Date Received 5-10 84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

20767 ✓

SIR No. ~~21048~~

T. C. No. PO 135-211-22 & 25

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER BOB McLEMORE Co INC
LAST FIRST MIDDLE

2) ADDRESS OF OWNER P. O Box 25746 CHARLOTTE ZIP 28212

3) PHONE NO. Home — Office 545-6111

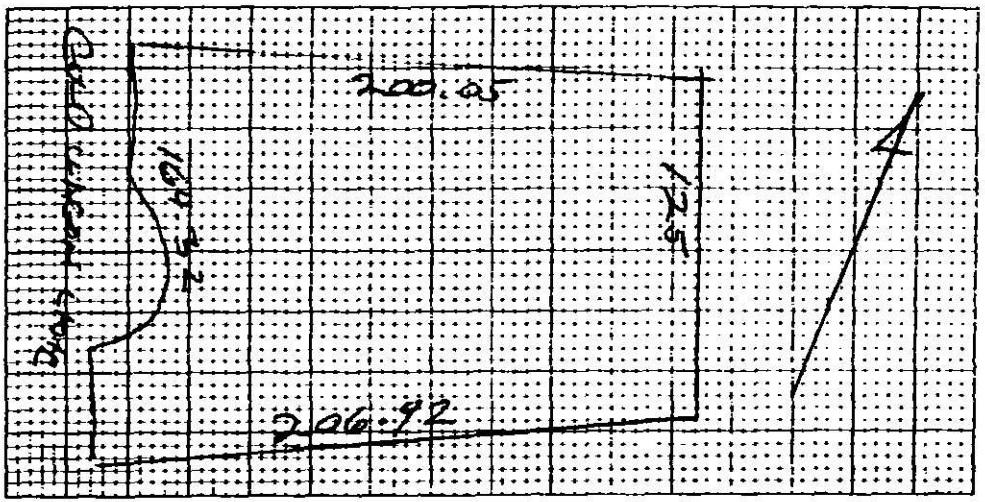
4) LOCATION OF PROPERTY 5952 GOLDWAGON LANE
STREET OR COUNTY ROAD

5) SUBDIVISION FARMWOOD SEC 20 LOT NO 2 BLOCK NO. W

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER BOB McLEMORE Co. INC.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20767

T.C. NO. PO 135-20-72 425

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: PO Box 25746
Charlotte, N.C. 28212
LOCATION OF SITE: 5952 Wellington Lane

PLAT NO: 2-16
LOT SIZE: Approx 25,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S / PS 2-10% / U	S / PS Complex slopes / U	S / PS / U	S / PS / U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S / PS clay / U	S / PS clay / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12-36 inches)	S / PS Blocky / U	S / PS Blocky / U	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS 36-40" / U	S / PS <36" / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS >36" / U	S / PS <30" / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >48" / PS to ground water / U	S / PS Eroded Areas / U Channel bundle	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS Somewhat Limited Area / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP	IVA	IVA		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil-Lillie	Complex slopes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

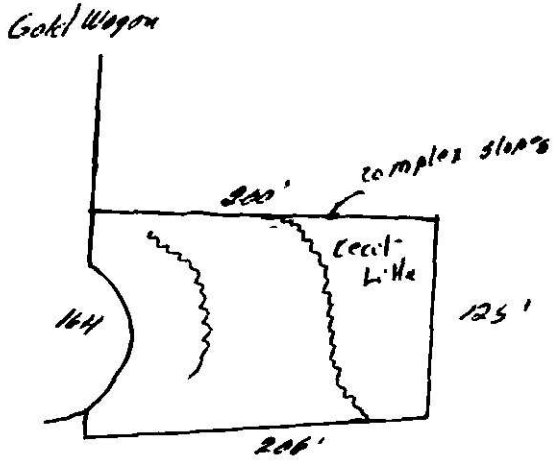
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Recommend plans be submitted for house & system locations

