Site Address: ~~000~~ 38 Holly Springs Lp Rd 28165

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~14928~~ 24587 PIN# 4751 ~~26 44 78.038~~ 25-5785 DATE 4-29-08

OWNER OR APPLICANT Paramount Homes/Mike Faulkenberry PHONE: Business _____ Home _____

ADDRESS P.O. Box 25 Center Moriches NY 11934

LOCATION I-77 S. Exit 45 Tl Amity Hill TR Pitch/Pear Tree Rd TR Windstone TR Holly Springs on right

SUBDIVISION ~~Paramount Woods~~ BLOCK / SECTION — LOT 38 LOT AREA .76 Ac SITE CLASS. OS DESIGN FLOW 360gpd L.T.A.R. .25 gpd/ft2, 225 Repair

Septic Tank: 1000 Gallons: STB _____ Date _____
Pump Tank: 1000 Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 4 Trench Width 24" min. Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS + intercept drain
Maintenance Agreement Required: ☒ Yes ☐ No
Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Intercept drain to be installed with repair

Comments/Conditions: Reviewed Floor plans in Compliance with Septic plan

Windstone Crossing

INITIAL SITE SKETCH

See Plan from Michael Athanas & Associates

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	4/11	CC
Tanks Checked	4/11	CC
Pressure Manifold or Valve Box Checked	8-27	BCW
Pressure Head Set	8-27	BCW
Electrical Checked 8/26 - KW	8-27	BCW
Floats Set	8-27	BCW
Alarm Checked 8/26 - KW	8-27	BCW
Maintenance Contract Y / N	8-29	BCW

8/26 need new lid on riser KW

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 5/29/08 Installed by: Gunter Grading

Improvement Permit by: Kathy Melville date 5-1-08 Operation Permit by: Bryant C. White Jr. date 8-29-19

Authorization to Construct by: Myrna L. Olson date 2/7/19 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

1131.40'

culvert

S 88°58'46" W

239.0'

25' SETBACK

LANDSCAPE AND SIGN EASEMENT

39
0.76 AC.

133.0'

CVB

W1

D2

AB1

P3

Y4

50'

60'

70'

Interceptor Ditch

D5

D4

P6

129.88

OK 5-1-08 gm

N04°12'16"W 260.08 total

0.47 AC.

#1

#5

#4

#3

#2

262.00

S88°58'46"W

PT

ST

PT

15.5'

55'

50'

130.20

40
0.78 AC.

25' SETBACK

235.6'

N08°51'58"W

286.83

37
0.73 AC.

147' FRONT SETBACK

88.4'

22.8'

53.2'

35.5'

40.0'

94.0'

169.9'

25' SETBACK

41
0.59 AC.

S01°01'14"E

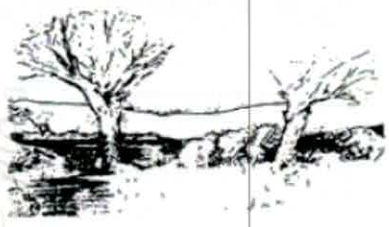
131.74

52
0.59 AC.

218.64

N88°04'34"E

31,



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Paramount Woods Lot 38
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 3/360gpd
Proposed LTAR: 0.25 gpd/ft2 .225 Repair with intercept drain
Suggested system type: PPBPS
Distribution: Low Pressure-Central valve box
Pressure Head: 2'
Tap Size & Material: 3/16"
Flow Per Tap: 0.59 gpm
System Flow: 32.5 gpm
Dosing Volume: 198.0 gal
Pump Run Time: 6.1 min
Elevation Head: 19.5'
Friction Head: 4.3'
TDH: 31.0'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
White 1	**50'**	**50'**	**3.0'**
Orange 2	**60'**	**70'**	**3.4'**
Pink 3	**60'**	**82'**	**4.1'**
Yellow 4	**70'**	**80'**	**4.9'**
Orange 5	*110'*		*8.1'*
Pink 6	*115'*		*9.9'*
Yellow 7	*118'*		*11.0'*

Initial system: 240' (55 panels) ***Repair system:*** *343'*
Pump tank: 17.5' **Benchmark:** 0.5'
House Corner: 17.0'

Comments: An interceptor drain should be installed at the time of the repair. Remove all terraces.

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- Rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paramount Homes
ADDRESS: ___
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Paramount Woods Lot 38
APPLICATION DATE ___
DATE EVALUATED: ___
PROPERTY SIZE: ___
PROPERTY RECORDED: ___
WATER SUPPLY: • Private • X Public • X Well • Spring • Other ___
EVALUATION METHOD: • X Auger Boring • X Pit • Cut
TYPE OF WASTEWATER: • X Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4% Repair	0-3	Brscl wsbk	Frsssp	10YR 5/3 —	48"	—	—	PS 0.25 0.3
		3-32	Rc Abk	Frsssp					
		32-48	Rcl wsbk	Frsssp					
2	LS 5% system	0-6	Brscl wsbk	Frsssp	—	50"	—	—	PS 0.3
		6-34	Rc sbk	Frsssp					
		34-50	Rcl wsbk	Frsssp					
3	LS 6%	0-26	10YR scl wsbk	Frsssp	10YR 5/3 common 10YR 5/8 — Not using	49"	—	—	PS 0.225 0.2
		26-38	Rc Abk	Frsssp					
		38-49	Rcl wsbk	Frsssp					
4	LS 6% near Repair	0-7	Brscl wsbk	Frsssp	common 10YR 5/3 10YR 5/8 — Not using	49"	—	—	PS 0.225 0.2
		7-30	Rc Abk	Frsssp					
		30-49	Rcl wsbk	Frsssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 ft²	800 ft²
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.2

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA + Assoc.
OTHER(S) PRESENT: ___

COMMENTS: .125 .225 w/ interceptor drain
gm

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AP 1	LS 6% system	0-8	Brscl wsbk	Frsssp	—	48"	—	—	PS 0.3
		8-36	Rc sbk	Frsssp					
		36-48	Rcl wsbk	Frsssp					
Pit 5	5% Repair	0-7	Brscl wsbk	Frsssp	mo med abk/ sbkc	48"	common sap fine	—	PS 0.3 .25 gm
		7-35	Rc sbk	Frsssp					
		35-48	Rscl wsbk	Frsssp					
Pit 28	system	0-5	wsbk sl		few-com. yel/br	48			.25 gm
		5-30	mo abk c	Gr					
		30-48	cl + sap	Gr					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet) County Copy

Sheet ___ of ___

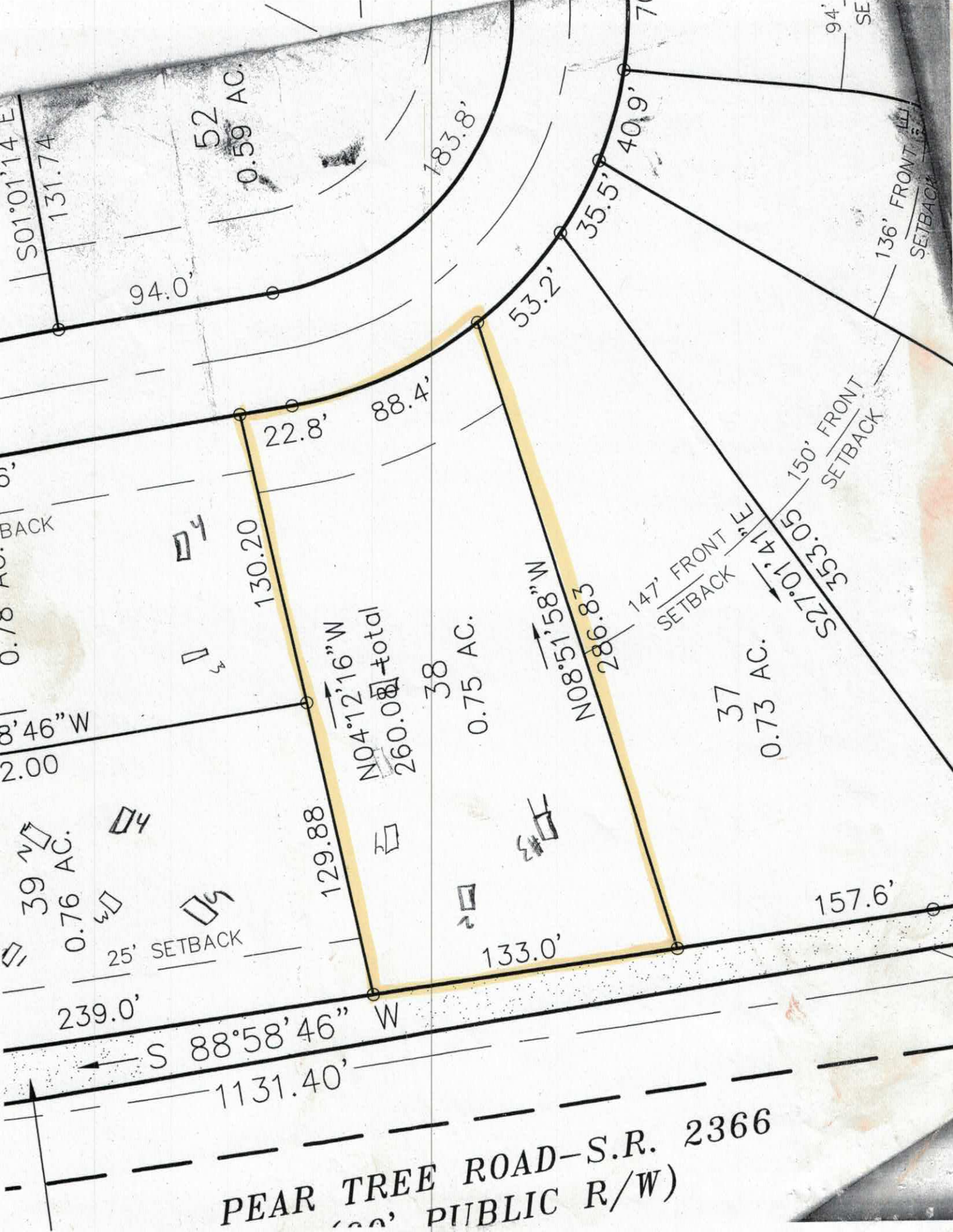
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

→ Lot 38 ←

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Lot 38 # 1	LS 4% Repair	0-3	Bt SCL WBk	Fri SS/SP	Y-Bs —	48"	-	.25 OK gm 3-19-08	PS .25 .3
		3-32	Red Cly ABk	Fri SS/SP					
		32-48	R Clay WBk	Fri SS/SP					
Lot 38 # 2	initial system	0-6	Bt SCL WBk	Fri SS/SP	—	50"	-	.3 - OK gm 3-19-08	PS .3
		6-34	R Cly SBk	Fri SS/SP					
		34-50	R Clay WBk	Fri SS/SP					
Lot 38 # 3	LS 6% Repair system	0-26	YB SCL WBk	Fri SS/SP	Y-Bs Chr3	49" water in pit re evaluate	-	-	PS .225 .25 .3
		26-38	R Cly ABk	Fri SS/SP					
		38-49	R Clay WBk	Fri SS/SP					
			* SHOW	Co *					
Lot 38 #4 ↓ 48	LS 6% Repair below .225 gm	0-7	Bt SCL WBk		Common Y-Bs Chr3 water	49" in pit clear to evaluate	-	-	.225 .25 .3
		7-30	R Cly ABk	Fri SS/SP					
		30-49	R Clay WBk	Fri SS/SP					
			* SHOW	Lo *					
Pit 26	initial system	0-5	SL		few to common Y-B				.25 gm
		5-30	mo abk C	fr					
		30-48	cl + sap	fr					

COMMENTS: _____


PEAR TREE ROAD–S.R. 2366
(60' PUBLIC R/W)
S 88°58'46" W
1131.40'
239.0'
133.0'
157.6'
25' SETBACK
129.88
N04°12'16"W
260.08 total
38
0.75 AC.
N08°51'58"W
286.83
147' FRONT SETBACK
S27°01'41"E
S25°53'05"E
150' FRONT SETBACK
37
0.73 AC.
39
0.76 AC.
130.20
22.8'
88.4'
53.2'
35.5'
40.9'
136' FRONT SETBACK
183.8'
131.74
S01°01'14"E
52
0.59 AC.
94.0'

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

Sheet ___ of
PROPERTY ID #: 475125578
COUNTY: Iredell

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

OWNER: Mike Faulkenberry
ADDRESS: 15 Frogwin Rd G-2 Center Moriches, NY
PROPOSED FACILITY: House
LOCATION OF SITE: 116 Holly Springs Lp Windstone Crossing #38
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
APPLICATION DATE: 1/18/19
DATE EVALUATED: 2/6/19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .76Ac
PROPERTY RECORDED: Y
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5% Alt	0-5	Brn SCL	WSBK SS,SP,SE,FP,FR					PS .25
		5-34	RC,m-w	SBK SS,SP,SE,FP,FR					
		34-48	RC,w	SBK SS,SP,SE,FP,FR					
			Few Yel/Brn Mottles						
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPBPS	LPPRBPS
Site LTAR	.25	.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

RECEIVED JAN 1 8 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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) # 241587

1. **APPLICATION FOR:** ___Improvement Permit ___/___Authorization To Construct ___ Existing System Inspection

AC w/ inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Mike Faulkenberry (Applicant Name)	15 Froewin Rd G-2 Center Moriches, NY 11934 (Mailing Address)	980-722-7370 (Home Phone #)	NA (Alternate Phone #)
Ed Belanger (Owner Name)	15 Froewin Rd G2 Center Moriches NY 11934 (Mailing Address)	631-831-1461 (Home Phone #)	631-580-1475 (Alternate Phone #)

4. **Property Information:**

116 Holly Springs Loop (Street Address) | Windstone Crossing (Subdivision Name) | 38 (Section/Phase and Lot Number)

Driving Directions: I-77 South exit 45 TL Amity Hill TR Pilch / Pear Tree TR Windston Dr TR Holly Springs Loop on right.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** MM Faulkenberry — 1-18-19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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 _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Faulkenberry _____, 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.

[signature]	8/10/18	[signature]	8/10/18
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 HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
PARAMOUNT HOMES	P.O. Box 25 Center Moriches NY 11934		
Owner Name	Mailing Address	Home Phone	Work Phone
SAME			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	PARAMOUNT WOODS	LOT 38

Driving Directions: 115 S, TL Oswalt Amity, TL Pilch, Straigh to Woodstone, on Rt.

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3 GM 5/21/08
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. Proposed Water Supply:

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

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional (1) Innovative (2) Modified Conventional ( ) Other ___ ( ) No Preference

****

8. 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. industry) 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.

9. Signature: M. Ahl — 3-18-08

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

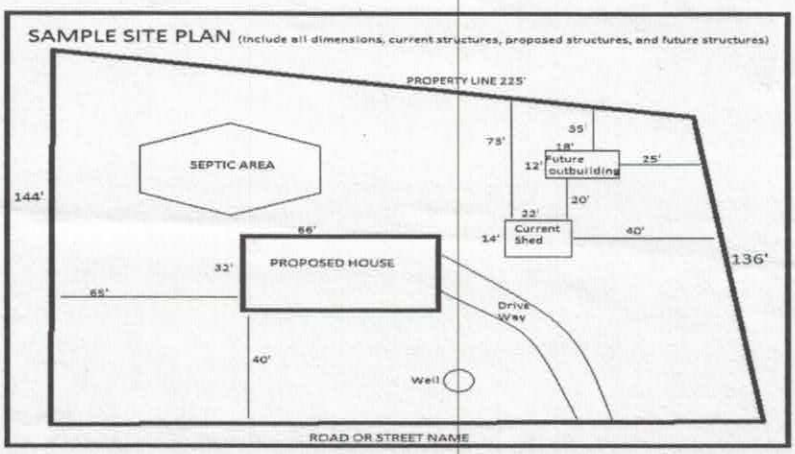
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

- X **Front and side setbacks from property line…**
- X **Area you prefer your septic system to be placed…**
- X **Preferred driveway location and configuration, preferred well 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

please see attached proposal from Michael Athanis & Assoc.

Signature: Wm Faulkner

REQUIRED **property owner or owner's legal representative signature.**

1-18-19

DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line…
____ Preferred driveway location and configuration, preferred well location…
____ Area you prefer your septic system to be placed…
____ North arrow, or other sufficient indicator of direction…

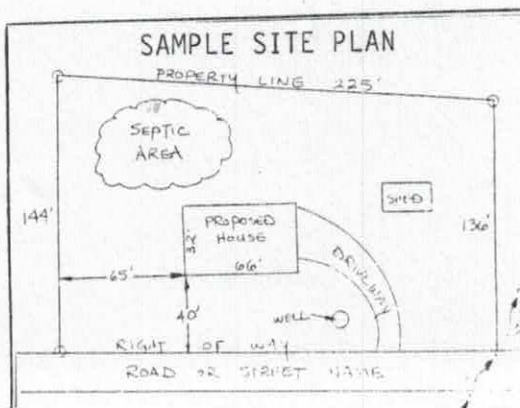
Circle N/A on the following if appropriate:

____ 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

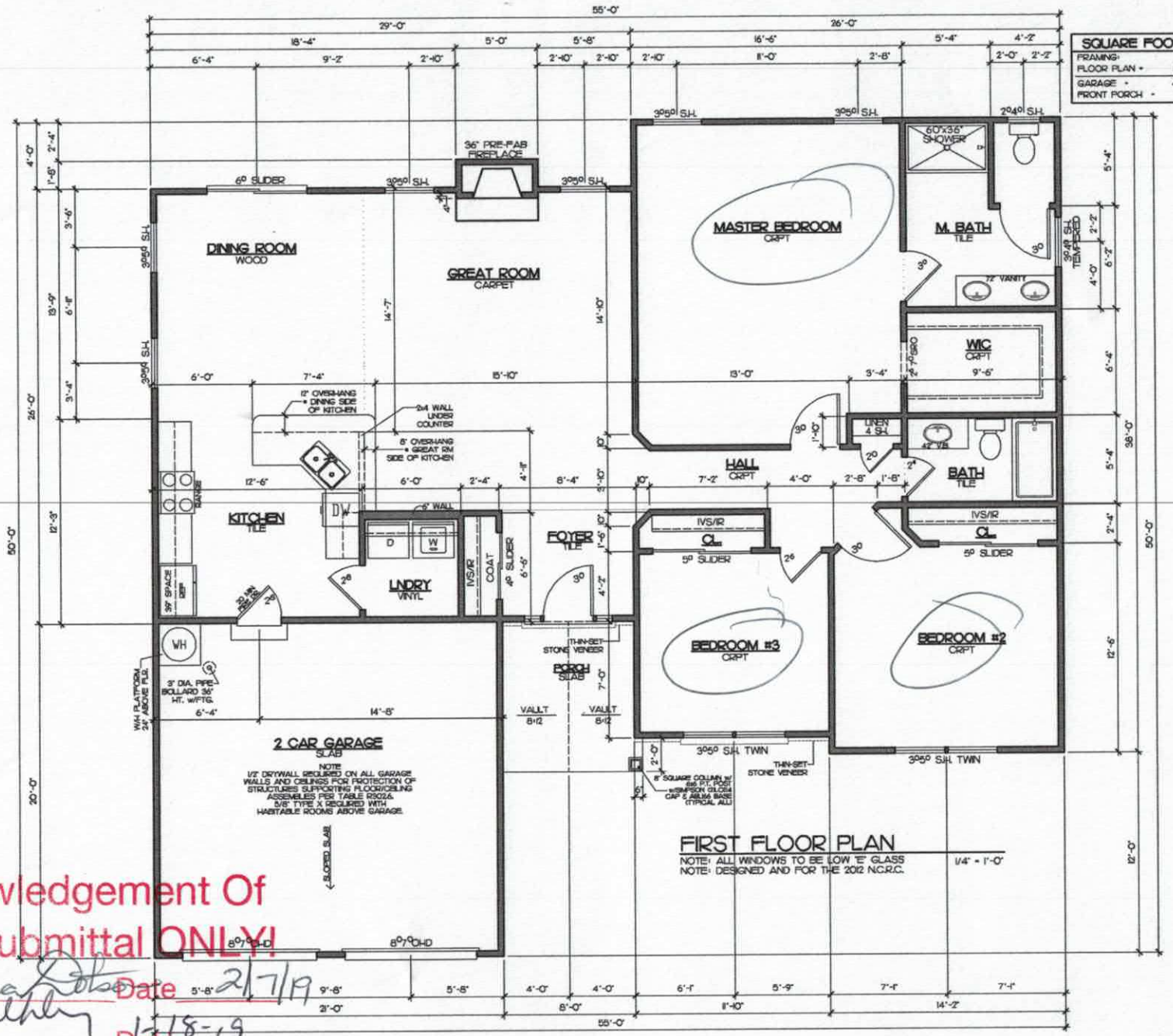
Signature: _____ 3-18-08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attachment



1131.40'
S 88°58'46" W
culvert
239.0'
133.0'
CVB
W1
D2
AB1
P3
Y4
50'
60'
70'
25' SETBACK
LANDSCAPE AND SIGN EASEMENT
39
0.76 AC.
129.88
OK 5-1-08 gm
Interceptor
D5
P6
N04°12'16"W
260.08 total
#5
#1
0.47 AC.
262.00
S88°58'46"W
37
0.73 AC.
286.83
N08°51'58"W
PT
ST
155'
55'
50'
40
0.78 AC.
25' SETBACK
235.6'
130.20
88.4'
22.8'
53.2'
35.5'
40.0'
94.0'
169.9'
25' SETBACK
41
0.59 AC.
S01°01'14"E
131.74
52
0.59 AC.
218.64
N88°04'34"E



Acknowledgement Of
Plans Submittal ONLY!

Date 2/7/19

Date 12-18-19

GARAGE LEFT

Drafting Design Inc.
Charlotte NC.
704-542-9408

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DRAFTING & DESIGN Inc. accepts no responsibility, liability or part of any legal action related to discrimination, implied by the owner/contractor for preparing the drawing that may be implied by these plans. All materials used to produce the drawing are considered to have been researched by the owner/contractor for any violations, and are required to be, the owner/contractor has obtained approval from any required variance, if any violations or unknown by DRAFTING & DESIGN, Inc.

WINDSTONE ESTATES

Project: THE BAYPORT

Sheet Title: FLOOR PLAN

DR. BY: J. BODNAR
Date: 08-27-08
REV: 09-05-08CM
02-16-17JB
04-19-17JB
05-09-18JB

WS-BAYFL_GL

Sheet 3

IREDELL COUNTY

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

APPLICATION NUMBER
241587
Issue Date: 01/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751255785.000	116 HOLLY SPRINGS LOOP, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: WINDSTONE CROSSING INC
Address: 423	Address: 15 FROWEIN RD STE G-2
IREDELL CO, NC 28625	CENTER MORICHES, NY 11934
Phone:	Phone: 704-528-8450

Use Requested	Zone Code
SFD - APPLYING FOR AUTHORIZATION FROM 2007 SEPTIC	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	35.00	15.00	15.00	NOT	X

Remarks:

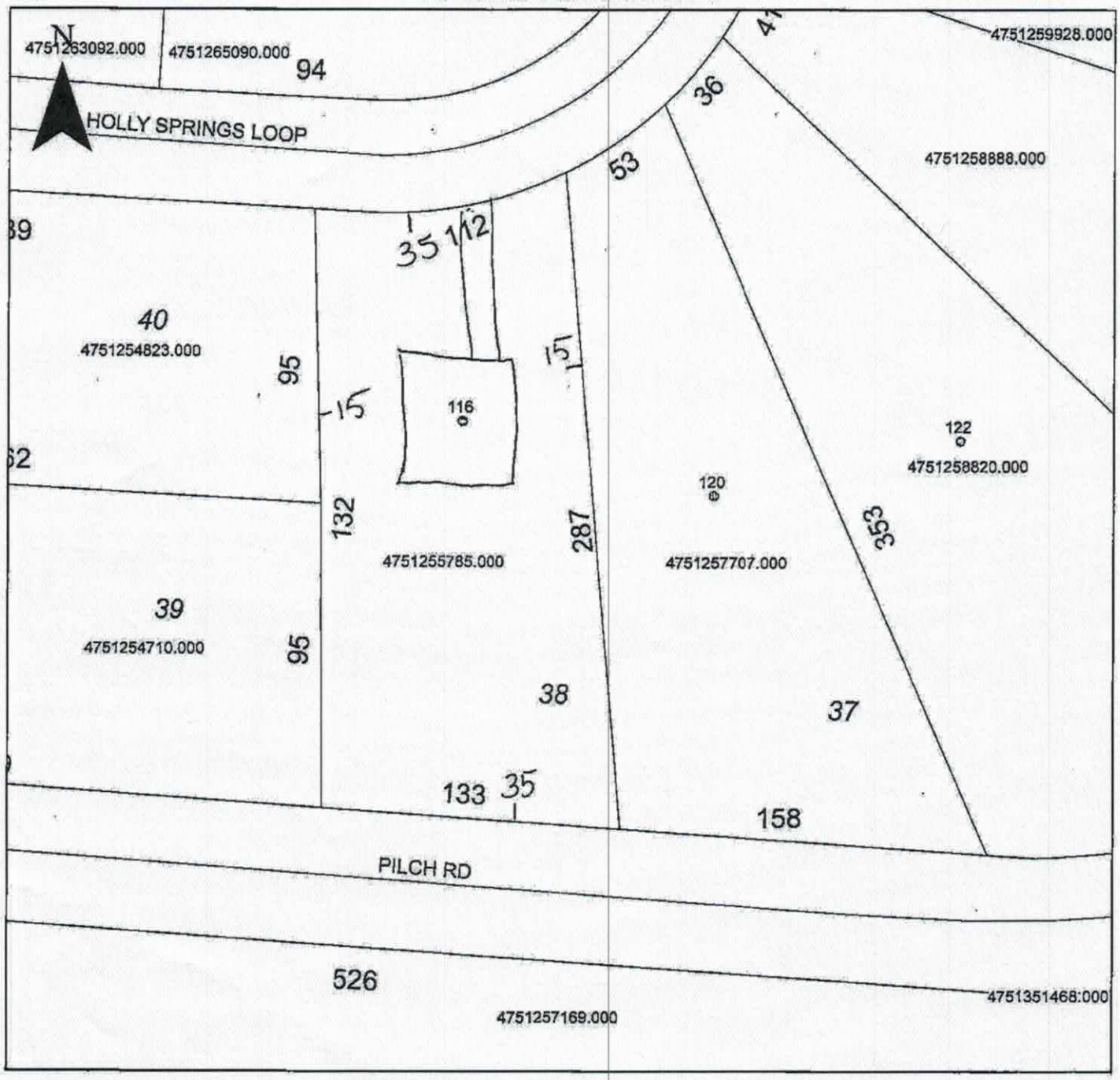
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: _____ Date: _____

Permit Number	165016	TOTAL FEES:	$ 77.25

241581
123431

ZONING DISCLAIMER



Property Address 116 Holly Springs

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.

X WM Fuller
Applicant

X 1-18-19
Date

County's Copies.

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149285ZO	Subdivision:	Paramount Woods
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 Windstone Dr. Troutman NC 28166		
Parcel #:	4751264478.038	Zoning:	RA
Lot #:	38 Size: 0.76	Flood Plain:	No Watershed: None
Applicant:	PARAMOUNT HOMES	Owner:	Pilch Acres holding, LLC
Address:	P.O. BOX 25 CENTER MORICHES 11934	Address:	4992 Expressway Dr, South Rowkonkoma, NY 11799
Phone:		Phone:	828-478-2012
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 25 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

Directions:

I77S TO AMITY HILL EXIT - TURN LFT, RT ON PILCH-RUNS INTO PEAR TREE RD, SUBDIVISION ON RT, LOT ON CORNER OF WINDSTONE

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

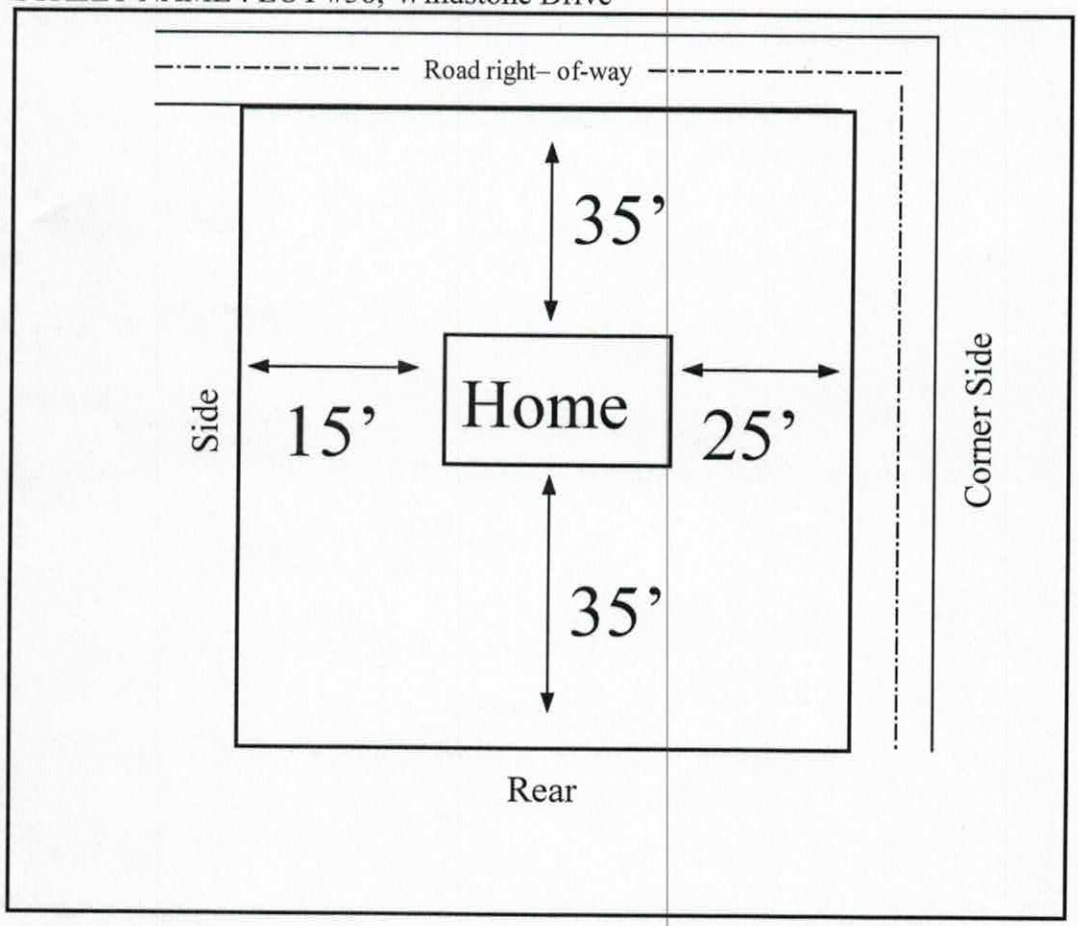
PAULA WOODY Printed: 3/18/2008

ZONING DISCLAIMER

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 Date

STREET NAME : LOT #38, Windstone Drive



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.