11500

L COUNTY HEALTH DEPARTMENT

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

I[illegible]OVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERM[illegible] 5260 PIN# ~~4657485661~~ 4657485661 DATE 1/13/98

OWNER OR CONTRACTOR BAIBRT TALBERT PHONE: Business 0 Home 663-4078

ADDRESS 3278 CHARLOTTE HWY MOORESVILLE NC 28115

LOCATION HWY 21 N- TR BRANTLY ACRES - GO LEFT ON RT

SUBDIVISION BRANTLY ACRES BLOCK / SECTION ____ LOT 10 LOT AREA .61AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1012 Date 3/18/98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAVITY CHAMBERED OR
Maintenance Agreement Required: ☐ Yes ☑ No MDS

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

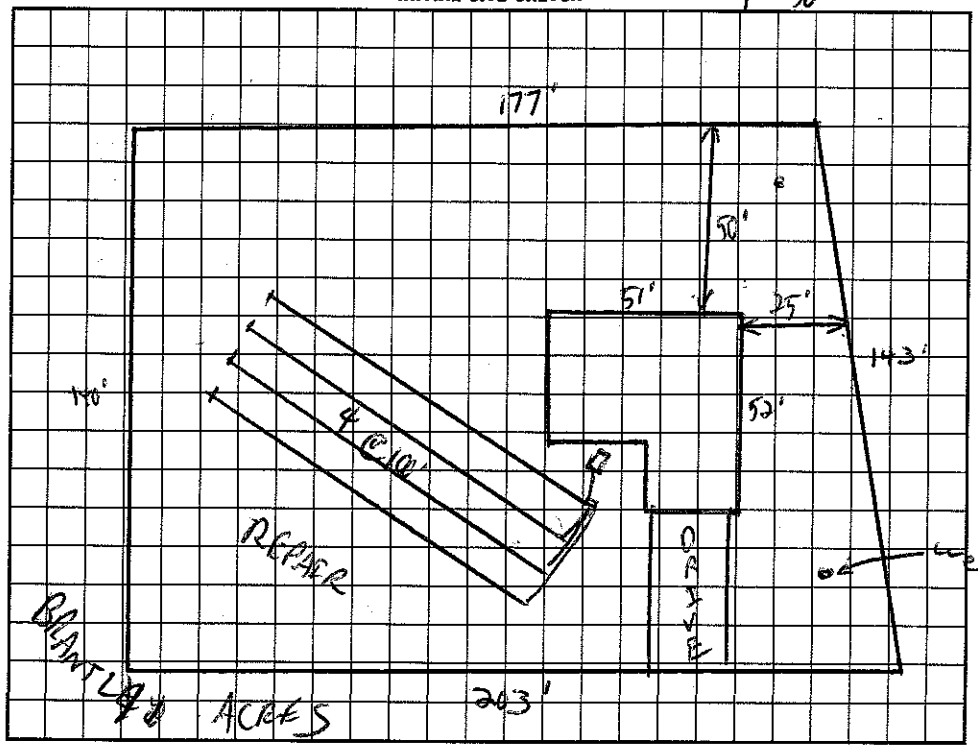
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth 1 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

I understand that this 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: BAIBRT TALBERT date ____

Improvement Permit by: C. [illegible] RS date 1/13/98

Authorization to Construct by: C. [illegible] RS date 1/13/98

Installed by: ATLANTIC [illegible]

Operation Permit by: C. [illegible] date 5/19/98

Existing System Inspection by: ____ date ____

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