

15711 THOMPSON RD

19508126

6/27/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7315A DATE: 4-17-91

TC: 195-01-26 ☒ L ☒ CRT

SERIAL № 13790

Name of Owner KAREN Thompson Juris.:

Address of Property ~~15907~~ 15711 Thompson Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 10"

Water Supply Source P WELL

Distance to Water Source > 50'

Excavation Inspected 4-17-91

Tank(s) Inspected 4-17-91

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1991, 1500 GT, 1200 SF, 10" G CCC LIFE 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: INSTALLED SYS FOR 3 BDRM HOME 4 LINES 3' X 100'

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

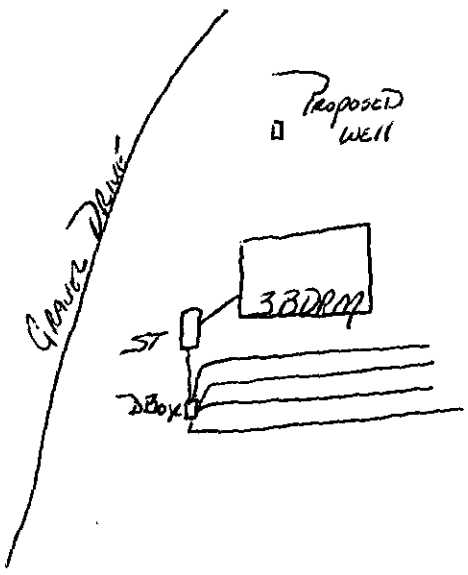
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7315A DATE: 3/26/91

TC: _____ ☐ L

SERIAL Nº 14951

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 3/26/91. All work shall be completed on or before 9/26/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER KAREN Thompson

LOCATION OF PROPERTY 15907 Thompson Rd.

Comments: INSTALL 1500 GST, 4 LINES 3'x100', 12" G

_____ Division or Section Head

_____ Environmentalist RSI

* 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

File # 7315A

DATE 3-19-91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MINT

#195-081-06 P.O.
PARCEL NUMBER

15711 THOMPSON RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	*SUBDIVISION* REGULATIONS		APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS		APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS		APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN		APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	✓ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	✓	YES	NO
7.	DRIVEWAY PERMIT REQUIRED		YES	✓ NO

REMARKS: Move ON PERMIT. (House)

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

SIGNED: B McConnico

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 7315A
TC: _____
SERIAL: № 21524
☒ ☐ CRT

JOB LOCATION

① ADDRESS: 15711 THOMPSON ROAD (STREET NO. / STREET) ② FILE: 7315A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 195-081-06 P.O.
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Karen (FIRST) LEAH (MIDDLE) THOMPSON (LAST)
⑨ MAILING ADDRESS: 15711 THOMPSON ROAD
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 366-1241 ⑭ (HOME) 545-4030

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 1 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Karen L. Thompson
Date: March 25, 1991

IMPROVEMENT PERMIT

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 Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist — 3/26/91 (Date)

Director or Authorized Section Head — 4-22-91 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

March 15th, 1991

Bruce Thompson
15907 Thompson Road
Charlotte, NC 28227

RE: Property located at Thompson Road
FILE: ~~7315A~~ ~~12666~~ 7315A
PARCEL: 195-081-06

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17040) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17040

File: ~~7315-A~~ 13000 / 7315 1 Action 1

Parcel: 195-081-06 ☒ PC

Location: THOMPSON RD

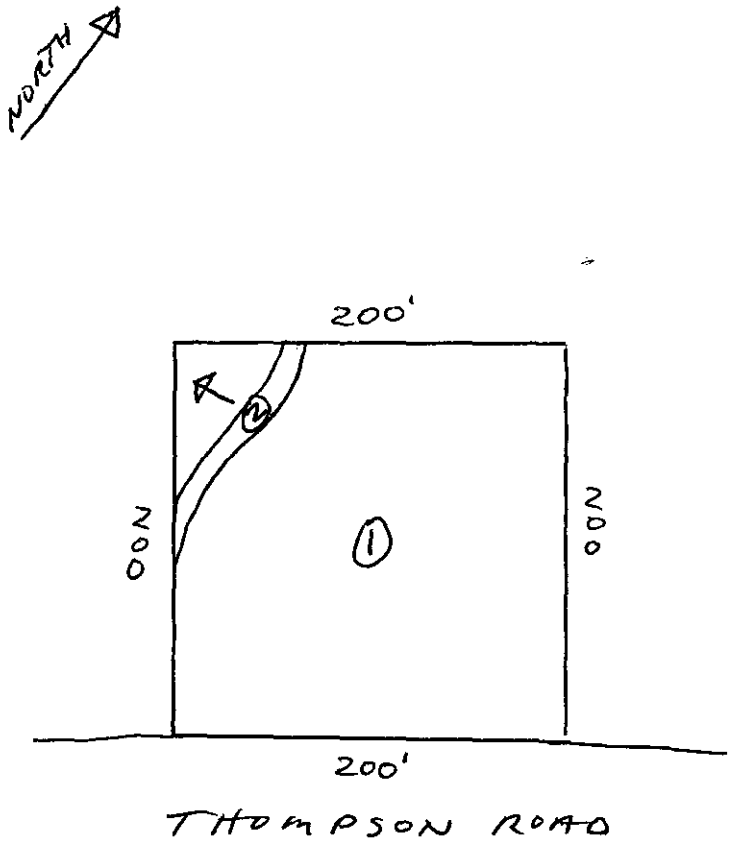
Subdivision:

Lot: Block: Acres: .91

Owner: BRUCE THOMPSON
Address: 15907 THOMPSON RD, CHARLOTTE NC 28227

Comments: 100% REPAIR

Described by: Kelly Rankle
Date: 3-12-91



*** 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 1-2%	S PS (U) DRIVEWAY	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 >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U NONE	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	CECIL-LIKE IV A	DRIVEWAY				
Area Classification	~~S~~ (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY) 73154 ~~75000~~
FILE: ~~A314A~~
TC: 195-081-06
☑ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
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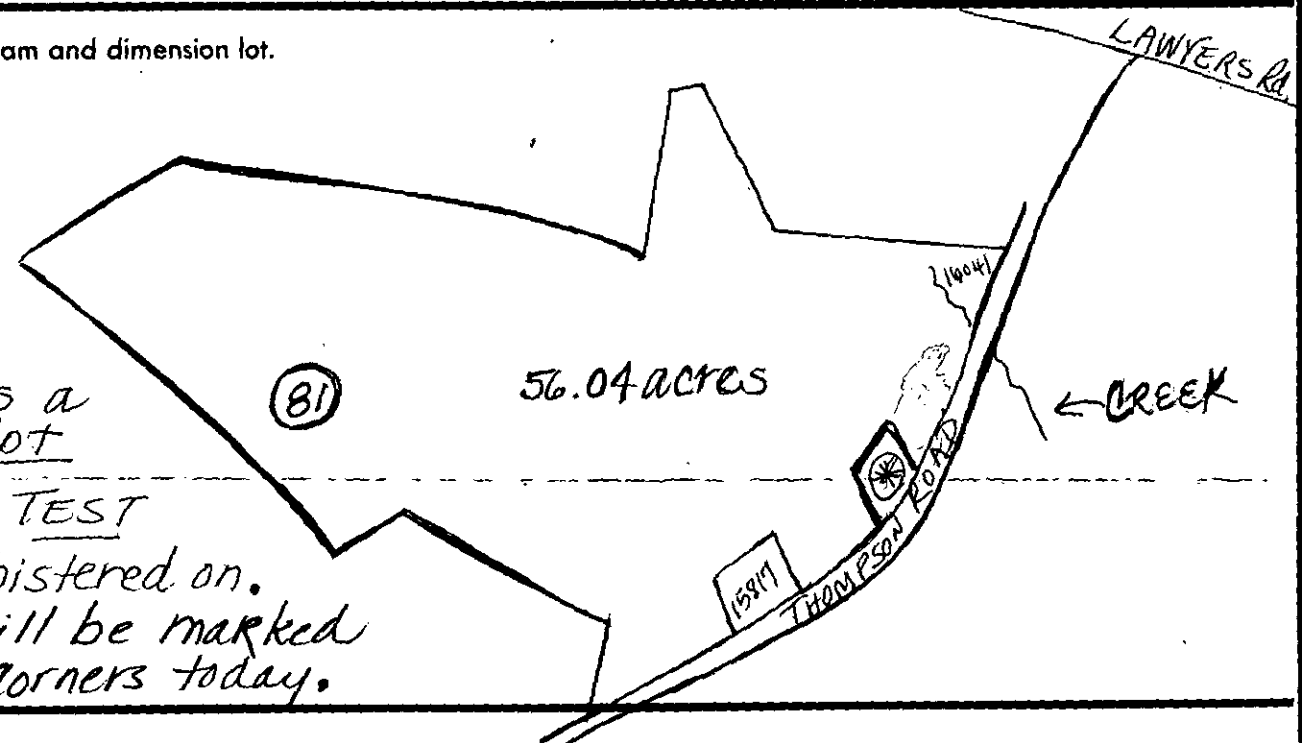
JOB LOCATION

① ADDRESS: THOMPSON ROAD
② SUBDIVISION: N/A ③ LOT: ④ BLOCK:
⑤ PARCEL REFERENCE: BOOK NO.: 195 PAGE NO.: 081 PARCEL NO.: 06
⑥ DEED REFERENCE: BOOK NO.: 2594489 PAGE NO.:

OWNER

⑦ NAME: BRUCE (FIRST) (NMI) (MIDDLE) THOMPSON (LAST)
⑧ MAILING ADDRESS: 15907 THOMPSON ROAD
⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28227
⑫ PHONE: (WORK) 545-4030 (HOME) 545-4030

⑬ Accurately diagram and dimension lot.



(*) Indicates a one acre lot for a SOIL TEST to be administered on. This LOT will be marked off on 4 corners today.

⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Bruce J Thompson

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

Date: March 1, 1991

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

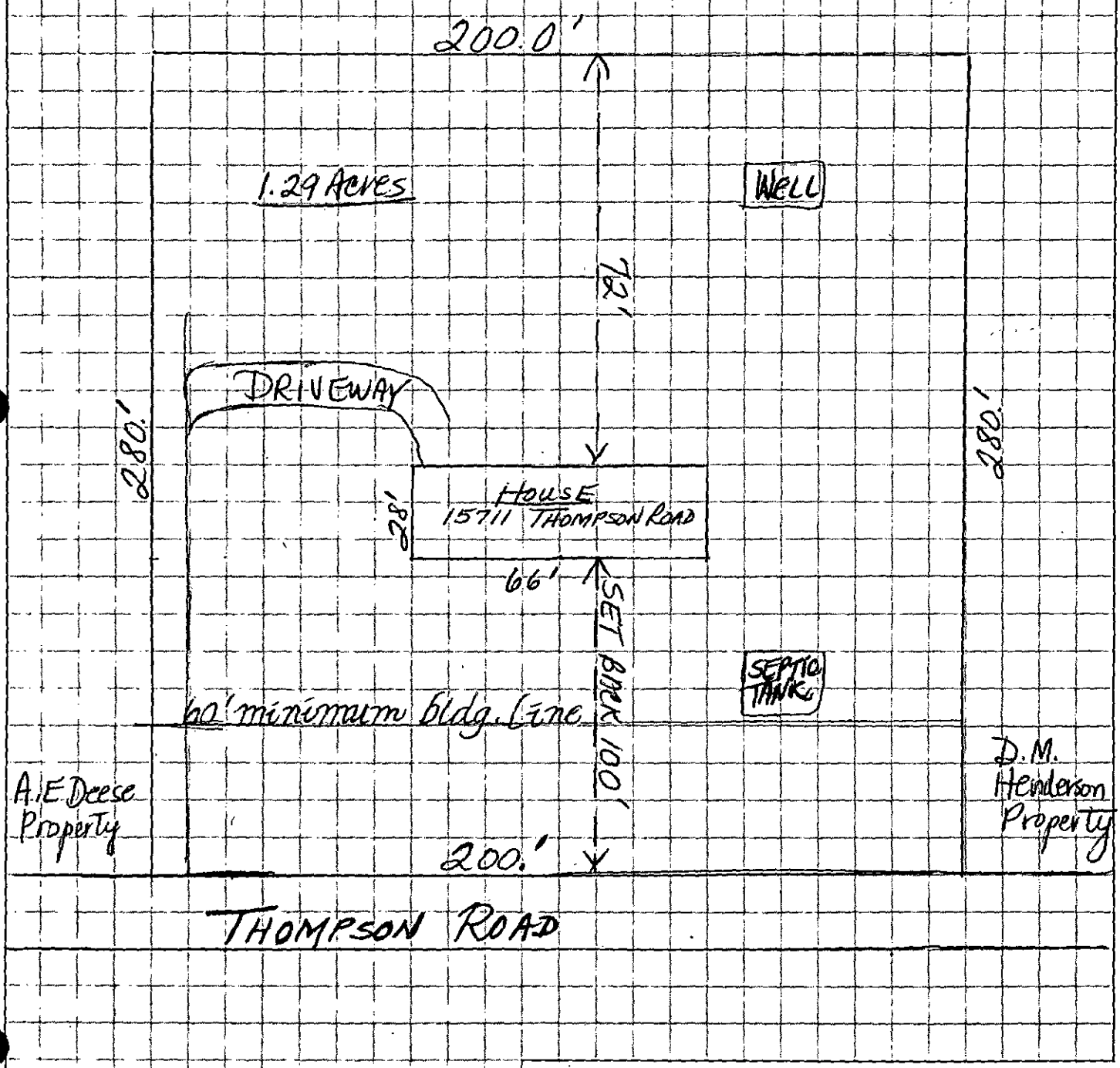
PROPOSED PLOT PLAN

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

FILE: 7315A

TC: _____

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



APPROVAL DATE _____

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