRAWL SPACE) BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** (MUNICIPAL) PRIVATE WELL PUBLIC WELL SHARED WELL OTHER _____

7. **PROPOSED USE OF WELL:** N/A IRRIGATION POTABLE (DRINKING WATER) OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

	N/A	ANY TYPE	CONVENTIONAL	ACCEPTED	INNOVATIVE	ALTERNATIVE	OTHER
8A. RANK:			1	2	4	3	5

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	YES (NO)	GRADING/SOIL REMOVAL PERFORMED	YES (NO)
EXISTING WASTEWATER (SEPTIC) SYSTEMS	YES (NO)	JURISDICTIONAL WETLANDS	YES (NO)
WELLS, SPRINGS, OR WATER LINES	YES (NO)	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	YES (NO)
EASEMENTS OR RIGHT-OF-WAYS	YES (NO)	WASTEWATER OTHER THAN DOMESTIC SEWAGE	YES (NO)
CHEMICAL/PETROLEUM STORAGE TANKS	YES (NO)	KNOWN UNDERGROUND CONTAMINATION	YES (NO)
WASTE STORAGE	YES (NO)	GROUNDWATER USE RESTRICTIONS/VARIANCES	YES (NO)

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ (UNKNOWN)

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3/15/16 N/A

12. **PROPERTY OWNER:**

NAME: Julia Eudy
ADDRESS: 16024 Thompson Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: 704-287-1400
MOBILE PHONE: " "
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Ray Thompson & Holly Thompso
ADDRESS: 15920 Thompson Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: 704-619-0311 - call to set-up appointment
MOBILE PHONE: 303-981-3080 - Call Holly for payment.
FAX: _____
E-MAIL: holly thompsonco@gmail.com

David Thompson
303-718-8284

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted; complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 2/29/16

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

SURVEY PLAT TO SCALE SUBMITTED SCALED SITE PLAN SUBMITTED UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Ray Thompson + Holly Thompson is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

16040 Thompson Rd. Charlotte.
Number Street Town
(Or Parcel Number)

Julia M. Eudy
Property Owner (print name)

Julia M. Eudy
Property Owner (signature)

2/28/16
Date

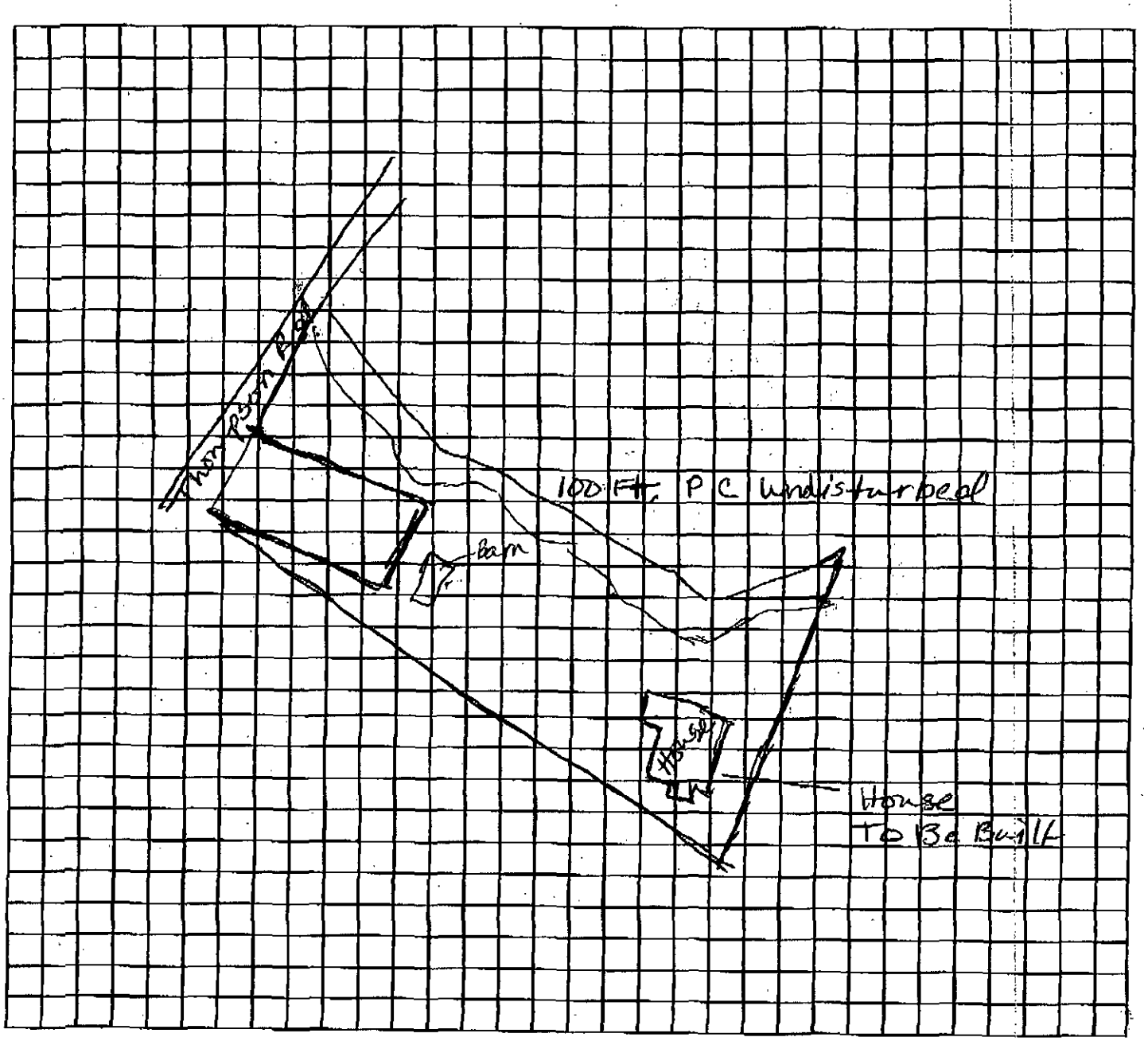
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. *Provide names for all roads that adjoin the property.*

Street Address: 16040 Thompson Rd Tax Parcel #: 195-141-016

Subdivision Name: _____ Lot #: _____



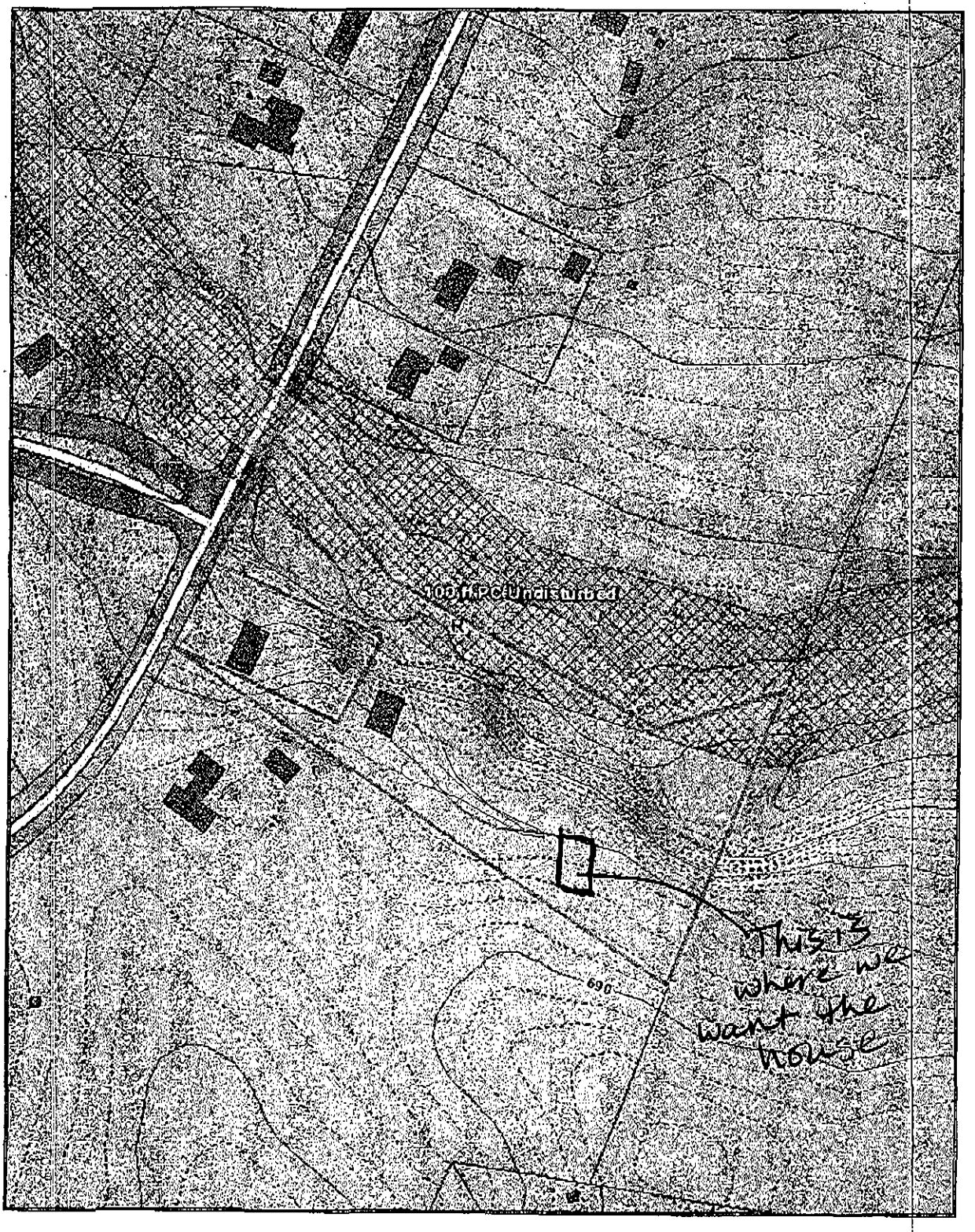
_____
Property Owner's or Owner's Legal Representative Signature

_____
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

TOPOGRAPHIC MAP



STAPLES copy&printcenter

Complimentary Self-Serve Fax Cover Sheet

To: Meck Health Dept.

From: Holly Thompson

Fax #: 704-336-6894

Phone #: 303-981-3080

Date: 3/1/16

Reply Fax #: email-hollythompsonco@gm .c

Number of Pages (Including Cover):

Urgent ☐ Confidential ☐ Confirm Receipt ☒

We'll do it right the first time — guaranteed.

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5/06bizsv_009815

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/02/16	**Amount:**	250.00
Receipt #:	99237	**Tendered:**	250.00
Check / Auth #:	VISA 032708	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: THOMPSON,HOLLY
Attn:
Address: 30910 WALTER DR
Address:
City/State/Zip: CONIFER, CO 80433

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16040 THOMPSON RD		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
730.00	130.00				

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: HOLLY THOMPSON

Bill To:

HOLLY THOMPSON
30910 WALTER DR

Conifer, CO 80433

Single Payment

Transaction Date: 03/02/2016 8:55 AM Pacific Time
Pay Method: VISA **********5272
Approval #: 032708
Trace Number: 5dccfe69-e631-4d0d-a9e9-c3819ec1ae9d
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

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

Sheet: 1 of 2
Property ID: 195-141-16
Lot #: NA
File #: 5217A
AppID: 8063

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Julia Eudy
Address: 16024 Thompson Rd, Charlotte, NC 28227
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Location: 16040 Thompson Rd, Charlotte, NC 28227
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Ray & Holly Thompson
Date Evaluated: 3/18/16
Property Size: 4.12 ac
Property Recorded: Unknown

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 6%	0 - 8	gr/sbk CL	SS SP FR SEXP	>42"	38	NA	NA	saprolite inclusions 30 - 38"	PS IV 0.3	24"
		8 - 22	sbk C	S P FR SEXP							
		22 - 38	sbk CL	SS SP FR SEXP							
		38 - 42	Saprolite								
Boring #2	LS 6%	0 - 5	gr/sbk CL	SS SP FR SEXP	>45"	41	NA	NA	saprolite inclusions 32 - 41"	PS IV 0.3	27"
		5 - 32	sbk C	S P FR SEXP							
		32 - 41	sbk CL	SS SP FR SEXP							
		41 - 45	Saprolite								
Boring #3	LS 5%	0 - 12	gr/sbk SCL	SS SP FR SEXP	>46"	46	NA	NA	saprolite inclusions 34 - 46"	PS IV 0.3	32"
		12 - 34	sbk C	S P FR SEXP							
		34 - 46	sbk CL	SS SP FR SEXP							
Boring #4	LS 4%	0 - 12	gr/sbk CL	SS SP FR SEXP	>42"	38	NA	NA	saprolite inclusions 24 - 38"	PS IV 0.3	25"
		12 - 24	sbk C	S P FR SEXP							
		24 - 38	sbk CL	SS SP FR SEXP							
		38 - 42	Saprolite								
Boring #5	LS 4%	0 - 12	gr/sbk CL	SS SP FR SEXP	>42"	37	NA	NA	saprolite inclusions 24 - 37"	PS IV 0.3	24"
		12 - 24	sbk C	S P FR SEXP							
		24 - 37	sbk CL	SS SP FR SEXP							
		37 - 42	Saprolite								

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.3	0.3

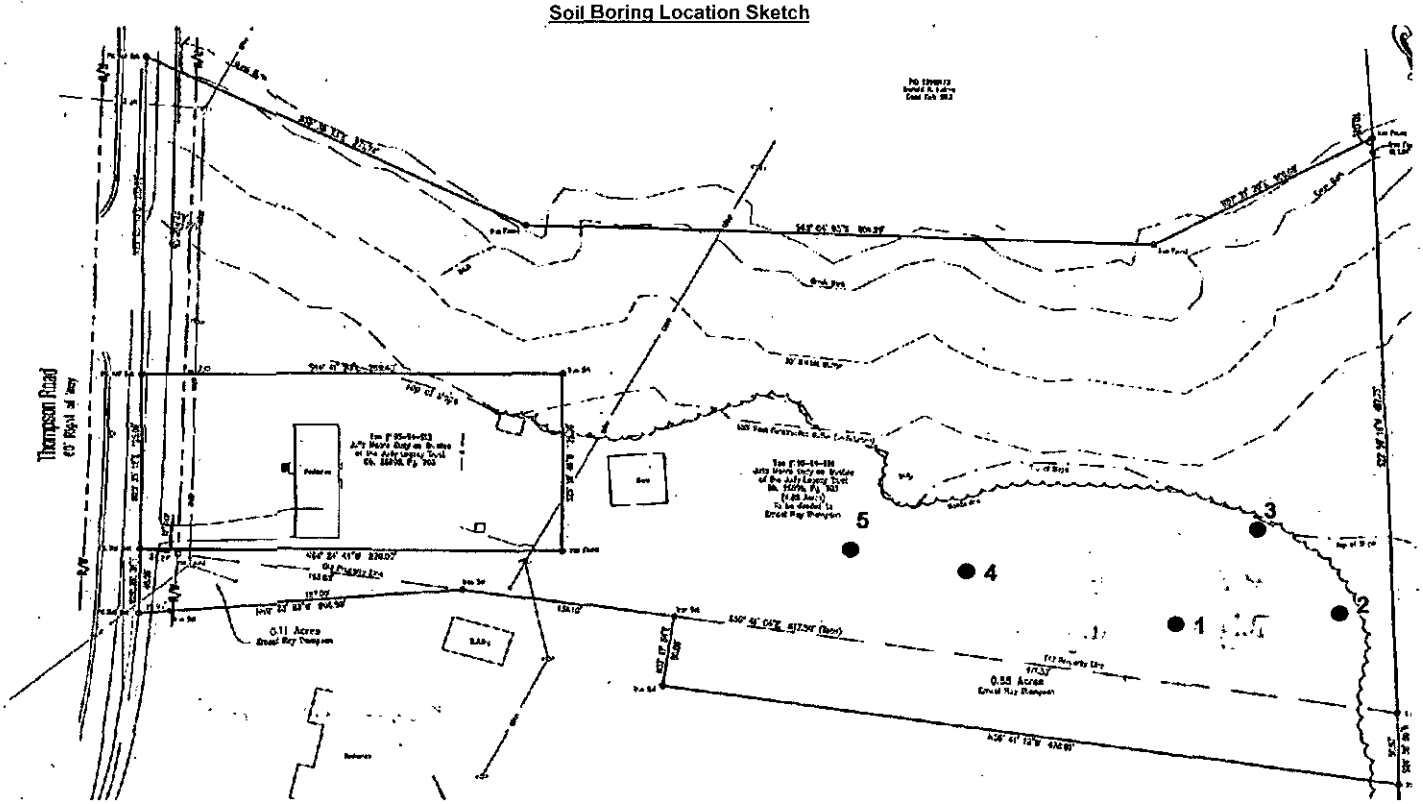
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By: Bryan Davepak
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
		SiCL-Silty Clay Loam		
CV-Convex Slope				pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
				s-strong f-fine
				m-medium
		Silt		c-coarse
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30008063 GWS File #: 5217A Tax Parcel #: 195-141-16

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 4/26/2021

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: Holly Thompson

Signature: Bryan Davenport Signature: Holly Thompson (Print Name)

Date Issued: 4/26/2016

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30008063 GWS File #: 5217A

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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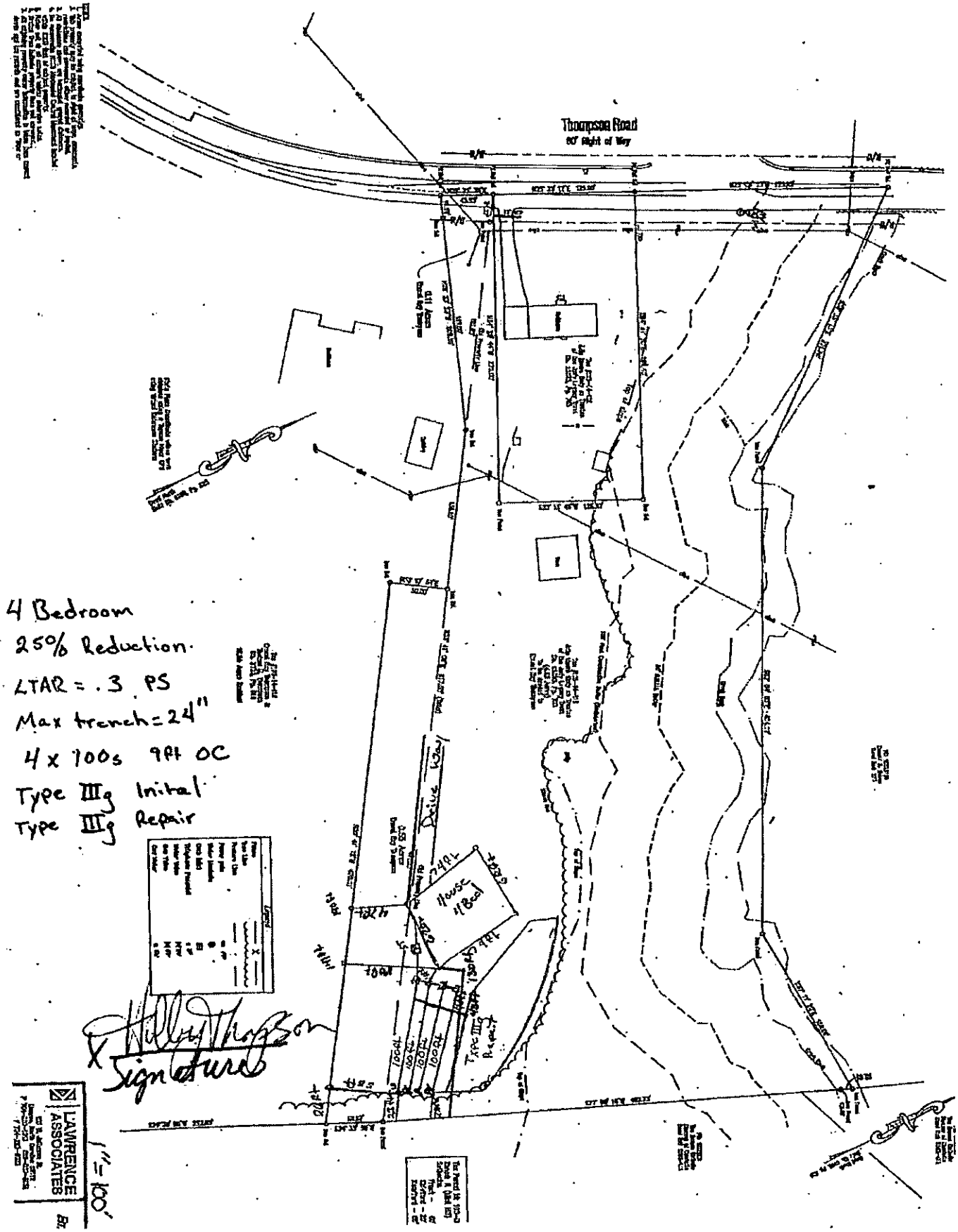
Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 4/20/2016

Owner/Legal Agent: Holly Thompson
Print Name

Signature: Holly Thompson


Thompson Road
60' Right of Way
4 Bedroom
25% Reduction
LTAR = .3 PS
Max trench = 24"
4 x 100s 9Ft OC
Type IIIg Initial
Type IIIg Repair
Drive Way
House
4 Bed
Type IIIg Repair
X Hillary Thompson
Signature
LAWRENCE ASSOCIATES
1" = 100'

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30008063** GWS File #: **5217A** Tax Parcel #: **195-141-16**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 4/26/2021

