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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: BACKYARD STOP N GO Address: 1978 old Mountain RD Statesville Phone: _____

Owner Name: RAJIV SHAH Address: 2112 Ballingarry DR. Phone: 424-750-6800

Property Information:

Street Address: 1978 old Mountain RD STATESVILLE, NC. 28625

Subdivision Name: _____ Section/Phase: _____

Driving Directions: I-40 Exit 144, Right

No area to put new tail lines

4708220717

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

Non-Residential Site Development:
Type of Business: Gas station
Square Footage of Building: 2700
Maximum Number of Employee: 4
Maximum Number of Seats/Beds/Other: 0

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1988

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/23/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

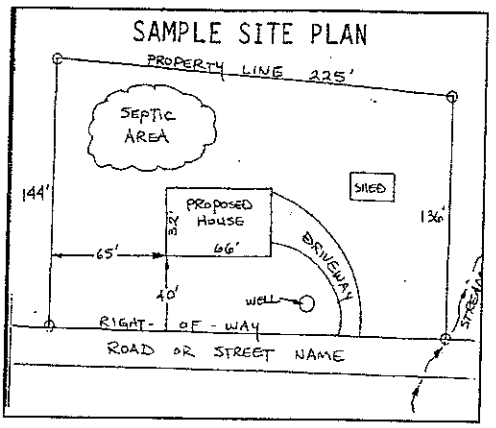
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

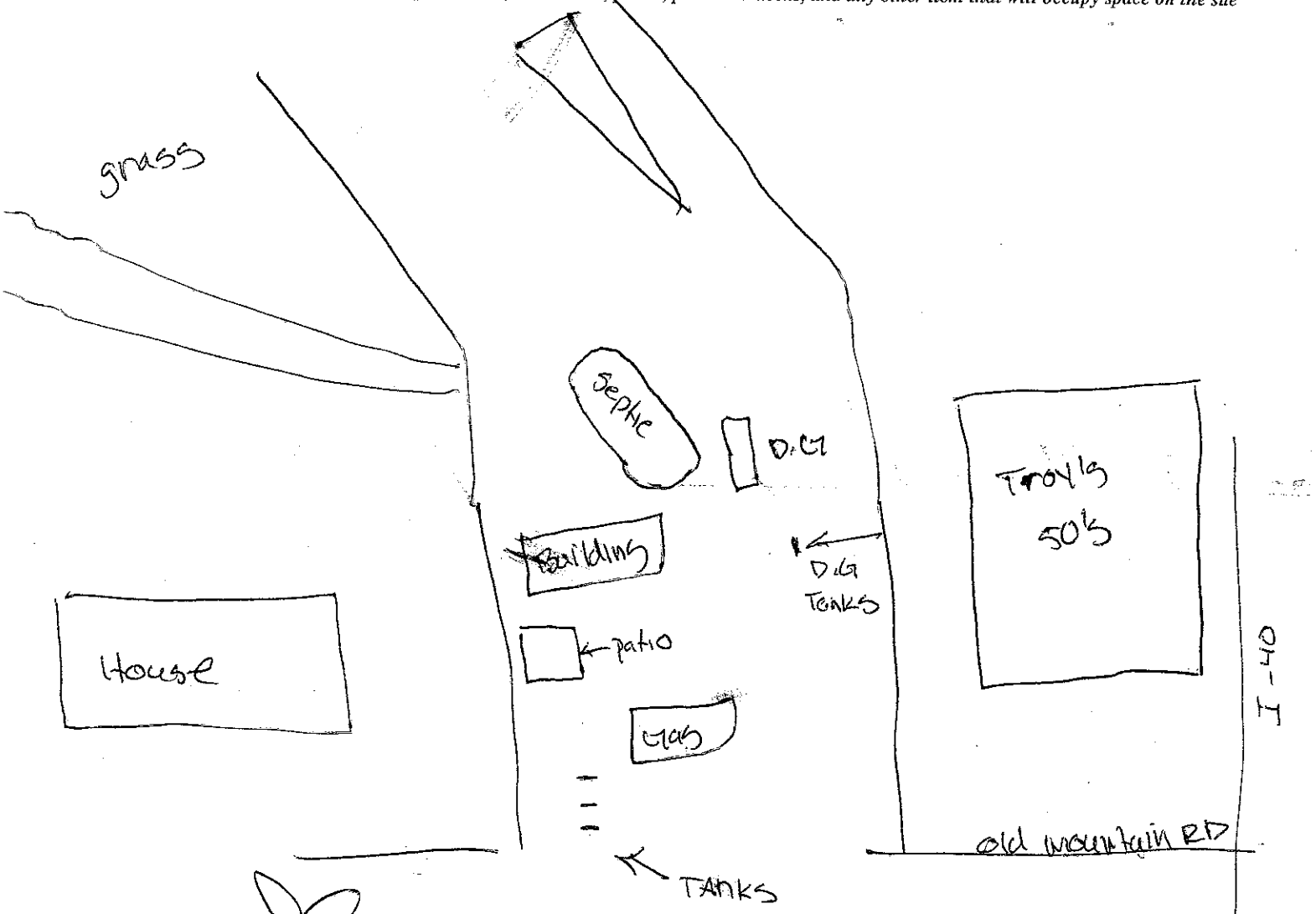


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/23/14
DATE

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 338250

DATE: 07/23/14 TIME: 08:52
CLERK: esomers
PAID BY: SHAH, RAJIV

APPLICATION #: 204830EH

PERMIT ALLOCATION:

1	10492751 447004 PEHIA	150.00	OSWP & WELL Fees

TOTAL RECEIPT AMOUNT: 150.00

AMOUNT PAID: 150.00
PAID BY: SHAH, RAJIV
PAYMENT METHOD: CREDIT CAR803928
APPLICATION #: 204830EH

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

CHEVRON STATION

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 GASTONIA UNITED OIL CO DATE 7-16-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W - T.R. on Mt. Ulla Rd. - 200 yards on (R). _____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other SERVICE STATION CONV. STORE. Repair.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit: Yes ( ) No ( )

Auto. Dishwasher: Yes ( ) No ( )

Auto. Wash. Machine: Yes ( ) No ( )

Site Suitable: Yes (✓) No ( )

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

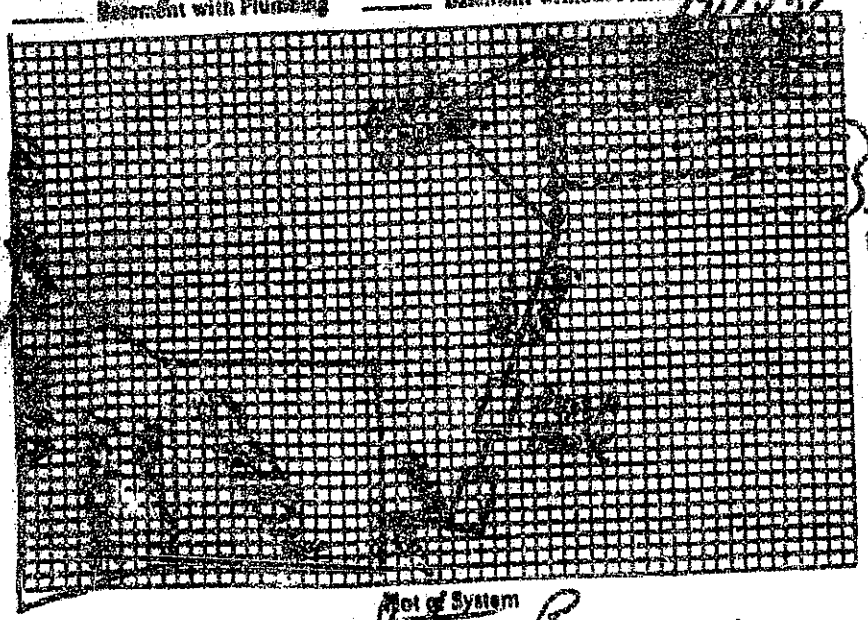
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____ Repair

Rock or other impervious formations _____



Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 3 190'

Sq. Ft. 350 Linear Ft.

Depth of Stone in Lines 6" min 24" max.

Water Supply: Individual ( ) Public (✓)

1 1/6" T+J Panel System

Installed by Dennis Gallihar

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Bryan

COMMENTS: Keep grass mowed + landscape over entire system.

CERTIFICATE OF COMPLETION BY Steve Bryan DATE 7-16-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

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 Gastonia United Air DATE 4-27-89 PERMIT NO. 148

PHONE: Business _____ Home _____

LOCATION Hwy 90 W - T.R. on Rt. Mts. Rt. - Convenience store & gas station on Rt. side Jay's Restaurant

