



WHEREAS, Environmental Health Program Supervisor, James "Doc" Thompson retired from Gaston County Department of Health and Human Services (Health Division) on December 31, 2018; and,

WHEREAS, Doc has served this agency since March 1989; and,

WHEREAS, Gaston County adopted a Private Well Ordinance in 1989 and with Doc's leadership and passion in protecting our groundwater, Gaston County became one of the State's leading authorities in local well water programs; and,

WHEREAS, Doc was acknowledged repeatedly by his peers throughout his career as a pioneer in our State's well water program through his teachings and trainings of Environmental Health professionals in our great State; and,

WHEREAS, Doc served the Food and Lodging program with the same compassion and professionalism for the past 16+ years.

NOW, THEREFORE, BE IT RESOLVED that the Gaston County Board of Commissioners expresses their sincere gratitude for the dedicated service of

James "Doc" Thompson

and wishes him the best in his retirement.

Tracy L. Philbeck, Chairman

Chad Brown, Vice-Chairman

Bob Hovis

Jack B. Brown

Tom Keigher

Allen R. Fraley

Ronald E. Worley

To be Adopted the 27th Day of August 2019



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 19-312

Commissioner Fraley - DHHS (Health Division) - Commendation - To Commemorate the Retirement of James "Doc" Thompson

STAFF CONTACT

Curtis Hopper - Administrator - Environmental Health Services - 704-853-5201

BACKGROUND

ATTACHMENTS

Retirement Commendation

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

| NO. | DATE | M1 | M2 | CBrown | JBrown | AFraley | BHovis | TKelgher | TRhill | RWorley | Vote |
|----------|------------|----|----|--------|--------|---------|--------|----------|--------|---------|------|
| 2019-223 | 08/27/2019 | CB | AF | A | A | A | A | A | A | A | U |

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