Date Received 7-5-84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 21202

T. C. No. 001 371 25

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER OGLESBY (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

2) ADDRESS OF OWNER 5925 LANSING DR. CHARLOTTE, NC ZIP [illegible]

3) PHONE NO. Home [illegible] Office [illegible]-2143

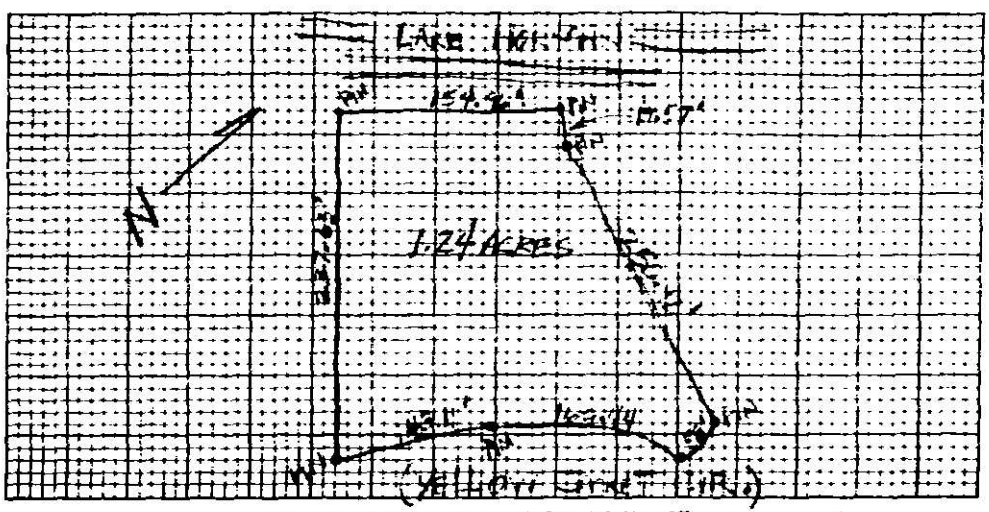
4) LOCATION OF PROPERTY 16427 YELLOW JACKET CIRCLE (LAKE NORMAN) (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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

[signature] 6/29/84
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 91262

T.C. NO. [illegible]-371-25

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
[illegible]

PLAT NO: [illegible]
LOT SIZE: 1.33

LOCATION OF SITE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S [illegible] PS U	S PS — 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 — U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS [illegible] U	S PS — U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS [illegible] U	S PS — U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS [illegible] U	S PS — U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S [illegible] PS [illegible] U	S [illegible] PS [illegible] U	S PS U	S PS U
7. OTHER (Specify)	S PS [illegible] U	S PS U	S PS U	S PS U
8. SOIL GROUP	[illegible]	—		
9. SITE CLASSIFICATION	[illegible]	[illegible]		
10. SOIL SERIES	[illegible]	[illegible]		

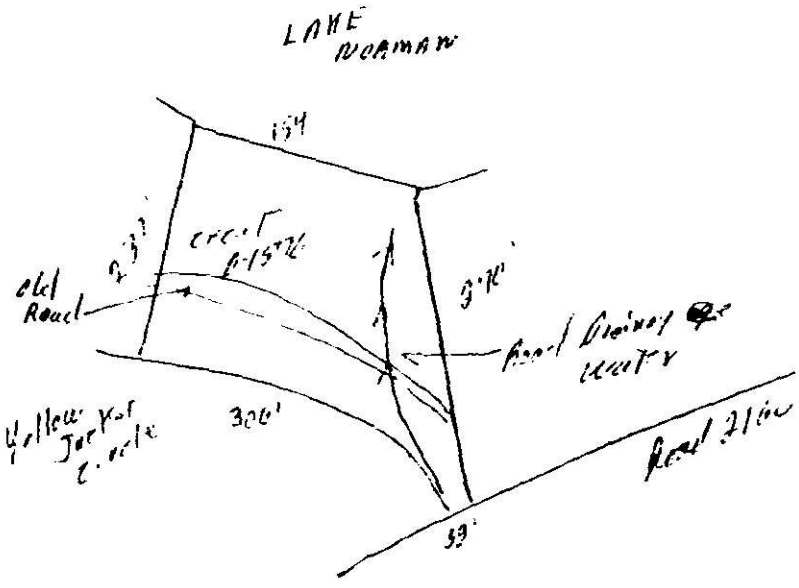
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: System may require lift station depending on house location & elevation

