CI

REDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109788 PIN# 4776-79-4569 DATE 11-8-02

OWNER OR CONTRACTOR BUTTKE DAIRY ENTERPRISES PHONE Business 704-878-6989 Home 704-876-4909

ADDRESS 5796 WALKER MILL RD RANDLEMAN, NC 27317

LOCATION 64 EAST ① RIVERHILL, ② COUNTRY HILL LANE, TURN RT AT FIRST GRAVEL RD ON RT, AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 41.64 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1012 Date 7-6-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System Repair System Type I II III IV V VI
System Description GRAV CONV
Repair System Description PUMP/GRAV 25% REDUCT
Maintenance Agreement Required Yes X No

House/Mod Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
Business No. Employees
Other

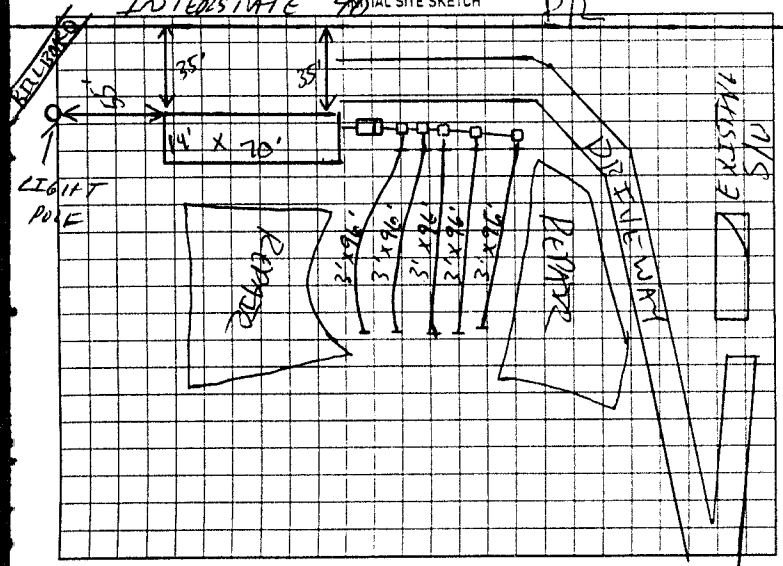
Water Supply: ☐ Individual X Public ☐ Community

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

Comments/Conditions: ① HOUSE/SIW IS ALREADY SET UP. SYSTEM IS COMPLETELY FLAGGED OUT ② MAINTAIN SETBACKS. ③ INSTALL LINES ON CONTOURS. ④ PUTTING ON 2 BEDROOM S/W. SYSTEM

Comments Conditions SIZED FOR 3 BEDROOM. TUFF TITE FILTER & MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN
INSTALLED DURING WET SOIL CONDITIONS
SYSTEM HAD 12-15" OF GRAVEL TRU OUT LINES

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: _____ date 11-5-02 Installed by CHRIS, HANDY

Improvement Permit by: _____ date 11-8-02 Operation Permit by: _____ date 11-19-02

Authorization to Construct by: _____ date 11-8-02 Existing System Inspection by: _____ date _____

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