ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP300543

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

PIN # 4751258888

APPLICANT/OWNER: Pilch Acres Holding LLC | APPLICANT ADDRESS: 15 Frowein Rd ste G2, Center Moriches NY 11934

SITE ADDRESS: 124 Holly Springs LP Troutman NC 28166 | PHONE: 980-722-7370 | ALT. PHONE 704-310-1832 (Gary)

SITE DIRECTIONS: I77 to Exit 45, L on Amity Hill Rd, R on Pilch Rd, R on Windstone Dr, R on Holly Springs LP, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing | SECTION: — | LOT # 36 | LOT AREA: 1.04 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760	Date	5-12-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	5-26-20	System Description:	Pin Pump 25% Reduction		
Pump Make	Geotech	Model	PESTM ½ HP	Serial #		Repair System Description:	LPPPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	327'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	18" max	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 store material, drive on, or manipulate Drainfield in any way. All Gullies must be filled prior to installation. All Property Lines and property corners must be marked by a listened Surveyor during installation and inspection.

INITIAL SITE SKETCH

See Attached and Approved Site Plan and Information By Michael Athanas and Associates. 4/23/2020

AS BUILT SKETCH

PLEASE SEE ATTACHED SPEC SHEET DATED 8-3-2020

	Date	Initials
Drain Lines Checked	7-27-20	
Tanks Checked	7-27-20	
Pressure Manifold or Valve Box Checked	9-23-20	
Pressure Head Set	9-23-20	
Electrical Checked	9-23-20	
Floats Set	9-23-20	
Alarm Checked	9-23-20	
Maintenance Contract Y (N)	not required	

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 Recvd | Date: 4-27-2020 | Installed by: Counter Creek Inc

IMPROVEMENT PERMIT by: Patrick J Bagletti | Date: 4/23/2020 | OPERATION PERMIT by: [signature] | Date: 9-23-2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagletti | Date: 4/23/2020 | 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 2 3 2020

PTB

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

Sheet 1 of 1
PROPERTY ID #: 475-125-8888
COUNTY: Iredell

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

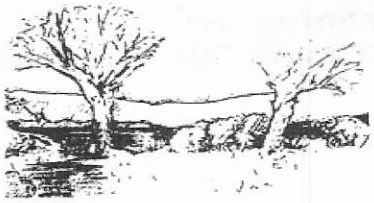
OWNER: Pilch Acres Holding LLC
APPLICATION DATE 3/19/2020
ADDRESS: 154 Rowe in Rd ste 62 Center Moriches NY 11934
DATE EVALUATED: 4/3/2020
PROPOSED FACILITY: New Single fam PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 1.04 acres
LOCATION OF SITE: 124 Holly Spring SLp
PROPERTY RECORDED: yes
WATER 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) .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	SS 10%	0-11	SCL	Fr SSS PS exp	—	55"	Litho inclusions common at bottom	some Rock inclusions	PS, 275
		11-30	C ABK	Fi Fr SSS PS exp					
		30-55	CL SBK/ABK	Fr SS SP SO exp					
2	SS 13%	0-12	SCL SBK	Fr SSS PS exp	—	55"	Litho inclusions	—	PS, 3
		12-27	C SBK	Fr SS SPS exp					
		27-55	CL SBK	Fr SSS PS exp					
3	SS 8%	0-8	SCL WSBK	Fr SS SP exp	Few YBMOM	60"	Litho inclusions more common at bottom	—	PS, 3
		8-33	C SBK	Fr SS SP exp					
		33-60	CL SBK	Fr SS SP exp					
4	SS 8%	0-4	SCL WSBK	Fr SS SP SO exp	Chroma 2 around 12 root channel at 35" 5Y 8/1 YBmottles throughout	60"	Litho inclusions Throughout	Chroma 2 at 35"	PS, 275 stay above chroma 2 18" from bottom
		4-28	C SBK/ABK	Fr SS SP SO exp					
		28-60	CL SBK	Fr SS SP SO exp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: Sunny Gullies need to be filled and water diverted around drainfield



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

8-3-2020
BCM
SEE BACK

Reference: Data Sheet for 124 Holly Springs Lp, Windstone Crossing Lot 35
House Footprint: See attached plan
Building Setbacks: 136' front, 35' rear, 15' side
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.275 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 1 @ 12.5 GPM, 1 @ 7.11 GPM, 1 @ 5.48 GPM
Tap Size and Material: 1 @ ¾" SCH 40, 1 @ ½" SCH 40, 1 @ ½" SCH 80
System Flow: 25.1 GPM
Dosing Volume: 143.5 gallons
Pump Run Time: 5.7 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18" (initial), 36" (repair)

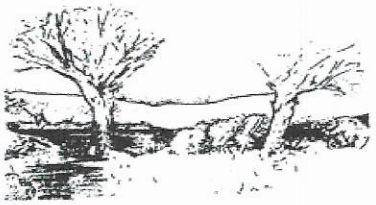
Line	Design Length	Actual Length	Elevation
Yellow 1		32'	
Orange 2		36'	T
White 3		40'	
Pink 4		41'	
Blue 5		45'	
Yellow 6		46'	B
Orange 7	**82'**	**112'**	
White 8	**82'**	**156'**	
Blue 9	**94'**	**97'**	**D**
Pink 10	**70'**	**70'**	

Initial System: 328' **Repair System:** 240'
Pump Tank: TBD **House Corner:** TBD **Benchmark:** TBD

Comments:
¾" SCH 40 tap feeds O7 and W8
½" SCH 40 tap feeds B9
½" SCH 80 tap feeds P10



APPROVED APR 2 3 2020
PJB



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

Reference: Data Sheet for 124 Holly Springs Lp, Windstone Crossing Lot 35
House Footprint: See attached plan
Building Setbacks: 136' front, 35' rear, 15' side
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.275 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40 (2 taps)
System Flow: 14.22 GPM
Dosing Volume: 143.5 gallons
Pump Run Time: 10 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18" (initial), 36" (repair)

Line	Design Length	Actual Length	Elevation
Yellow 1		32'	
Orange 2		36'	T
White 3		40'	
Pink 4		41'	
Blue 5		45'	
Yellow 6		46'	B
Orange 7	**82'**	**112'**	
White 8	**82'**	**156'**	
Blue 9	**94'**	**97'**	**D**
Pink 10	**70'**	**70'**	

APPROVED APR 2 3 2020

PJB

Initial System: 328' **Repair System:** 240'
Pump Tank: TBD **House Corner:** TBD **Benchmark:** TBD

Comments:
One tap feeds O7 and W8
One tap feeds B9 and P10



Revision
2008

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 35
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: PPBPS
Distribution: Low Pressure-Central Valve Box
Pressure Head: 2'
Tap Size & Material: 3/16"
Flow Per Tap: 0.59 gpm
System Flow: 36.6 gpm
Dosing Volume: 223.2 gal
Pump Run Time: 6.1 min
Elevation Head: 16.9'
Friction Head: 2.4'
TDH: 25.6'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Blue 1	**70'**	**90'**	**0.9'**
Yellow 2	**70'**	**81'**	**2.3'**
Orange 3	**70'**	**70'**	**3.5'**
Pink 4	**60'**	**60'**	**5.4'**
Yellow 5		*67'*	*3.8'*
Pink 6		*95'*	*4.4'*
Orange 7		*36'*	*5.1'*
Yellow 8		*36'*	*5.9'*
Blue 9		*35'*	*6.8'*
Pink 10		*30'*	*7.7'*

Initial system: 270'
Repair system: *299'*
Pump tank: 12.8'
Benchmark: 10.7'
House Corner: 12.2'

Comments: The driveway must be 10' wide and must be set against the property line.

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2008

OWNER: Para Mount Woods
ADDRESS: _____
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Windstone # 55
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 7%	0-9	Brscl ws bk	Fr ss sp	—	53"	Fo Su SO	-	PS 0.3 .30K gm
		9-35	YR Rc sbk/Abk	Fr ss sp					
		35-53	Rcl ws bk	Fr ss sp					
2	LS 5%	0-14	Brscl ws bk	Fr ss sp	—	50"	—	—	PS 0.3 .30K gm
		14-42	Rc sbk/Abk	Fr ss sp					
		42-50	Rcl ws bk	Fr ss sp					
3	LS 12%	0-10	Brscl ws bk	Fr ss sp	-	56"	—	—	PS 0.3 not in system
		10-38	Rc sbk	Fr ss sp					
		38-55	Rcl ws bk	Fr ss sp					
4	10-12%	0-12	Brscl ws bk	Fr ss sp	—	55"	—	—	PS 0.3 not in system
		12-34	Rc sbk	Fr ss sp					
		34-53	Rcl ws bk	Fr ss sp					

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

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

COMMENTS: _____

(6) 0-7 Br scl
Not in system 7-29 Rc abk/sbk f-yel/br .25 cm, GM
29-54 Rcl abk/sbk f-c-yel/br
c @ 48"

(6) 0-21 Rc sbk .5
21-60+ Br sl sap fr
pit is deep

(7) 0-32 Rc no sbk .3
32-57 Rcl wk sbk f-concentrations sap

not Market Patrick 3-20-20

RECEIVED MAR 2 0 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 300543 Paid $500.00

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: 124 Holly Springs Lp

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 35

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: _____

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

RECEIVED AUG 2 8 2019

AC w/ Inspection

not marked 9-27

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP - 300543

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mike Faulkenberry Address: 15 Frowein Rd Suite G-2 Center Moriches, NY Zip: 11934
Applicant Email: wmf2087@windstream.net Phone: 980-722-7370 Alt. Phone: _____
Owner Name: Ed Belanger Address: SAME Zip: _____
Owner Email: edbchomes@aol.com Phone: 631-831-1461 Alt. Phone: _____

Property Information:

Street Address: 124 Holly Springs Loop Troutman, NC 28166
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 35
Driving Directions: I77 S to x45 TL Amity Hill Rd. TL Pitch Rd TR Windstone Dr.

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

(✓) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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: _____

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: WM Faulkenberry 8-28-19
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 124 Holly Springs Lp Windstone Crossing Lot 35, identified as PIN (Parcel Identification Number) 4751258888, 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

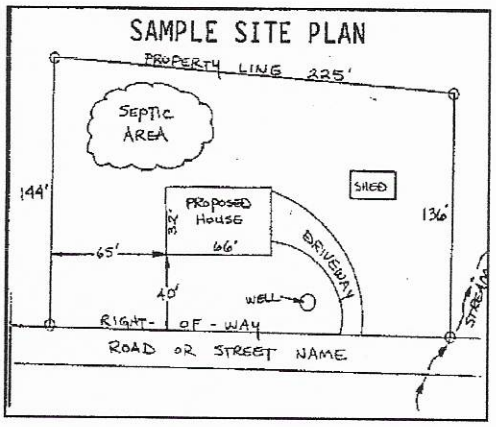
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

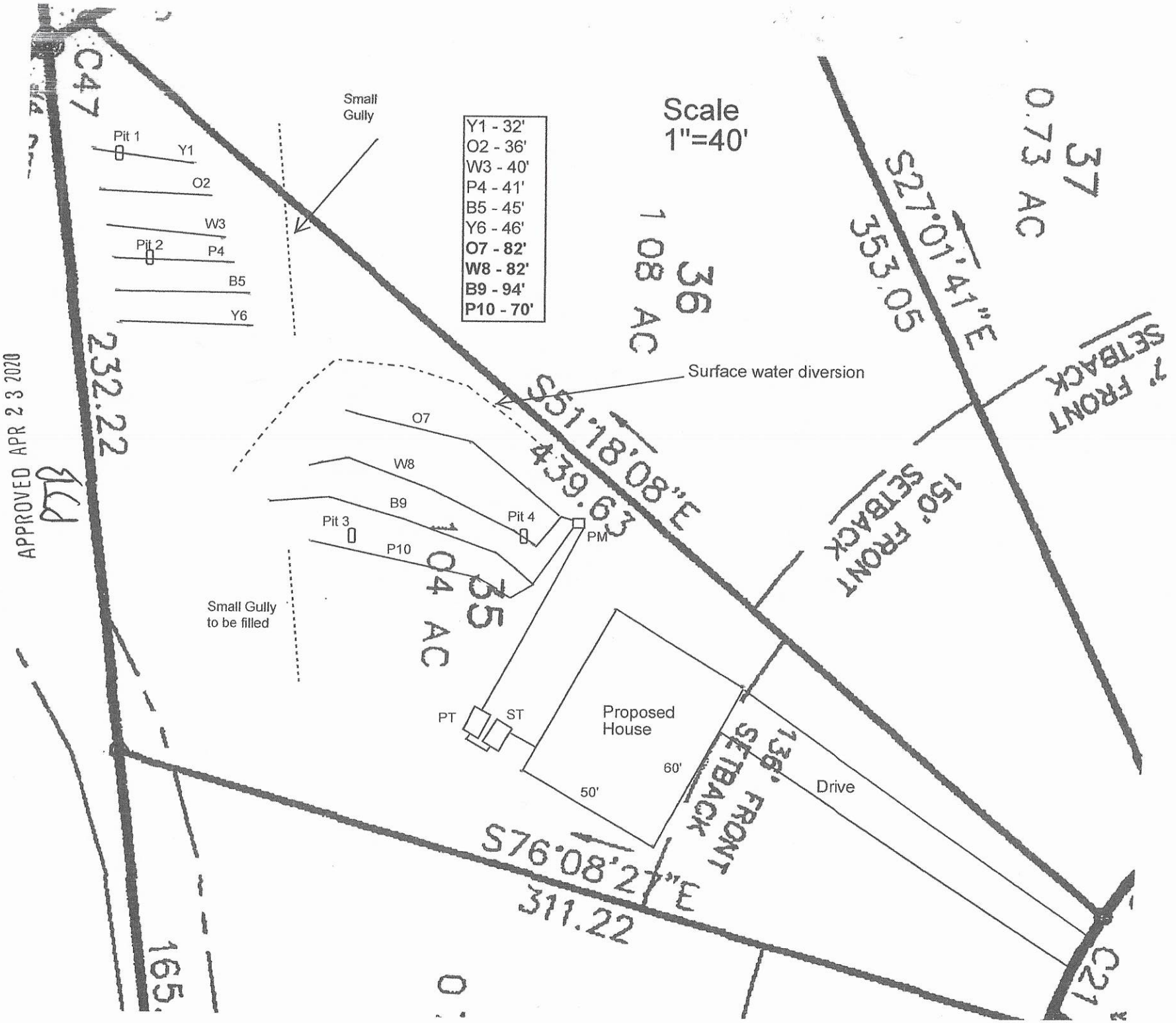
USE THIS SPACE TO DRAW YOUR SITE PLAN

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**


Scale
1"=40'
Small Gully
Pit 1
Y1
O2
W3
Pit 2
P4
B5
Y6
Y1 - 32'
O2 - 36'
W3 - 40'
P4 - 41'
B5 - 45'
Y6 - 46'
O7 - 82'
W8 - 82'
B9 - 94'
P10 - 70'
Surface water diversion
O7
W8
B9
Pit 3
P10
Pit 4
PM
Small Gully to be filled
PT
ST
Proposed House
60'
50'
Drive
C47
232.22
S51°18'08"E
439.63
S27°01'41"E
353.05
S76°08'27"E
311.22
150' FRONT SETBACK
150' FRONT SETBACK
37
0.73 AC
36
1.08 AC
35
1.04 AC
APPROVED APR 23 2020

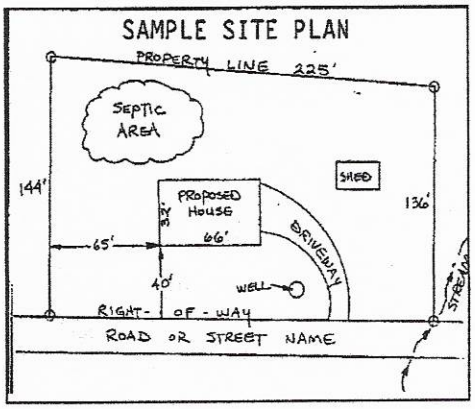
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) 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)

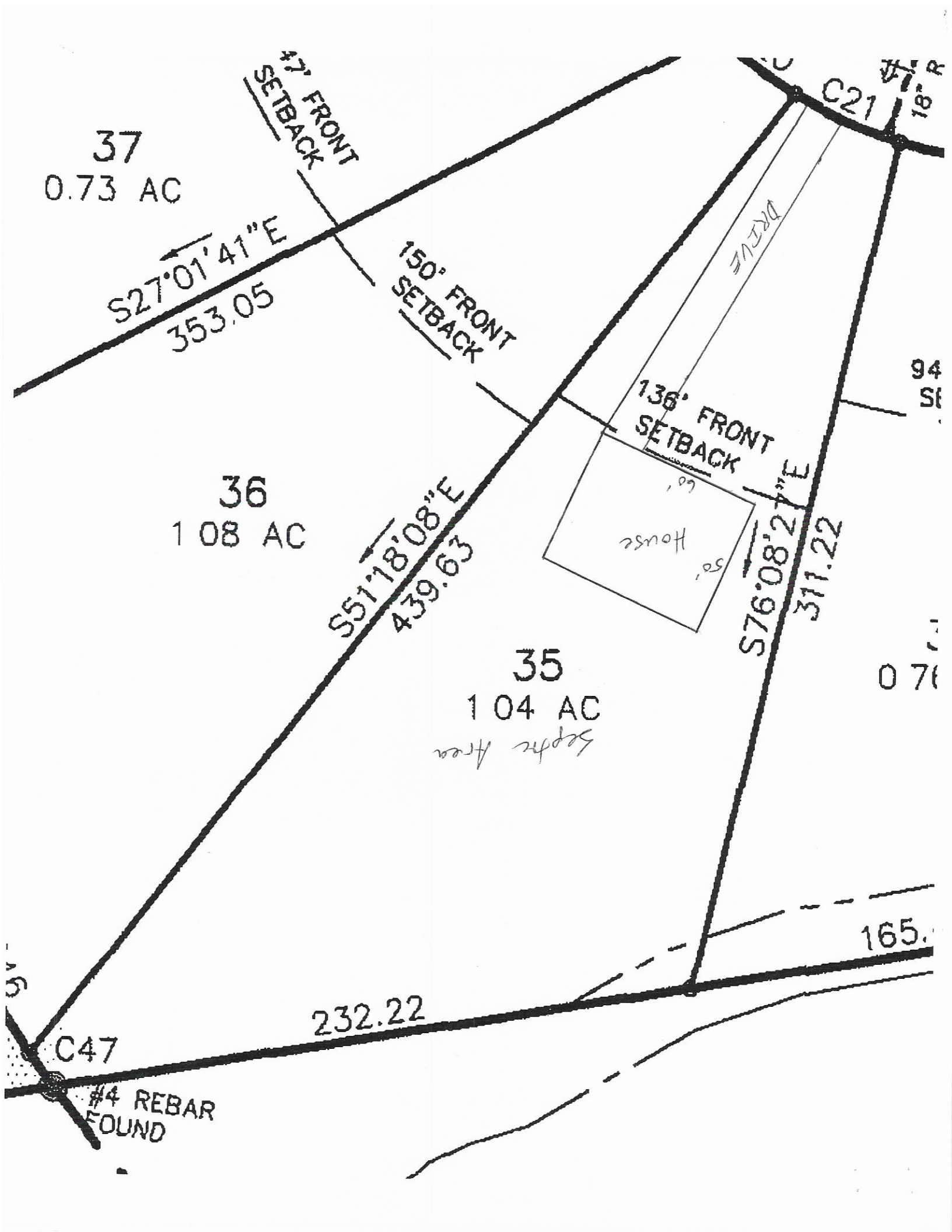
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 proposal from Michael Athanis and Assoc.

Signature: _____ 8-28-19

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


37
0.73 AC
47' FRONT SETBACK
S27°01'41"E
353.05
150' FRONT SETBACK
C21
DRIVE
136' FRONT SETBACK
36
1 08 AC
S51°18'08"E
439.63
50'
House
50'
S76°08'27"E
311.22
35
1 04 AC
Septic Area
165.
232.22
C47
#4 REBAR FOUND

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 124 Holly Springs Loop Troutman, NC 28166, 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.

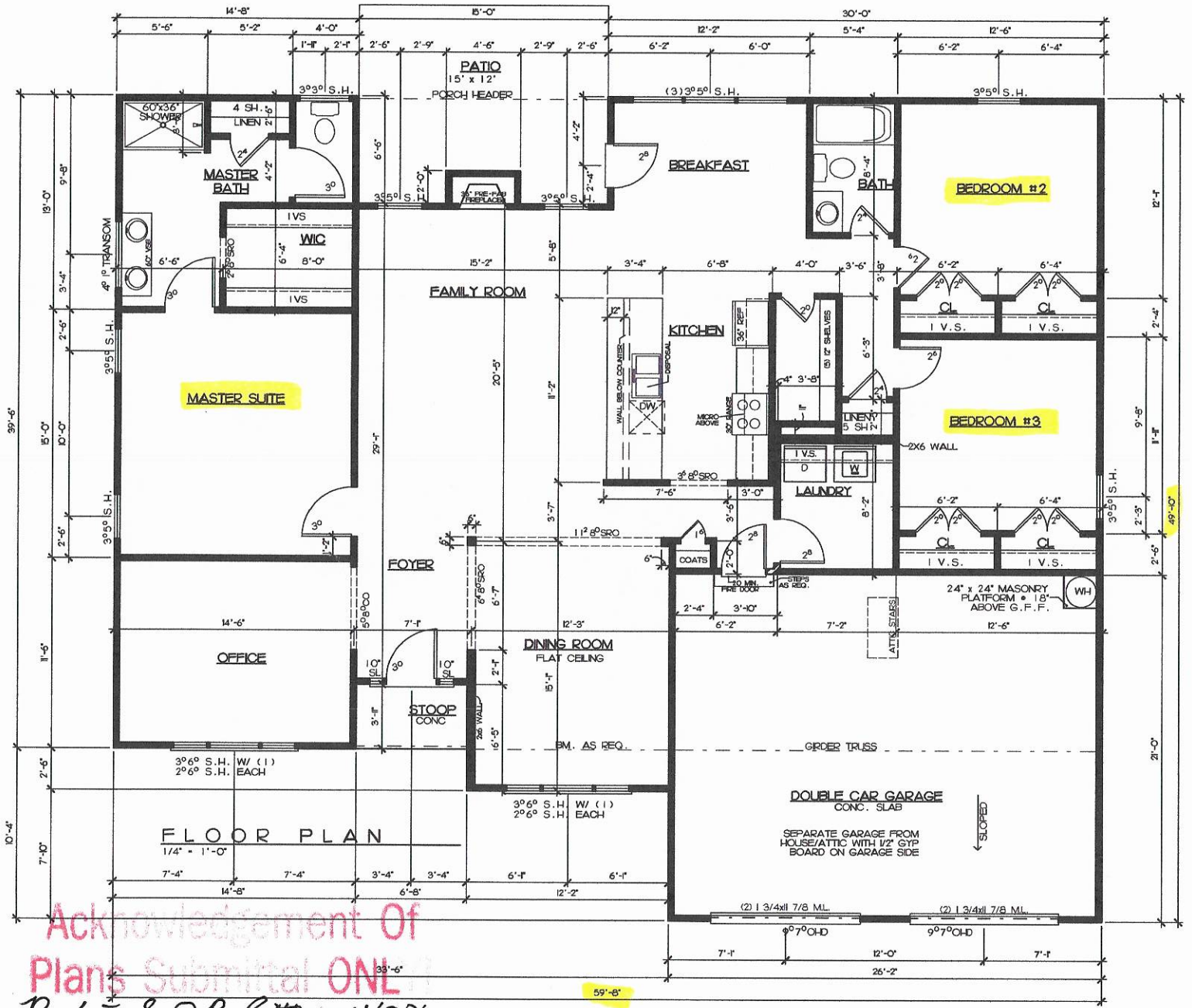
_____ 8/10/18 _____ 8/10/18

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



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL 1F=	2682 sq ft

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

Acknowledgement Of Plans Submittal ONLY
Patrick J Byletta Date 4/23/2020
Date 4/27/2020

GARAGE RIGHT

Drafting & Design Inc.
Charlotte NC
704-562-3628

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WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

DR. BY: BRIAN G.
Date: 06-06-08
REV: 02-22-18
02-26-18
03-07-18
03-20-18

Site:

MEADOW-FP_REV

Sheet 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300543 Issue Date: 09/04/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4751258888.000	124 HOLLY SPRINGS LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: PILCH ACRES HOLDINGS LLC	Name: WINDSTONE CROSSING INC
Address:	Address: 15 FROWEIN RD STE G-2
,	CENTER MORICHES, NY 11934
Phone:	Phone: (704)528-8450

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.04	35	35	15	15	N/A	

Remarks
SFD
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.

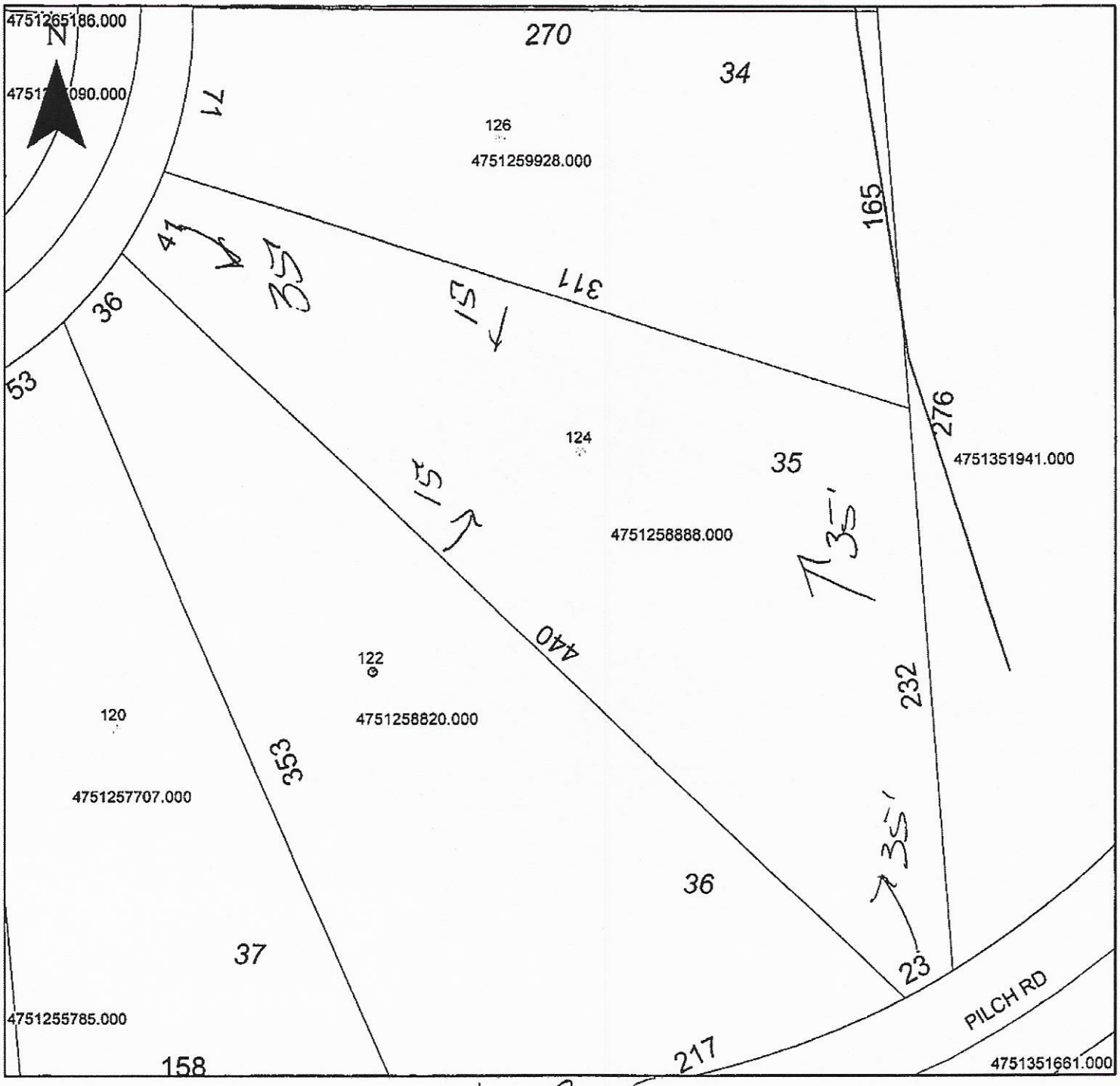
Signature of Owner/Contractor

Date: 09/04/2019

Permit Number	000156	TOTAL FEES:	$77.25

ZONE 300543

ZONING DISCLAIMER



Property Address 124 Holley 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.

Applicant

3/20/2020
Date