S. R. No. _____

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

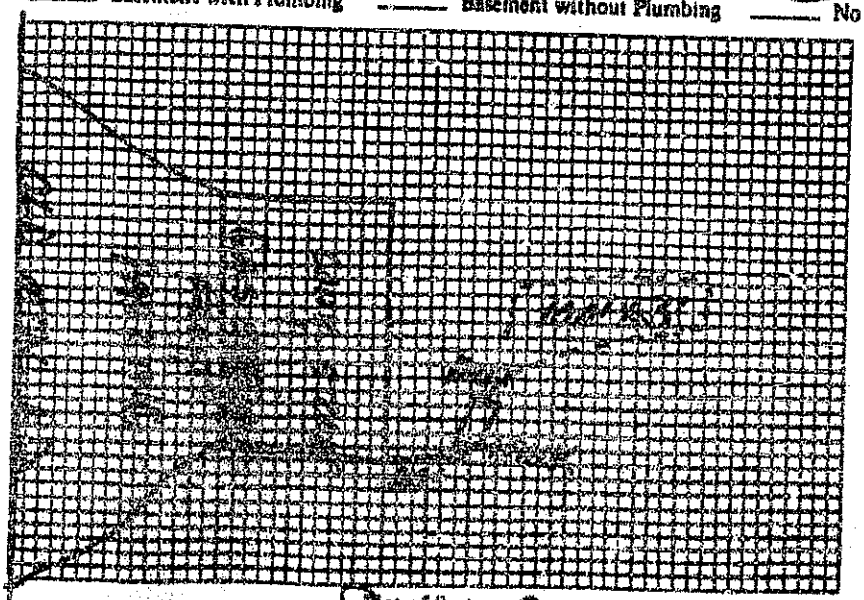
House ( ) Mobile Home ( ) Business (✓) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Sandy Loam, Suitable.
Percolation Rate 45 Min/Inch
Topography 2-5%
Depth to Water Table 18"+
Rock or other impervious formations None Encountered.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 340 Lineal Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public

Installed by Dennis Hollifield

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: System designed for a 2 compartment tank only.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-27-89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

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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 GASTONIA UNITED CO. INC. DATE 4-21-89 PERMIT NO. 114A

PHONE: Business _____ Home _____

LOCATION Hwy 90 W-T.R. on Old Mtn. Rd. - Convenience Store on Oleander Hwy's Restaurant.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

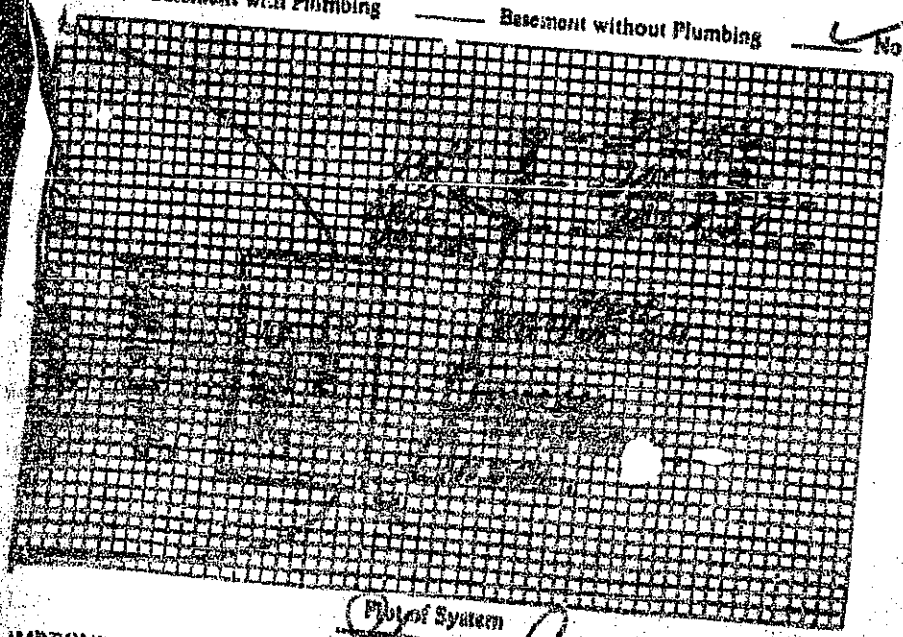
House ( ) Mobile Home ( ) Business (✓) Other Convenience Store type station.

No. Bedrooms ___ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area 1.4 acres.

Character & Porosity of Soil [illegible] Least Suitable
Percolation Rate 40 Min/Inch
Topography 2-10% Slope
Depth to Water Table 18+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000+1000 PUMP TANK. Gals.
Filtrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 210
Depth of Stone in Lines 6" SAND.
Water Supply: Individual ( )
Public
16" TVT Pool Equip. Pressure Pump.
Installed by Dennis Hobbs

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

5/16" holes at 12:00 o'clock in every pool.

IMPROVEMENTS PERMIT BY John Brown

COMMENTS: Pump for pressure to be mounted outside riser. Approved when pump discharge pool 1 ft. from riser and approx 5 ft. below soil approved for 1 bedroom dwelling each pool.

CERTIFICATE OF COMPLETION BY John Brown DATE 4-21-89.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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