



BUTTE COUNTY ENVIRONMENTAL HEALTH

APR 19 2022

202 MIRA LOMA DRIVE OROVILLE, CA

ON-SITE WASTEWATER CONSTRUCTION PERMIT

4-19-22 POSTED EST

Date paid: April 19 2022 Amount: \$451.00 Receipt No: 3037120

This application will be accepted with payment of permit fee and the permit will be issued when system design is submitted by a Certified Designer (or Certified Installer for Standard Gravity System) and approved by Environmental Health.

APPLICATION

Form CP

APN #: 040-282-101

Trakt #: EHS 22-0164

Applicant Name (Please print): STEVEN DOBRICH

Property Owner Name: TOM CZAK

Applicant Mailing Address: Box 1681

Construction Site Address: 2304 HUTTON WAY

City: MAGALINA State: CA Zip: 95954

City: Duchan State: CA Zip: 95938

Applicant Telephone Number

Certified Designer (if applicable)

- Checkboxes for New Construction, Expansion, Residential (3 bedrooms), Non-Residential, Repair, Tank Destruction.

Certified Installer (if applicable): STEVEN DOBRICH Date: 4-18-22

PERMIT

DESIGN AND CONSTRUCTION APPROVAL

This permit is issued based on review of the attached design and has determined that it meets the requirements of Butte County Code Chapter 19 On-Site Wastewater Systems.

Environmental Health Specialist signature and Date of Issuance: 4/28/2022

Comments/Conditions: Install in top 48" with equal distribution

- Permit validity conditions: valid only for attached design, valid only if installed by homeowner or certified installer, expires 2 years from date of approval.

FINAL APPROVAL AND CERTIFICATE OF COMPLETION

Installation by: Certified Installer checked. Inspected by: Environmental Health Specialist Date: 5/3/2022 Comments: 4 lines 50'

White - Environmental Health copy

Yellow - Customer copy: Final approval

Pink - Customer copy: Permit

Update: September 12, 2014



STANDARD GRAVITY SYSTEM DESIGN FORM

A design will be reviewed when this form and the design drawings are submitted with an On-Site Wastewater System Construction Permit application and fees are paid.

Parcel Identification

Form DG

APN #: 040-280-101
Applicant Name: STEVEN DOBRICH
Parcel Address: 2304 Hutton Way
Juchem CA 95938
City State Zip
Subdivision Name/Division/Block/Lot

Trakt #: _____
Designer Name: STEVEN DOBRICH
Designer Mailing Address: Box 1681
MAGALHA CA 95954
City State Zip
Designer Telephone Number: 873-9901

Design Parameters

Dispersion Type: Drainrock Chamber
Polystyrene
Number of Bedrooms: 3
Daily Flow (gpd): 360 gpd
Septic Tank Capacity: EXIST gal
Application Rate: 1.07 gpd/ft²
Designed Vertical Separation: 24 inches
Ground Slope in Drainfield Area: 1 %

Drainfield Square Footage: 360
Trench Width: 36 inches
Total Linear Trench Length: 120 ft
Trench Depth: 24-36 inches
Depth of Fill over Drainfield (if applicable): 14-24 inches
Curtain Drain Depth (if applicable): _____ f

Certification of Design

The undersigned Certified Installer or Certified Designer (circle one) has submitted this design based on observed site conditions as shown in this design form and the drawings attached thereto.

[Signature] 4-18-22
System Designer Date

The undersigned has reviewed this design on behalf of Butte County Public Health Department and determined it to be in compliance with state and local on-site regulations and ordinances.

Environmental Health Specialist Date

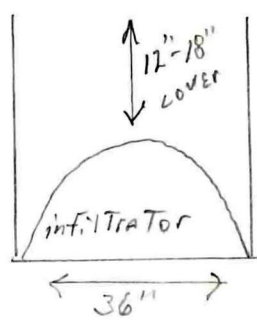
Caution: This design approval is only valid when all the following conditions are met:

- ✓ The design is stamped "Approved" by Butte County Public Health Department
- ✓ The Wastewater Construction Permit has not expired; the Permit Expiration Date is 2 years from the date of issuance
- ✓ The system is installed by a certified installer or homeowner authorized by the Butte County Public Health Department
- ✓ Drainfield site conditions have not been altered to adversely affect conditions of design approval

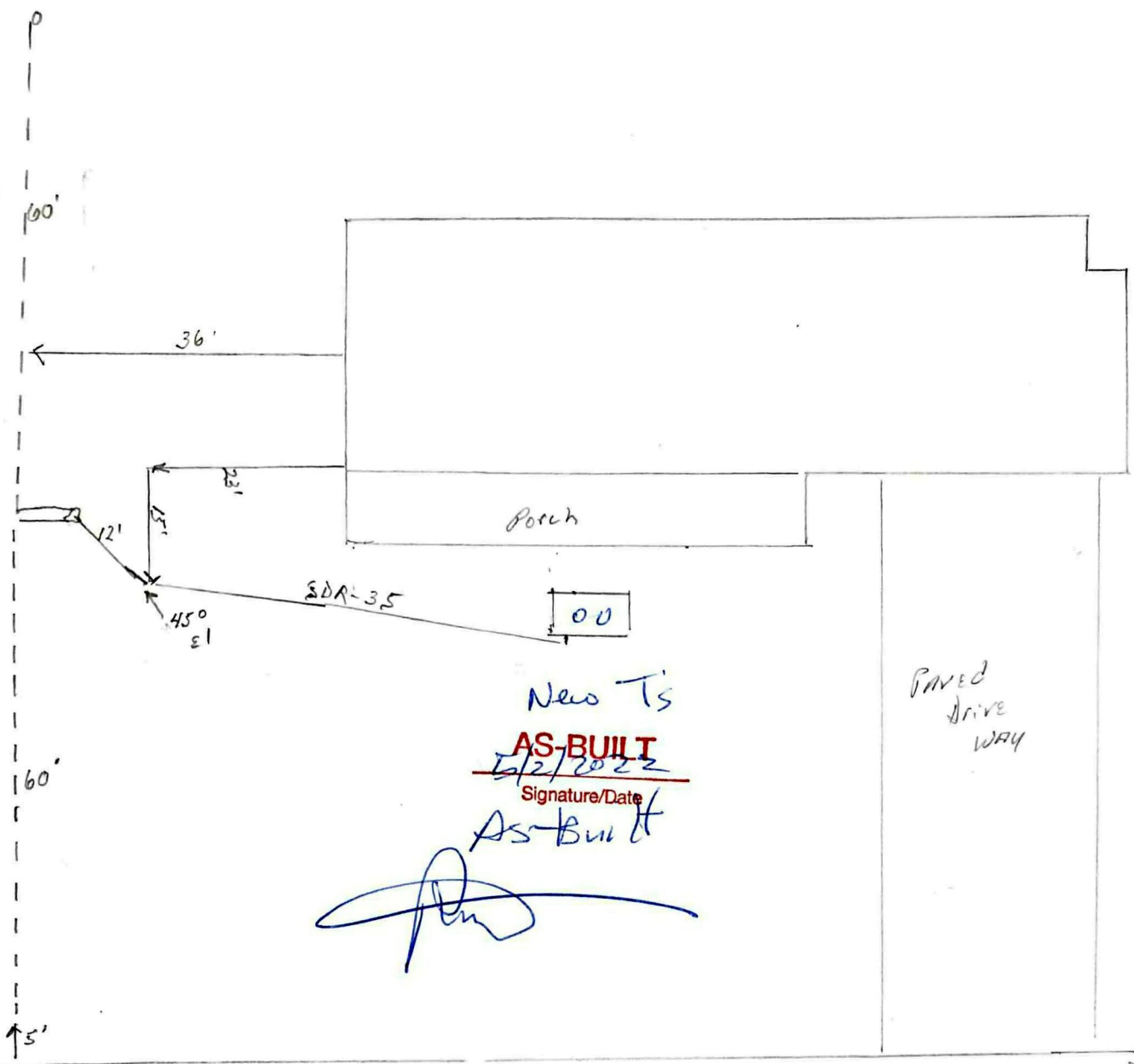
Update: September 12, 2014

This section completed by Certified Installer or Designer
This section completed by EH

Pl. 1707 ↑



120' x 3' infiltrator equal distribution



New Ts
AS-BUILT
 5/27/2022
 Signature/Date
 As-Built

2304 Yutton Way
 040-280-101

→ R.L. 1007

CONTRACTOR'S AS-BUILT REPORT

Staff Use Only
 Date Received: 5/4/22
 Verified in Field: Yes No
 Inspector: PTC

Property Owner: Tomczak
 Mailing Address: _____
 Property Address: 2304 Hutton Way SAME AS MAILING ADDRESS
 APN #: 040-280-101 Trakt #: _____
 Designer: Steven Dobrich Installer: Steven Dobrich

All items below must be completed by the installer.

		N/A	Yes	No
I. SEPTIC TANK				
A)	>5 ft. from foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	>50 ft from wells and surface water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	Bldg stub-out to septic tank: clean-out if not 1-2%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	Sanitary Ts in tank intact and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	Risers installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F)	Leak test performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G)	Tank Size: _____ gal; Manufacturer _____			
II. DISPERSAL FIELD				
A)	>5 ft from foundation and _____ ft from property lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B)	>100 ft from wells and surface water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C)	>10 ft from potable water lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D)	Distribution box leveled with water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E)	Laterals level to +/- 1 inch & end caps present if not looped?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F)	Unvalved chambers utilized?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G)	System dimensions the same as shown on the design?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H)	Gravel clean, properly sized, and proper depth?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I)	Observation ports present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. ADDITIONAL ITEMS FOR PRESSURE SYSTEMS				
A)	Sand quality as specified on design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	Head height uniform and 24 inches? Actual head height _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	Clean-outs and observation ports present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	Mound: Side Slope 3:1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. PUMP/PUMP CHAMBER				
A)	Screen basket or effluent filter (circle one) installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	Riser installed for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	Alarm installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	Pump make _____; Pump model _____			
E)	Chamber size _____ gal; _____ gal/inch; Chamber Manufacture _____			
F)	Pump chamber draw-down _____ inches per minute; Height of pump off bottom of pump chamber _____ inches			
G)	Pump controls: Timer (or) Elapsed Time Meter (circle if installed); If timer is used: Pump On _____ Pump Off _____			

Certification of Installation

I certify that I installed the system without any deviation from the design stamped "APPROVED" by Butte County Environmental Health?

Steven Dobrich 5-2-22
 Certified Installer: _____ Date: _____

Update: September 12, 2014

This section completed by Certified Installer