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 Rosewood Rest Home DATE 5 Jan 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N on Right just before Harmony city limits

S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Rest Home 54 Residents

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Cecil Clay Loam

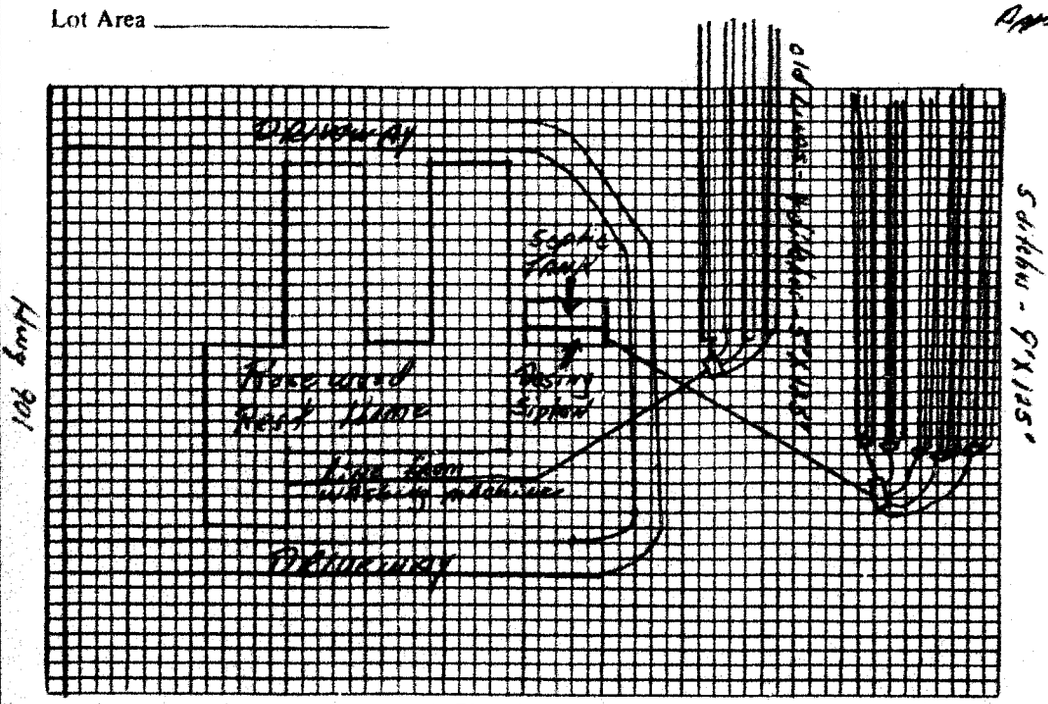
Percolation Rate 45

Topography Slope to rear of bldg 2-6% Slope

Depth to Water Table ~~rock~~

Rock or other impervious formations ~~rock~~

Approx 1000 gal per day washing machine water



Plot of System

Size of Tank ~~approx~~ 1725 Gals.
plus dosing chamber

Nitrification Field:
No. of Lines 15
Sq. Ft. 5,625 Linear Ft. 1875
Depth of Stone in Lines 18"

Water Supply: Individual ( )
Public (✓)

Installed by Eddie Gentry

IMPROVEMENTS PERMIT BY _____

COMMENTS: All lines - 4" ditches approx 5'X125' Used for washing machine waste water - all distribution box large enough to be used as tank for washing machine used lines consists of new poured-in place distribution box and 5 ditches 9'X125' 6" line used from tank to distribution box and from distribution box to drain field

CERTIFICATE OF COMPLETION BY William M. Howard DATE _____

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