MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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:
TAX PARCEL NUMBER: 195-103-06
STREET ADDRESS: 13756 Thompson Place Dr.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 7 LOT SIZE (acres): 1.164 acre
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☑ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3003'
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT 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: ____ ____ ____ ____ ____

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? Dec. 2006 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: Hobart Smith, Jr.
ADDRESS: 13756 Thompson Place Dr.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704-321-3487
WORK PHONE: 704-365-6830
MOBILE PHONE: 704-361-5675
FAX: 704-365-6043

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

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.

BM (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

Robert G Brinson Jr. — Property Owner's or Owner's Legal Representative Signature

3/22/10 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ N/A DATE FEE RECEIVED: N/A

WELL APPLICATION FEES RECEIVED: $ — DATE FEE RECEIVED: —

APPLICATION PROCESSED BY: T. THOMASON (4/19/10)

GWS FILE NUMBER ASSIGNED: 4746B

APPLICATION ID NUMBER ASSIGNED: 4597

COMMENTS:

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

DUNCAN-PARNELL, INC. CHARLOTTE, NC 704-372-7388 N140657

THIS IS TO CERTIFY THAT ON THE 6TH DAY OF APRIL 2006 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON; THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY; AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED 1 FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED Gary K. Moen
N.C.P.L.S. L-3714
2817 Dorchester Place
Charlotte, N.C. 28209
(704) 676-4630

This property is not located in any Flood Hazard Area.
Reference: FIRM COMMUNITY PANEL 370538 0251E for the Town of Matthews, N.C.
Effective date: February 4, 2004 (ZONE X)

JOHN E. GIBSON D.B. 2196, P. 709 (N/F)

MARIA S. MCCORMICK D.B. 12620, P. 187 (N/F)

N.85°-38'-26"W. 269.68

PENNY BRANCH

POLLYANNA NELSON D.B. 3449, P. 343 (N/F)

S31°-16'-24"E. 253.60

40' M.B.L.

20' P.S.D.E.

LOT AREA 30,121 S.F. 0.6914 Ac.±

7

6

N.29°-13'-51"W. 174.66

B

S.87°-44'-50"E. 180.34

R=45.0 A=73.87 CH=S.61°-49'-16"E. 65.66

THOMPSON PLACE DR. 2 60' PUBLIC R/W 2

NOTES

1. PROPERTY IS ZONED R PER RECORD PLAT.
2. PROPERTY IS SUBJECT TO ALL ZONING REGULATIONS.
3. PROPERTY IS SUBJECT TO ALL R/W'S, ESMTS. AND AGREEMENTS OF RECORD NOT APPARENT OR EVIDENT AT THE TIME OF THIS SURVEY.
4. AREA COMPUTED BY THE COORDINATE METHOD.
5. SEPTIC FIELD LOCATION PER INFORMATION FROM HOBART SMITH CONSTRUCTION CO. INC.

NORTH CAROLINA PROFESSIONAL SEAL L-3714 LAND SURVEYOR GARY K. MOEN

LEGEND

M.B.L. - MINIMUM BUILDING LINE
P.S.D.E. - PUBLIC STORM DRAINAGE EASEMENT
S.F. - SQUARE FEET
Ac. - ACRES
R - RADIUS A - ARC
(N/F) - NOW OR FORMERLY
M.B. - MAP BOOK
D.B. - DEED BOOK
P. - PAGE
R/W - RIGHT-OF-WAY
ESMT. - EASEMENT

VICINITY MAP
LOCATION
THOMPSON PLACE
ROLLINGWOOD DRIVE

GRAPHIC SCALE
0 10 20 40 80 120

PHYSICAL SURVEY

OF

LOT 7, BECKINGHAM (REVISED)

MINT HILL, MECKLENBURG COUNTY, N.C.

PROPERTY OF

HOBART SMITH CONSTRUCTION CO. INC.

SCALE 1" = 40' DEED RECORDED _____ MAP RECORDED M-13-43, P. 715

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

April 19, 2010

Hobart Smith Construction Company, Inc.
Attn: Mr. Hobart Smith, Jr.
13756 Thompson Place Dr.
Mint Hill, NC 28227

Re: Septic system repair options
13756 Thompson Place Dr.
Parcel 195-103-06
GWS File # 4746B

Dear Mr. Smith:

We have completed our review of the site and soil evaluation conducted on April 12, 2010. Based on the information that is available we are presenting you with two options for repairing the septic system at your property.

Option 1

This repair option will require that the following items be performed:

1. Pump the 1,500 gallon septic tank.
2. Uncover the distribution box and inspect for damage. If damaged, the box must be replaced. If the box is serviceable the speed leveler for the lowest line (#4) shall be adjusted so that the line only receives overflow from the other lines. The speed levelers for the remaining three lines shall be adjusted to balance the flow to the drain field.
3. Bring in clean soil, Group III or IV as defined in 15A NCAC 18A. 1955 (b) Table II, to place over the drain field. The soil shall be spread with a tracked skid-steer during dry conditions to prevent soil compaction in the drain field. The drain field shall be filled and shaped so that it is free of depressions and sheds surface water.
4. The swale along the right property shall be reworked so that it channels storm water to the rear of the lot and discharge to the woods.
5. Seed and straw the areas that are disturbed so that a stable vegetative cover can be established over the entire system area.

Option 2

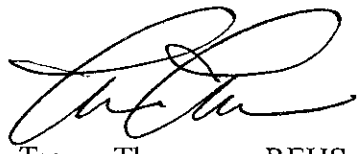
This option allows you to continue development of the pre-treatment, sub-surface drip irrigation system design (dated February 24, 2009) proposed by Soil & Environmental Consultants, PA (S&EC). If you elect this repair option an additional site visit will be required in order to layout the system. Also, final design review and approval of the S&EC proposal by the North Carolina Department of Environment & Natural Resources (NCDENR) and Groundwater & Wastewater Services (GWS) will be required prior to permit issuance.

Both of these repair options require that a permit be issued by GWS prior to the septic contractor starting the work, and all work must be completed in compliance with the applicable permit. We have used our best professional judgment in recommending these two repair options. We believe, but do not represent or guaranty, that either of these two options will enable the septic system to function properly. However, we recommend that you consult with your own soil and septic system expert before making your decision as to what repairs are to be made to the system. Your own expert may have another alternative for all of us to consider.

As you are aware, in the event repairs are made and the system malfunctions, you will be required to make additional repairs at your expense in order to make the system operational and in compliance will State rules and regulations.

Please review this information carefully and provide me with your repair option decision by April 26, 2010. Once your decision is received we will begin work to prepare the repair permit. Feel free to contact me at 704-336-5568 or at Trevor.Thomason@mecklenburgcountync.gov if you have any questions.

Sincerely,



Trevor Thomason, REHS
Environmental Analyst
Groundwater & Wastewater Services

Thomason, Trevor

From: Hobartsmithhomes@aol.com
Sent: Monday, April 19, 2010 2:30 PM
To: Thomason, Trevor
Cc: Corbitt, Lisa; Randall, Kelly; Michael, Jeremy
Subject: Re: Repair Options for 13756 Thompson Place Dr.

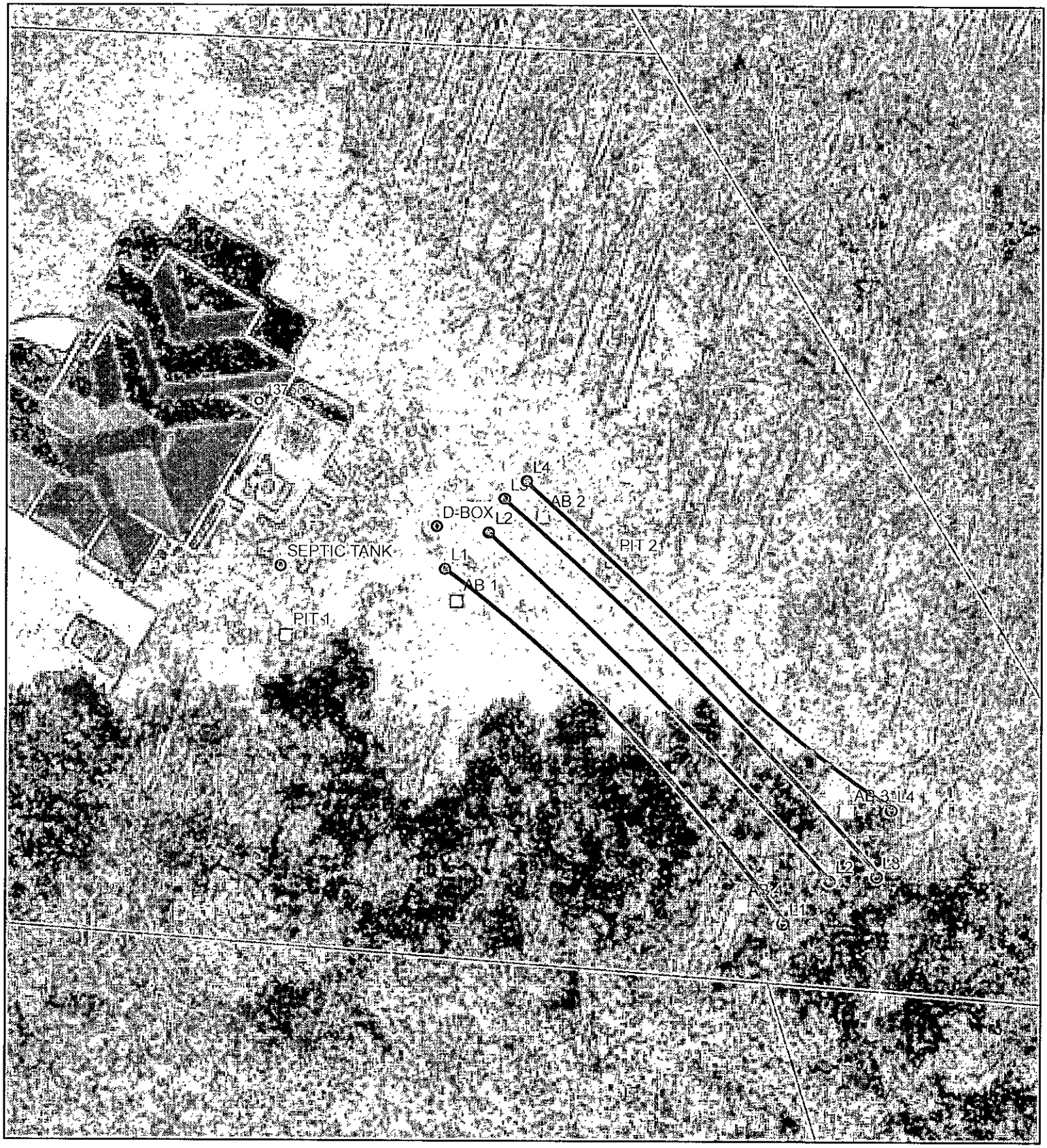
Dear Mr. Thomason,
Thank you for your letter of 4-19-10.
We would like to make the repairs to the Septic System at 13756 Thompson Place using the requirements in Option 1 of your letter.
If there is anything I need to do regarding the Repair Permit, please let know.
Thank you for helping with this. We do look forward to making these corrections and repairs.

Hobart Smith, Jr.
13756 Thompson Place Dr.
Mint Hill, NC 28227

O- 704-365-6830 , ext. 304

Cell- 704-361-5675

13756 THOMPSON PLACE DRIVE



1. Points shown were collected with GPS on 4/12/10.
2. Auger borings were evaluated on 4/12/10.
3. Pits were evaluated on 3/25/08.

Legend

- Septic System
- Soil Evaluation Locations

Map Created By: T. Thomason
Date: 4/13/10

0 15 30 60 Feet

North Carolina Department of Environment and Natural Resources
Division of Environmental Health

Beverly Eaves Perdue
Governor

Terry L. Pierce
Director

Dee Freeman
Secretary

April 14, 2010

Memorandum

To: Lisa Corbitt, Mecklenburg County Environmental Health Director

From: Gene Young, Regional Soil Specialist
On-Site Wastewater Section

Subject: Site Evaluation of Lot 7 Thompson Place
Location-13756 Thompson Road, Charlotte

On April 12, 2010, the Mecklenburg County Environmental Health Department and I did a soil / site and evaluation of the aforementioned property to evaluate the soil for the existing sub-surface sewage treatment and disposal system for the existing four-bedroom residence. Public water is available for the water supply.

The soil evaluated in the system area is documented below.

The soil at the beginning of the system just below the distribution box has:
Auger Hole 1 (located on the right side of the drainfield) has 10 inches of fill material over sandy clay loam/clay loam soil 10 to 22 inches deep over a clay soil 22 to 36 inches deep. The subsoil has slightly expansive clay mineralogy with firm moist soil consistence and a plastic wet soil consistence. The soil structure is week angular blocky mixed with weak subangular blocky. Soil wetness was documented at depths starting at 30 inches.

Auger Hole 2 (located on the left side of the drainfield) has 6 inches of fill material over sandy clay loam/clay loam soil 6 to 12 inches deep over a clay soil 12 to 36 inches deep. The subsoil has slightly expansive clay mineralogy with firm moist soil consistence and a plastic wet soil consistence. The soil structure is week angular blocky mixed with weak subangular blocky. Soil wetness was documented at depths starting at 31 inches.

The soil at the end of the system just above the wood line
Auger hole 3 has 6 inches of fill material over sandy clay loam/clay loam soil 6 to 12 inches deep over a clay soil 12 to 36 inches deep. The subsoil has slightly expansive clay mineralogy with firm moist soil consistence and a plastic wet soil consistence. The soil structure is week angular blocky mixed with weak subangular blocky. Soil wetness was documented at depths starting at 36 inches.

Auger hole 4 has 10 inches of fill material over sandy clay loam/clay loam soil 6 to 10 inches deep over a clay soil 10 to 48 inches deep. The subsoil has slightly expansive clay mineralogy with firm moist soil consistence and a plastic wet soil consistence. The soil structure is week angular blocky mixed with weak subangular blocky. Soil wetness was documented at depths starting at 42 inches.

If you have any further questions, please feel free to call me.

E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.

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

File #: 4746B Permit #: 4597 Tax Parcel #: 195-103-06

Property Owner: HOBART SMITH, JR.

Job Location Address: 13756 THOMPSON PLACE DRIVE

City: MINT HILL State: NC Zip Code: 28227

Installation Approval Issuance Date: 4/21/10

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 5/31/10, 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: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1,500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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)

(1) SEPTIC SYSTEM REPAIRS TO INCLUDE ALL REQUIREMENTS LISTED UNDER "OPTION #1" IN THE INCLUDED LETTER (DATED 4/19/10)

(2) GWS STAFF MUST BE PRESENT WHEN D-BOX IS OPENED FOR ADJUSTMENT.

(3) GWS WILL CONDUCT A FINAL INSPECTION WHEN ALL COVER IS PLACED & GRADING IS COMPLETED.

Comments: System Classification & Type: 25% REDUCTION W/ GRAVITY DISPERSAL IIIg
PERMIT ISSUED UNDER THE PROVISIONS OF:
15A NCAC 18A .1961(L)

DENR Authorized Agent: TREVOR THOMASON, REHS Signature: _____

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 #: 4746B Permit #: 4591 Tax Parcel #: 19510306

Property Owner: HOBART SMITH

Job Location Address: 13756 THOMPSON PLACE DR.

City: MINT HILL State: NC Zip Code: 28227

Operation Permit Issuance Date: 06-28-2010 Contractor Name: RCS

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 04-27-2010

Excavation Inspected: 04-27-2010

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

- SEPTIC TANK WAS PUMPED OUT ON BOTH THE INLET AND OUTLET ON 04-27-2010. THE FILTER WAS ALSO CLEANED.
- THE D-BOX WAS UNCOVERED AND THE LOWEST LINES SPEED LEVEL WAS TURNED UP FOR OVERFLOW ON 04-27-2010
- ~~Dirt was brought in and~~ landscaped to fill in low areas or areas subject to hold surface water. Finished on 06-28-2010

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: IIIg EZ1203H, 6, NA, NA

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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 #: 4746B Permit #: 4597 Tax Parcel #: 19510306

Property Owner: HOBART SMITH

Job Location Address: 13756 THOMPSON PLACE DR.

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: IIIg

*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:

DENR Authorized Agent: Jeremy Michael Date: 06-28-2010

Signature: Jeremy Michael

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: Lawrence Deckbar II and Carol Deckbar

Mailing Address: 13756 Thompson Place Dr.
Mint Hill, NC 28227

Occupant: Same as owner

Location: Same
, NC

☒ Residence ☐ Business ☐ Other

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.

On January 9, 2009 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(C)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

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

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **February 13, 2009** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact Jeremy Michael at 704-814-4670.

Notice Issued: 01-12-2009
Date

Jeremy Michael R.S.
DENR/DEH Authorized Agent

Compliance: 04/12/2010
Date

Jeremy Michael
DENR/DEH Authorized Agent

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

North Carolina
Division of
Environmental Health

Division of Environmental Health

Terry L. Pierce, Director
Ted Lyons, OSWPS, Section Chief

State of North Carolina
Michael F. Easley, Governor

Department of Environment and Natural Resources
William G. Ross, Secretary

March, 31, 2008

Memorandum

To: Kelly Randall, Mecklenburg County Environmental Health Supervisor

From: Gene Young, Regional Soil Specialist
On-Site Wastewater Section

Subject: Site Evaluation of Lot 7 Thompson Place
Location-13756 Thompson Road, Charlotte

On March 25, 2008, Kelly Randall, Mecklenburg County Environmental Health Supervisor and I did a soil / site and evaluation of the aforementioned property to evaluate the failing sub-surface sewage treatment and disposal system for the existing four-bedroom residence. Public water is available for the water supply.

1. This site was approved for a 4 bedroom dwelling by the Mecklenburg County Environmental Health Department.
2. The Construction Authorization was issued for the site with a 1500 gallon septic tank and 415 feet of 35% reduction type system on November 6, 2003.
3. The initial system was installed on July 28, 2006. The construction authorization was changed before the installation to a 25% reduction type system and 520 feet of EZZ Flow was installed in 4, 130 foot long trenches. A French drain was also installed along the upper property line.
4. Backhoe pits were dug to evaluate the soil on this site. The soils of the lot front right have had extensive grading and soil removed. The soils on the upper right rear of the site have 4 to 6 inches of a sandy clay loam/clay surface layer. The subsoil layer is clay 30 to 33 inches deep. The subsoil has slightly expansive clay mineralogy with firm moist soil consistence and a plastic wet soil consistence. The soil structure is angular blocky mixed with weak subangular blocky. Soil wetness was documented at depths starting at 24 inches. The long-term acceptance rate for this area is .225gpd/ft2 for a shallow placed system with soil cover added. The soils on the lower left side of the lot just below the existing system have 11 inches of existing fill over a sandy clay loam layer to 22 inches deep. The subsoil layer is clay 22 to 52 inches deep with firm moist soil consistence and a plastic wet soil consistence. The soil structure of this horizon is weak angular blocky mixed with weak subangular blocky. Soil wetness was documented at depths starting at 25

127 Creek Ridge Drive, North Carolina 27295
Phone (336) 462-0108
Email-gene.young@ncmail.net

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One NorthCarolina Naturally

inches deep, which includes the 11 inches of existing soil cover. Due to the shallow depth to soil wetness, the soils in this area are unsuitable for subsurface sewage treatment and disposal systems.

5. The initial system began to malfunction and in June of 2007 repair attempts were made to the system. The washing machine was replumbed to 2, 6 foot by 50 foot gravel beds in the front yard. These repair attempts have not fixed the problem.
6. Repair Options:
    - Connect to the public sewer system in the area
    - Locate an offsite area where an additional system can be installed. Appropriate easements will be needed.
    - Install a deep sand lined trench system in the side and front yard. The initial system needs to be kept intact. Measurements will need to be made to determine how much useable space is available.
    - Install drip irrigation system on the upper right rear of the lot

If I can be of further assistance, please feel free to call.

127 Creek Ridge Drive, Lexington, North Carolina 27374
Phone (336) 462-0108
Email-gene.young@ncmail.net

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One NorthCarolina Naturally



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

Mr. & Mrs. Deckbar
13756 Thompson Place Drive
Charlotte, NC 28227

Re: Failing Subsurface Wastewater System, Located at 13756 Thompson Place, Mint Hill, NC 28227 (Lot 7)

Mr. & Mrs. Deckbar:

On March 31st and April 24th of 2008, Michael Athanas & Associates, Inc. performed a soil/site evaluation on the above referenced site. This was performed at the request of Mr. Deckbar in order to determine what options were available to alleviate the failing subsurface wastewater system. Site suitability is based on but not limited to topography, soil characteristics, soil wetness, soil depth, restrictive horizons and available space.

This evaluation was accomplished by traversing the property and observing soil characteristics (depth, structure, texture, seasonal wetness, etc.) through the use of soil observations (hand augar borings and excavated backhoe pits). From these soil observations, 4 soil profiles were developed relative to subsurface disposal of wastewater in accordance with **15A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems".**

Upon my initial arrival on March 31st to the site, the subsurface wastewater system appeared to be failing. There were puddles of what appeared to be effluent in the center of the system area that exhibited a very strong odor. On my second visit to the site, four backhoe pits were excavated in order to determine soil/site suitability. Pit #1 located just below the existing system, exhibited approximately 11 inches of fill material, 11-22 inches was a sandy clay loam, that was friable and exhibited a slightly sticky, slightly plastic consistence, with common drainage mottles and common manganese concentrations. At 22-60 inches was an olive brown clay (2.5Y 5/6) that exhibited a weak subangular blocky to almost massive structure, with a firm, sticky, plastic consistence. The clay fraction was very heavy and possessed some expansive characteristics/mineralogy. Soil wetness (chroma 2) was observed at a depth of 24 inches and became common/prolific at 32 inches. Due to the shallow depth to soil wetness and the amount of fill present, this soil observation/pit in my professional opinion is **unsuitable** with respect to soil wetness.

Pit #2 was located in the upper right corner of the lot just below the driveway. This soil observation/pit exhibited a sandy clay loam surface from 0-19 inches. The subsoil (19"-31") was a brownish yellow clay (10YR6/8) that exhibited slightly expansive clay mineralogy, weak subangular blocky/angular blocky structure with a firm, sticky, plastic consistence with few to common drainage mottles. Soil wetness conditions were observed at a depth of 31 inches. This soil observation/pit in my professional opinion is **provisionally suitable** to 31 inches and would receive a .2gal/day/ft2 long term application rate. This pit was excavated to sixty inches, although showed no true sign of improvement, soil structure appeared to be massive, although the clay content dropped somewhat and there were a few saprolitic inclusions.

Pit #3 was located below (in elevation) pit #2, but still above the existing septic system. This soil observation/pit exhibited 0-3 inches of fill. From 3-9 inches was a clay loam and from 9-40 inches was a olive yellow clay (2.5Y 6/6). The subsoil had a firm, sticky, plastic consistence with a weak angular blocky structure and exhibited common drainage mottles. Soil wetness was observed at a depth of 19 inches, the pit was excavated to 60 inches but only worsened in referenced to soil structure and soil wetness. In my professional opinion, this soil observation is **unsuitable** with respect to soil wetness.

Pit #4 was located in the front yard. This pit was excavated next to the repair area that Mecklenburg County utilized for the washing machine. This soil observation revealed two feet (0-24") of fill. From 24"-34" was a sandy clay loam and from 34"-66" was a brownish yellow (10YR 6/8) clay with a weak subangular blocky/weak angular blocky structure. This subsoil had slightly expansive clay mineralogy with a firm to friable, sticky, plastic consistence. Few to common drainage mottles were observed throughout this profile and soil wetness was observed at a depth of 52 inches. In my professional opinion, this soil observation/pit is **unsuitable** in accordance with **15A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems."**

In conclusion, based on the soil observations/pits that Michael Athanas & Associates, Inc. has observed on April 24th, 2008, it is our opinion that this site should have never received an Improvement Permit for a type IIIg/25% reduction septic system and the long term acceptance rate of .25gals/day/ft2 was excessive. Although, if the site was compromised or altered after Mecklenburg County did their soil evaluation, this should have been caught at the checkout of the completion of the system. It is our opinion based on **current** soil conditions, that this site would have been better suited for a subsurface drip system. Possible solutions or repairs would be the following:

1. Connect to public sewer
2. Locate an offsite area
3. Try to add additional line in the upper right rear of the lot

Please note in reference to option 3, although proper dimensions have not been taken currently, it is our opinion that there is not enough space to adequately repair this site due to the limited

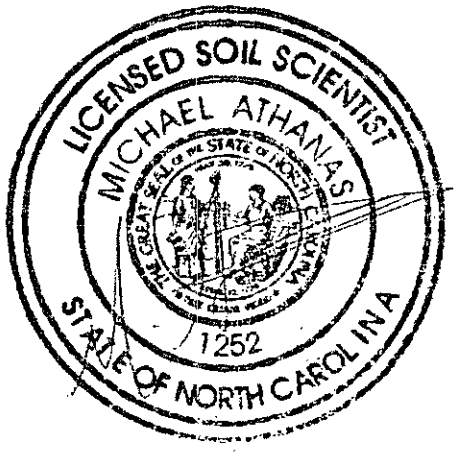
space/area of provisionally suitable soil.

I trust that this report provides you with the information you requested, if you have any further questions or concerns, please feel free to call me.

Sincerely,

Michael Athanas
Licensed Soil Scientist

c.c Kelly Randall, Mecklenburg County Environmental Health Supervisor
Gene Young, N.C. Regional Soil Specialist, On-Site Wastewater Section





MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

March 16th, 2009

Mr. & Mrs. Deckbar
13756 Thompson Place Drive
Mint Hill, NC 28227

Re: Soil & Environmental Consultants (S&EC) Final Proposal Concerning 13756 Thompson Place Drive, Mint Hill, NC

Mr. & Mrs. Deckbar:

Michael Athanas & Associates, Inc. has been contracted by you to provide our professional opinion and recommendations concerning SEC proposal dated February 24th, 2009. This was a proposal from SEC outlining in full detail the proposed pre-treatment subsurface drip system (TSII) for your potential repair of your failing septic system. All lines have been shot in with the use of a laser and located using GPS technology. All professional recommendations are in accordance with 15A NCAC 18A .1900 Rules for Sewage Treatment and Disposal Systems.

SEC is proposing the use of two areas for the repair to your failing system. The first area is located in the upper western portion of the lot. As you know, we performed hydraulic conductivity analysis in this area as well as SEC. SEC has average both of our readings and has arrived at a proposed LTAR of .11 gals/day/ft2. Based on the soils present in that area and our results from the hydraulic conductivity analysis, we think that this proposed LTAR is within the parameters set forth in 15A NCAC 18A .1900 rules for sewage treatment and disposal systems. This area was laid out by Michael Athanas & Associates, Inc. and possessed approximately 999 linear feet of subsurface drip tubing (2 foot centers).

SEC is also proposing to utilize the area located in the lower left side of the lot (eastern property boundary) as a second area for potential repair. SEC performed three auger borings in this area and classified the soils as provisionally suitable for a subsurface drip wastewater system and determined an LTAR of .15gals/day/ft2, which they have chosen to double to .3gals/day/ft2 as a result of using pretreatment. Please note, it appears some of these laterals extend into the State's old soil observation/pit which was classified as 14" (11-25) of useable material, therefore some of these laterals would need to be slightly reduced. Michael Athanas & Associates, Inc. also performed soil observations in this area and we are in agreement with SEC that this area is mainly provisionally suitable with respect to soil depth and the LTAR classification for a pre-

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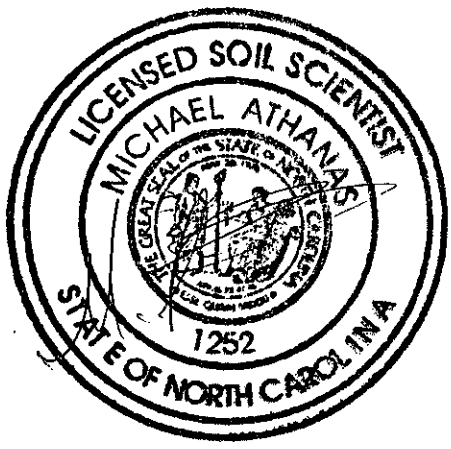
treatment subsurface drip system. Although, we are not in agreement with respect to the setback, specifically the setback off of stormwater easement. This rule is addressed in 15A NCAC 18A .1950, it states, **"every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from...stormwater diversions (iii) downslope... 25 feet".** The **vast** majority of the proposed system is located within this 25 foot setback. This does not meet the 1900 rules and regulations, set forth by the State. Rule 15A NCAC 18A .1970 states, **"when any horizontal setbacks are proposed to be reduced pursuant to table XIV, the vertical separation modifications or LTAR increases shall not be concurrently applied...".** Therefore, SEC can not double the LTAR and reduce the setback from the stormwater easement. Please note that elevations were measured in the lower portion of the area SEC is proposing to use. SEC 's lower field laterals elevations were evaluated by use of a laser, the upper most red line's elevation was 4.0, the middle orange line was 4.7, the lower yellow line measured 4.9, and the centerline of the storm water easement measured 5.4. Based on these elevations there is 1.4 foot elevation fall from the first line to the centerline of the stormwater easement. This area can not be considered a side slope as SEC is proposing, this area could not classified as anything but downslope. Also when addressing the rules concerning TSII based on Geoflow Innovative Wastewater System Approval **(IWWS-2000-2R)** it states under Siting Criteria, Section II that **"The minimum horizontal setback requirements of rule 1950 (a) shall be met..."** Again it appears that this proposal does not meet the rules concerning the Innovative Wastewater System Approval **(IWWS-2000-2R)** in reference to setbacks. Please note portions of the proposed septic area are located within a few feet of the stormwater easement, which is subject to periodic flooding as represent by the alluvial soil present in this area and as represented by the attached pictures. This area is definitely prone to inflow of surface waters and is in my professional opinion of a questionable landscape position. Please note that the centerline of the stormwater easement was surveyed prior to all field measurements and evaluations.

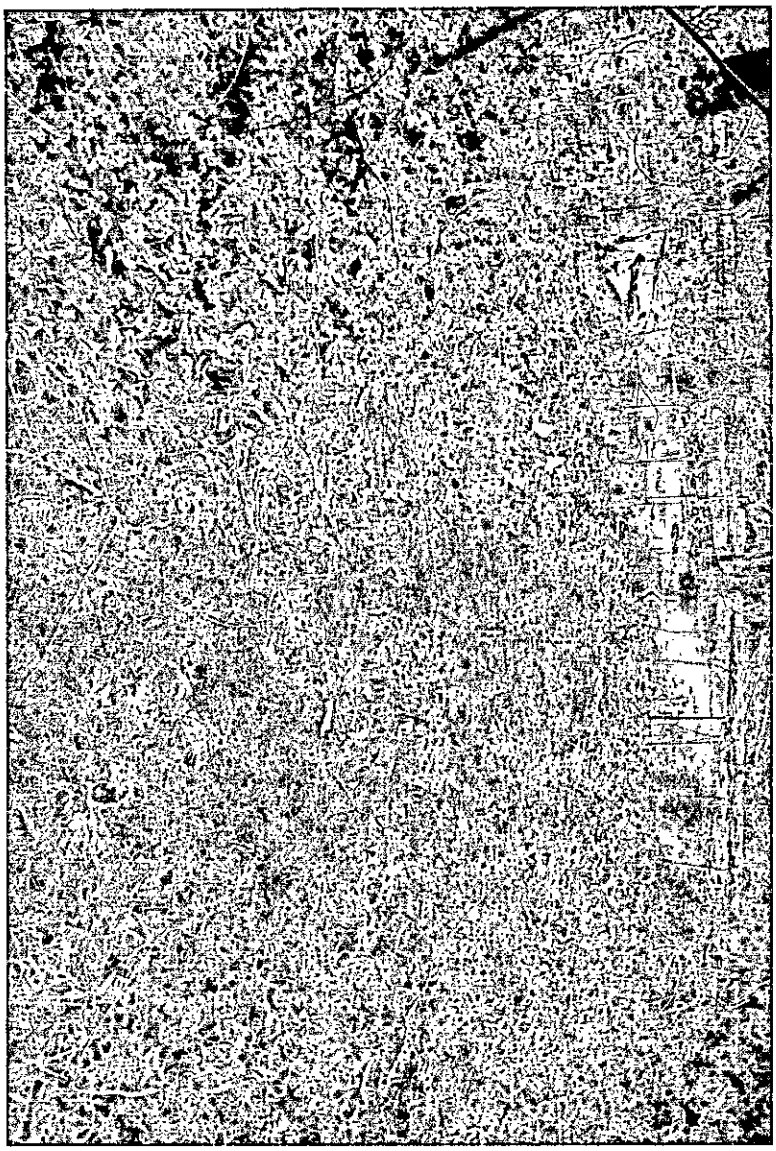
In conclusion, we do not feel that this proposal meets the rules and regulations set forth by the State of North Carolina concerning **15A NCAC 18A .1900** Rules for Sewage Treatment and Disposal Systems, specifically concerning rules **1950** and **1970** and does not appear to meet the Innovative Wastewater System Approval **(IWWS-2000-2R)**. Please note if this proposed repair was to be installed and does not function, you would have no alternative. Based on the facts I have presented, it is my professional opinion that the best overall solution for this lot is sewer or an offsite easement, which is currently available.

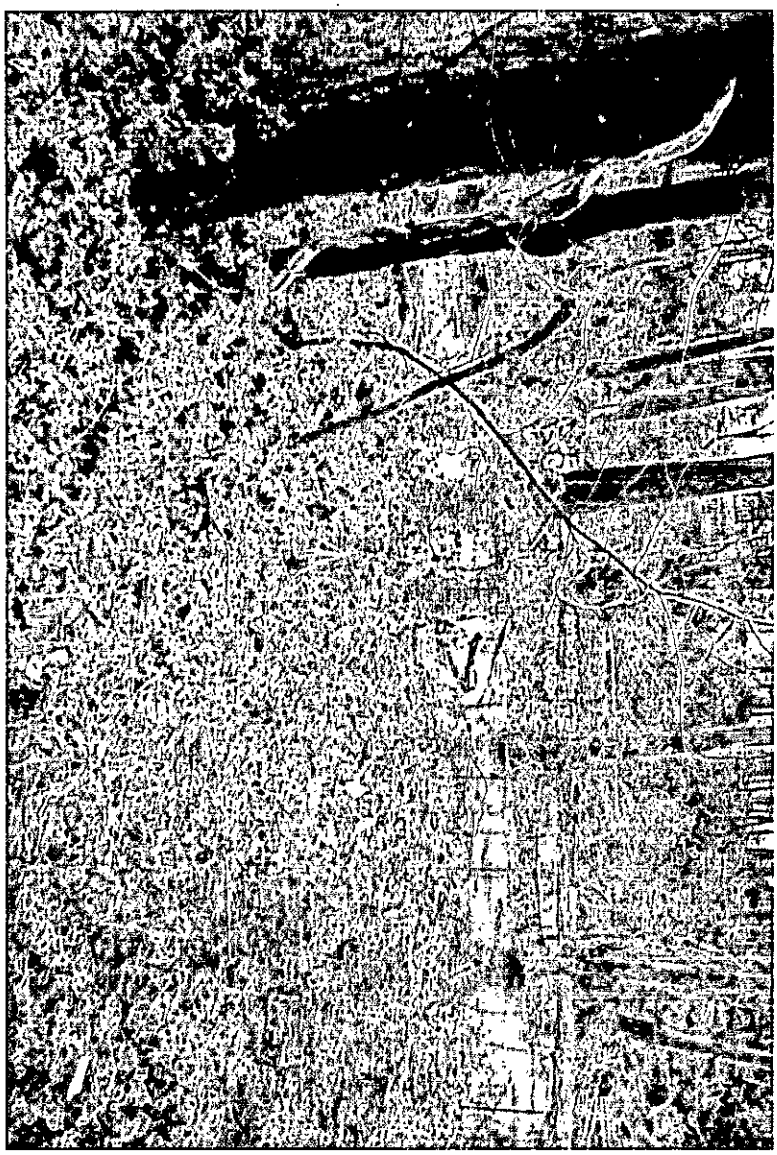
If you have any further questions or comments, please feel free to contact me.

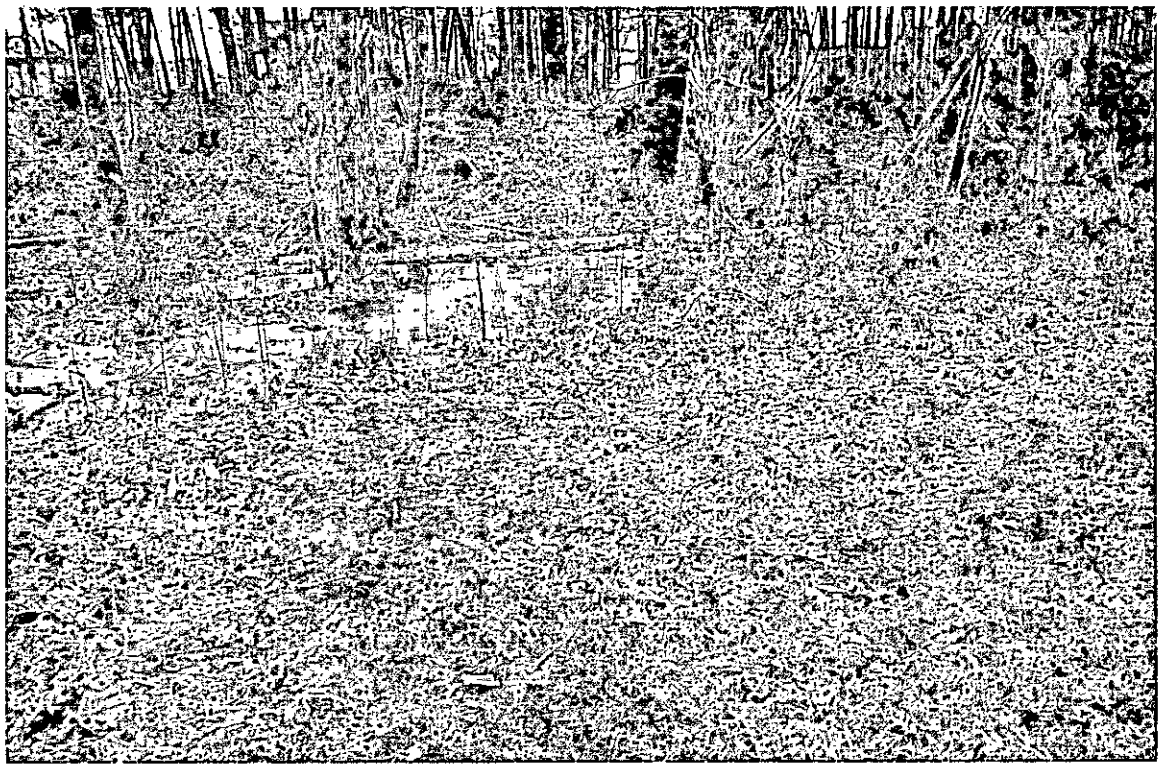
Sincerely,

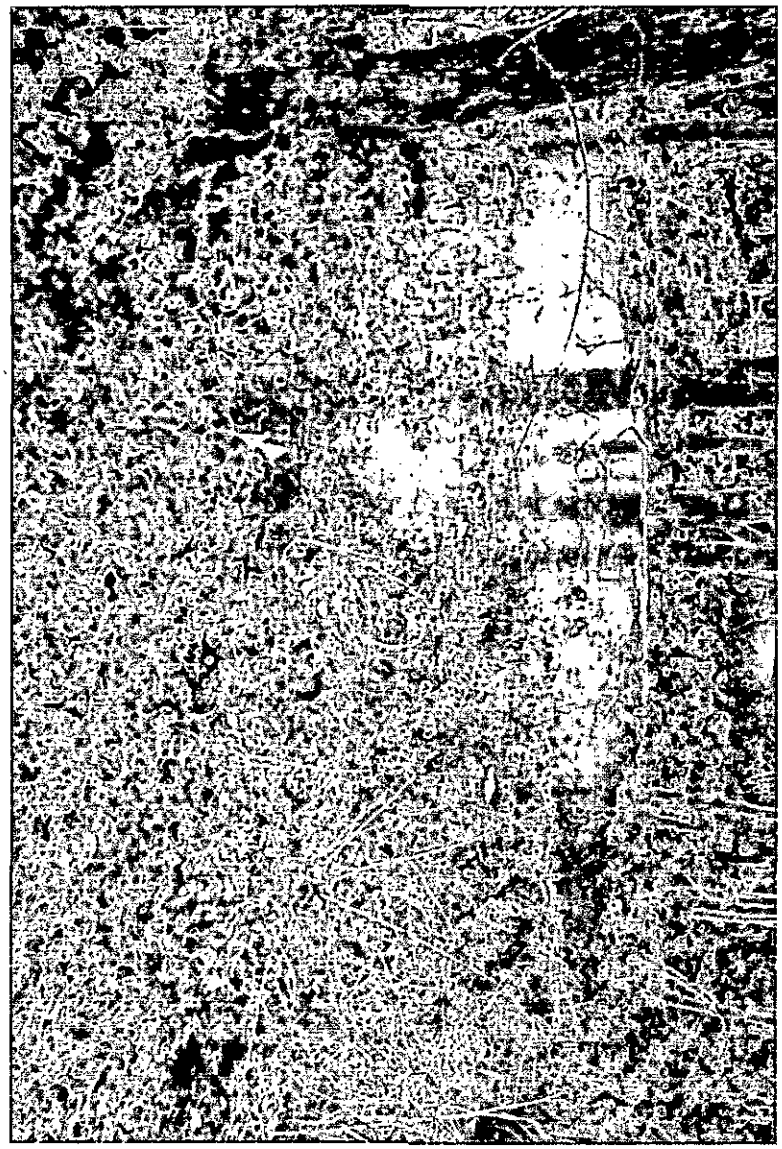
Michael Athanas
N.C. Licensed Soil Scientist
cc. Lisa Corbitt, Mecklenburg County
Lorna Withrow, NC DENR
Wendell Overby, SEC
Michael McCulley, Jr.

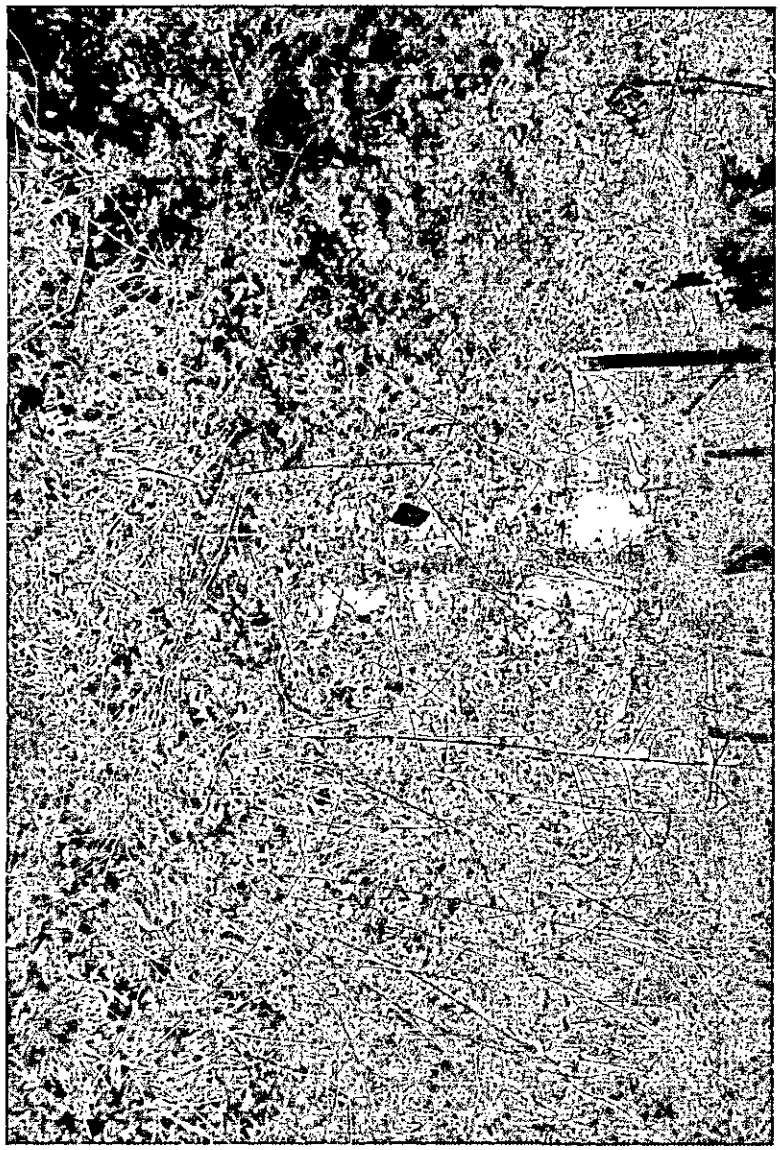


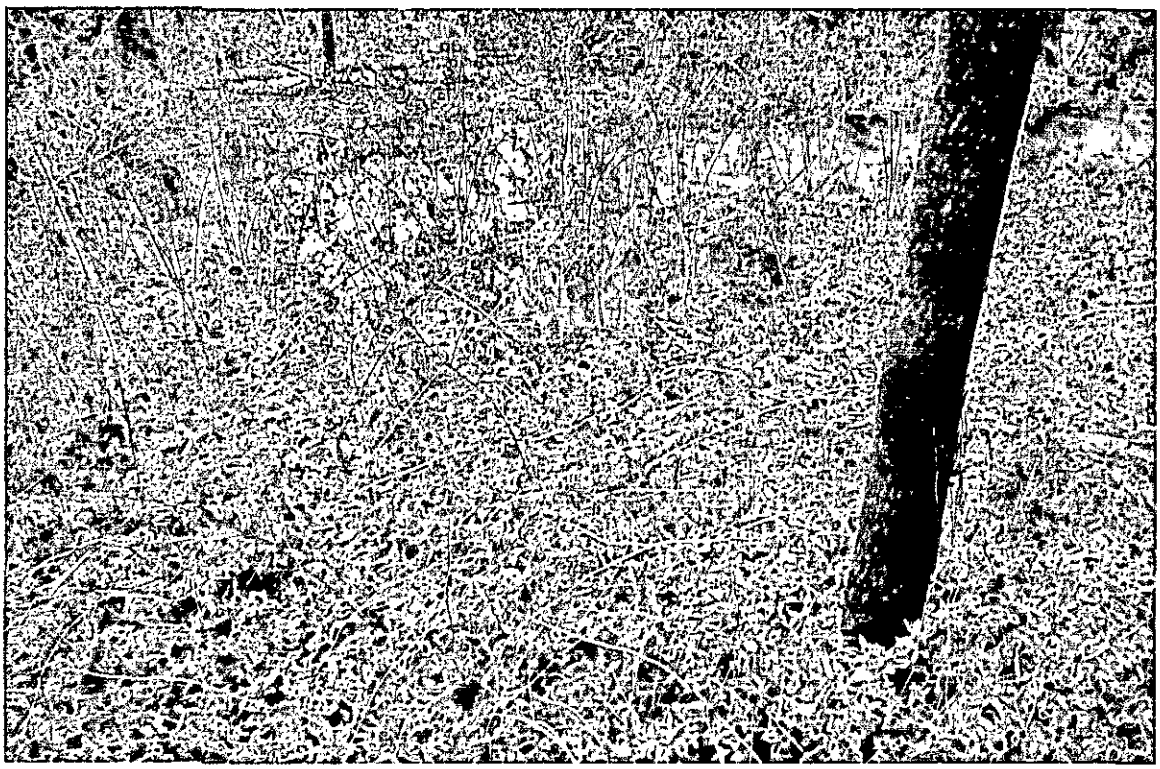












N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: Lawrence Charles Deckbar

Mailing Address: 13756 Thompson Place Dr.

Mint Hill, NC 28227

Occupant: Same as owner

Location:

, NC

☒ Residence ☐ Business ☐ Other

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.

On March 3, 2008 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☒ Other Repairs *(Specify):* Or other repair if applicable

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

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **April 7, 2008** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact EHS Name at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 432-4258 phone, (704) 336-6894 fax.

Notice Issued: 03-04-08 (Date)

DENR/DEH Authorized Agent

Compliance: 14-12-2010 (Date)

DENR/DEH Authorized Agent

FILE NUMBER: 47466

Revised On: January 3, 2007

APPLICATION NUMBER: 2438

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☒ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 195-103-06
STREET ADDRESS: 13756 THOMPSON PL.
CITY: CHARLOTTE, N.C.
STATE: NC ZIP: 28227
SUBDIVISION NAME: BECKINGHAM
LOT #: 7 LOT SIZE (acres): 1.2
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☑ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 4000
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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 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

10. PROPERTY OWNER:
NAME: LAWRENCE & CAROL DECKBAR
ADDRESS: SAME AS ABOVE
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

L.C. Deckbar 6-27-07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

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

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

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

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

File #: 4746B Permit #: 195-103-06 Tax Parcel #: 195-103-06

Property Owner: Larry Dekbar

Job Location Address: 13756 Thompson Place Dr.

City: Mint Hill State: NC Zip Code: 28227

Installation Approval Issuance Date: 05-29-2007

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 06-29-2007, 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 Wash Lines Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 Gal Existing + Waster Box gallons Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: 30 inches

Bed Width: 6 feet (2) 6'x50' 18" stone only

Total line length: 100 feet

# of Lines: 2 @ 100 feet

Depth of Media: 18 inches (Type) Stone

Distribution Device: Waster Box to D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

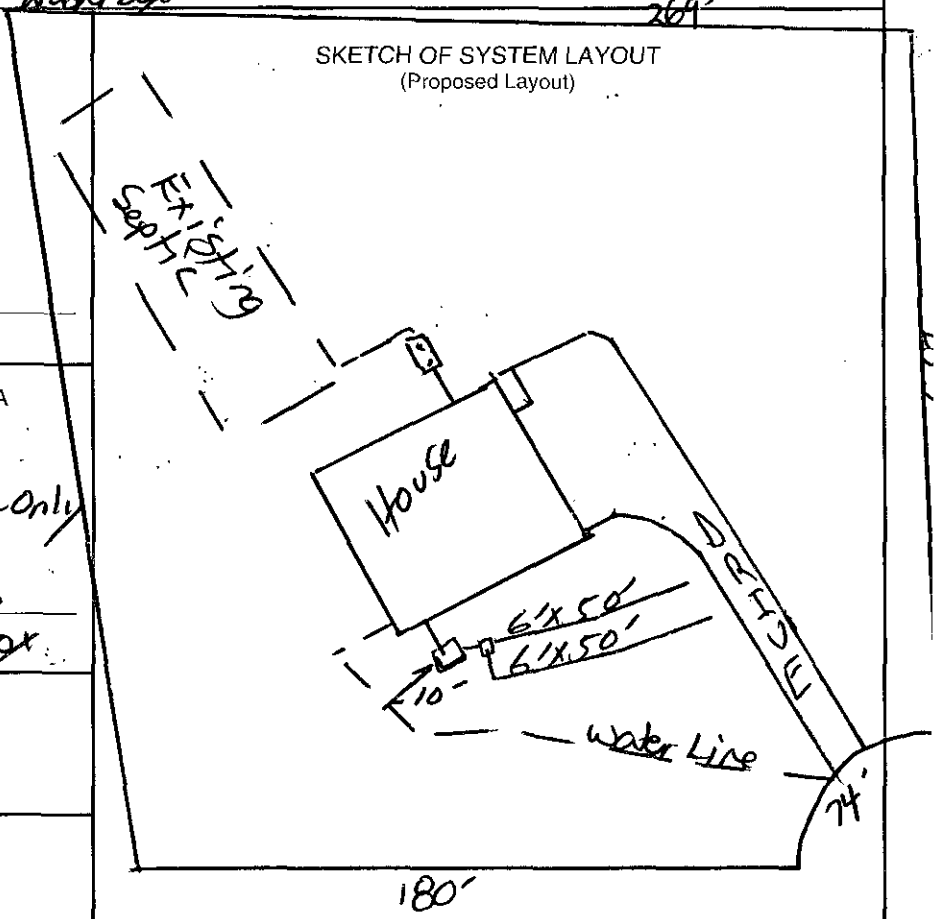
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: II a Wash Line

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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 #: 4746B Permit #: 195-103-06 Tax Parcel #: 195-103-06

Property Owner: Larry Deckbar

Job Location Address: 15756 Thompson Place Dr.

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 06-27-2007 Contractor Name: RCS

Permitted Design Flow: 480 GPD Wash Line Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: Wash Box gallons Effluent Pump Model: N/A

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: Wash Box 06-27-2000

Excavation Inspected: 06-27-2007

Pump & Controls Inspected: 269'

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

Bed Depth: 30-36 inches

Bed Width: 6 feet

Total line length: 100 feet

# of Lines: 2 @ 50 feet

Depth of Media: 18 inches (Type) Stone

Depth of Cover: 18 inches

Distribution Device: Wash Box to D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

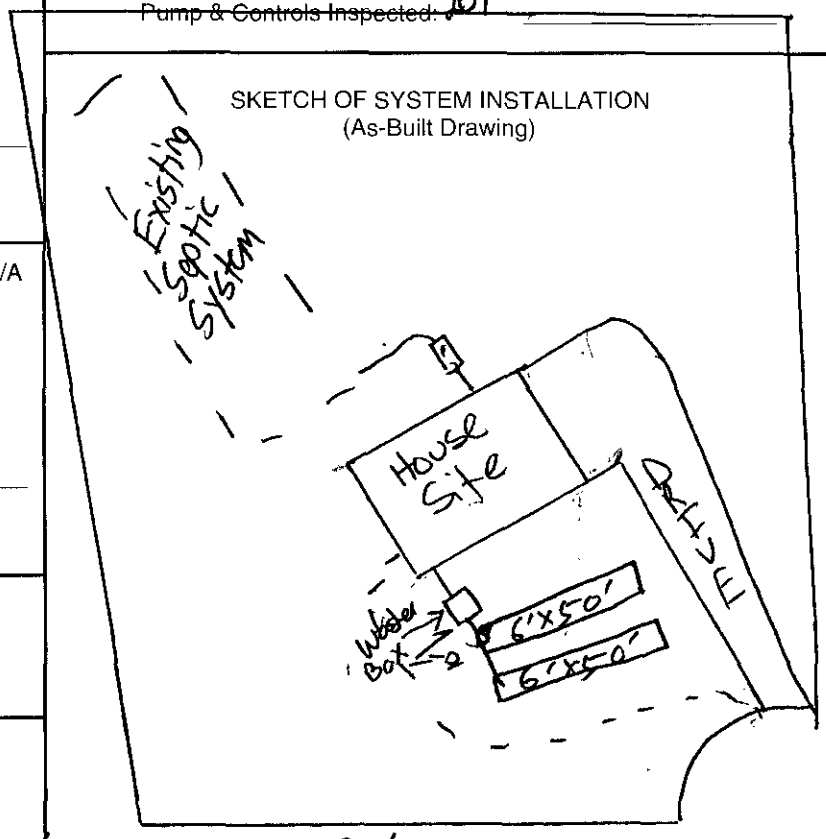
System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet re-routed to 10FT off system

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: II a

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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 #: 4746B Permit #: 195-103-06 Tax Parcel #: 195-103-06

Property Owner: Larry Deckbar

Job Location Address: 15756 Thompson Place Dr.

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: II a

*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:

DENR Authorized Agent: Jeremy Michael Date: 06-27-2007

Signature: Jeremy Michael

#3260

FEE: 150
DATE: 10/6/03 JKH

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

I J 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 #: 4744

PROPERTY INFORMATION FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19510109

STREET ADDRESS: Thompson Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Thompson PLACE

LOT NUMBER: 7

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:

NAME: Homes Hobart Smith
(LAST) (FIRST) (MI)

ADDRESS: 3703 Latrobe Dr. Ste. 240

CITY: Charlotte STATE: N.C. ZIP: 28211

DAYTIME PHONE: (704) 365 - 6830

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

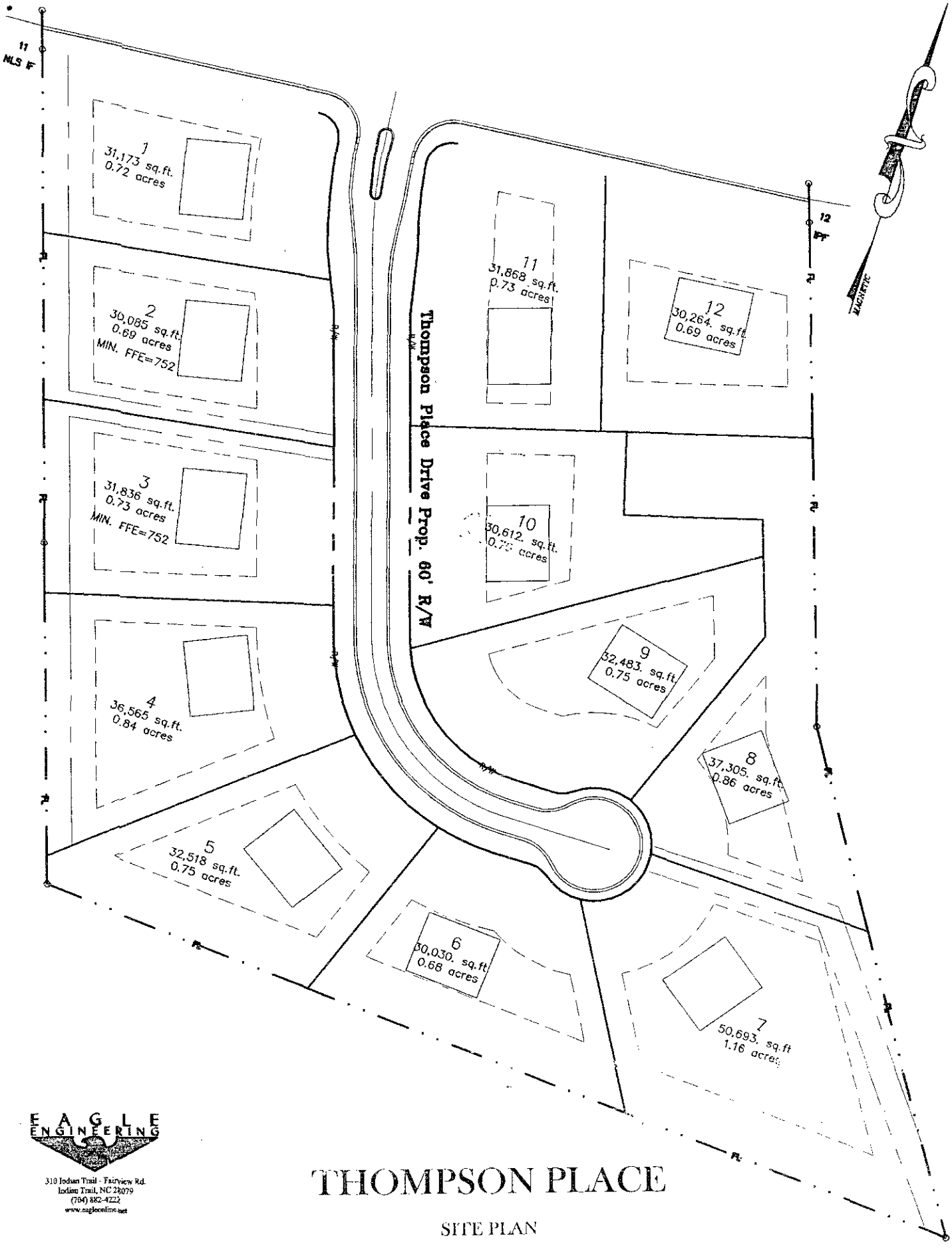
DAYTIME PHONE: ( ) -

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: Hobart Smith Pres. 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



