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 L. H. Baker DATE 6-13-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E. Behind Baker Bros

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

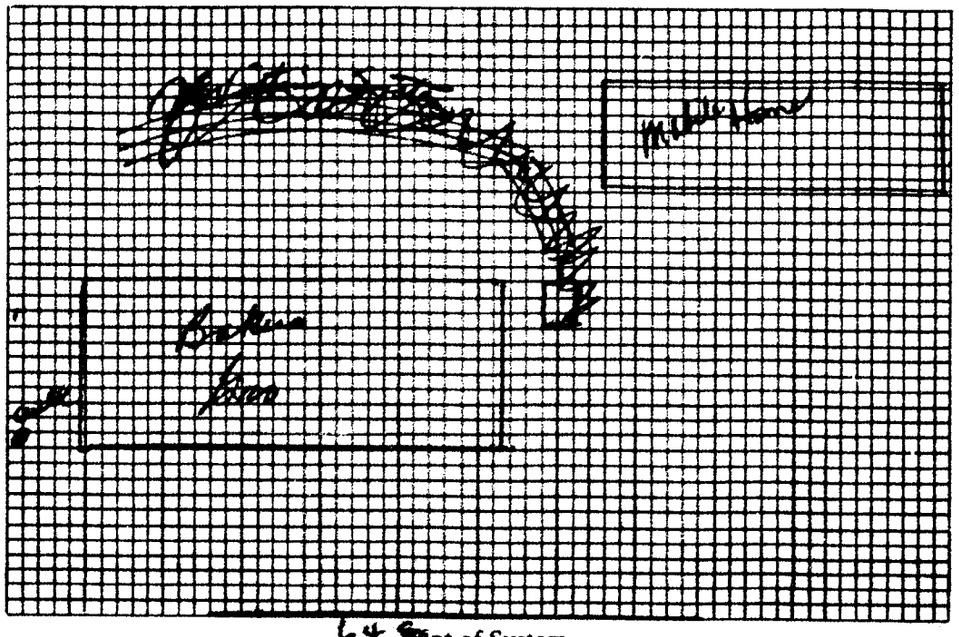
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area _____

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



64 Plot of System

Size of Tank Existing — Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
Septic Tank System installed to accommodate Mobile Home
Installed by _____

IMPROVEMENTS PERMIT BY ~~Glenn Todd~~

COMMENTS: Mobile Home located on site for security reasons, Part time occupancy.

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 6/13/75

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