

13922 THOMPSON RD

19510301

1/7/2008

duponbj

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

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

****See back for completion instructions and the Credit/Refund Schedule****

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND *(To Be Completed By Requestor)*

CREDIT ☑

1. Property Owner's Name: Hobart Smith Const 2. Permit Number: _____
3. Address: 3703 Latrobe Dr 4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
   ☐ Not Doing Work ☑ Other (Specify) Double Charged account

OR

REFUND ☐

6. Account Name: Smith Const Hobart Account # B31280
7. *If Refund*, Check payable to: _____ (Please Print) 8. Phone _____
9. Address: _____ Street _____ City _____ State _____ Zip _____
10. Signature: Jay Aldor for 11. Printed Name Hobart Smith Const 12. Date: 5/8/06

For Departmental use only. Do not write below this line.

SECTION II - IF ADJUSTMENT *(To Be Completed By Employee & Supervisor)*

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING *(To Be Completed By Applicable Core Process)*

# Of made Inspections	B	E	M	P	F	L

Purging: ☐ B ☐ E ☐ M ☐ P ☐ S ☐ F ☐ L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS *(To Be Completed By Applicable Core Process)*

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$	$ 150 00	$ 150 00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials JKA Date 5/8/06

SECTION V - VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88 ---			

Section VI - APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/28/06	**Amount:**	150.00
Receipt #:	43580	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13922 THOMPSON PLACE DRIVE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	150.00				

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4751B DATE: 1/31/06

TC: ~~195 101 09 PO~~ ☒ L ☐ CRT

SERIAL 103-01 19790

Input started prior to 10, no old permit

Name of Owner Hobart Smith Construction Co Juris.:

Address of Property 13922 Thompson Rd, Lot 12

Inspection Data:

Tank Material PCC

Total Length of Drainfield 450'

Number of Lines 5 @ 90'

Cover Depth 18"

Water Supply Source Municipal

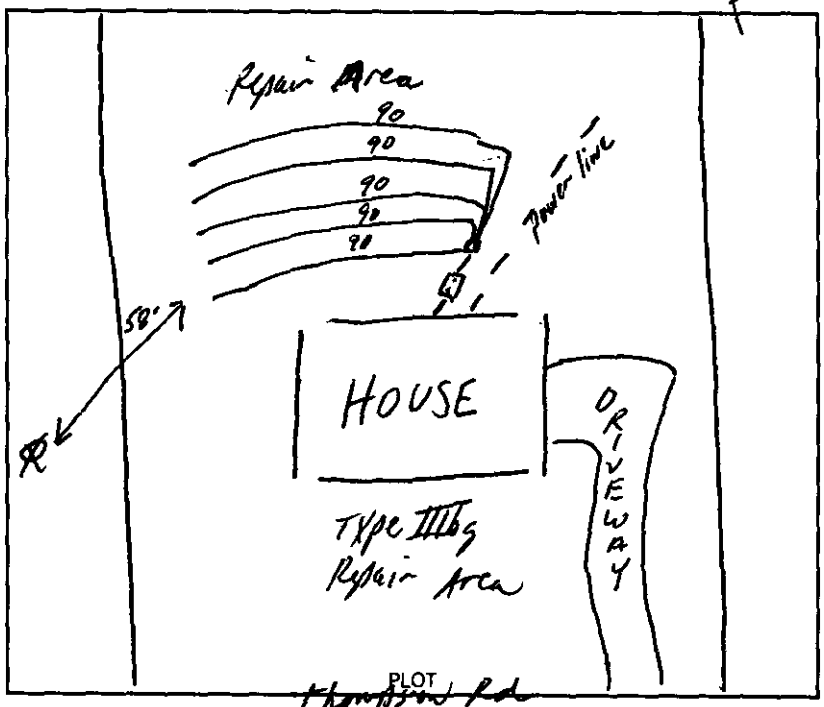
Distance to Water Source >10'

Excavation Inspected 1/31/06

Tank(s) Inspected 1/30/06

Wash Line Inspected Plumb to tank

High Water Alarm Inspected NA



Design 2006, 1500ST, IND, EZ Flow 450' CTR# PCS

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

☐ installed or constructed ☐ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Installation approval altered due to power line installation Septic System designed for 4 bedroom residence Type IIIb,g Type IIIb,g Repair Area

