46 2437 9914 L 523 128 Greyfriars Rd

Date Issued April 10, 1972 **Serial No.** 1527

LA No. 3511
Prop. bryde
T C. No. 001-271-05 R

Map Date 3/24/72

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 Sloop (LAST) Kenneth (FIRST) Reid (MIDDLE)

ADDRESS OF OWNER 5500 Galway Drive ZIP

LOCATION OF LOT off County Road 1100 (STREET OR COUNTY ROAD)

SUBDIVISION Lake Norman LOT NO 523 BLOCK NO. Section 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 50 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 3511. 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.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3-31-72

ICAR(S) Application No 3511

T C No

Map Date

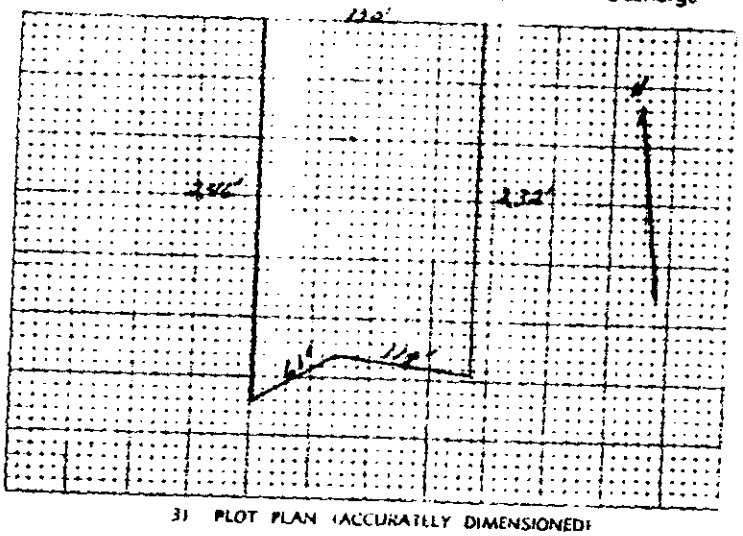
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 NONE

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 NONE

12) VA Case No NONE

13) NAME OF OWNER Sloop (LAST) Kenneth (FIRST) Reid (MIDDLE)

14) ADDRESS OF OWNER 5500 Brinkley Dr. Charlotte, N.C. 28215

15) PHONE NO Home 537-2142 Office 374-4351

16) LOCATION OF SYSTEM Access Road off County Road 1188 (LAKE NORMAN / STREET OR COUNTY ROAD)

17) SUBDIVISION Catawba Heights Section #6 Lot No 523 Block No Leased Lot

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST 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.

DATE OF APPLICATION ___

Kenneth Reid Sloop
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY