Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

No 20814

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: SF Dwelling

Location: Nw 11 Connector

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
25-3-A-31	Davidson		R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Linsta Est	31		

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

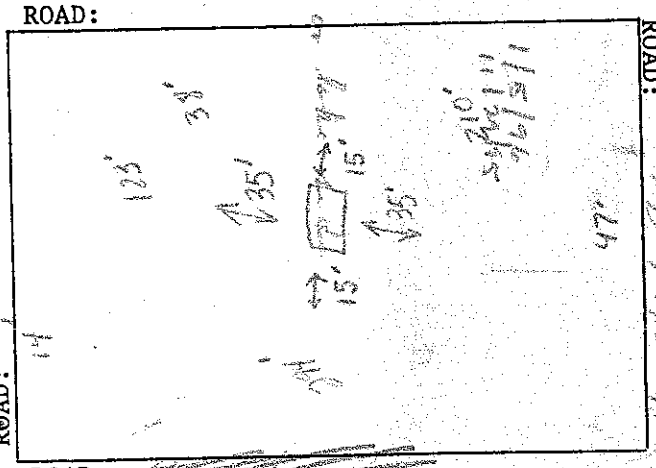
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

#15-Z
35-HD
#40

189737



OWNER	ADDRESS	PHONE NO.
Louis Lipinsky III	462 E Simsbury Rd Cl 28078	345-3955

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date: 4-6-95

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date: 4-6-95

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Louis Lipinsky | 365-3953 | 4628-E Statesville Rd | Charlotte | NC | 28226
Applicant | Phone # | Mailing Address | City | State | Zip Code

Louis Lipinsky | 4628-E Statesville Rd | Charlotte | NC | 28226
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Crystal Bay | 31 | | |
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

Private Well | | |
(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal X Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

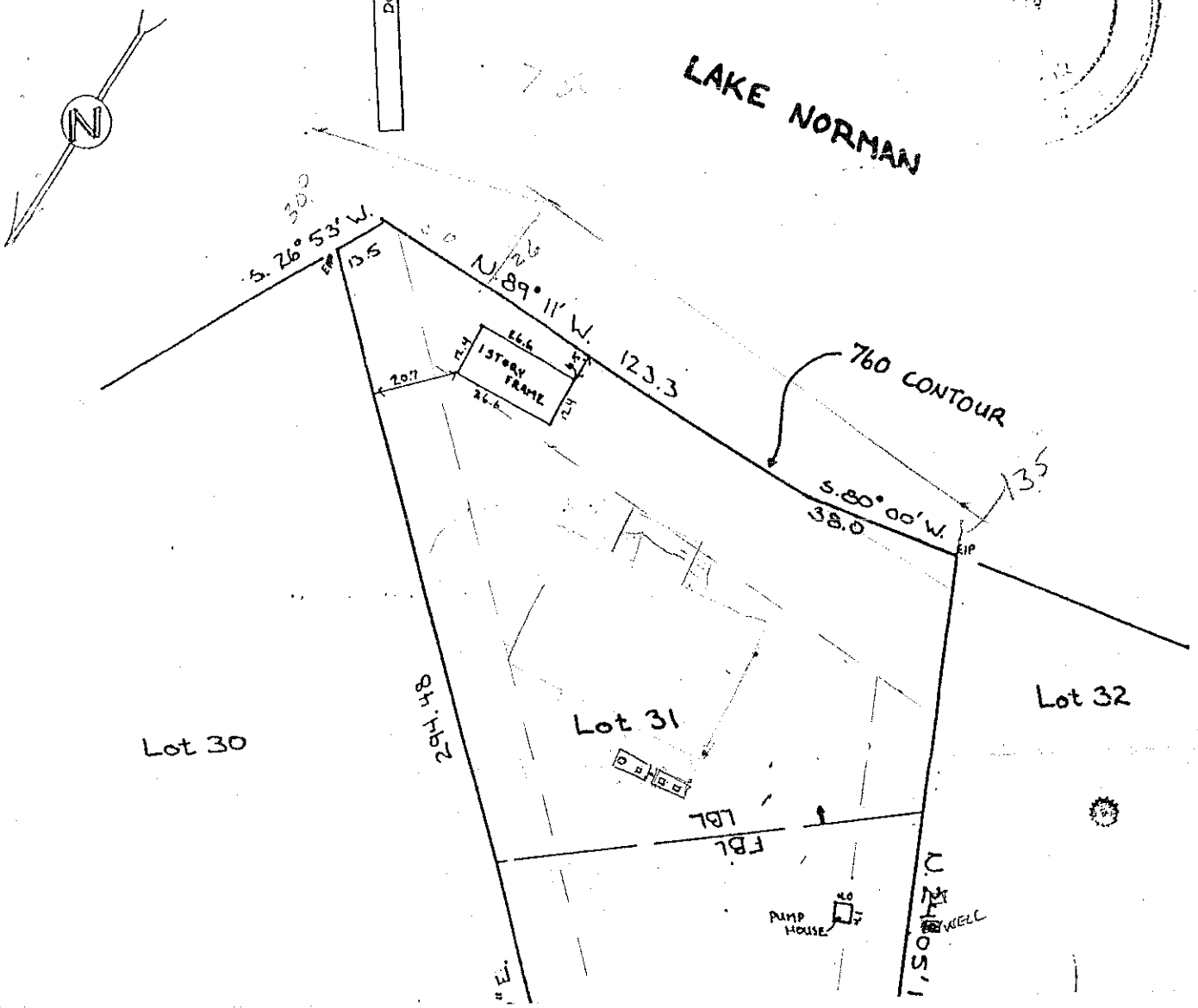
4-7-95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

THIS IS TO CERTIFY THAT ON THE 24 DAY OF JULY 19 87 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R. B. Pharr

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
212 EAST INDEPENDENCE BLVD
CHARLOTTE, N C 28204
TEL (704) 378-2186

NORTH CAROLINA
REGISTERED



Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box 28687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR Louis Lipinsky Lic.# 11466 REG. NO.

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Mooresville County Iredell

Crystal Circle / Crystal Bay Subd. / LOT 31
(Road, Community, Subdivision, Lot. No.)

Quadrangle No.

2. OWNER: Louis Lipinsky III

3. ADDRESS: 197 Crystal Circle

4. TOPOGRAPHY: draw (slope) hilltop, valley, flat

5. USE OF WELL: Unknown DATE:

6. TOTAL DEPTH: 120' DIAMETER: 6"

7. CASING REMOVED:

feet	diameter
None	

8. SEALING MATERIAL:

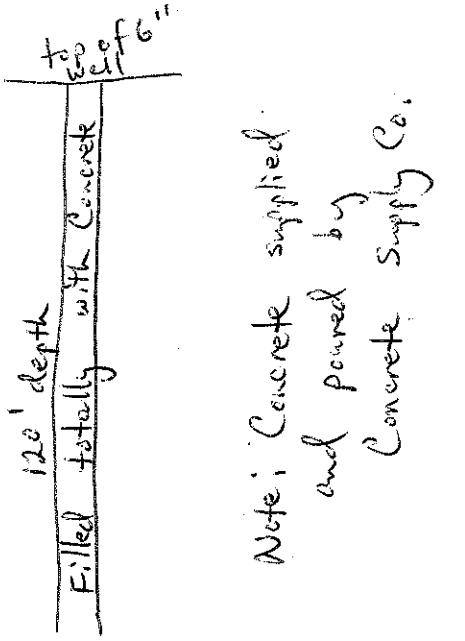
Neat cement	Sand cement
bags of cement	bags of cement
1 1/2 yds. gals. of water	yds. of sand
poured from Concrete Supply Co.	gals. of water

Other
Type material None

Amount

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Entire depth of well was sounded. Well was thoroughly disinfected with chlorine; Filled with concrete, as required.

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Date 2/29/96

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.
GW-30