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 4/26/2016

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30008063** GWS File #: **5217A**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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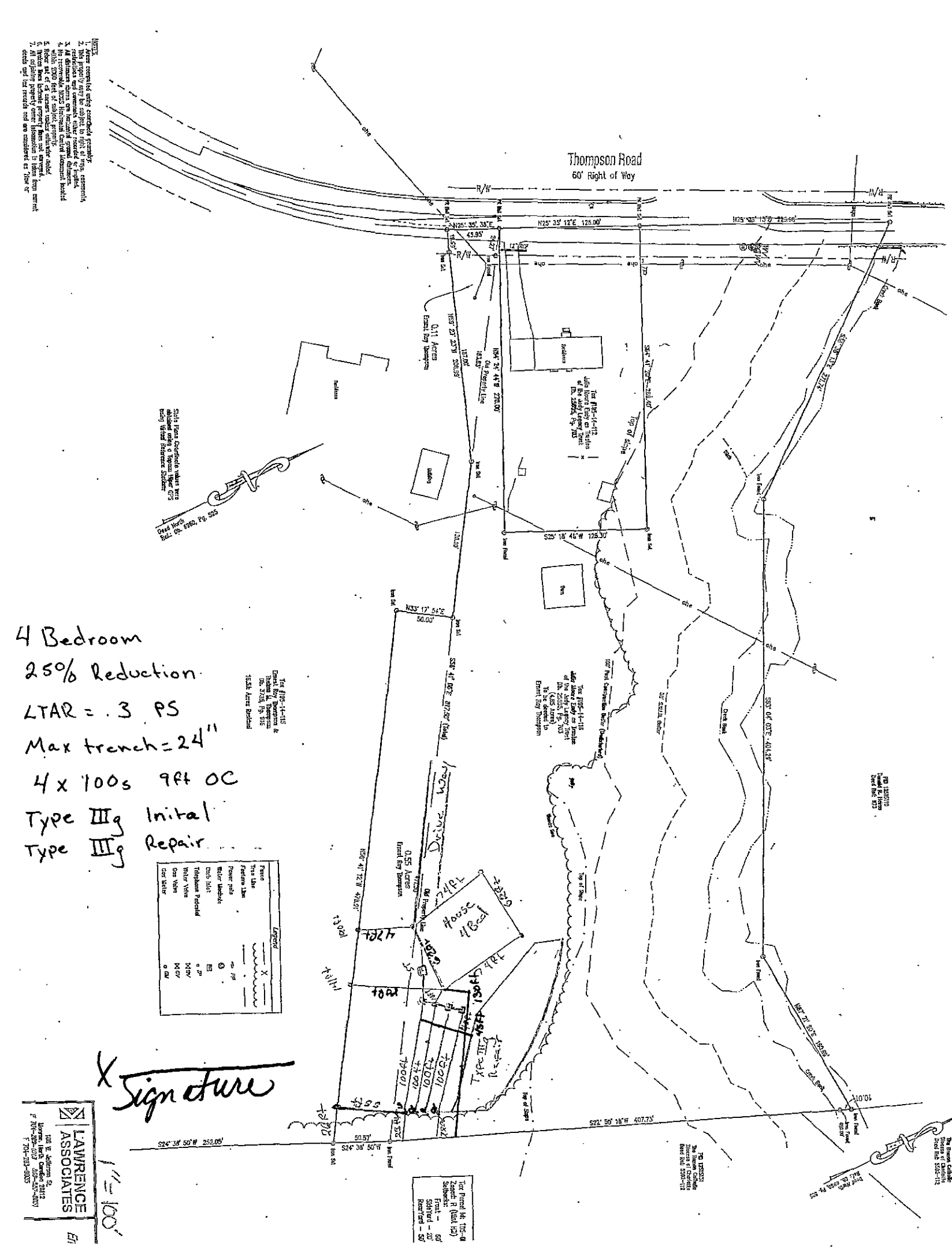
Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 4/26/2016

Owner/Legal Agent: _____
Print Name

Signature: _____



4 Bedroom
25% Reduction
LTAR = .3 PS
Max trench = 24"
4 x 100s 9ft OC
Type IIIg Inital
Type IIIg Repair

Legend
Fence
Tree Line
Features Line
Power pole
Water Manhole
Curb Inlet
Telephone Pedestal
Water Valve
Gas Valve
Geo Water

X Signature

1" = 100'

LAWRENCE ASSOCIATES
108 W. Jefferson St.
Phone: 704-233-1094
Fax: 704-233-1355

NOTES:
1. Areas computed using coordinate geometry.
2. This property may be subject to right of ways, easements, restrictions and covenants not shown or noted hereon.
3. All recoverable corners found or set as noted.
4. No recoverable NCGS Horizontal Control Monument located within 2000 feet of subject property.
5. Rebar set at all corners unless otherwise noted.
6. Portion does not property lies in Flood Hazard Area as scaled from current FEMA Flood Insurance Rate Map.
7. All adjoining property owner information is based on deeds and tax records and are considered as new or

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/02/16	**Amount:**	200.00
Receipt #:	100624	**Tendered:**	200.00
Check / Auth #:	VISA 003401	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #:	200000
Contractor:	THOMPSON,HOLLY
Attn:	
Address:	30910 WALTER DR
Address:	
City/State/Zip:	CONIFER, CO 80433

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 16040 THOMPSON RD		1	200.00	200.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: HOLLY THOMPSON

Bill To:

HOLLY THOMPSON
30910 WALTER DR

Conifer, CO 80433

Single Payment

Transaction Date:	06/02/2016 5:25 AM Pacific Time
Pay Method:	VISA **********5272
Approval #:	003401
Trace Number:	7cb3e69b-ad43-443e-91ec-ca0dbc3aee15
Amount:	$400.00

Payment Amount:	$400.00
Total:	**$400.00**

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/02/16	**Amount:**	200.00
Receipt #:	100623	**Tendered:**	200.00
Check / Auth #:	VISA 003401	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: THOMPSON,HOLLY
Attn:
Address: 30910 WALTER DR
Address:
City/State/Zip: CONIFER, CO 80433

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 16040 THOMPSON RD		1	200.00	200.00

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

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5217A Permit #: 8063 Tax Parcel #: 195-141-16

Property Owner: David / Holly Thompson

Job Location Address: 16040 Thompson

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 11/16/16 Contractor Name: Jammie O' Daniel

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: Na gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture ~~Delting~~ Dellinger Effluent Pump Model: Na

ST-10-3-16 STD-724 - 1000gal

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 24 inches (Type) 25% Reduction

Depth of Cover: 12 inches ~~Inf~~ Quick 4

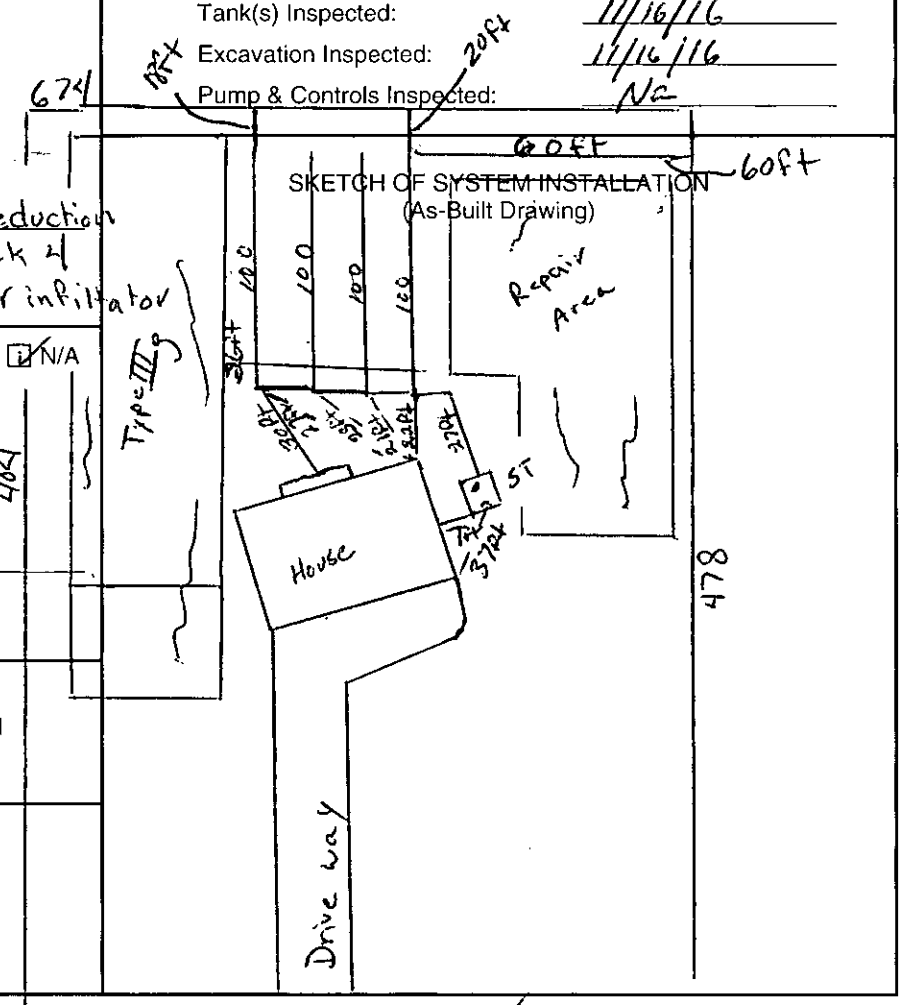
Distribution Device: Chamber to chamber infiltrator

Inspection Dates

Tank(s) Inspected: 11/16/16

Excavation Inspected: 11/16/16

Pump & Controls Inspected: Na



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: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 20 feet

Distance from Property Line: 20 feet

Distance from Water Supply Source: 710 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 IIIg Quick 4 / Na / Na

DHHS Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5217A Permit #: 8063 Tax Parcel #: 195-141-16

Property Owner: David / Holly Thompson

Job Location Address: 16040 Thompson

City: Mint Hill State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper *operation of the system. The contents shall be pumped whenever the solids level is found* to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☐

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: First line was moved to bottom to make sure we had fall

DENR Authorized Agent: Bryan Davenport Date: 11/16/16

Signature: Bryan Davenport

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30008063 GWS File #: 5217A Tax Parcel #: 195-141-16

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

I. This Improvement Permit Shall: Expire in Five (5) Years (If Applicable): 4/26/2021

Type of Installation: F Lot Number: 0

Structure Type: HOU! Occupants: 4

Building Foundation: t OK to Water Supply: Municipal

II. Initial System Type reduce Bed tion: Illg

Initial System Specificatic OP enclosed

Design Flow (gpd): 480 ump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Length (ft): 400