Described by: William R. Marino
Title: Soil Scientist

Date: 6-22-84

5952 Goldwagon
20767



Serial No. 5722

SIR No. 20767

Date Issued 6-25-84

T C No. PO 135-211-22,25

Map Date L

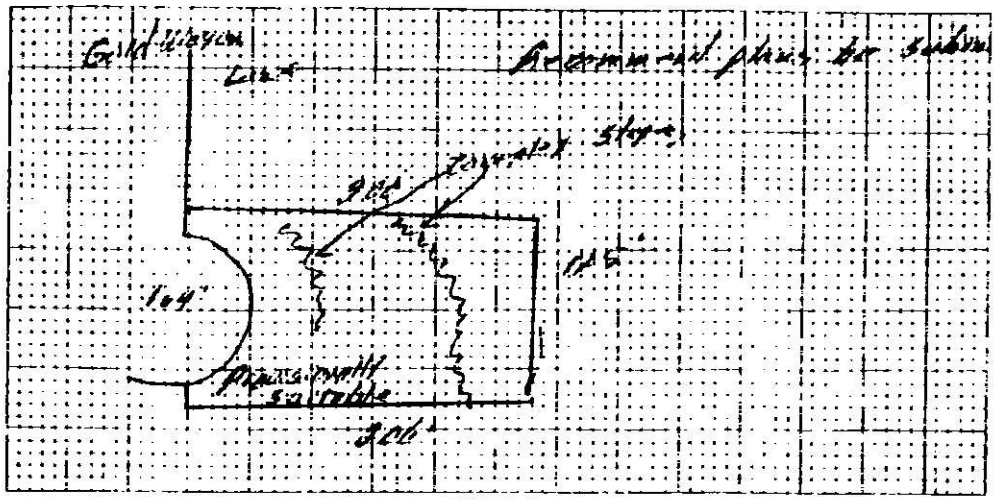
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Lee McLemore Co. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY 5052 Gold Bacon Lane (STREET OR COUNTY ROAD)

SUBDIVISION Farmwood Sec. 20 LOT NO 2 BLOCK NO. H



PLOT PLAN

This is to certify that the investigation and report on the soil conditions was made by the Mecklenburg County Department of Environmental Health on the lot shown above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit shall be obtained prior to construction from the Mecklenburg County Department of Environmental Health and the proposed system shall not be used for human occupancy until approved by the Department.
2. The size of the system is based on the proposed construction as indicated to the Mecklenburg County Department of Environmental Health. Any change in the proposed construction may require a change in the system design.
3. This lot is provisionally suitable for the proposed construction. Any change in the proposed construction may require a change in the system design.
4. The applicant is responsible for locating the system in accordance with the Department of Environmental Health's approved site plan. The Department of Environmental Health is responsible for accurately locating the system on the site. The installer is responsible for constructing the system in accordance with the approved system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new revised laws, rules, and regulations been in effect on the issue date.

William R. Marks
Soil Scientist

Willard B. Ramsey
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 3-6 84

RECEIVED
MAR 0 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20767

T. C. No. PO 135-211-22 & 25

Map Date _____

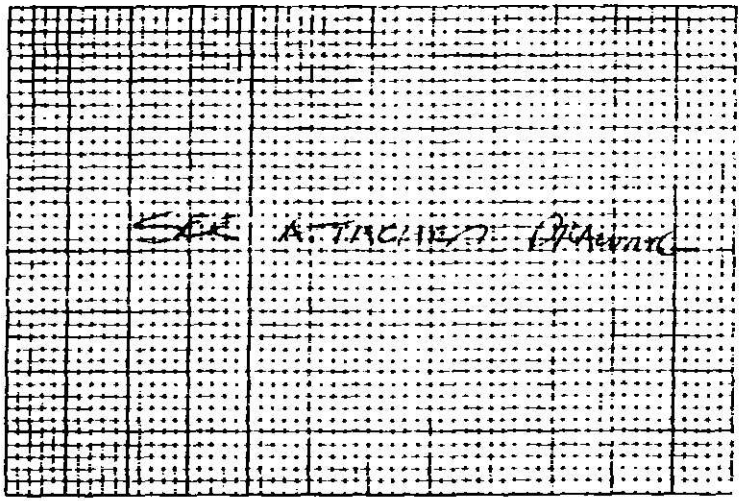
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption effluent discharge

SEE ATTACHED DRAWING



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home _____ Yes X No
Residence X Yes _____ No

4 No. of Bedrooms 3 cell

5 Business Use — Max No. Employees _____

6 Washing Machine X Yes _____ No

7 Garbage Disposal _____ Yes X No

8 Dishwasher X Yes _____ No

9 Water Supply
A) Individual Well _____
B) Governmental System _____
C) Community System
1 Well source X _____
2 Governmental source _____

10) Sewage System
House located within 200 feet of public sewer _____ Yes X No
House located within 200 feet of community sewer _____ Yes X No

11 FHA Case No _____

12 VA Case No _____

13) NAME OF OWNER BOB McLEMORE Co
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. BOX 25746 CHARLOTTE 28212

15) PHONE NO. Home ——— Office 545-6111

16) LOCATION OF SYSTEM 5752 COLD WAGON LANE
STREET OR COUNTY ROAD

17) SUBDIVISION FAIRMOUNT SUB Lot No. 2 Block No. W

Map Book No. 20 Page No. 417

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3-5-84
DATE OF APPLICATION

BOB McLEMORE Co.
OWNER BY [signature]

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

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

(OFFICE USE ONLY)

FILE: 20767

TC: P: 135-21-2425

JOB LOCATION

① ADDRESS: 5152 Gold Wagon Lane (STREET NO / STREET) ② FILE: 20767

③ CITY: Charlotte ④ TAX PARCEL NO: 135-211-2425

⑤ SUBDIVISION: Farmwood Sec 20 ⑥ LOT: 2 ⑦ BLOCK: W

OWNER

⑧ NAME: Bob McLemore Co. Inc. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: P.O. Box 25746

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 545-611 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

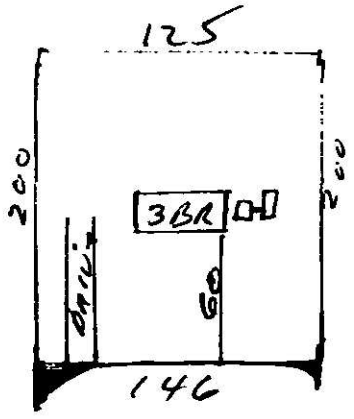
㉕ Type?

㉓ Maximum occupancy?

㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☑ Community well

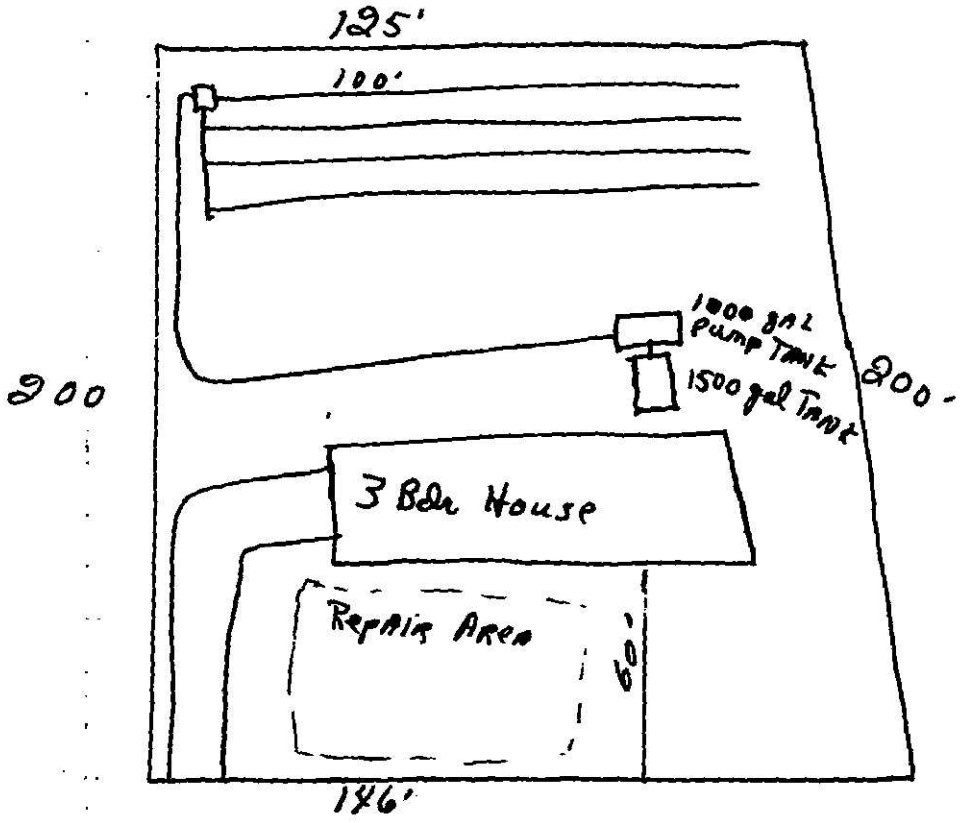
D ☐ Community system

㉚ The undersigned owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Bob McLemore Co Inc
BY

Date: 11/4/85

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



5952 Gold Wagon ~~Lot #2~~ W

Serial No. 9071

SIR No. 20767

Date Issued 11-12-85

T. C. No. ~~20 135-211-24,25~~ 397-02

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Bob McLemore Co.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF LOT 5952 Gold Wagon Lane
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 2 BLOCK NO. W

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20767. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Applicotion for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordence with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** LIFT STATION WILL BE REQUIRED ***

D. K. Ferguson
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Serial No. 09022

Date Issued 3-6-86

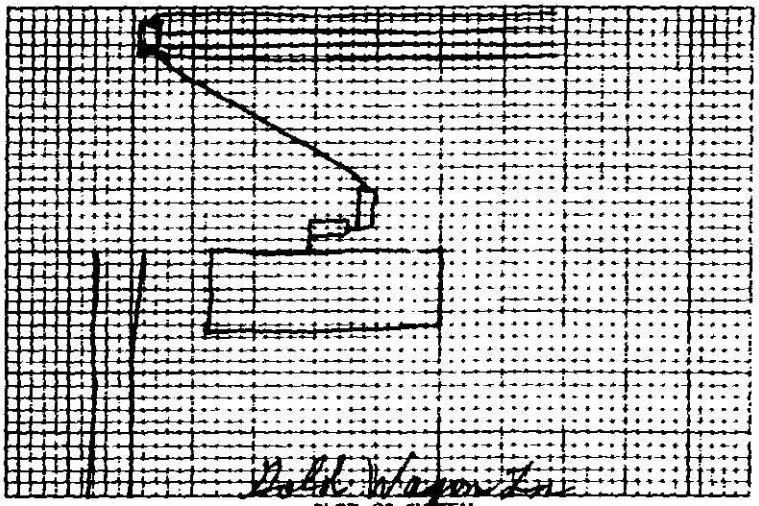
ICAR(S) Permit No. 20767

T.C. No. 135-~~211-22,25~~ PD

Map Date 391-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 20767, dated 3-5-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-6-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Pt

Liquid Capacity of Tank 1500 + 1000

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well Comm.

NAME OF OWNER Bob McLemore Co.

LOCATION OF PROPERTY 5952 Gold Wagon Ln

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

4 lines 3'X100'X12" stone

Comments:

[signature] Division or Section Head

B. R. Ferguson Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 29 1990
ENVIRONMENTAL HEALTH
DIVISION

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

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

(OFFICE USE ONLY)
FILE: 20767
TC: 135-311-02
SERIAL: No 20139
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5952 Gold Wagon Lane (STREET NO / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Farmwood-Section 2C ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Emmett (FIRST) M. (MIDDLE) Sills (LAST)

⑨ MAILING ADDRESS: 5952 Gold Wagon Lane

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 704/522-2826 ⑭ (HOME) 704/545-7822

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☒ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Emmett M Sills

Date: 3/26/90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist Date

Director or Authorized Section Head Date

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

C of A (s) No 20767

Date Issued 3-27-86 **Serial** 8388 PO T C No 135-211-22,25

✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Bob McLemore Co. (LAST) (FIRST) (MIDDLE)

Location of Property 5952 Gold Wagon Ln

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 12"-24"

Water Supply Source Comm Distance from Water Source —

Excavation Inspected 3-27-86 (DATE) Tank Inspected 3-27-86 (DATE)

Nitrification Field Inspected 3-27-86 (DATE)

Washing Machine Line Inspected If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system

Comments 1986, 1500ST, 1000DT, PI, CON, 1200SFT, 12 G, Cecil

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy