IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (E) MOORESVILLE 704-664-5281

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

PERMIT# 105088 PIN# 4748-77-7446 DATE 3-19-02

OWNER OR CONTRACTOR BUTKE DAIRY ENTERPRISES PHONE: Business _____ Home 704-876-4909

ADDRESS 205 LLOYD ROAD, STATESVILLE, NC 28625

LOCATION US21 N, TL JENNINGS RD, TR LENTZ ROAD, TR LLOYD ROAD, MH AT END ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.64 ACRES SITE CLASS PS DESIGN FLOW ~~480~~ L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons. STB 760 Date 12-2-01

Pump Tank: _____ Gallons. PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

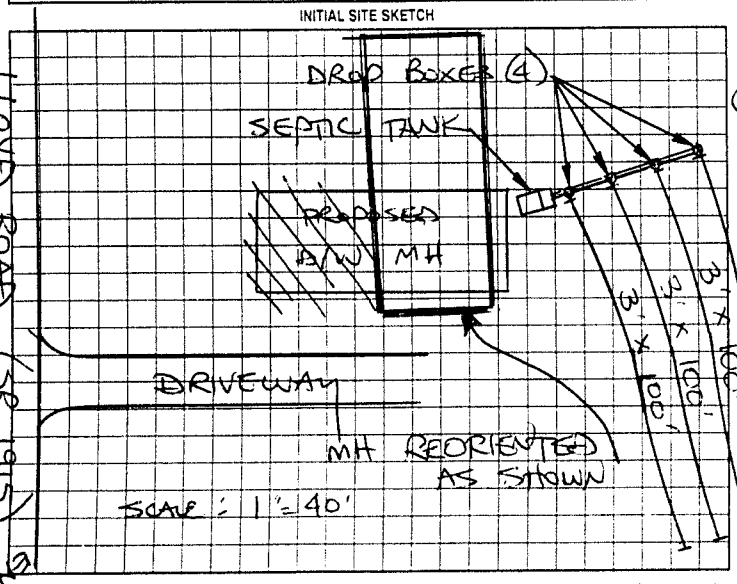
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

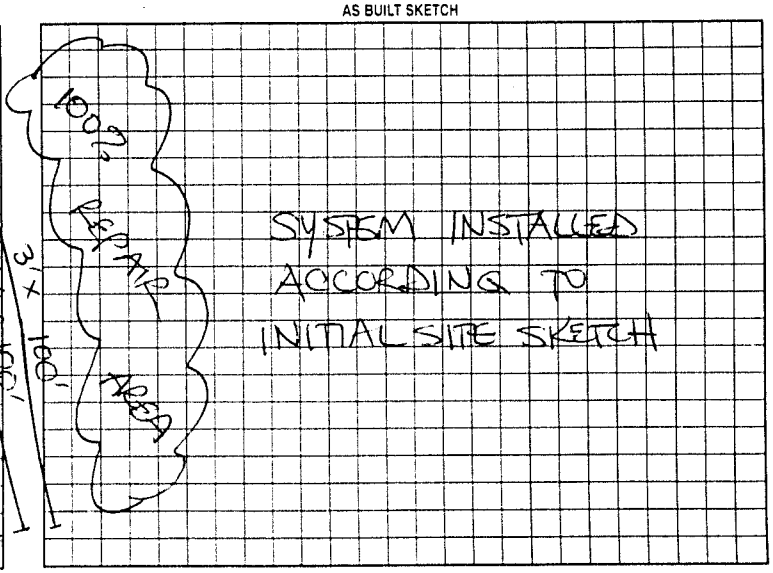
Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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: [signature] date 3/10/02 Installed by: SHERMAN DUNN

Improvement Permit by: STEVE HEDRICK date 3-19-02 Operation Permit by: STEVE HEDRICK date 4-2-02

Authorization to Construct by: STEVE HEDRICK date 3-19-02 Existing System Inspection by: _____ date _____

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