Described by: William A. Marlin
Title: Soil Scientist

Date: [illegible]


LAKE NORMAN
154
old Road
Road Drainage Water
300'
Yellow Jacket Circle
Road 2160
39'

Serial No. 5784

SIR No. 21202

T. C. No. 001-371-25

Date Issued 7-25-84

Map Date L

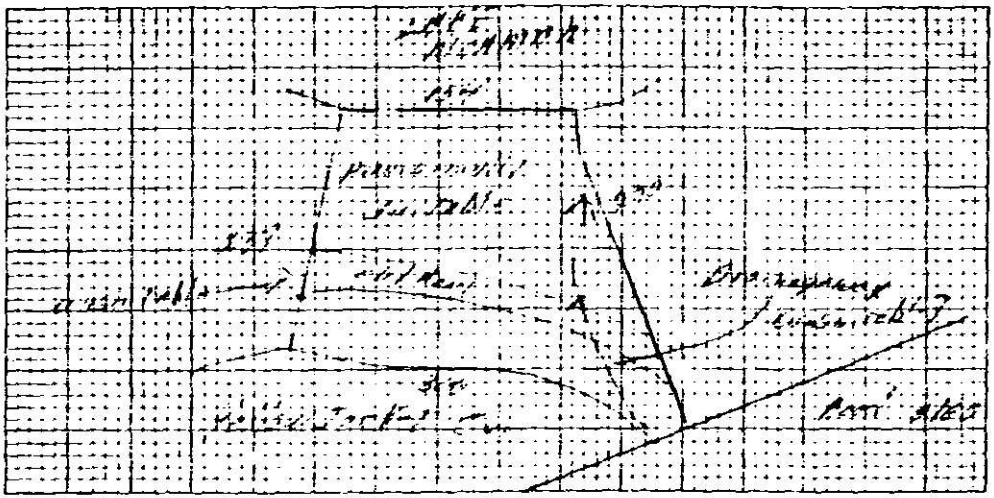
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Oglesby, Donald M.
LAST FIRST MIDDLE

ADDRESS OF OWNER 5925 Lansing Dr., Charlotte, NC ZIP 28226

LOCATION OF PROPERTY 13427 Yellow Jacket Circle
STREET OR COUNTY ROAD

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot p[illegible]OVISIONALLY SUITABLE

The permeability rate determined by the investigation was [illegible] 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 to install [illegible] shall be obtained from the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] obtained above, and on the size and type of building constructed thereon
3. This approval is valid only if the system [illegible] installation on the above plot
4. This approval is void if any [illegible] on the lot which in the opinion of the Mecklenburg County Department of Environmental Health [illegible] as acceptable for system installation [illegible] repair of such a 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 if 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 or revised laws, rules, and regulations been in effect on the issue date.

[signature]
Soil Scientist

[signature]
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 7-5-84

ICAR(S) Application No. 81202

T. C. No. 001 371 25

Map Date L

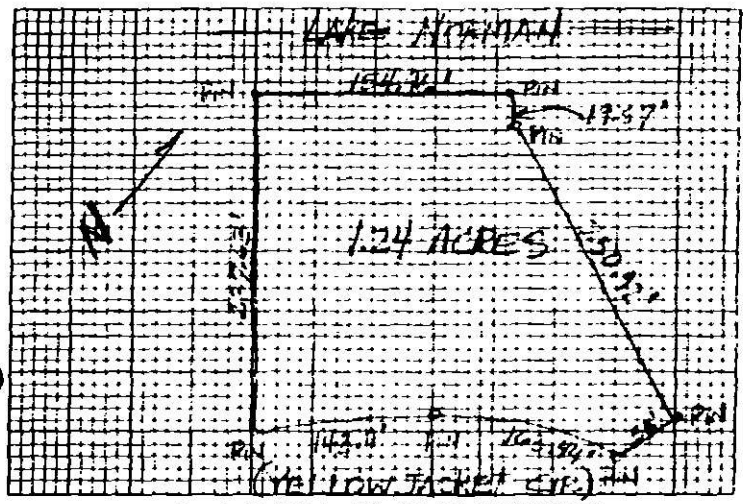
MECK CO... DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

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 X Yes ___ No

4) No of Bedrooms 2
5) Business Use — Max No Employees NONE
6) Washing Machine ___ Yes X No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1 Well source ___
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 OGLESBY (LAST) DONALD (FIRST) MICHAEL (MIDDLE)

14) ADDRESS OF OWNER 5935 LANSING DR. CHARLOTTE, N.C. 28226

15) PHONE NO Home 364-7236 Office 525-3143

16) LOCATION OF SYSTEM 16427 YELLOW JACKET CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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.

6/29/84
DATE OF APPLICATION

[signature]
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 7706

SIR No. 21202

Date Issued 7-25-84

T. C. No. 001-371-25

Map Date L CLT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Oglesby, (LAST) Donald (FIRST) ". (MIDDLE)

ADDRESS OF OWNER 5925 Lansing Dr., Charlotte, NC ZIP 28226

LOCATION OF LOT 10427 Yellow Jacket Circle (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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 21202. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

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

(OFFICE USE ONLY)

FILE: 21202

TC: 001-371-25

RECEIVED
...Y DEPARTMENT OF
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 16427 YELLOW JACKET CIRCLE (STREET NO / STREET) ② FILE: #21202

③ CITY: LAKE NORMAN ④ TAX PARCEL NO.:

⑤ SUBDIVISION: MECK. NECK ⑥ LOT: SECTION 6, LOT 405 ⑦ BLOCK:

OWNER

⑧ NAME: DONALD (FIRST) MICHAEL (MIDDLE) OGLESBY (LAST)

⑨ MAILING ADDRESS: 5925 LANSING DR.

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 525-3143 ⑭ (HOME) 364-7286

REQUEST

This request is for a(n):

⑮ [X] New installation permit ⑰ [ ] Authorization for mobile home exchange

⑯ [ ] Repair or alteration permit ⑱ [ ] Other (specify)

DESIGN CRITERIA

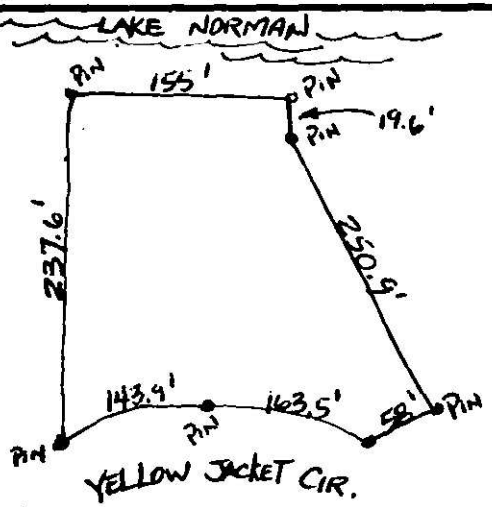
System will serve.

⑲ [X] Residence ⑳ [ ] Mobile home ㉑ [ ] Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?

㉔ Basement? [ ] yes [X] no ㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A [X] 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: Donald Michael Oglesby

Date: 6/27/95

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

Date Issued 6-28-85

Serial No. 08278

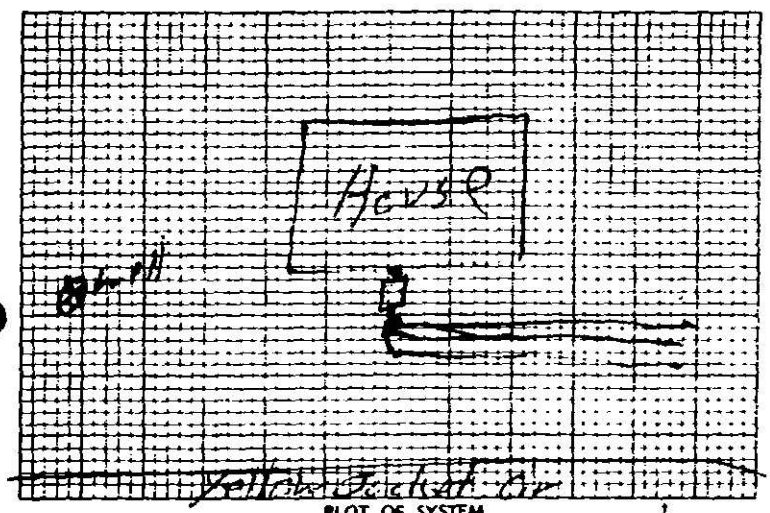
ICAR(S) Permit No. 21202

T. C. No. 001-371-25

Map Date ___

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 21202, dated 6-29-84 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 7-28-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVa

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and or Nitrification Lines

Total Line Length 270'

Number of Lines Three

Distance from House 5'

Distance from Property Line 10'

Distance from Well 750'

NAME OF OWNER Oglesby, Donald

LOCATION OF PROPERTY 16427 Yellow Jacket Cir.

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.

Three Trenches 90'X3'X12" Stone

Comments:

B. Hardister
Division or Section Head

Jim Ericson
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

C of A (s) No. 21202

Date Issued 2-19-86 **Serial** 8313 T. C. No 001-371-25 L CK7

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 OGLESBY (LAST) DONALD (FIRST)

Location of Property 16427 YELLOW JACKET (MIDDLE) CIRCLE

Application Number 21202 Permit Number 21202

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 270' Number of Lines 3

Depth of Filter Material 12" Cover Depth 2

Water Supply Source well Distance from Water Source 55'

Excavation Inspected 2-19-86 (DATE) Tank Inspected 2-17-86 (DATE)

Nitrification Field Inspected 2-19-86 (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, 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 1996, 1500 ST, CON, 1200 SFT, 12", CK

Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Received 7-5-84

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

SIR No. 81202

T. C. No. 001 371 25

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER OGLESBY (LAST) JOHN F (FIRST) MICHAEL (MIDDLE)

2) ADDRESS OF OWNER 5325 LANDING DR. CHARLOTTE, NC ZIP 28216

3) PHONE NO. Home 364-7256 Office 535-2143

4) LOCATION OF PROPERTY 16427 YELLOW JACKET CIRCLE (LAKE NORMAN)
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO. ___ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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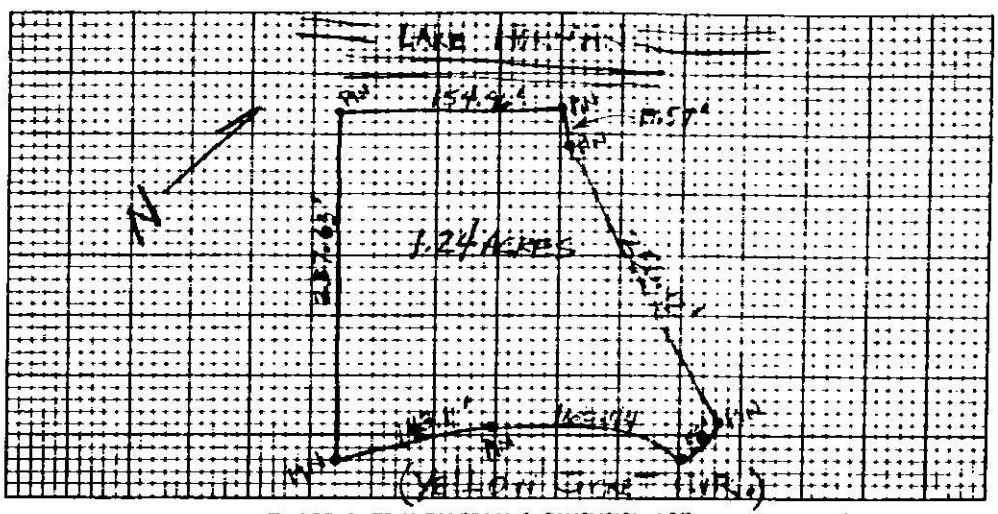

7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER 6/29/84

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21262

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
Charlotte, [illegible]

PLAT NO: [illegible]
LOT SIZE: 1.33

LOCATION OF SITE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 8-15% PS U	S PS — 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 — U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Poorly U	S PS — U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 3[illegible] U	S PS — U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS 37-36" U	S PS — U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S 7-40" PS ground water U	S PS [illegible] U	S PS U	S PS U
7. OTHER (Specify)	S PS see note U	S PS U	S PS U	S PS U
8. SOIL GROUP	[illegible]	—		
9. SITE CLASSIFICATION	provisionally suitable	unsuitable		
10. SOIL SERIES	[illegible]	[illegible]		

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: system may require lift station depending on house location & elevation

Described by: William A. Martin
Title: Soil Scientist

Date: [illegible]