ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 313317.

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

PIN # 4751 -25 -4823

APPLICANT/OWNER: Pilen Acres Holding LLC APPLICANT ADDRESS: 15 Frouvein Rd STE G2 Center Moriches NY 11934

SITE ADDRESS: 110 Windstone Drive Troutman NC 28166 PHONE: Mike 980-722-7570 ALT. PHONE

SITE DIRECTIONS: Pitts Rd to Windstone lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: - LOT # 40 LOT AREA: .78 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	3/12	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity - 25% Reduction			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth (~~Invert~~)	AT 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:

INITIAL SITE SKETCH

See Attached Site Plan
+ Proposal by: Michael Athanas
+ Associates LLS
12/8/2020

AS BUILT SKETCH

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

4/30/2021: Tank and drainlines checked
As built meas on site plan not to scale

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.*

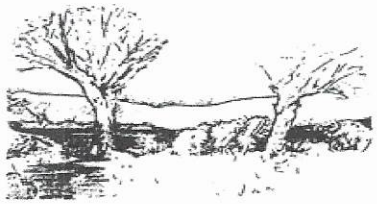
Owner / Applicant Signature: [signature] Date: 12-28-20 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 12/23/2020 OPERATION PERMIT by: Patrick J Byrd III Date: 4/30/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/23/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Windstone Dr
206.14 TOTAL
103 77
35' SETBACK
Drive
18" RCP
Proposed House
House
65'
60'
Patio
11'
25' SETBACK
S88°58'46"W
262.00
N88°58'46"E
235.57
258.37 TOTAL
Holly Springs Lp
Scale 1"=40'
N
40
0 78 AC
B1
Pit 4
ST
P2
W3
O4
B5
Y6
P7
W8
Pit 3
Pit 2
Pit 1
Bottom of slope
98'
102'
102'
130
20
52'
34'
B1 - 38'
P2 - 80'
W3 - 75'
O4 - 75'
B5 - 75'
Y6 - 100'
P7 - 100'
W8 - 100'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
12/8/2020

Reference: Data Sheet for 110 Windstone Dr, Windstone Crossing Lot 40
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Community Well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-End cap/Drop box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Blue 1		38'
Pink 2		80'
White 3		100'
Orange 4		104'
Blue 5		102'
Yellow 6	**100'**	**130'**
Pink 7	**100'**	**120'**
White 8	**100'**	**115'**

Initial System: 300' **Repair System:** 424'

Comments:



PROPERTY ID #: 4751254823_
COUNTY: _Iredell_

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

OWNER: Pilch Acres Holding LLC
ADDRESS: _15 Frowein Rd, Bldg G2, Center Moriche, NY 11934
PROPOSED FACILITY: _3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____
LOCATION OF SITE: 110 Windstone Dr, Windstone Crossing Lot 40
APPLICATION DATE_____
DATE EVALUATED: __12/2020_____
PROPERTY SIZE: __0.78 AC_____
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☰ Public ☰ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: Auger Boring ☰ Pit ☐ Cut TYPE OF WASTEWATER: ☰ Sewage ☐ Industrial Process ☐ Mixed

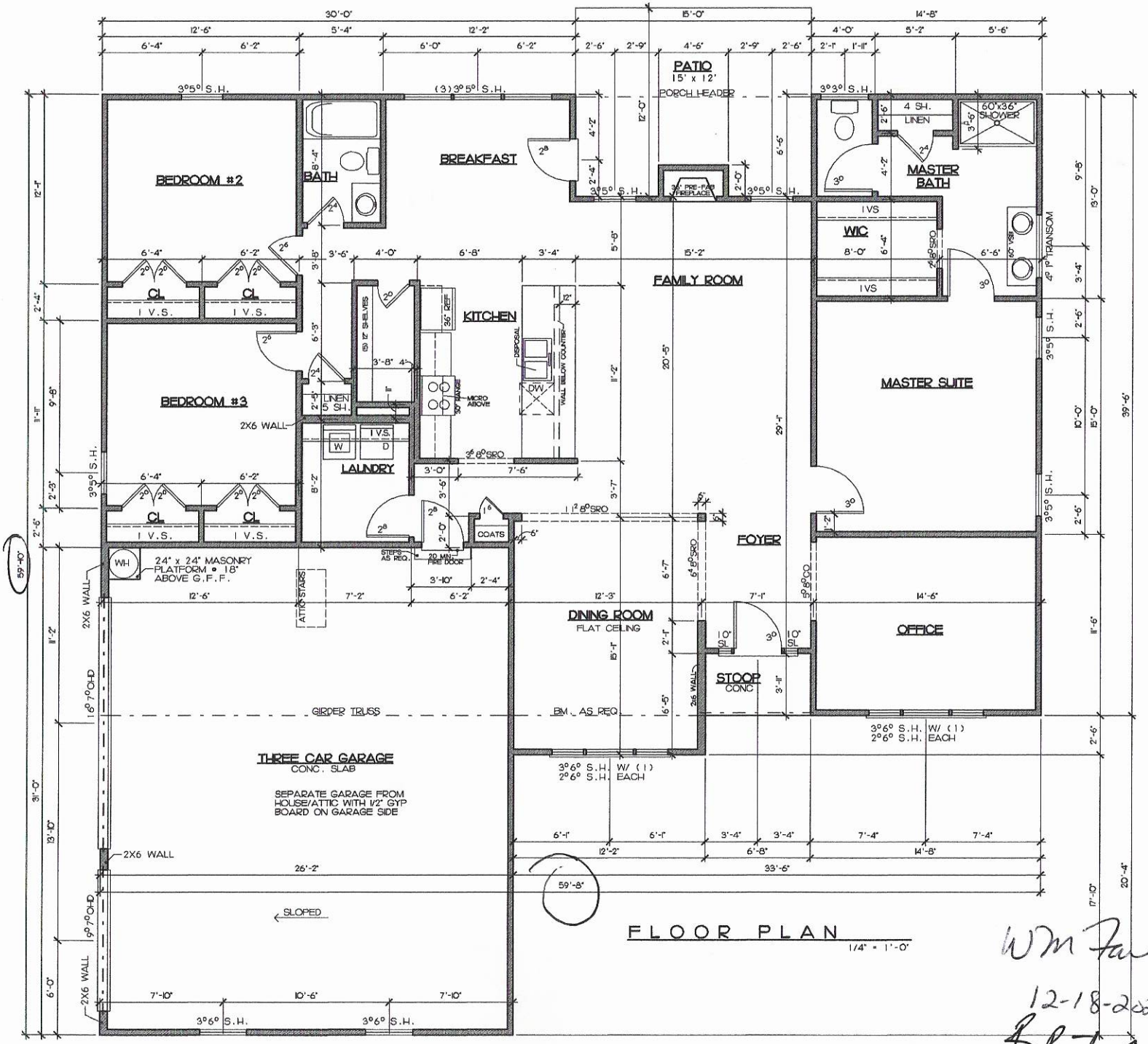
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-8	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		8-28	R C SBK	FR SS SP SXP					
		28-56	R CL WSBK	FR SS SP SXP					
PIT 2	LS 3%	0-17	R C SBK	FR SS SP SXP	N/A	50"		N/A	PS 0.3
		17-50	R CL WSBK	FR SS SP SXP					
		50-65	VER L SAP M	VFR SS SP SXP			PS		
PIT 3	LS 5%	0-20 18	FILL		N/A	59"		N/A	PS 0.3
		20-36	R C SBK	FR SS SP SXP					
		36-59	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 4	LS 3%	0-8	R C SBK	FR SS SP SXP	N/A	33"		N/A	PS 0.3+
		8-33	R CL WSBK	FR SS SP SXP					
		33-62	VER L SAP M	VFR SS SP SXP			F-C SAP PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	1059 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____



FLOOR PLAN

1/4" = 1'-0"

SQUARE FOOTAGES	
FLOOR PLAN-	1,998 sq ft
GARAGE=	807 sq ft
REAR PORCH-	88 sq ft
FRONT PORCH-	26 sq ft
TOTAL 1F-	2919 sq ft

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

WM Faulkner
12-18-2020
B Bazaire 12/23/2020

GARAGE LEFT (LOT 52)

Drafting & Design Inc.
Charlotte N.C.
704-542-8088

COPYRIGHT STATEMENT
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WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

DR. BY: C. BAZAIRE
Date 12-6-18
REV.

Site

MEADOW-FP-LOT52

Sheet 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313317 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751254823.000	110 WINDSTONE DR	Iredell County

Owner Information	Applicant Information
Name: PILCH ACRES HOLDING LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address: 15 FROWEIN RD BLDG G2	Address: 561 ENNIS RD
CENTER MORICHES, NY 11934	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
0.78	35	35	15	25	N/A	NO

Remarks
SFD

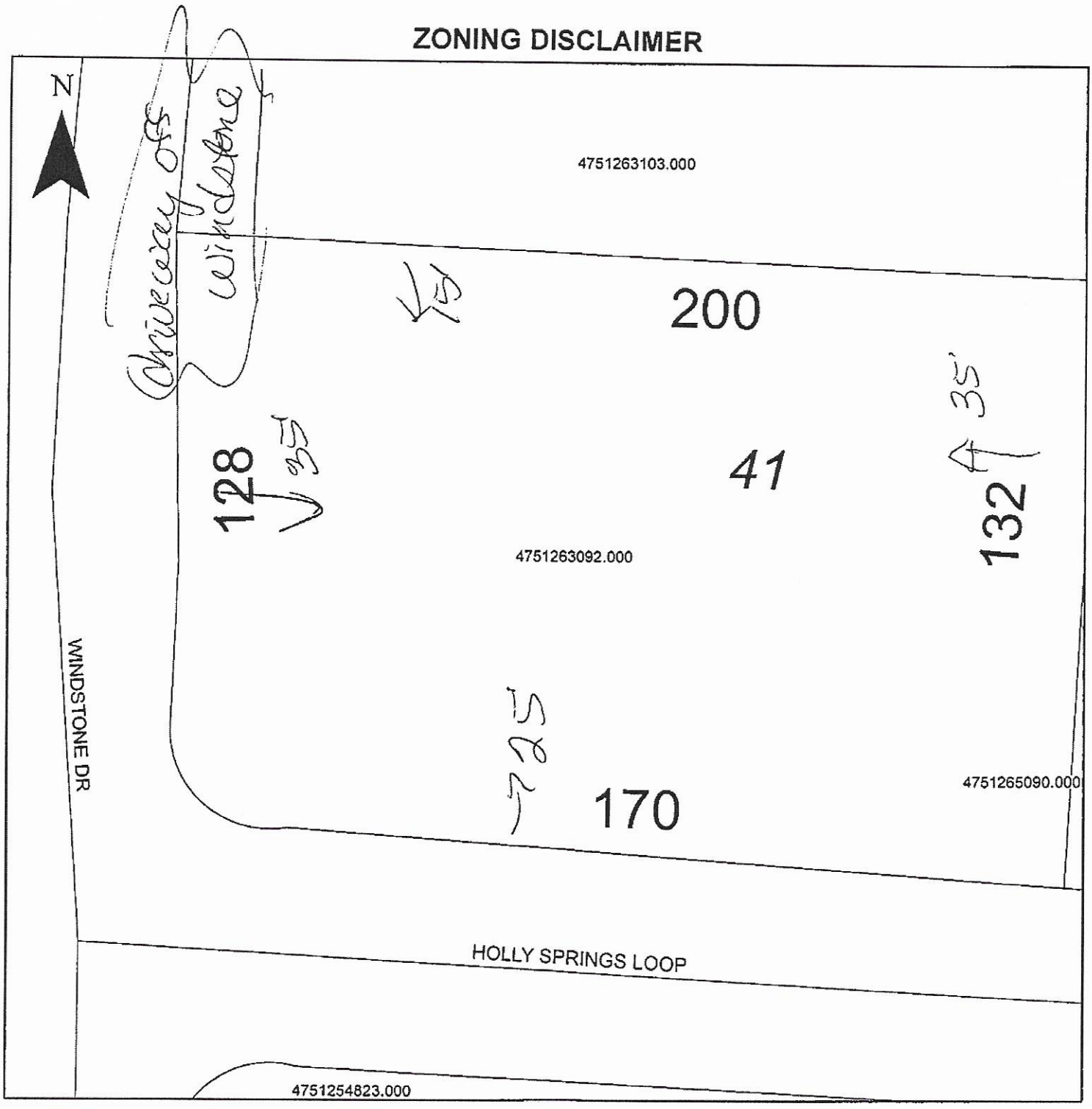
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 12/10/2020

Signature of Owner/Contractor

Permit Number	313317	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 110 Windstone

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

12/10/2020
Date

RECEIVED DEC 10 2020

AP313317 PJ $350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Exp. Review. @

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:** Mike 980-722-7370 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 110 Windstone Dr Trm

Subdivision Name: Windstone Crossing **Section/Phase:** — **Lot Number:** 40

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____ 12/9/2020
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
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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 110 Windstone Dr Windstone Crossing Lot 40, identified as PIN (Parcel Identification Number) 4751254823, 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.

	12/9/2020		
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

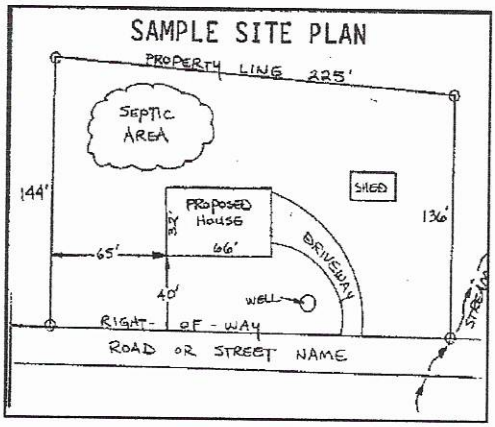
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 12/9/2020

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

Windstone Dr
206.14 TOTAL
103 77
Drive
35' SETBACK
Proposed House
65'
60'
18" RCP
Scale 1"=40'
N88°58'46"E
258.37 TOTAL
Holly Springs Lp
S88°58'46"W
262.00
25' SETBACK
235.57
40
0 78 AC
B1
Pit 4
ST
P2
W3
O4
B5
Y6
P7
W8
Pit 3
Pit 2
Pit 1
Bottom of slope
130.20
N
B1 - 38'
P2 - 80'
W3 - 75'
O4 - 75'
B5 - 75'
Y6 - 100'
P7 - 100'
W8 - 100'