Date Received 8-13-84

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 13 1984
ENVIRONMENTAL HEALTH

SIR No. 21325

T. C. No. 20 135-391-99

Map Date 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER BOB MCLEMORE CO. INC.

2) ADDRESS OF OWNER (LAST) PO BOX 25746 (FIRST) CHAR. (MIDDLE) ZIP 28212

3) PHONE NO. Home ——— Office 545-C111

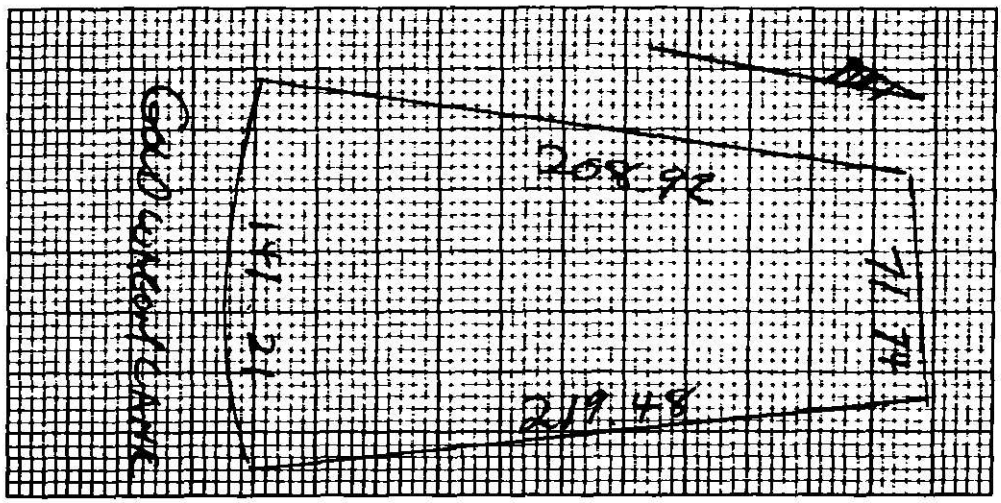
4) LOCATION OF PROPERTY 5833 COLOWARE LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION Farmwood Sec 4 20 LOT NO. 71 BLOCK NO. W

MAP BOOK NO 20 PAGE NO. 611

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

BOB MCLEMORE & INC.
OWNER
8-7-84

EHD-S-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21325

T.C. NO. PC135-391-94

(Ground Absorption Sewage Disposal)

OWNER: Bob McLemore [illegible]
ADDRESS: PO Box 25746
Charlotte, N.C. 28212
LOCATION OF SITE: 5833 Gold Wagon Lane

PLAT NO: 71-W
LOT SIZE: 22.5[illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-10% U	S complex PS 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 36-38" U	S PS <36" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS <36" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >36" to PS ground U water	S Eroded PS Areas U channel runoff	S PS U	S PS U
7. OTHER (Specify)	S PS Restricted Area U	S PS U	S PS U	S PS U
8. SOIL GROUP	NA	NA		
9. SITE CLASSIFICATION	unsuitable	unsuitable		
10. SOIL SERIES	Cecil Like	Complex slopes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

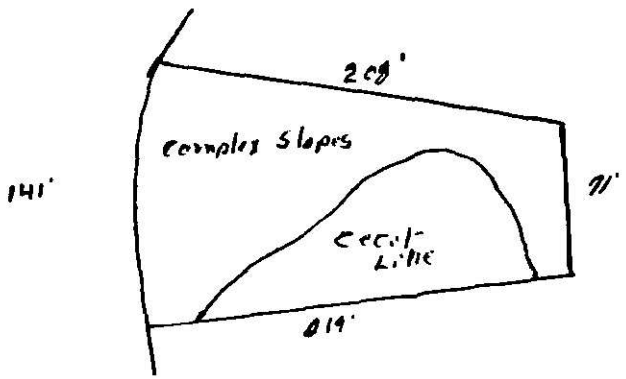
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William N. Martin
Title: Soil Scientist

Date: 10-9-94

14



Gold Wagon Lane

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 21325
T.C. NO. PO 135-391-99
DATE: 10-10-84

Bob McLemore Company
P. O. Box 25746
Charlotte, NC 28212

RE: Property located at 5833 Goldwagon Lane

Dear Sirs:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Date Received _____

RECEIVED
MAR 12 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 21325

T. C. No. Po 135-371-99

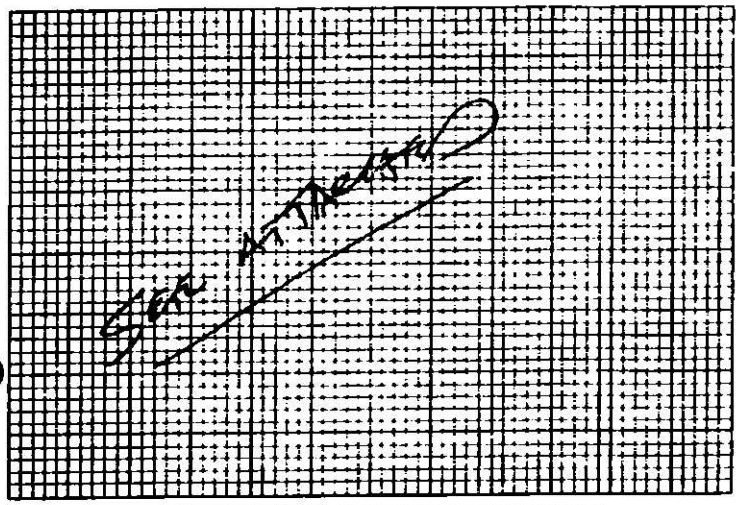
Map Date _____

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ✓No
Residence ✓Yes ___No

4) No. of Bedrooms 4

5) Business Use — Max No Employees _____

6) Washing Machine ✓Yes ___No

7) Garbage Disposal ___Yes ✓No

8) Dishwasher ✓Yes ___No

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

10) Sewage System.
House located within 200 feet of public sewer ___Yes ✓No
House located within 200 feet of community sewer ___Yes ✓No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Bob McLemore Co. Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO Box 25746 Charlotte NC 28212

15) PHONE NO. Home _____ Office 545-6111

16) LOCATION OF SYSTEM 5833 Gold Wagon Lane
STREET OR COUNTY ROAD

17) SUBDIVISION Farmwood Sec #20 Lot No. 71 Block No. W

Map Book No. 26 Page No. 611

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 10-10-84

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.

3-11-85
DATE OF APPLICATION

Bob McLemore Co Inc
OWNER BY

EHD-5-76

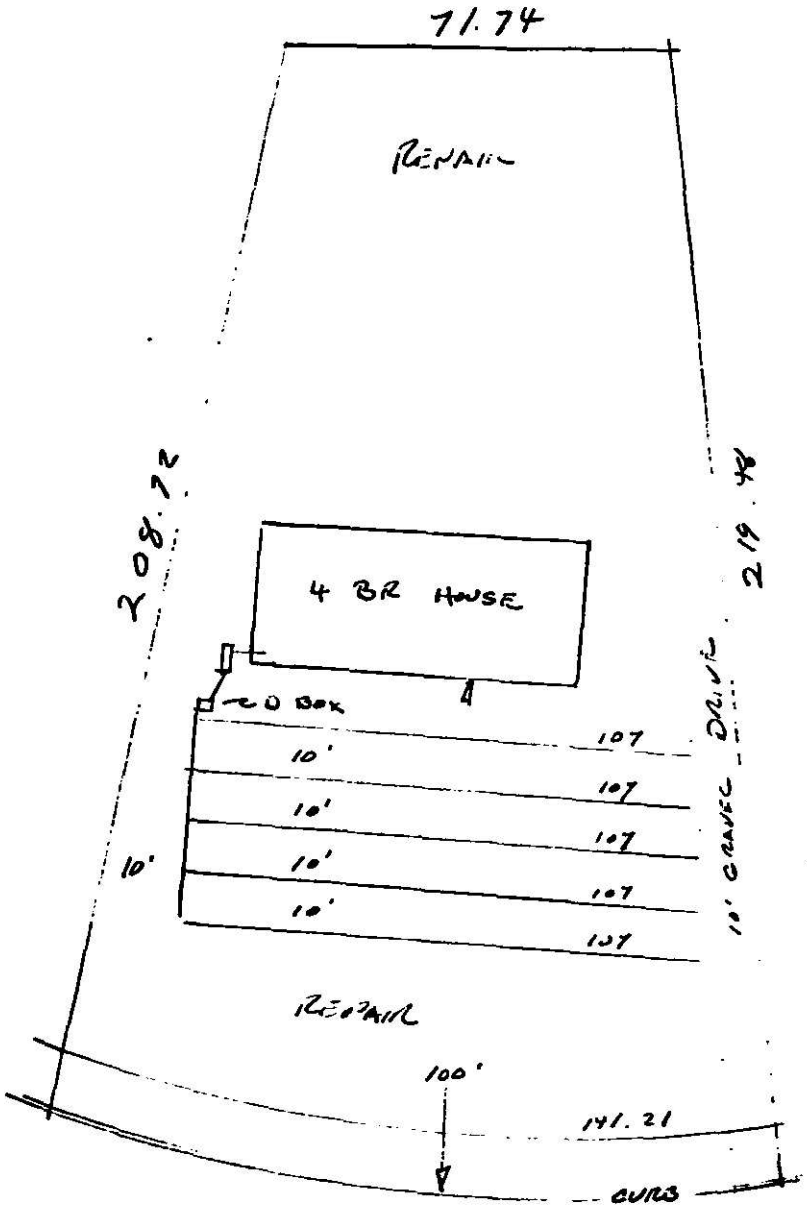
Department Copy

21325

T.C. # PO 135-371-99

B&B McLEMORE CO. INC

5-9-85



5833 GOLD WAGON LANE LOT # 71W

SEE INSTRUCTIONS ON BACK

Date Received 4-22-85

ICAR(S) Application No. 21325

T. C. No. PO 135-391-99

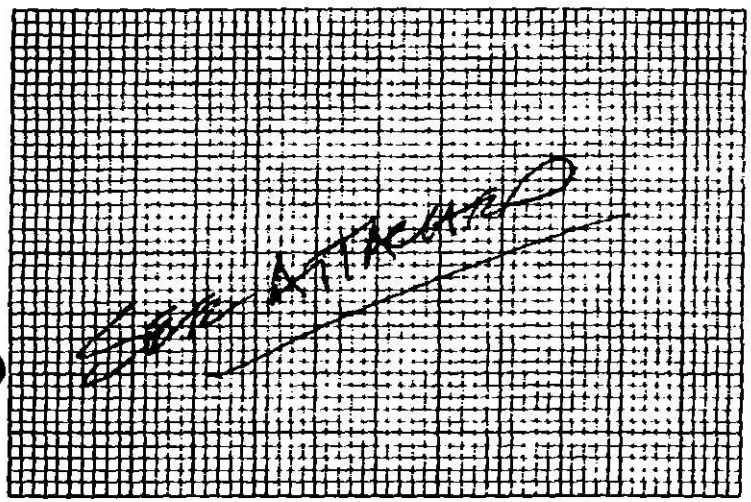
Map Date L

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No. of Bedrooms 4
5) Business Use — Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply:
   A) Individual Well ___
   B) Governmental System ___
   C) Community System:
      1. Well source ✓
      2. Governmental source ___
10) Sewage System:
   House located within 200 feet of public sewer ___ Yes ✓ No
   House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER BOB McLEMORE CO. INC.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO BOX 25746 CHARLOTTE NC 28212

15) PHONE NO. Home ___ Office 545-6111

16) LOCATION OF SYSTEM 5833 GOLD WAGON LANE
STREET OR COUNTY ROAD

17) SUBDIVISION FARMWOOD SEC #20 Lot No. 71 Block No. W

Map Book No. 20 Page No. 611

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 10-9-84

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.

4-16-85
DATE OF APPLICATION

BOB McLEMORE CO. INC
OWNER

[signature]

BHD-5-76

Department's Copy

SIR No. 21325

Serial No. 8503

Date Issued 9 May 1985

T. C. No. P.O. 135-391-99

Map Date ✓ CLT

IMPROVEMENT PERMIT

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 Mc Lemore Co. Inc.
(LAST / FIRST / MIDDLE)

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

LOCATION OF LOT 5833 Gold Wagon Lane
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 71 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_____. 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 "Application 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 accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Kelly Randall
Environmentalist

Environmental Health Director, or Authorized Section Head

EHB-5-74

Environmental Health Department's Copy

Date Issued 8-15-85

Serial No. 08413

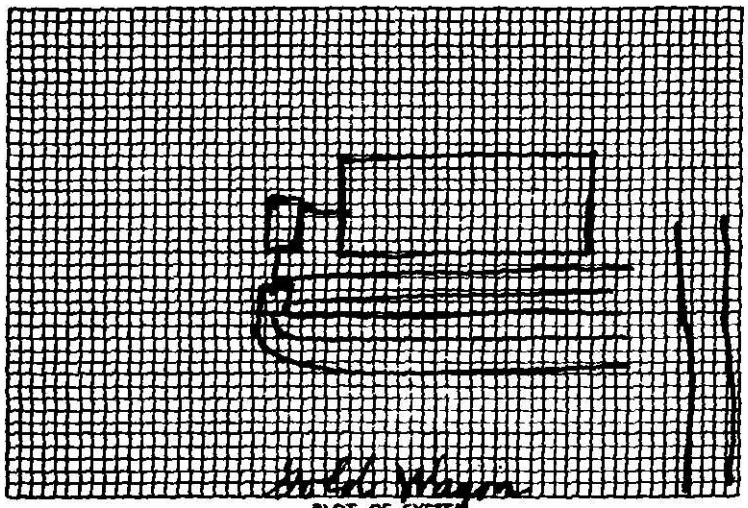
ICAR (S) Permit No. 21325

T. O. No. PR 135-391-99

Map Date L

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 21325, dated 4-16-85 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 9-15-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P-1

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 535'

Number of Lines 5

Distance from House 5'

Distance from Property Line 10'

Distance from Well Comm.

NAME OF OWNER Bob McLemore

LOCATION OF PROPERTY 5833 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.

5 Lines 3'X 107'X 12" stone

Comments: _____

B. Danforth
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.

BHB-5-78

Environmental Health Department's Copy

C of A (s) No. 21325

Date Issued 9-6-85 Serial 7856 P.O. T. C. No. 135-391-99 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

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

Location of Property 5833 Gold Wagon Ln

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 535' Number of Lines 5

Depth of Filter Material 12" Cover Depth 15"-24"

Water Supply Source Town Distance from Water Source —

Excavation Inspected 9-6-85 (DATE) Tank Inspected 9-6-85 (DATE)

Nitrification Field Inspected 9-6-85 (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: 1985, 1500ST, CON, 1605FT, 12-G, Cecil

D. R. Ferguson
Environmentalist

EHD-S-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 1 [illegible]

ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

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: 21325
TC:
SERIAL: No 19[illegible]

JOB LOCATION

① ADDRESS: 5833 (STREET NO) Gold Wagon Ln (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 135 392 27
⑤ SUBDIVISION: Fairwood Section 20 ⑥ LOT: 71 ⑦ BLOCK:

OWNER

⑧ NAME: Billy (FIRST) Wayne (MIDDLE) Drake (LAST)
⑨ MAILING ADDRESS: 5833 Gold Wagon Lane
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 376-2771 ⑭ (HOME) 545-7070

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy? 6
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: Billy W. Drake
Date: 4/13/90

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.