4624239422 119 Ripplewater Lane L464

Serial Nº 677

Date Issued May 7, 1971

LA No. 1659

T. C. No. 001-271-03 P

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Van Dyke, Thomas Levi
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 4601 Connecting Road ZIP 28209

LOCATION OF LOT Lake Norman
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 464 Section NO 6

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 42 min/in., 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 1659. 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 percolation test 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, altred, 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

Charles D. Williams
Environmentalist

John Gibbon
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 4 29 71

ICAR(S) Application No. 1659

T. C. No. _____

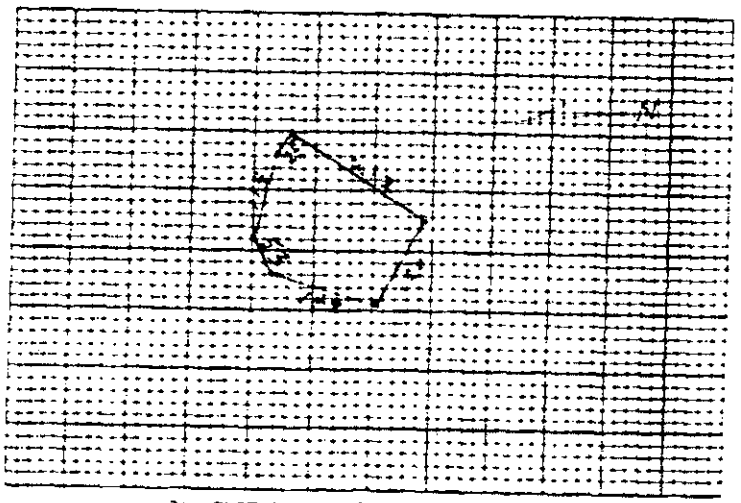
Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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)

4) No of Bedrooms 2

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 Lewis Eyke (LAST) Thomas (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 4166 Crescent Rd

15) PHONE NO Home 523-4954 Office 523-4952

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 464 Section/Block No 6

Map Book No _____ Page No _____

18) DEED REFERENCE - DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? YES ✓ NO DATE RUN _____

20) PIN 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.

DATE OF APPLICATION _____

Reuben McMillan
OWNER - Crescent Land & Timber Corp.

FORM NO E-4-7-1-70

HEALTH DEPARTMENT'S COPY _____ Lessee