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

THOMPSON PLACE

SITE PLAN

SCALE: 1" = 100'

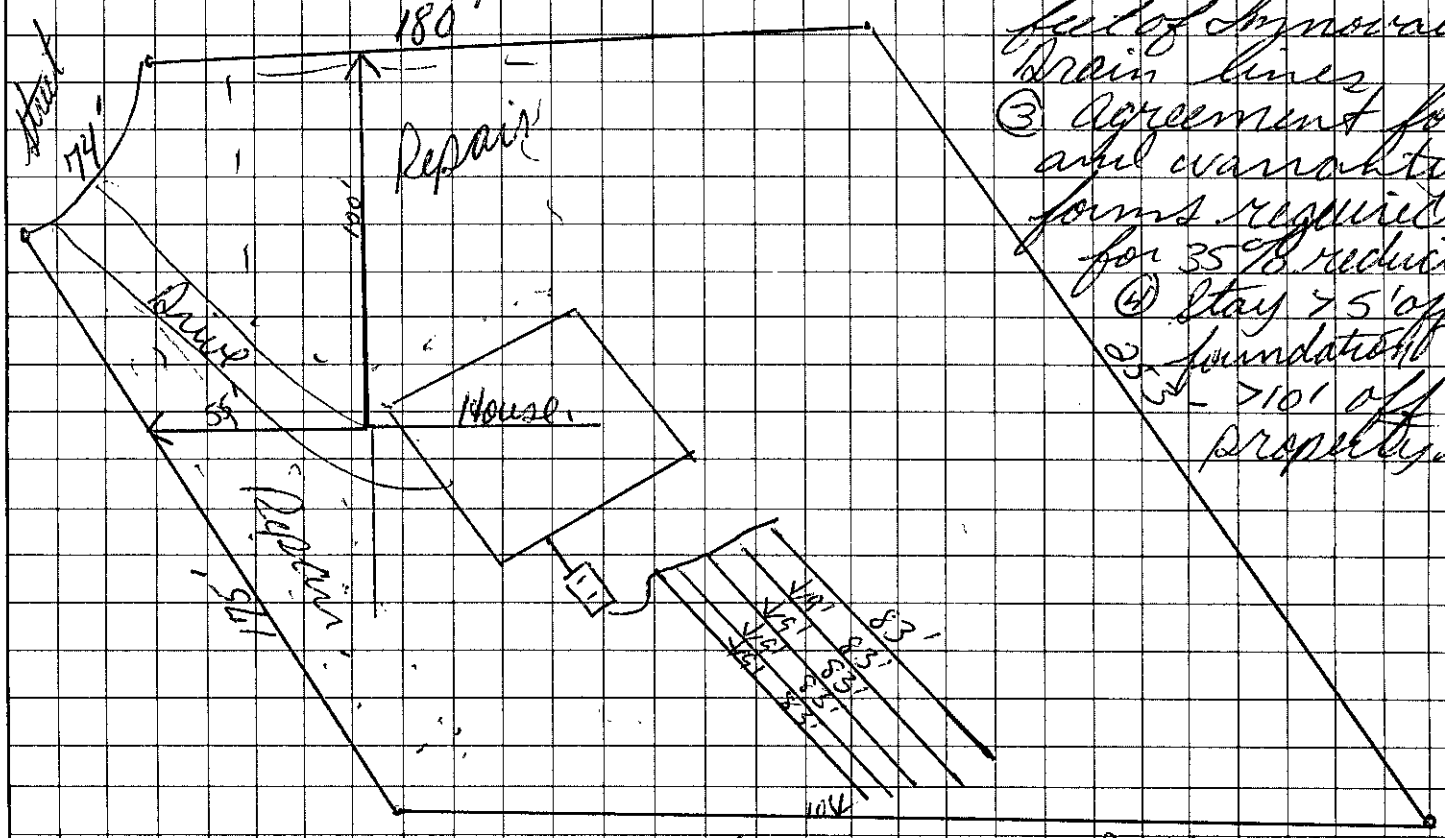
PROPOSED PLOT PLAN

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

FILE: 4746B

TC: 195 - 103 - 06

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.



① Scale = 1" = 50'
② 1500 gal ST
415 linear feet of absorption Drain lines
③ Agreement forms and warranty forms required for 35% reduction
④ Stay 75' off foundation
⑤ - 710' of property line
⑤ Keep lines level on contour.
⑥ Any deviation from this plot plan requires re-evaluation by the local health department to assure that the septic system will not be impacted

OWNER/AGENT SIGNATURE

DATE 11/6/03

APPROVAL DATE Joshua R. Sellers R.S. 11-05-03

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 47461 3

Tax Number: ~~145 101 04~~ 195-103-06

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	✓ 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	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.25 Long-term acceptance rate	480 Max gallons/day wastewater flow	1248 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N Serviced by private well	1500 Gallon septic tank	416' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Type III H system w/ county and Agreement forms required for Repair. Soil Evaluation will be 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	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1440 Absorption Area (Sq ft) 480 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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.

Joshua R. Sellers R.S. REHS — 11-05-03

DEHNR Authorized Agent — Date

[signature] — 11/6/03

Owner/Agent Signature — Date

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

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 #: **30000326** GWS File #: **4746B** Tax Parcel #: **195-103-06**

- 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):** 11/5/2008

Type of Installation: Residential - New System Lot Number: 7
Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 2
Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1248	Total Trench Length (ft):	416
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1440	Total Trench Length (ft):	480
Maximum Trench Depth (in):	0	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Josh Sellers Owner/Legal Agent: Charles Smith

Print Name

Signature:_____ Signature: Charles Smith

Date Issued: 11/5/2003

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 #: **30000326** GWS File #: **4746B**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- Warranty forms for a 35% reduction system must be on file prior to issuance of the Certificate of Occupancy.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- *This IMPROVEMENT PERMIT is transferable.*

DENR Authorized Agent: Josh Sellers

Signature: _____

Date Issued: 11/5/2003

Owner/Legal Agent: Charles Smith
Print Name

Signature: Charles Smith

631280 JKA

AD 1666199

FEE: $~~150.00~~ 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/13/06 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-05-03 13756

PERMIT NO: 4746 13
PARCEL NO: ~~195-101-09~~ P.O. 195-103-06

JOB LOCATION ADDRESS: Lot 7 Thompson Place Dr
PROPERTY OWNER: Holgat Smith Homes
BUILDING CONTRACTOR: Same
SUBDIVISION NAME: Thompson Place
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. 1666 DATE: 11-05-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4746 13, 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. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Type A.A.S. system Warranty and Agreement forms required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 11/6/03

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

File #: 4746B Permit #: _____ Tax Parcel #: 145 103 06

Property Owner: Hobart Smith

Job Location Address: 13756 Thompson Place Dr

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: 7/21/06

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 _____, 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: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 12" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 520 feet

# of Lines: 4 @ 130 feet

Depth of Media: 12 inches (Type) INNOvative

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 _____

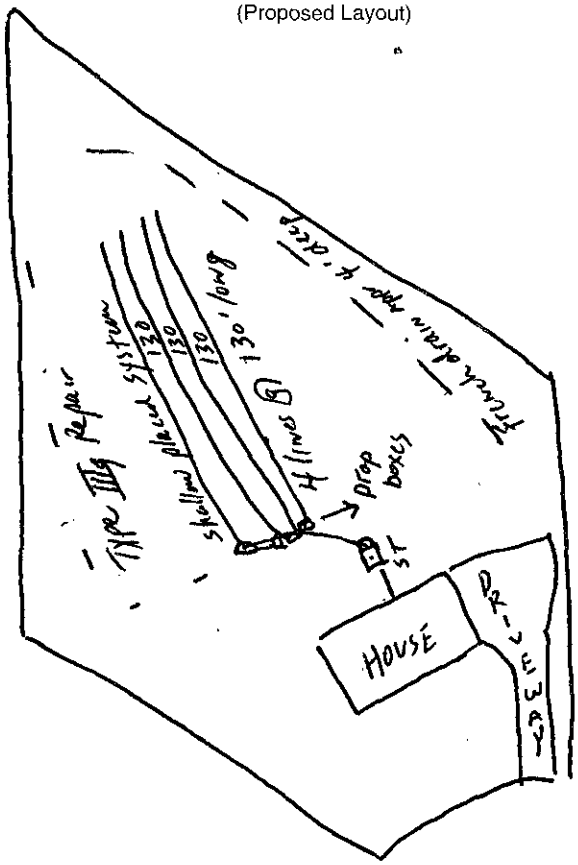
Minimum System Setbacks

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:

Install french drain >10' above septic system 4' deep / Add 12" soil cover over drainfield

DENR Authorized Agent: Philo S. Walker RS 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

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

File #: 4746B Permit #: _____ Tax Parcel #: 19510306

Property Owner: Hobart Smith

Job Location Address: 13756 Thompson Place Dr

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 7/28/06 Contractor Name: RCS

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 12"-16" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 520 feet

# of Lines: 4 @ 130' feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 8-10" inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 7/28/06

Excavation Inspected: 7/28/06

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed in accordance w/ installation approval

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: 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 IIIg Shallow Placed / French drain installed above system

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 FEB 28 09:27 AM
BK:20031 PG:607-610 FEE:$20.00
INSTRUMENT # 2006031166
2006031166

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 # 47416B
PARCEL # 195-103-80

The undersigned, Hobart Smith Const. Co., Inc., owner of property located at 15756 Thompson Place Drive, (the "site") and described in an instrument recorded in Book 43 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: Charles Smith Hobart Smith Const. Co., Inc.
Mail after recording to: 3703 Latrobe Drive, Suite 240, Charlotte, N. C. 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 15 day of February, 2006.

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

_____(SEAL)

By: _____ _____(SEAL)

_____ President _____(SEAL)

ATTEST:

Charles 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 15 day of February, 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 Const. 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 15 day of February, 2006.

Nancy L. Bell
Notary Public

My Commission Expires:

Jan. 11, 2009

FEE: _____
DATE: 9/13/01

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

paid 200 CK
9/13/01 RF
[ ] 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 #: 47466

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: 7

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: 1125 Seorest 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

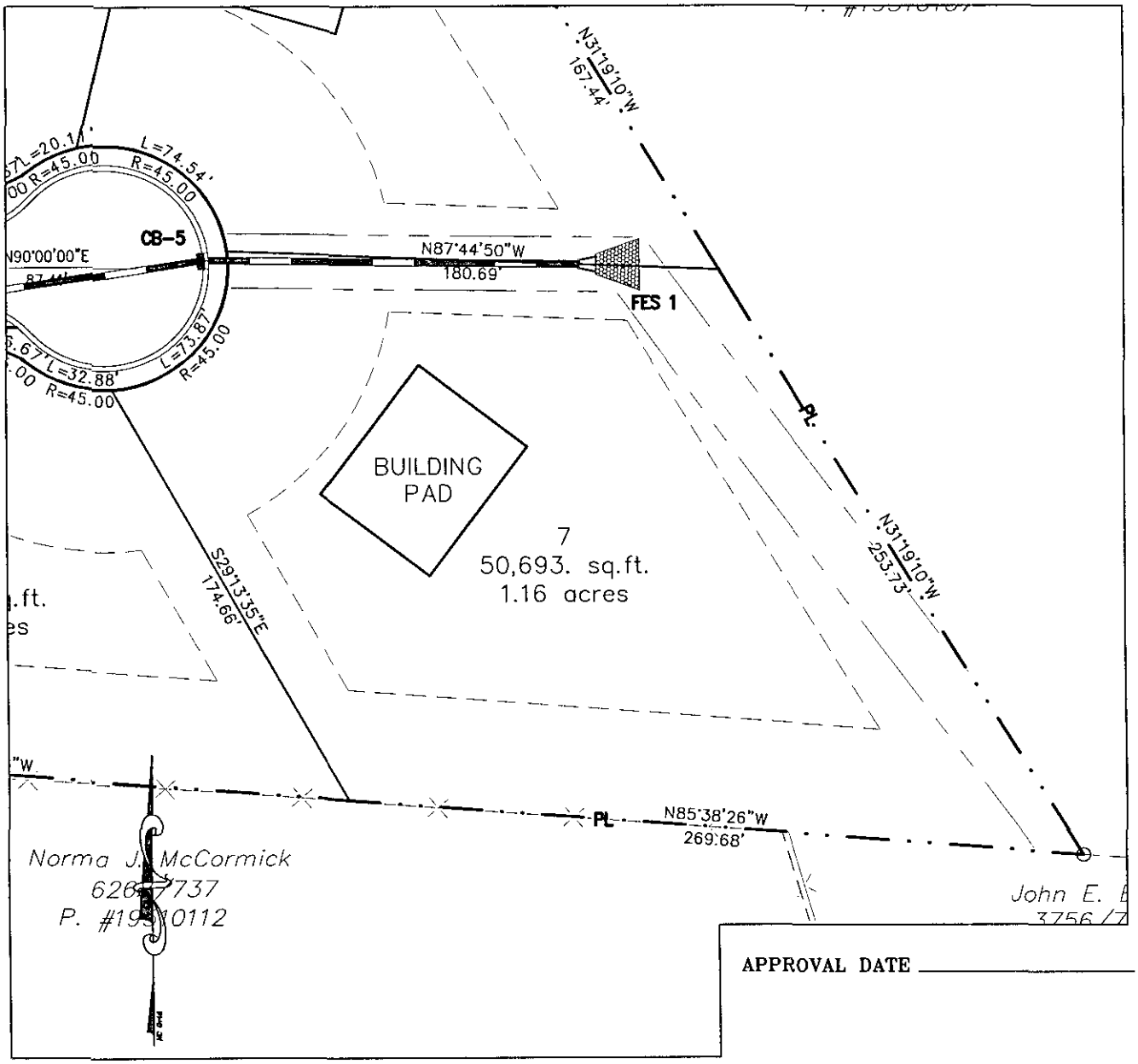
PROPOSED PLOT PLAN

FILE: 4746B

TC: 195-101-09 PO

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

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.



APPROVAL DATE _____

1"=60'

LOT 7

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

Sheet: 1
Property ID: PO 195-101--09
Lot #: 7
File #: 4746B
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: 10/8/01
Proposed Facility: residence
Design Flow (.1949): 480gpd
Property Size: 1.16a
Location of Site: Thompson Place Drive (proposed)
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
	5-12								
1	LS	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		5-48	ABK/C	FI/SEXP/S/P					.25G/FT^2/DAY
2	"	0-4	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1@18"	37	"	"	US
		4-45	SBK/ABK/C	VFI/MIXED/VS/VP					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	2.5Y7/1@18"	37	"	"	US, IV
		4-37	ABK/SBK/C	FI/SEXP/S/P					
4	"	0-6	GR/CL	FR/SEXP/SS/SP	>34" TO SOIL WETNESS	34	"	"	US, IV
		6-34	SBK/C	FI/SEXP/S/P					.225G/FT^2/DAY
5	"	0-4	GR/CL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	39	"	"	PS, IV
		4-39	ABK/SBK/C	FI/SEXP/S/P					.25G/FT^2/DAY

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.25G/FT^2/DAY	.25G/FT^2/DAY

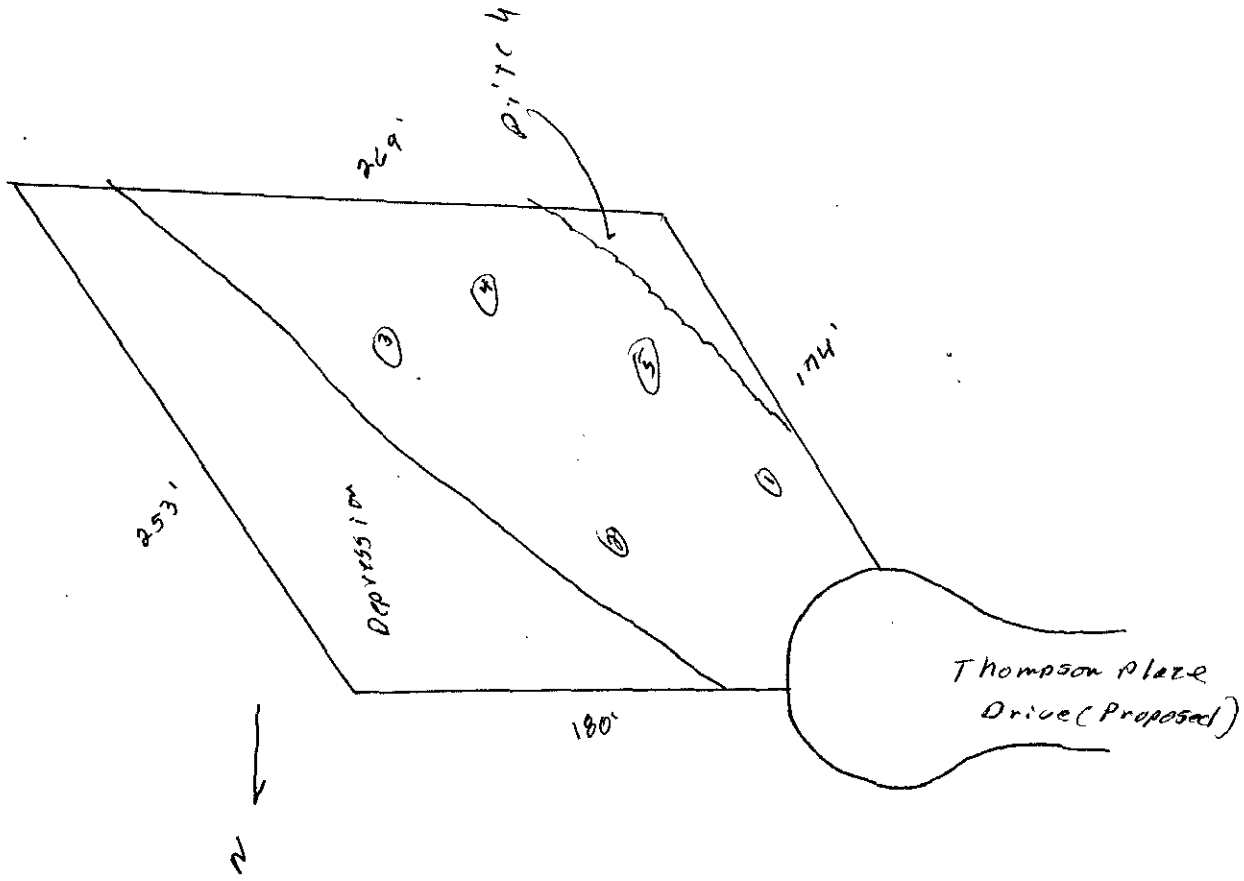
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 10/10/01, W. R. Marlin
Others Present:

FILE # 4146B

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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





13756 THOMPSON PLACE DR

19510306

1/7/2008

duponbj

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

EHS PW

Reviewer (CD)

4745B **County Permit Review Worksheet**

IA REPAIR 6-7-06

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	N/A									
.1937(d)	Is the Facilityshown?	N									
.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	.275									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

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

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: 300.00
DATE: 2/14/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 4746B

PERMIT NUMBER: 30000326

PARCEL NUMBER: 19510306

JOB LOCATION INFORMATION

ADDRESS: 13756 THOMPSON PLACE DR

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

ISSUED TO: HOBART SMITH HOMES

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/5/2003

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000326, 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. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

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.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 11/5/2008