Maximum Trench Depth (i Top Boxes

III. Repair System Type: n: Illg

Repair System Specification

Design Flow (gpd): 480 p Tank Size (gal): N/A

Trench Width (ft): 3 rench Length (ft): 400

Maximum Trench Depth (in): p Boxes

IV. Permit Conditions/Cor

(Please See the Following

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: Holly Thompson

Signature: Bryan Davenport Signature: Holly Thompson

Date Issued: 4/26/2016 Print Name

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30008063 GWS File #: 5217A

IV. Permit Conditions/Comments:

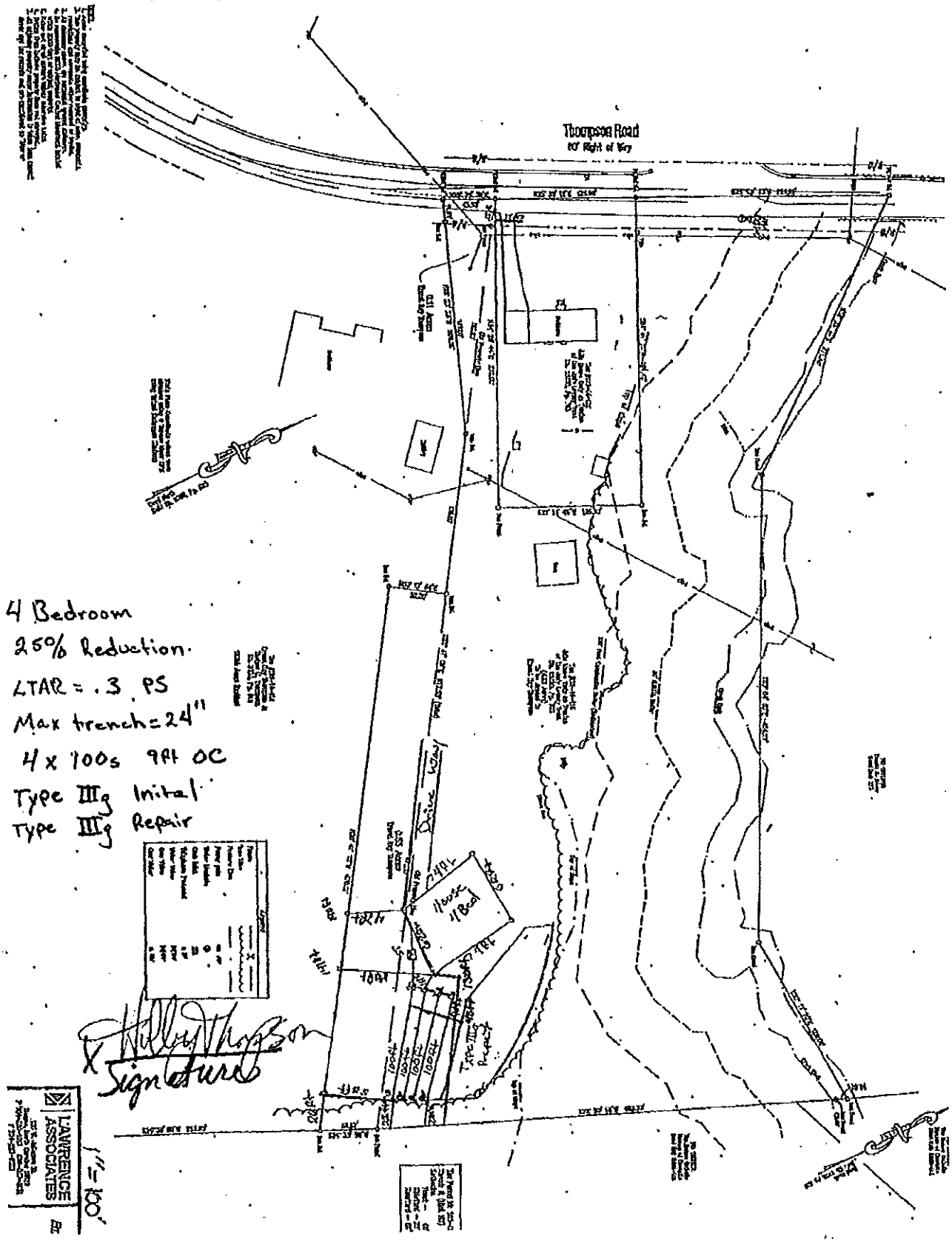
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Authorized Agent: Bryan Davenport
Signature: Bryan Davenport
Date Issued: 4/20/2016

Owner/Legal Agent: Holly Thompson
Print Name
Signature: Holly Thompson


Thompson Road
80' Right of Way
4 Bedroom
25% Reduction
LTAR = .3 PS
Max trench = 24"
4 x 100s 9ft OC
Type IIIg Inital
Type IIIg Repair
House
4 Bed
Drive
Signature
LAWRENCE ASSOCIATES
1" = 100'

