$550

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 114953 PIN# 4635709535 DATE 12-11-06

OWNER OR APPLICANT ANDRIS ZARINS PHONE: Business _____ Home _____

ADDRESS 1637 SANSBURY RD CHARLOTTE NC 28262

LOCATION 115 (5) TR LANGTREE, CROSS OVER I-77, TR LAKESHORE DR, FOLLOW AROUND - ON RIGHT

SUBDIVISION LAKEVIEW SHORES BLOCK / SECTION _____ LOT 11 LOT AREA .467 ACRE SITE CLASS. P.S. DESIGN FLOW 360 gpd L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons: STB 312 Date 1-14-07

Pump Tank: 1086 Gallons: PT 283 Date 4-17-07

Pump Make: Goulds Model: WE-05111HH Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 600 Linear Feet 200

No. Lines 5@40 Trench Width 24"/36" Max Trench Bottom Depth 36" Gravel Depth MIN/MIN

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Conventional Pump to Rise

Repair System Description: Pre 1983 LOT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

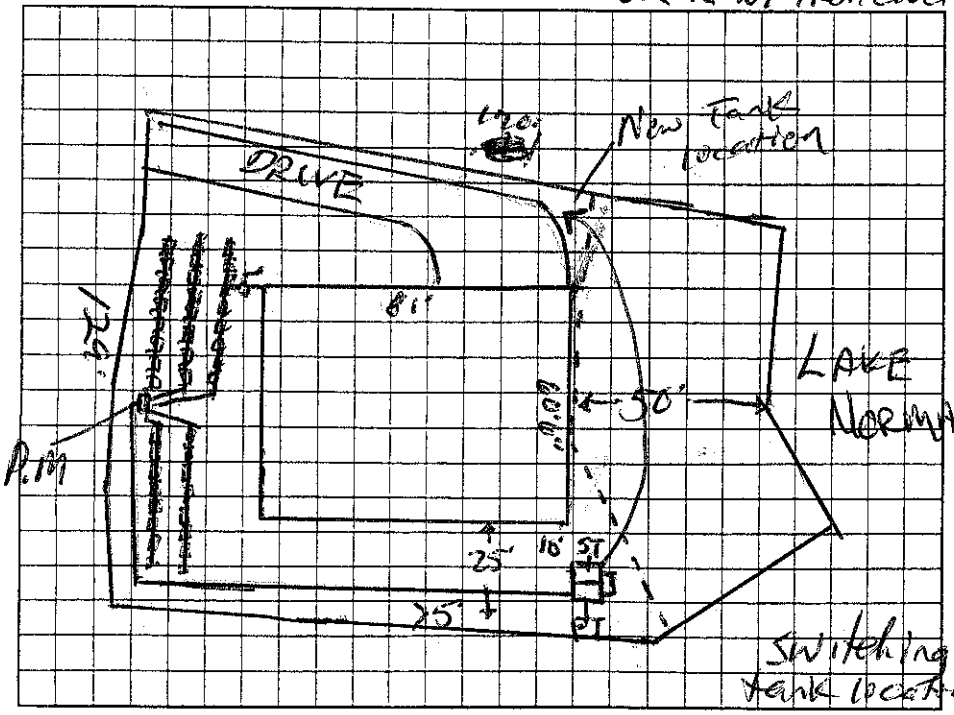
FRONT OF HOUSE = 35' FROM ROAD

*SUPPLY LINE FROM TANK TO PRESSURE MANIFOLD MUST BE 30" OR DEEPER UNDER DRIVEWAY OR SLEEVE W/ IRON DUCTILE

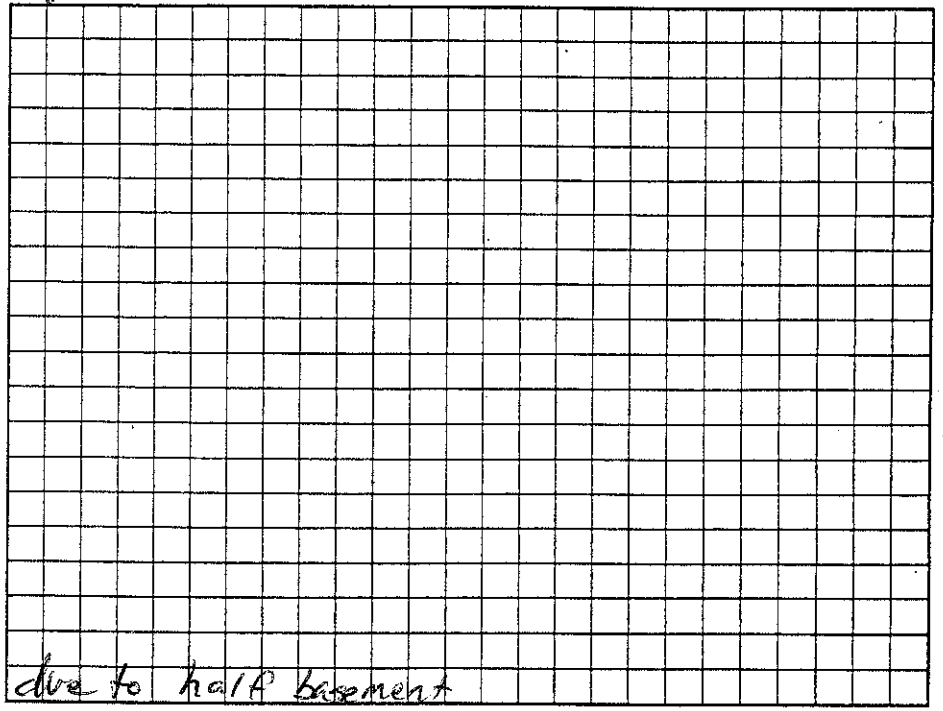
Comments:/Conditions:

8/10/07 CHECKED TANKS & 3 OF 5 LINES 8/14/07 OTHER 2 BRAINLINES & SET PRESSURE HEADS/ALARM.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: CC Dees date 12/22/06 Installed by: Larry Hinkle RS

Improvement Permit by: John E Alph date 12-19-06 Operation Permit by: [illegible] date 11/27/07

Authorization to Construct by: John E Alph date 12-20-06 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK