IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 247082.

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

PIN # 4751258820.000

APPLICANT/OWNER: Mike Fauthenberry APPLICANT ADDRESS: 15 Froewin Rd Suite G-2

SITE ADDRESS: 122 Holly Springs Loop Troutman NC 28166. PHONE: 980-722-7370 ALT. PHONE —

SITE DIRECTIONS: 77S to exit 45 TL TR on Pilch/Pear Tree TL Windstone Crossing SAP CONTROLLED: ☑ YES ☐ NO

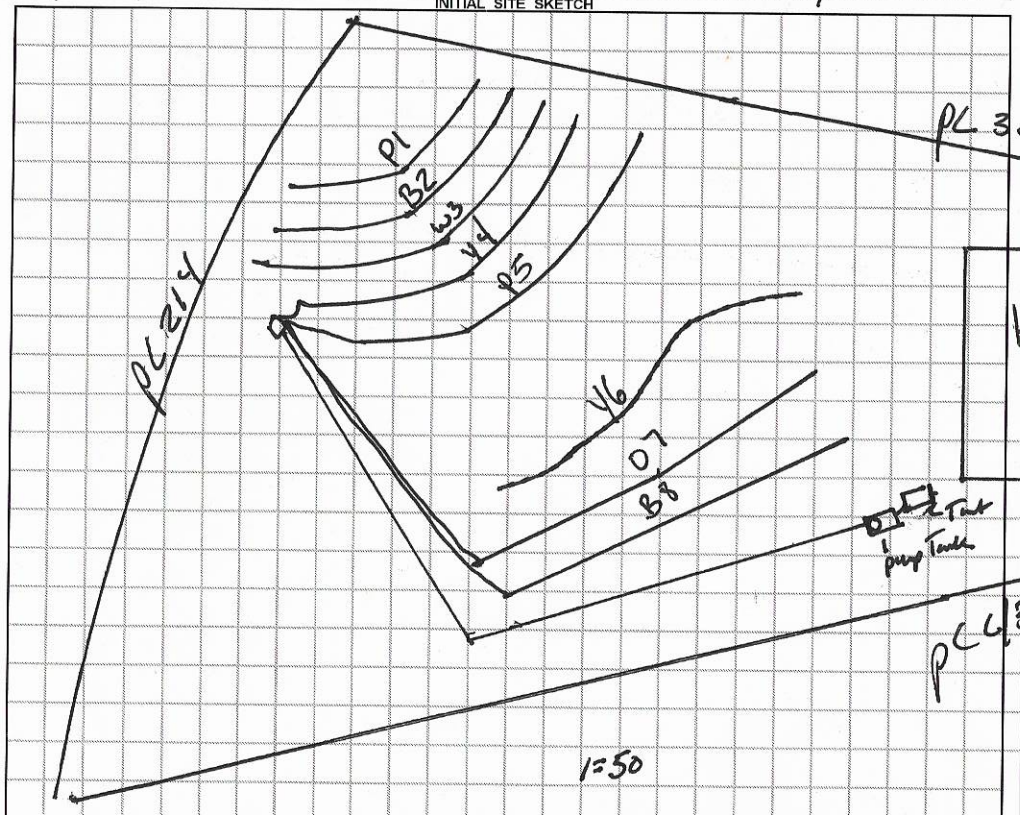
SUBDIVISION: Windstone Crossing. SECTION: 1 LOT # 36 LOT AREA: 1.080 Acres. DESIGN FLOW: 480 L.T.A.R.: .30.

Septic Tank	1000 (gal)	STB	760	Date	10-18-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	330	Date	4-21-19	System Description: PM - 25% Reduction				☐ Business	No. Persons 8
Pump Make	Gould's	Model	.5HP	Serial #		Repair System Description: LP - PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☑ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth (Max)	36 Max	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

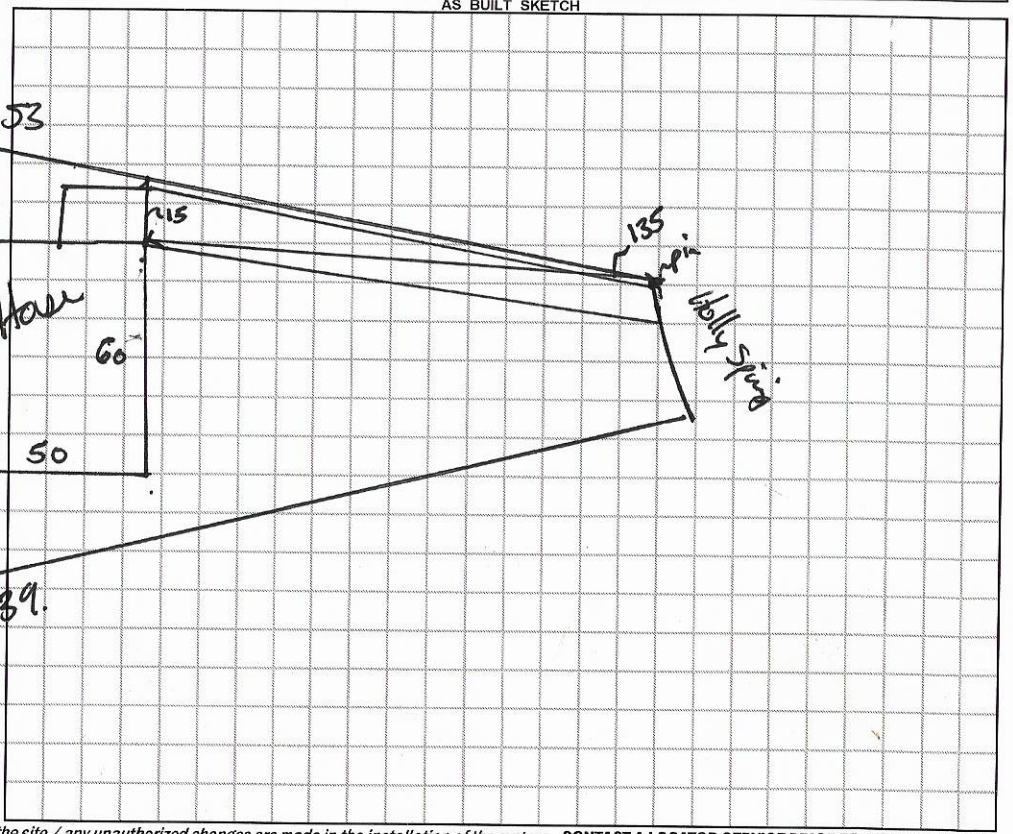
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Purpose of this permit is a Re-draw due to house size change and location. Application is for a 3BR Home. Must install 4BR Septic System - Install in Contour. See Previous Plans by MAHA.

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: 8-20-19 Installed by: Counter Grading

IMPROVEMENT PERMIT by: [signature] Date: 8/14/19 OPERATION PERMIT by: Patrick J Bollett Date: 4/17/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/14/19. 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.

	Date	Initials
Drain Lines Checked	12-20-19	
Tanks Checked	12-20-19	
Pressure Manifold or Valve Box Checked	12-20-19	
Pressure Head Set	2-18-20	BB
Electrical Checked	2-18-20	BB
Floats Set	2-18-20	BB
Alarm Checked	2-18-20	BB
Maintenance Contract Y (N)		
Comments: - Landscape around Manifold. 2/19/2020		PJB



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 36
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 4/480gpd
Proposed LTAR: 0.3 gpd/ft2
Suggested system type: 25% Reduction (initial), PPBPS (repair)
Distribution: Pressure Manifold (initial), Low Pressure (repair)
Pressure Head: 2'
Tap Size & Material: 1/2" sch 40
Flow Per Tap: 7.11 gpm
System Flow: 28.4 gpm
Dosing Volume: 175 gal
Pump Run Time: 6.2 min
Elevation Head: 22.0'
Friction Head: 3.0'
TDH: 32.4'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Pink 1		*57'*	*3.5'*
Blue 2		*75'*	*4.6'*
White 3		*96'*	*5.4'*
Yellow 4	**100'**	**112'**	**6.2'**
Pink 5	**100'**	**139'**	**7.2'**
Yellow 6		*93'*	*12.8'*
Orange 7	**100'**	**101'**	**14.6'**
Blue 8	**100'**	**125'**	**16.2'**

Initial system: 400'
Repair system: *311'*
Pump tank: 23.2'
Benchmark: 1.7'
House Corner: 22.2'

Comments:

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): 480 gpd
LOCATION OF SITE: Windstone Lot 36
WATER SUPPLY: • Private • X Public • X Well • Spring • Other _____
EVALUATION METHOD: • Auger Boring • X Pit • Cut

APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5%	0-9	Brk/wsbk	Frsssp	—	60"	F-c Inc SSp	—	PS 0.3 .30K gm
		9-33	Rc sbk	Frsssp					
		33-60	Rd wsbk	Frsssp					
2	10%	0-4	Brk/wsbk	Frsssp		51"	Fr-c Inc SSp PS	—	PS .35 .35 OK gm
		4-15	Rc sbk/wsbk	Frsssp					
		15-28	Rd wsbk	Frsssp					
		28-51	Rd wsbk	Frsssp					
		51-65	sl sapm	vfr sssp	Wavy boundary				
3	LS 7%	0-6	Brk/wsbk	Frsssp	—	65"		—	PS 0.3 .30K gm
		6-36	Rc sbk	Frsssp					
		36-65	Rd wsbk	Frsssp					
4	LS 5%	0-20	Rc sbk	Frsssp	—	54"	Inc SSp PS	—	PS 0.35 .35 OK gm
		20-38	Rc wsbk	Frsssp					
		38-56	sl sapm	vfr sssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 ft²	540 ft²
System Type(s)	25% Red.	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS: _____

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
5	LS 10%	0-10	Rc sbk	Frss sp	—	30"	common Inc sap PS	—	PS 0.35 .35 OK qm
		10-30	YR scl wsbk	Frss sp					
		30-53	Ver. sl sap m	vFrss sp					
6	10-12%	0-5	RBr sc wsbk	Frss sp	F-C 10YR 5/3 32"-44"	54"	—	—	PS 0.3 - 0.25
		5-30	Rc sbk/Abk	Frss sp					
		30-54	Rcl wsbk	Frss sp					
		Not in System Area							
7	10%	0-8	Br R sc sbk	Frss sp	Few Mn, —	55"	Few Inc sap	—	PS 0.3 - 0.25
		8-46	Rcl wsbk/Abk	Frss sp					
		46-55	Rscl wsbk	Frss sp					
		Not in System Area							

COMMENTS: _____

RECEIVED JUL 3 0 2019 AC 7/30/19

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)

#247082

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ 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:**

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

4. **Property Information:**

122 Holly Springs Loop, Troutman NC — Street Address
Windstone Crossing — Subdivision Name
Phase 1 Lot 36 — Section/Phase and Lot Number

Driving Directions: 77 S to exit 45TL — TR on Pitch/Pear Tree TR Windstone Crossing

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 12 — (X) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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)* ( ) 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: Mike Faullenberry — 7-30-19
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:

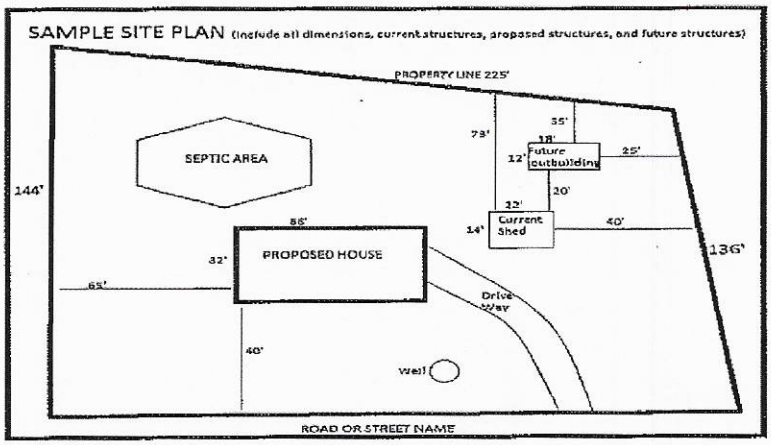
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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)

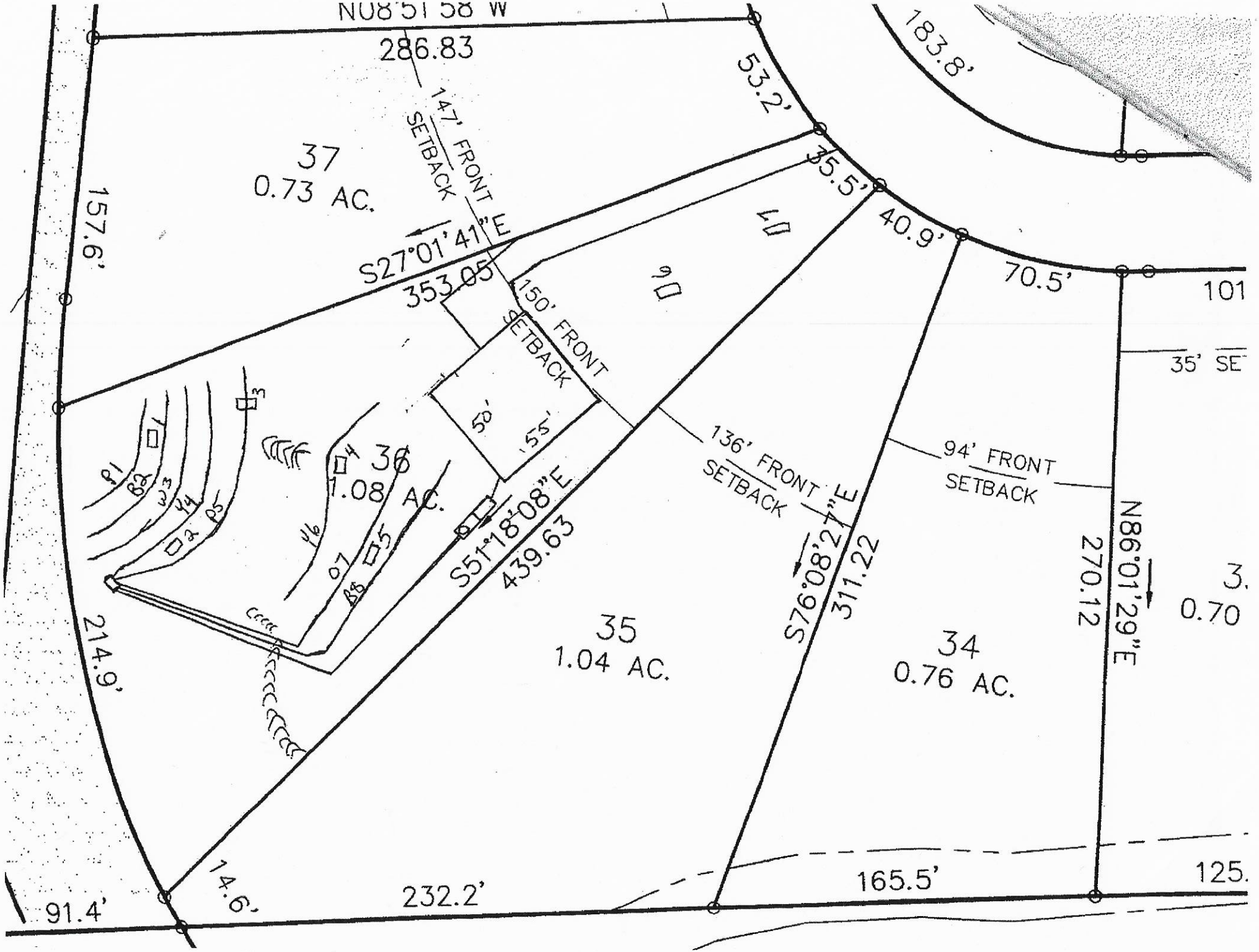


USE THIS SPACE TO DRAW YOUR SITE PLAN

please see attached proposal from Michael Athanis & Assoc.

Signature: _____ 7-30-19

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


N08°51'58"W
286.83
147' FRONT SETBACK
37
0.73 AC.
157.6'
S27°01'41"E
353.05
53.2'
183.8'
35.5'
40.9'
70.5'
101
35' SE
150' FRONT SETBACK
50'
155'
136' FRONT SETBACK
94' FRONT SETBACK
36
1.08 AC.
S51°18'08"E
439.63
S76°08'27"E
311.22
270.12
N86°01'29"E
35
1.04 AC.
34
0.76 AC.
0.70
214.9'
14.6'
232.2'
165.5'
91.4'
125.

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 122 Holly Springs Loop Troutman, NC, identified as PIN (Parcel Identification Number) 4751-26-4478.036, 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.

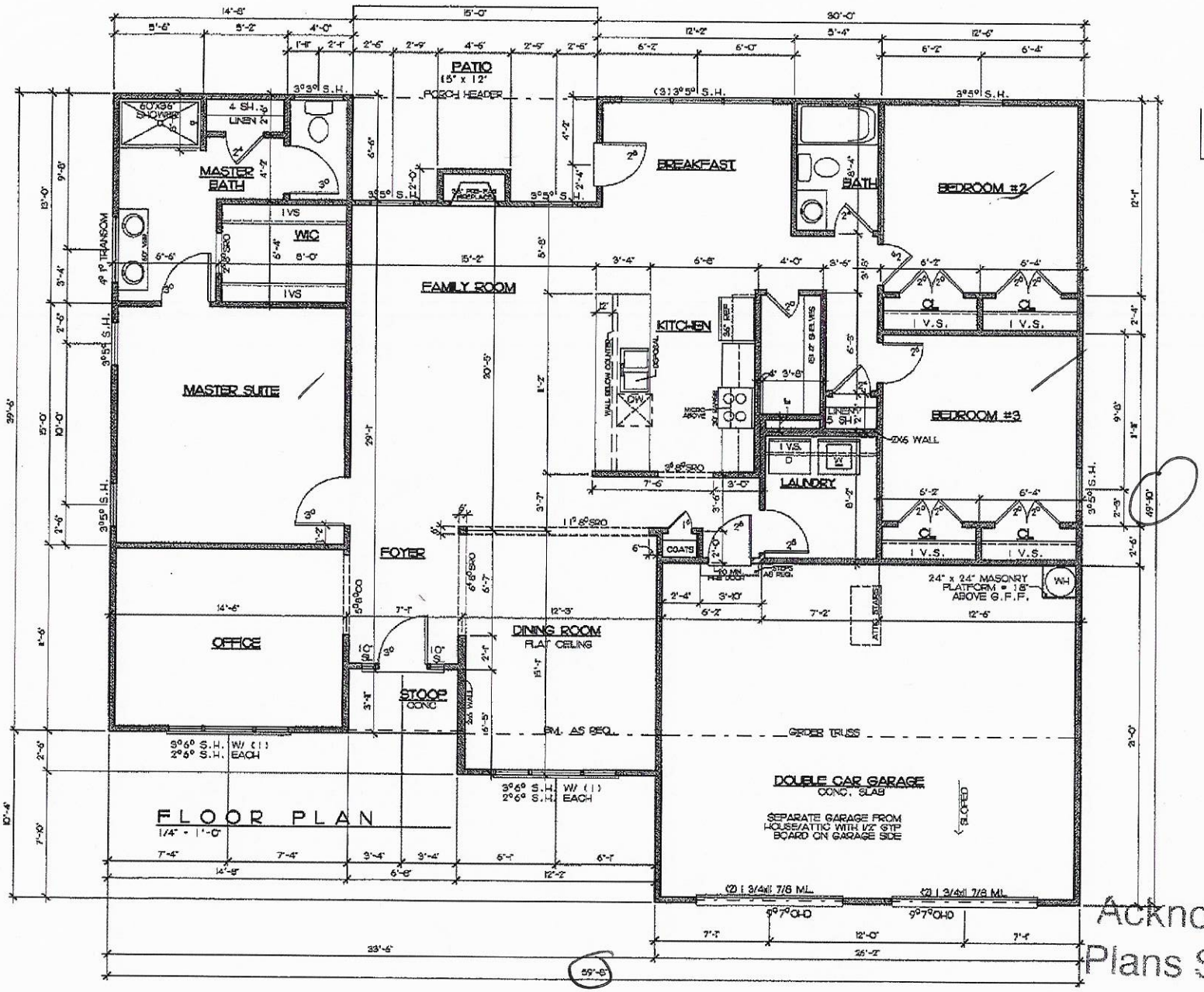
Signature of Owner(s) 8/10/18 Date

Signature of Witness 8/10/18 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



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL I/F=	2692 sq ft

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

WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

Drawn By: BRIAN G.
Date: 05-06-08
Revisions: 02-22-18, 02-26-18, 03-07-18, 03-20-18

Site:

Meadow1FP_Rev
Sheet 3

GARAGE RIGHT

Acknowledgement Of Plans Submittal ONLY!

Date 7-30-19

Date 4/19/18

IREDELL COUNTY

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

APPLICATION NUMBER
247082
Issue Date: 07/30/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751258820.000	122 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	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.080	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	187100	TOTAL FEES:	$ 77.25