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

Sheet: 1 of 2
Property ID: 195-141-16
Lot #: NA
File #: 5217A
AppID: 8063

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Julia Eudy
Applicant: Ray & Holly Thompson
Address: 16024 Thompson Rd, Charlotte, NC 28227
Date Evaluated: 3/18/16
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Property Size: 4.12 ac
Location: 16040 Thompson Rd, Charlotte, NC 28227
Property Recorded: Unknown
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 6%	0 - 8	gr/sbk CL	SS SP FR SEXP	>42"	38	NA	NA	saprolite inclusions 30 - 38"	PS IV 0.3	24"
		8 - 22	sbk C	S P FR SEXP							
		22 - 38	sbk CL	SS SP FR SEXP							
		38 - 42	Saprolite								
Boring #2	LS 6%	0 - 5	gr/sbk CL	SS SP FR SEXP	>45"	41	NA	NA	saprolite inclusions 32 - 41"	PS IV 0.3	27"
		5 - 32	sbk C	S P FR SEXP							
		32 - 41	sbk CL	SS SP FR SEXP							
		41 - 45	Saprolite								
Boring #3	LS 5%	0 - 12	gr/sbk SCL	SS SP FR SEXP	>46"	46	NA	NA	saprolite inclusions 34 - 46"	PS IV 0.3	32"
		12 - 34	sbk C	S P FR SEXP							
		34 - 46	sbk CL	SS SP FR SEXP							
Boring #4	LS 4%	0 - 12	gr/sbk CL	SS SP FR SEXP	>42"	38	NA	NA	saprolite inclusions 24 - 38"	PS IV 0.3	25"
		12 - 24	sbk C	S P FR SEXP							
		24 - 38	sbk CL	SS SP FR SEXP							
		38 - 42	Saprolite								
Boring #5	LS 4%	0 - 12	gr/sbk CL	SS SP FR SEXP	>42"	37	NA	NA	saprolite inclusions 24 - 37"	PS IV 0.3	24"
		12 - 24	sbk C	S P FR SEXP							
		24 - 37	sbk CL	SS SP FR SEXP							
		37 - 42	Saprolite								

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.3	0.3

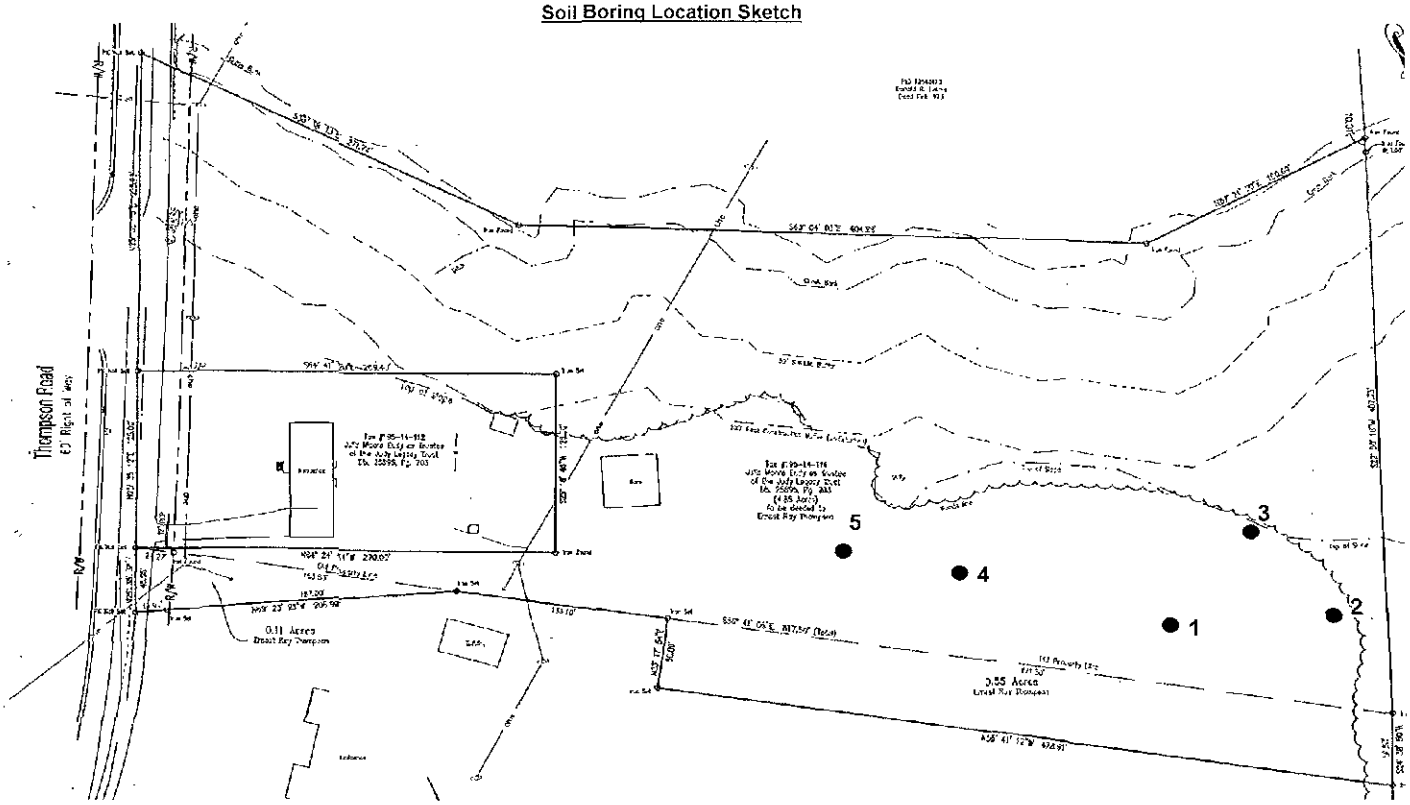
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: BD
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
		SiCL-Silty Clay		
CV-Convex Slope		Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
				s-strong f-fine
				m-medium
		Silt		c-coarse
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 5217A App # 8063 Tax Parcel # 195-141-16

Property Owner: David / Holly Thompson

Job Location Address: 16040 Thompson

City: Mint Hill State: NC Zip Code: 28227

1. **Does System design match facility, flow & wastewater characteristics?**

   ☑ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ YES ☐ NO

   Comments: _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ YES ☐ NO

   Comments: first line was moved to bottom. still 4 @ 100 ft.

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Bryan Dayzat
Authorized Agent

11/15/16
Date

Jammie O Daniel
Others Present