Phillip S. Walker RS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

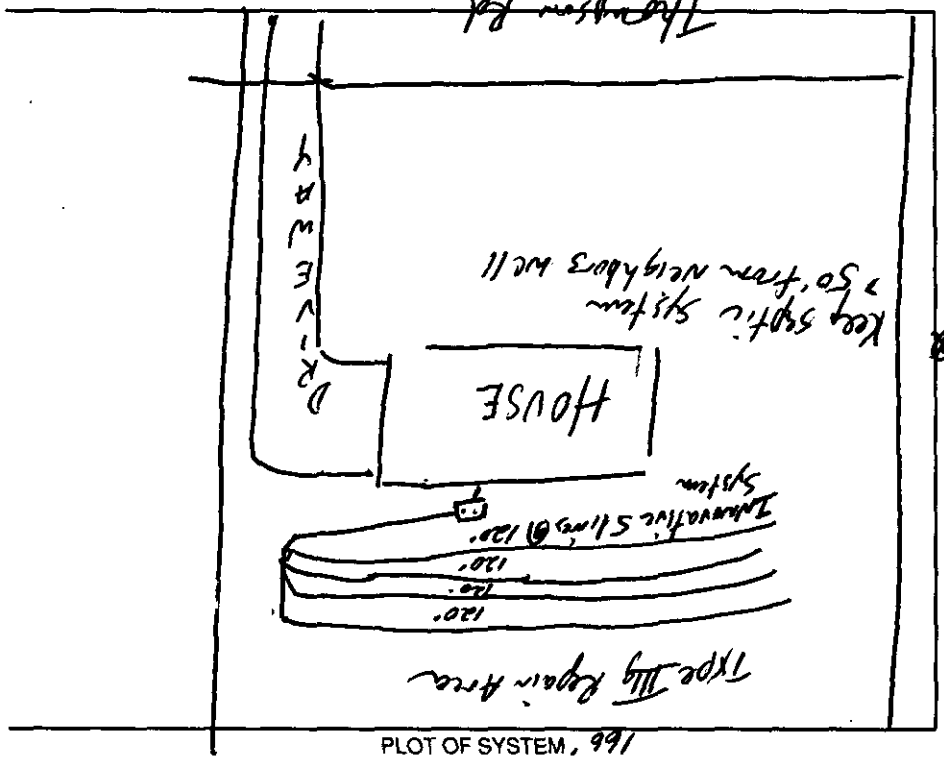
FILE: 4751B DATE: 1/17/06

TC: 195101990 ☒ L

195-103-01

SERIAL № 20209

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/5/01. All work shall be completed on or before 2/17/06, after which date this permit 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 the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM, 991

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 480' feet

Number of Lines 4 (120')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

50' min from neighbors well
>10' municipal water

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

NAME OF OWNER Hobart Smith Cons. Co.

LOCATION OF PROPERTY 13922 Thompson Road Lot 12

Comments: Innovative Septic System, 1500 ST, D Box, 4 lines x 120' long x 3' wd

Philo L. Walker RS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Already Paid $150 on 10/01/03
B31280 JKA

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** MCS
DATE: 6/28/05 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-05-03 **PERMIT NO:** 4751 B
PARCEL NO: 195-101-09 P.O.
JOB LOCATION ADDRESS: Lot 12 Thompson Place.
PROPERTY OWNER: Bobcat Smith Homes.
BUILDING CONTRACTOR: Same.
SUBDIVISION NAME: Thompson Place.
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. IRE'S **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. 4751B, 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: Warranty and agreement forms required. Type III B system requires 5 year maint. inspection by local Health dept @ owners expense.

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

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 195-101-09 P.O.

Permit Number: 4751 B

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	1000 Gallon pump tank	N/A Depth of stone	

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

Site modifications required:

Additional Conditions: Type III (BXD) system requires 5 year maint inspection by local Health dept. @owners expense. warranty and agreement forms required. Stay >50' off neighboring well.

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. I REHS. 11-05-03
DEHNR Authorized Agent Date

Owner/Agent Signature 11/6/03
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
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/28/05
Receipt #: 35426
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13922 THOMPSON ROAD L12		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
5,558.52					

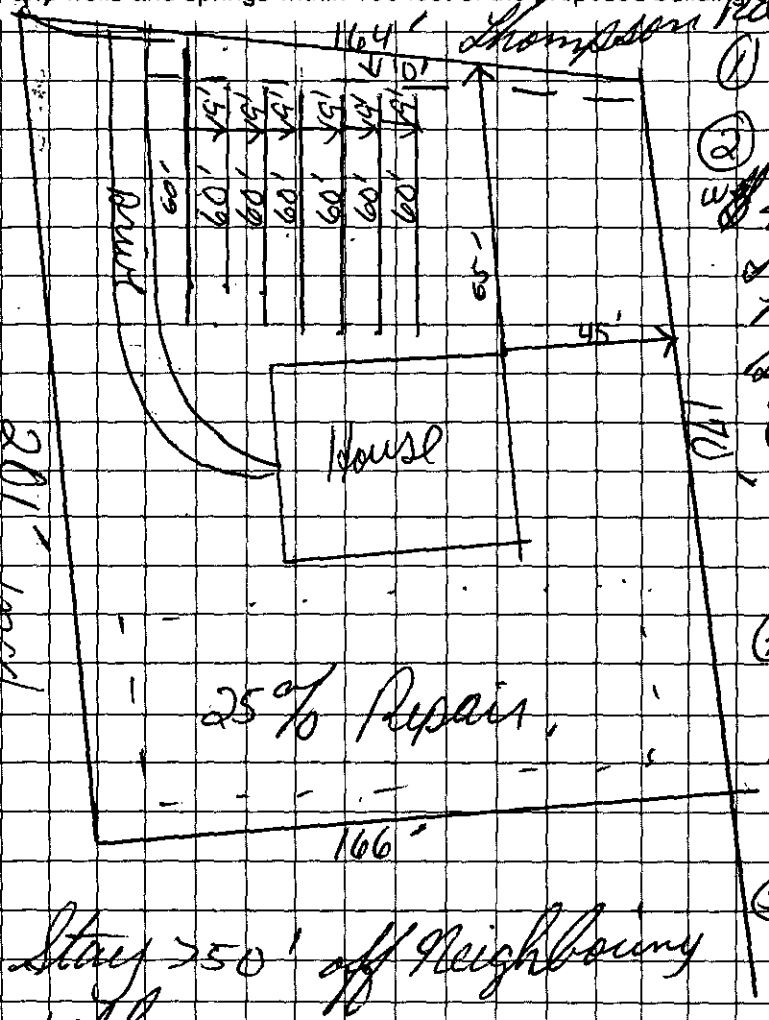
PROPOSED PLOT PLAN

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

FILE: 4751 B

TC: 195-101-09 P.O.

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 ST 1000 DT
420 linear feet
Innovative Drain
Line. 35% reduction
system.

③ Warranty and
agreement forms
required

④ Type III B system
will require 5 year
maint. insp. by
local health dept
@ owners expense

⑤ Stay >5' off bldg
foundation & >10'
off property lines

⑥ Keep lines level
and on contour.

⑦ Any deviation from
this plot plan requires
re-evaluation by the
local health department to assure that the septic
system will not be impacted

⑧ Stay >50' off Neighbouring well

OWNER/AGENT SIGNATURE

DATE 11/6/03

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

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 JAN 25 01:35 PM
BK:19934 PG:887-888 FEE:$20.00

INSTRUMENT # 2006015458

2006015458

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 # 4051 B
PARCEL # 19510109

The undersigned, Hobart Smith Const. Co., Inc., owner of property located at 13922 Thompson Road, (the "site") and described in an instrument recorded in Book 41 at Page 842-843, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 18 day of January 2006.

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

_____(SEAL)

By: _____ _____(SEAL)
President

_____(SEAL)

ATTEST:

Charles A. Smith

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 18 day of January, 2006.

Nancy L. Beck
Notary Public

My Commission Expires:

Jan 11 2009

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Nancy L. Beck, 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 & Dev, 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 him as its _____ Secretary.

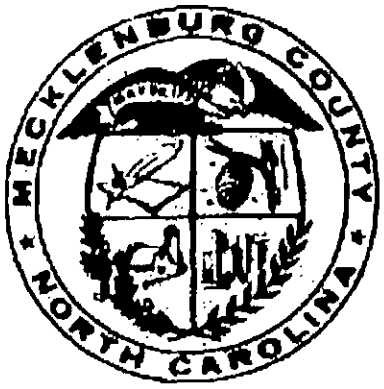
WITNESS my hand and notarial seal, this 18 day of January, 2006.

Nancy L. Beck
Notary Public

My Commission Expires:

Jan 11 2009

REVISED 8-13-02



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

PLEASE RETAIN YELLOW TRAILER PAGE

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

Filed For Registration: 01/25/2006 03:36 PM

Book: RE 19934 **Page:** 887-890

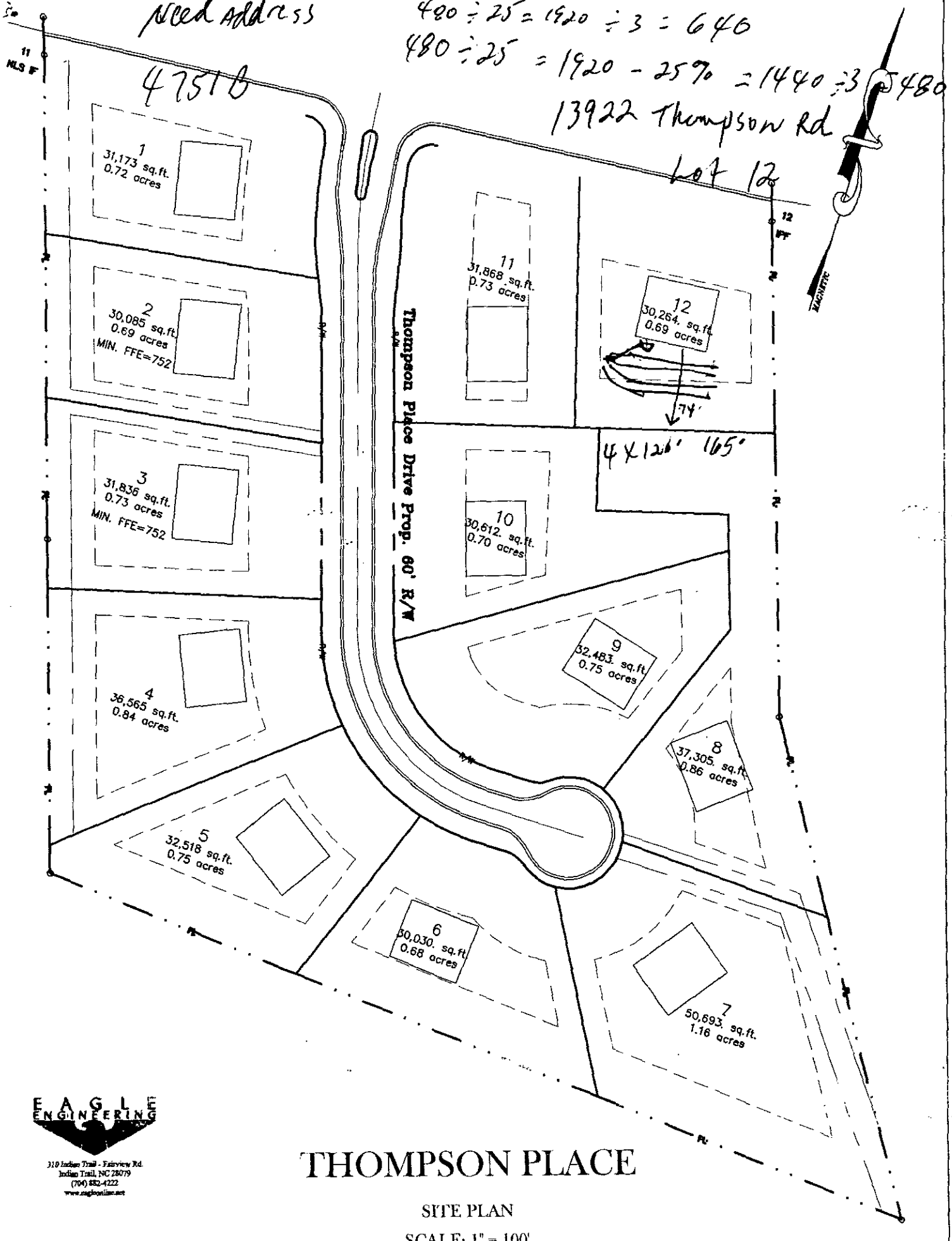
Document No.: 2006015458

PRMIT 4 PGS $20.00

Recorder: LYVANH PHETSARATH



2006015458



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

THOMPSON PLACE

SITE PLAN

SCALE: 1" = 100'

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

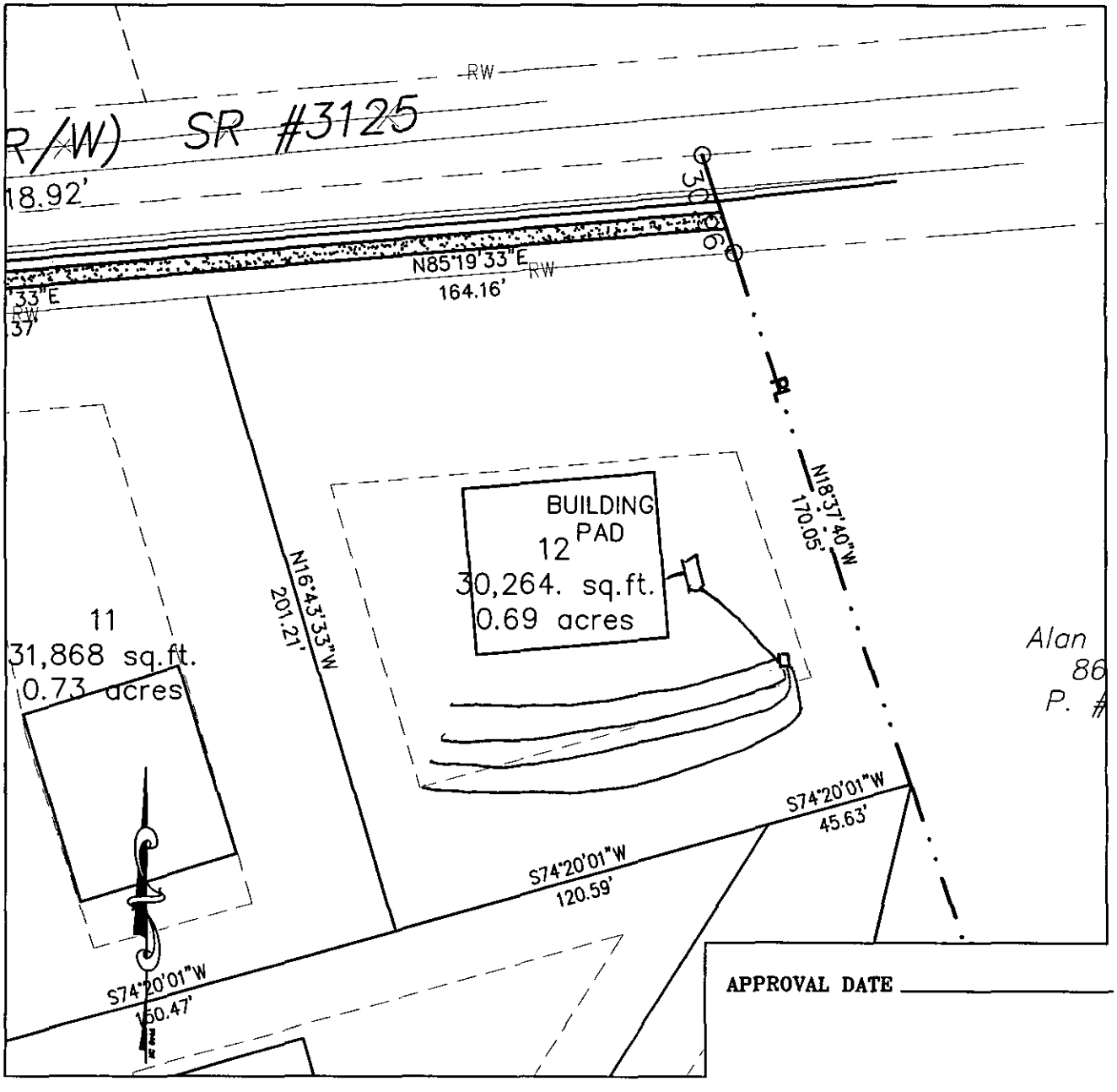
PROPOSED PLOT PLAN

FILE: 4751B

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.



1"=50'

LOT 12

FEE: 150
DATE: 10/6/03 SCH

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

[ ] 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 #: 49516

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195~~10~~109

STREET ADDRESS: 3501 Thompson Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Thompson PLACE

LOT NUMBER: 12

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)
✓ 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 ✓ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Homes Hobart Smith (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 3703 Catrobe Dr. Ste. 240	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: N.C. ZIP: 28211	
DAYTIME PHONE: (704) 365 - 6830	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: [signature] DATE: 10/6/03

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

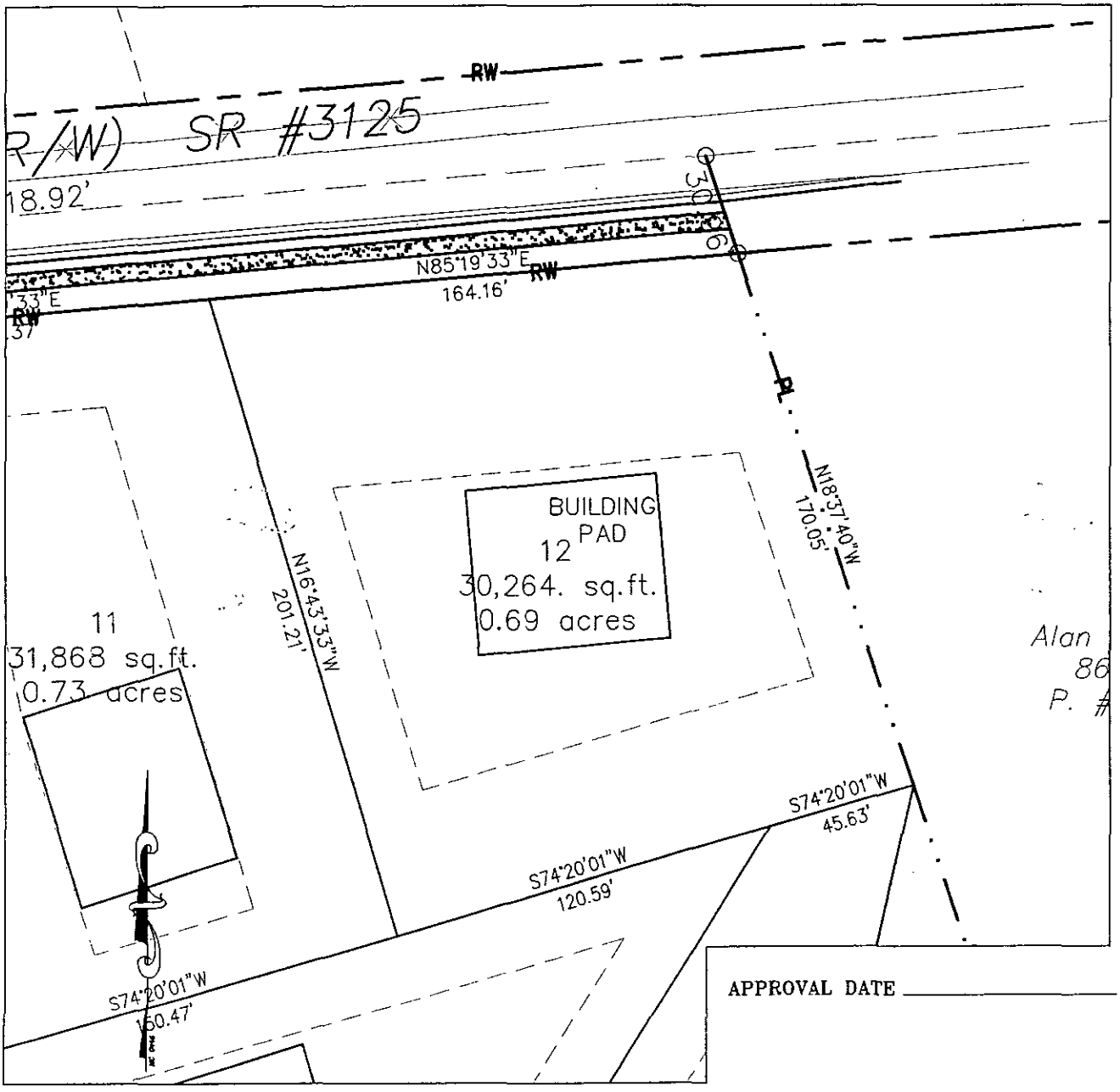
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



APPROVAL DATE _____

1"=50'

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

Sheet: 1
Property ID: PO 195-101-09
Lot #: 12
File #: 4751B
Code: 1

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: .69a
Location of Site: Thompson Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	5-10								
1	LS	0-4	GR/CL	FR/SEXP/SS/SP	>48" To SOIL WETNESS	48	N/A	NONE	PS, IV .3G/FT²/DAY
		4-48	SBK/C	FI/SEXP/S/P					
2	"	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .275G/FT²/DAY
		4-48	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/ABK/C	FI/SEXP/S/P	"				
4	"	0-5	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV .25G/FT²/DAY
		5-46	ABK/SBK/C	FI/SEXP/S/P					
5	"	0-4	GR/SCL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	"	"	PS, IV .275G/FT²/DAY
		4-50	SBK/ABK/C	FI/SEXP/S/P					
6	"	0-6	GR/SCL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	US, IV
		6-18	SBK/C	FI/SEXP/S/P					
		18-37	ABK/C	FI/SEXP/S/P					
		PLATY	@31"						

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.25G/FT²/DAY	.25G/FT²/DAY

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

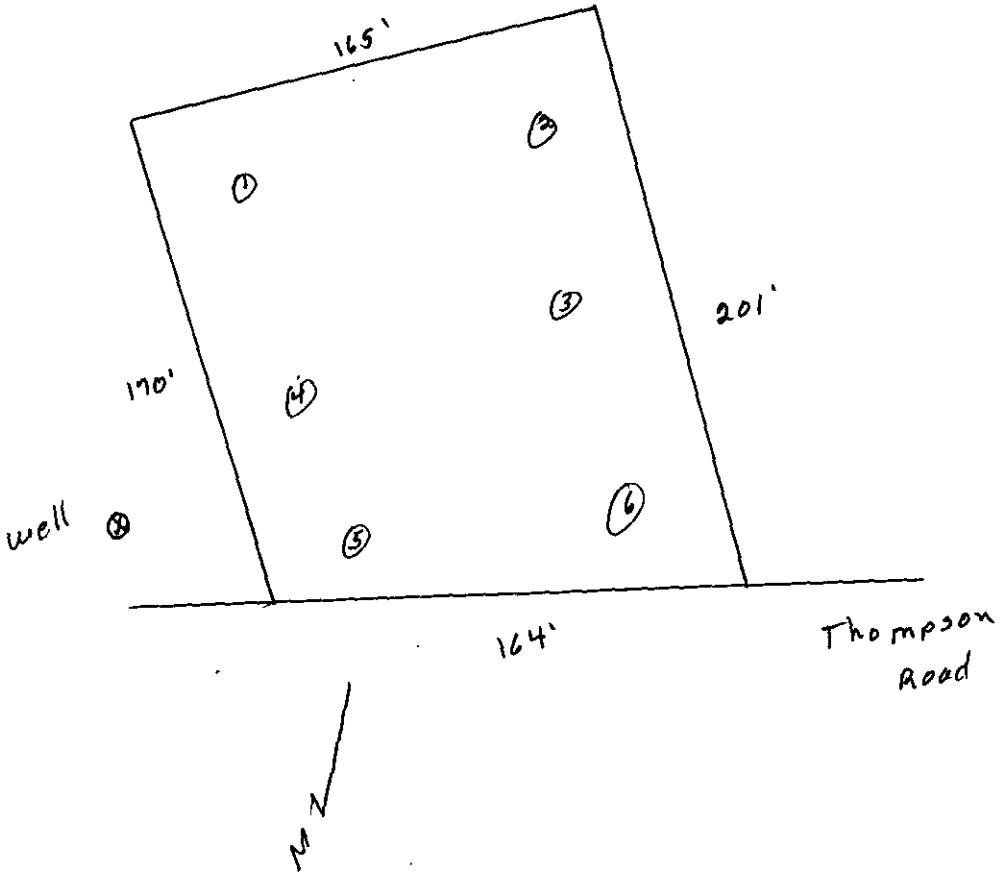
FILE # 47518

COMMENTS 100% Repair

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

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

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



FEE: _____
DATE: 9/13/01

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

Paid 200 CK
9/14/01 RF.
1 1 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 #: 4751B

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: 12

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: 3000

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

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

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

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

PROPERTY OWNER:

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

ADDRESS: 7125 Soorest 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? _____

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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

3941# J Michael

FEE: 100.00
DATE: 10-23-08
CRT [ ] CK# 1368

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 4751B

TYPE APPLCATION:

☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Jerry W. Helms
ADDRESS: 4915 Beulah Ch. Rd.
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704 363 7903
ALTERNATE PHONE: 704 846 8895

PROPERTY OWNER:

NAME: Matt & Katherine Smith
ADDRESS: 13922 Thompson Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704 309 7233
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 195.103.01
STREET ADDRESS: 13922 Thompson Rd.
CITY: Mint Hill
STATE: NC ZIP: 28 227
SUBDIVISION OR MOBILE HOME PARK NAME: Beckingham
LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☒ PORCH ☒ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Jerry W. Helms — 10/23/08
Owner's Agent's Signature — Date

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

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

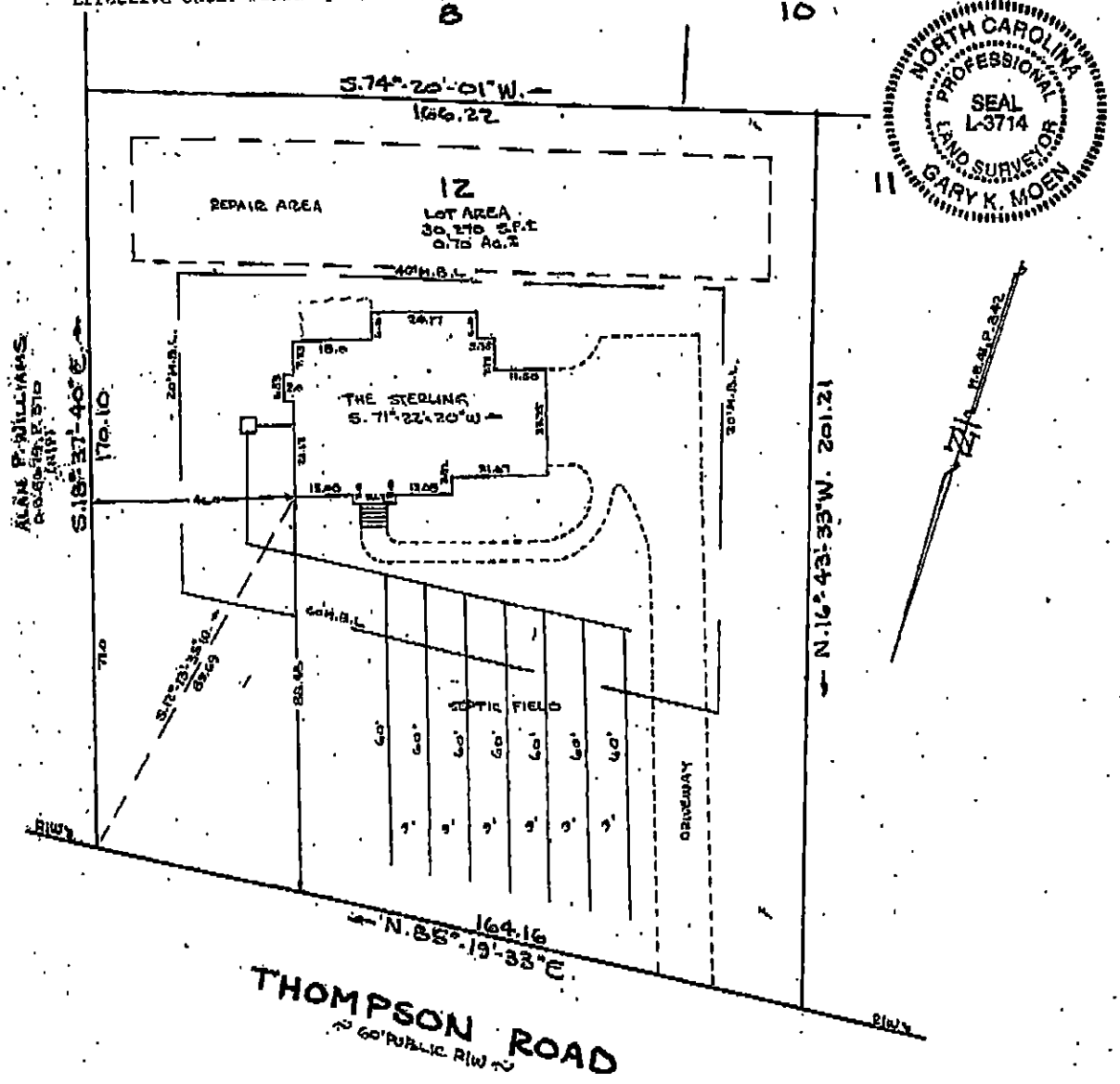
EHS Signature — Date

This is to certify that on the 2nd day of MAY, 2008 I platted this plat from existing plats and plans, and that no actul field survey was performed by the undersigned.

This property is not located in any flood Hazard Zone.
Reference: FIRM COMMUNITY PANEL 370538 02518 for the Town of Mint Hill, N.C.
Effective date: February 4, 2004 (ZONE X)

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

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



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
4. AREA SHOWN ON THIS PLAT WAS TAKEN FROM RECORD PLAT.

LEGEND

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

Gary K. Moen
10/23/08

PLOT PLAN

OF

LOT 12, BECKINGHAM

MINT HILL, MECKLENBURG COUNTY, N.C.

PROPERTY OF

HOBART SMITH CONSTRUCTION CO.

SCALE 1"=30' DEED RECORDED _____ MAP RECORDED M.B. 41, P. 842

GRAPHIC SCALE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/23/08	**Amount:**	100.00
Receipt #:	59389	**Tendered:**	100.00
Check / Auth #:	CHECK 1368	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: 200000
Contractor: HELMS DIANN KINDLEY
Attn:
Address: 4915 BEULAH CHURCH RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 13922 THOMPSON RD		1	100.00	100.00

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

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