IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jack Baumgarten DATE 2-21-78 PERMIT NO. 8

PHONE: Business _____ Home _____

LOCATION 400 ft on 2nd Rd to Right at end
on left.

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 3 SECTION OR BLOCK NO. 5

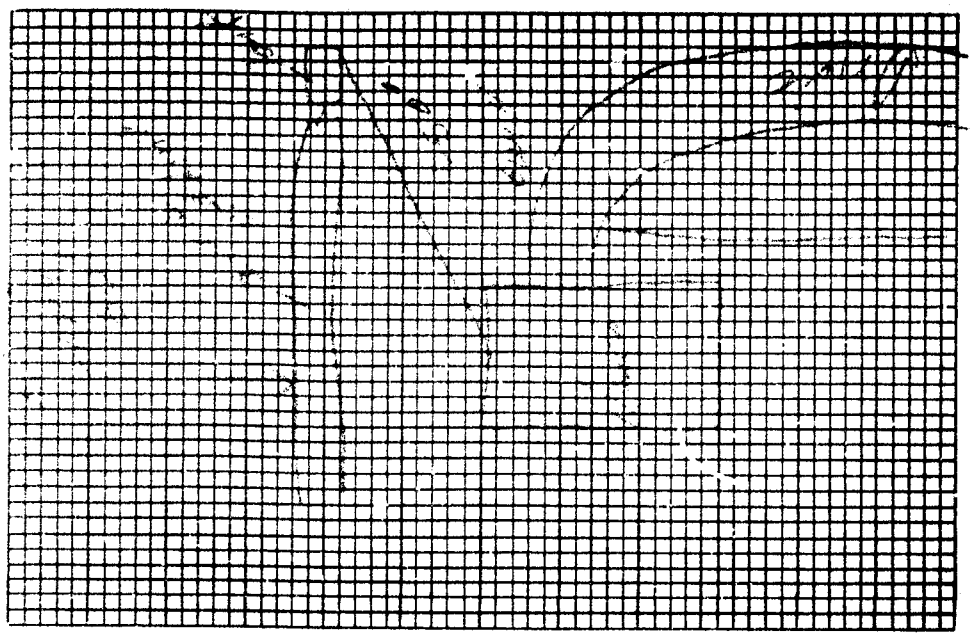
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 3 acre

Character & Porosity of Soil Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. [redacted] Linear Ft. [redacted]
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Before 1972

IMPROVEMENTS PERMIT BY _____

COMMENTS: System working OK for Mobile
Home at System size Existing will
have to repair line out of drainage
as well as Rear of System

CERTIFICATE OF COMPLETION BY [redacted] DATE 2-[illegible]-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold