IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 1-05-00

OWNER OR CONTRACTOR Buttke Dairy Enterprises PHONE: Business 878 6789 Home _____ (198 bloyt bn)

ADDRESS 132 Country Hill Lane

LOCATION 2 IN 16 Jennings TR bentz TR Lloyd Just Past willart Ln 1st House Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .33

Septic Tank: EX. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

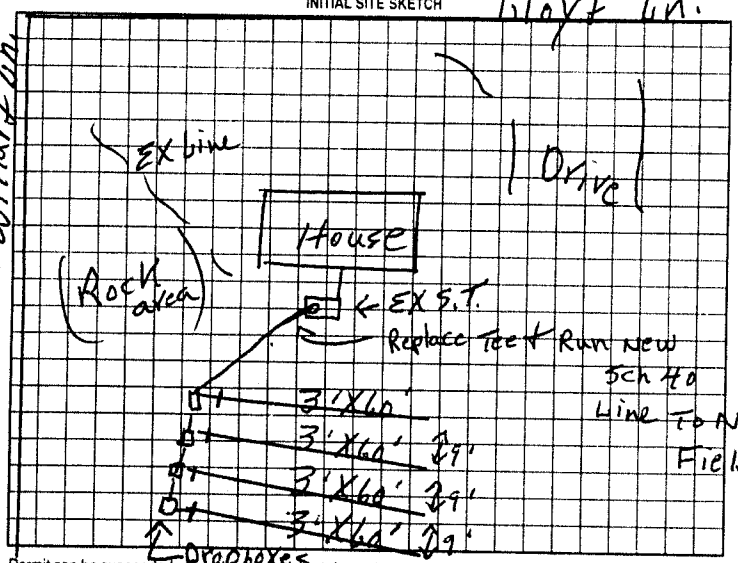
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions EXISTING SANITARY TEE MAINTAINED DUE TO ITS STRUCTURAL INTEGRITY

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Harold Buttke date _____ Installed by: A-1 BACKHOE

Improvement Permit by: P.C. Moore date 1-5-00 Operation Permit by: STEVE HENDRICK date 3-9-00

Authorization to Construct by: P.C. Moore date 1-5-00 Existing System Inspection by: _____ date _____

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