ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-306159

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4751254710

APPLICANT/OWNER: Pilch Acres Holding LLC

APPLICANT ADDRESS: 15 Frowein Rd, STE 62, Center Moriches NY 11934

SITE ADDRESS: 104 Windstone Dr. Troutman, NC 28166

PHONE: 631-831-1461

ALT. PHONE 704-310-1832 (Gary)

SITE DIRECTIONS: I77 sto Exit 45, L on Amity Hill Rd on Pilch Rd, S on Windstone Dr, Lot on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing

SECTION: — LOT# 39 LOT AREA: 0.76 acres

DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	360	Date	4-5-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	360	Date	3-21-20	System Description:	Pump Pm 25% Reduction			
Pump Make			Model			Serial #	Repair System Description:	Pump Pm 25% Reduction			
# Nitrification Fields	1		# Lines	3		Linear Ft 300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth ~~(Low side)~~			36"	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☒ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Lines on contour. Do not Drive on, Store material, or manipulate drainfield in anyway. All Property Lines and corners must be marked by a licensed surveyor during time of installation and inspection.

Renewed floor plans 4/23/2020 MJT

INITIAL SITE SKETCH

See Attached and Approved Siteplan and Information by Michael Athanas and Associates on 4/6/2020 PJB

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	6-10	CCN
Tanks Checked	6-10	CCN
Pressure Manifold or Valve Box Checked	6-10	CCN
Pressure Head Set	9-22	BCW
Electrical Checked	9-16	BCW
Floats Set	9-22	BCW
Alarm Checked	9-16	BCW
Maintenance Contract Y (N)	9-16	BCW

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: Acceptance of Permit Recv'd Date: 4-22-2020

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 4/6/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/23/2020

Installed by: Gunter Grading

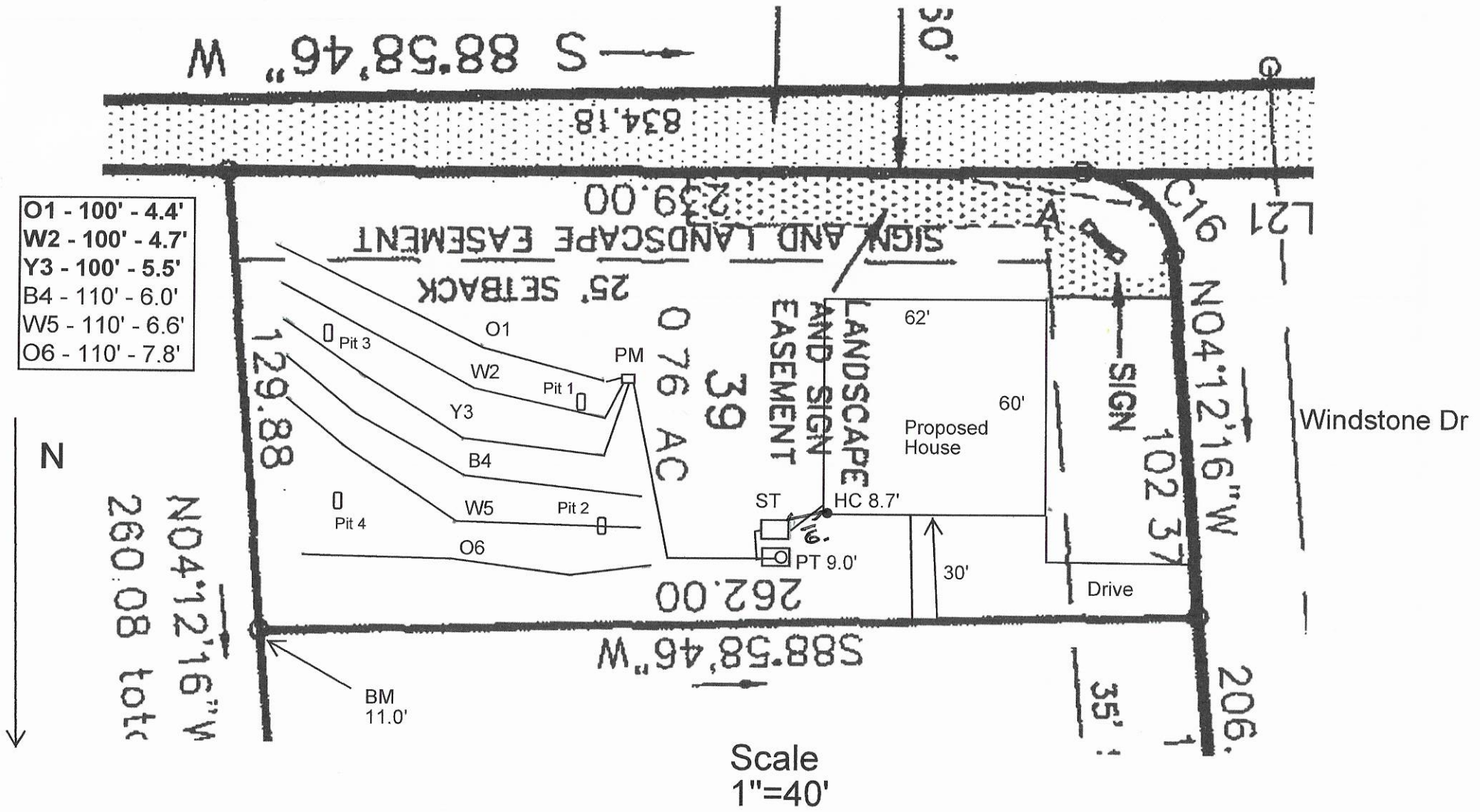
OPERATION PERMIT by: Bryant L. White Date: 9-22-2020

Existing System Inspected by: Date:

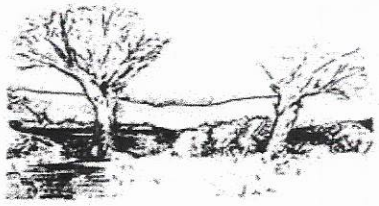
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

APPROVED APR 0 6 2020
PJB

Pilch Rd



APPROVED APR 0 6 2020
PJB



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 104 Windstone Dr, Windstone Crossing Lot 39
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 9.3'
Friction Head: 0.7'
Pressure Head: 2'
Total Dynamic Head: 12'
Supply Line Length: 80' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length	Elevation
Orange 1	**100'**	**110'**	**4.4'**
White 2	**100'**	**110'**	**4.7'**
Yellow 3	**100'**	**110'**	**5.5'**
Blue 4		110'	6.0'
White 5		110'	6.6'
Orange 6		110'	7.8'

Initial System: 300' **Repair System:** 330'
Pump Tank: 9.0' **House Corner:** 8.7' **Benchmark:** 11.0'

Comments:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 475125 4710
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Pilch Acres Holding LLC
ADDRESS: 15 Frowein Rd STE 62 Center Moriches NY 11934
PROPOSED FACILITY: New Single family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 104 Windstone Dr
APPLICATION DATE 3/19/2020
DATE EVALUATED: 4/3/2020
PROPERTY SIZE: 0.76 acres
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community well
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
2	SS 3%	0-10	SCLWSBK	FrSSSPSexp	FoW YBrMott	60"	Litho inclusions more common at bottom	some Rock and manganese inclusions	PS.3
		10-37	C SBK	FrSSSPSexp					
		37-60	CLSBK	FrSSSPSexp					
1	SS 8%	0-9	SCLWSBK	FrSSSPSexp	—	51"	Litho inclusions	—	PS.3
		9-27	C SBK	FrSSSPSexp					
		27-51	CLSBK	FrSSSPSexp					
3	SS 3%	0-6	SCLWSBK	FrSSSPSexp	—	50"	Litho inclusions common at bottom	some Rocks up Top	PS.3
		6-29	C SBK/ABK	FrSSSPSexp					
		29-50	CLSBK	FrSSSPSexp					
4	SS 3%	0-8	SCL WSBK	FrSSSPSexp	—	50"	Litho inclusions more common at bottom	some Rocks up top	PS.3
		8-30	C SBK/ABK	FrSSSPSexp					
		30-50	CLSBK	FrSSSPSexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	Pumpfm25%	Pumpfm25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Gary M

COMMENTS: Partly cloudy

Patrick

RECEIVED MAR 2 0 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-306159

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) 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: (PRINT CLEARLY)

Applicant Name: Pilch Acres Holding LLC **Address:** 15 Frowein Rd, STE G2, Center Moriches, NY **Zip:** 11934

Applicant Email: _____ **Phone:** Eddie-631-831-1461 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 104 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 39

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No ~~Is any non-domestic sewage (i.e. industrial) to be generated?~~
( ) Yes (✓) 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: _____ 3/19/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

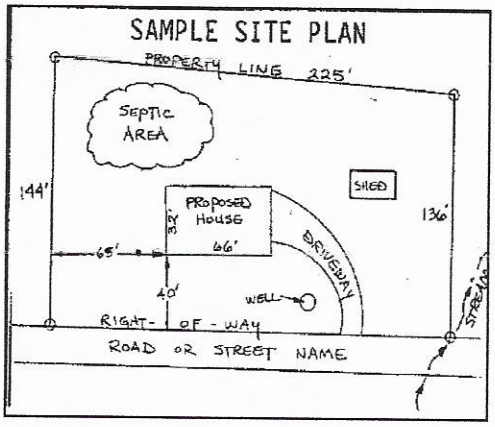
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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

See attached plan

Signature: _____ 3/19/2020

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Edward Belanger, am the legal owner(s) of the property located at 104 Windstone Dr Windstone Crossing Lot 39, identified as PIN (Parcel Identification Number) 4751254710, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

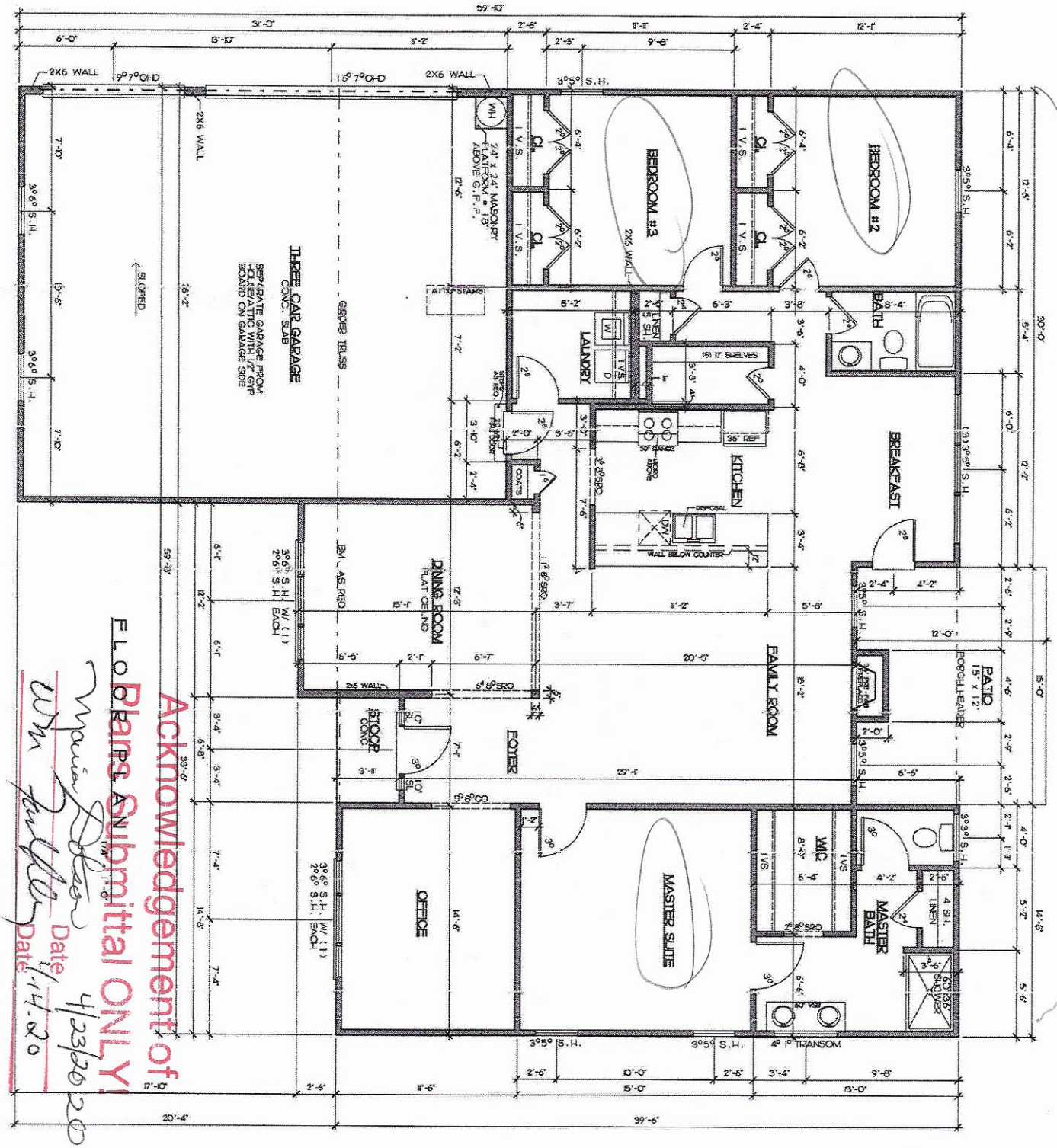
	3/19/2020		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

59



Acknowledgement of Plans Submittal ONLY!

Name [illegible]
Date 4/23/20
Name [illegible]
Date 4-14-20

60

NOTE: ALL CEILINGS ARE 9'-0" UNLESS OTHERWISE SPECIFIED.

SQUARE FOOTAGES	
FLOOR PLAN=	1,993 SQ. FT.
GARAGE=	807 SQ. FT.
REAR PORCH=	24 SQ. FT.
FRONT PORCH=	24 SQ. FT.
TOTAL IF=	2,817 SQ. FT.

GARAGE LEFT (LOT 52)

Sheet 3 MEADOW-FP-LOT52	Site	Dr. By: C. BAZAGER Date: 12-6-19 Rev:	Project THE MEADOW Sheet Title FIRST FLOOR PLAN	WINDSTONE ESTATES	Pulte Homes

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER

306159
Issue Date: 03/19/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751254710.000	104 WINDSTONE DR	Iredell County

Owner Information	Applicant Information
Name: PILCH ACRES HOLDINGS LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.76	35	35	25	15		NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

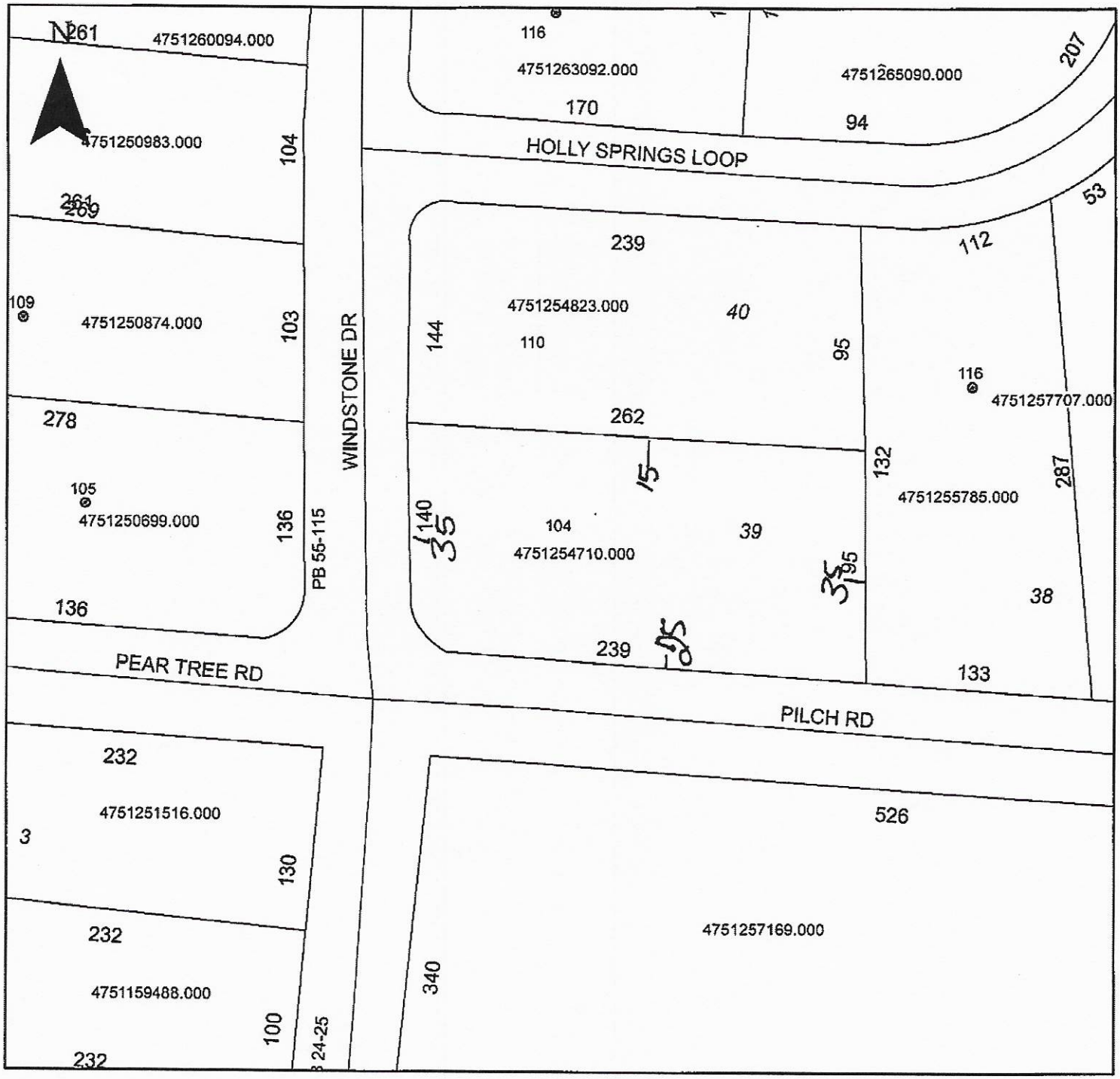
Signature of Owner/Contractor

Date: 03/19/2020

Permit Number	306159

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 104 Windstone Dr.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

3/20/2020
Date