IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208043

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4746882565

APPLICANT: 7 Eleven Inc. APPLICANT ADDRESS: 1722 Routh St. Suite 1000 Dallas TX

SITE ADDRESS: 849 Turnersburg Hwy PHONE: 980-722-9450 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N Property on Left just before bridge over I-77

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.8 acres DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank Existing (gal) STB ______ Date ______

Pump Tank ______ (gal) PT ______ Date ______

Pump Make ______ Model ______ Serial # ______

Nitrification Fields 1 # Lines 7 Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description:

Repair System Description: DROP BOXES

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence ☑ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms ______ No. Persons ______ No. Employees ______ ☐ Crawl Space ☐ Basement w/o plumbing

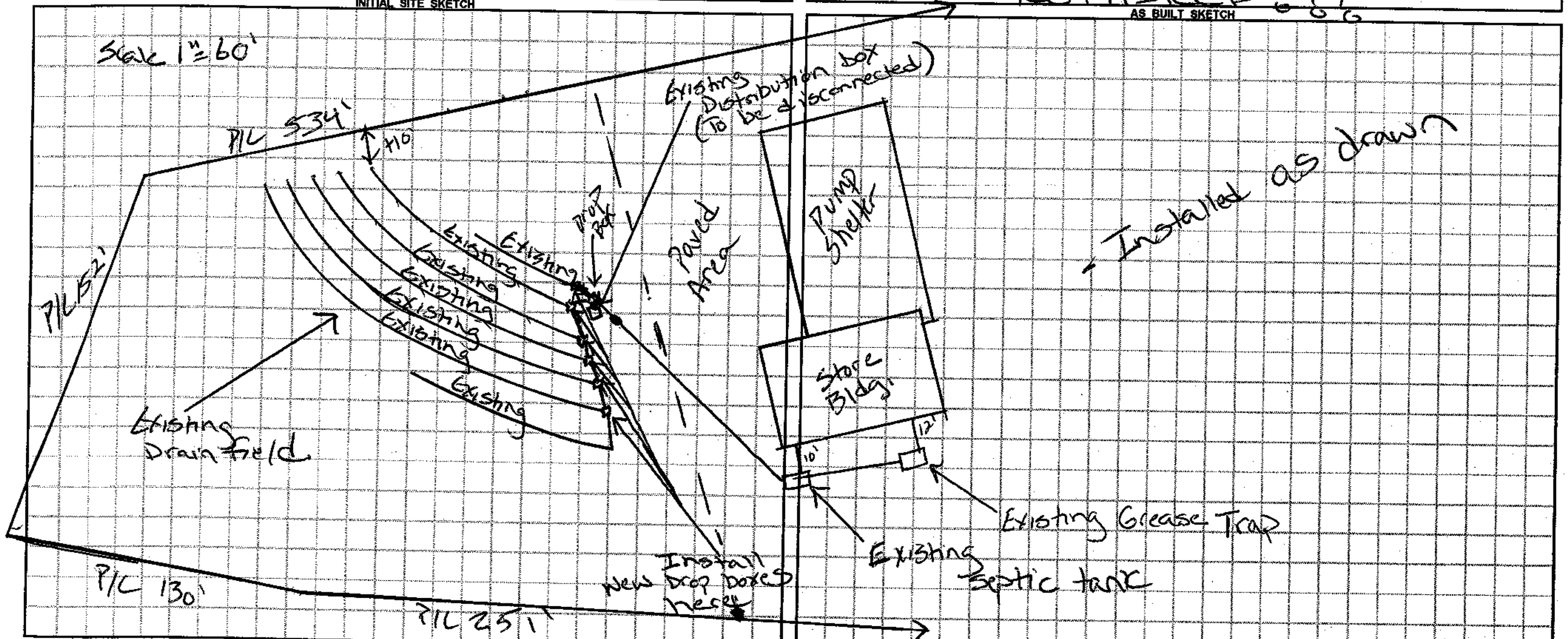
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Disconnect + crush existing Distribution box! Set Drop boxes on existing drainlines as shown below + Feed entire system via serial distribution.

Convenient Store with two bathrooms + 100ft² food Stand.

!! - ENSURE WATER LEAK HAS BEEN REPAIRED !!!

INITIAL SITE SKETCH AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-27-15 Installed by: Piedmont Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 1-27-15 OPERATION PERMIT by: Justin Henderson Date: 2-3-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 1-27-15 Existing System Inspected by: ______ Date: ______

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

11195

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 37841
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR East Track Inc. DATE 9-28-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 N Tk on 21 beside Rose chapel Ch. _____ S. R. No. _____

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

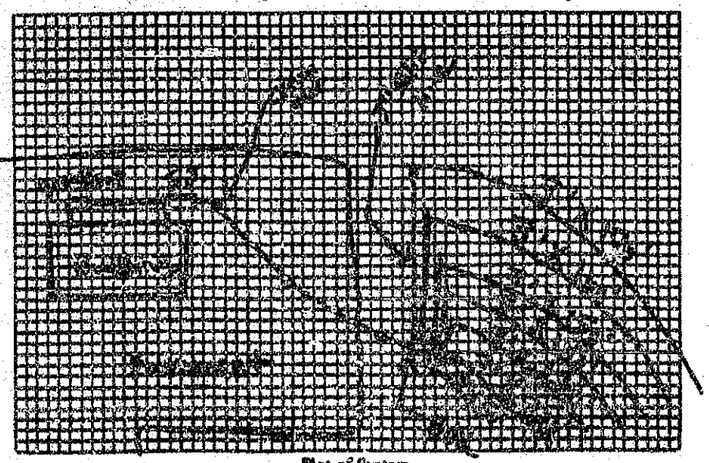
House ( ) Mobile Home ( ) Business (✓) Other Conven. Store with Food Stand no seats 3000 gal/ day Projected

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 Clayey
Percolation Rate 4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal grease Trap



Plot of System

Size of Tank 1500 gal ST. Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 2340 Linear Ft. 780
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Harry Reap

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: Excess Risers to be provided over liner on S.T. + Grease Trap. Brought up to Surface

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 9-28-90

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