ICHD–ENVIRONMENTAL HEALTH DIVISION

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

AP

PERMIT # 304624

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

PIN # 4751259928

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

SITE ADDRESS: 126 Holly Springs Lp PHONE: 480-722-7370 ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity Jct Pilch Rd TR Holly Springs Lp lot on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Windstone Crossing SECTION: — LOT # 34 LOT AREA: .76Acre DESIGN FLOW: 360gpd L.T.A.R.: .35Trench/.125Rep

Septic Tank	1000 (gal)	STB	760	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity-Distpax-25% Reduct.			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Drip Irrigation			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft.	258 ft	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Drainfield Max in flat area, Need to use distribution box. Divert Storm/Surface water away from Septic.

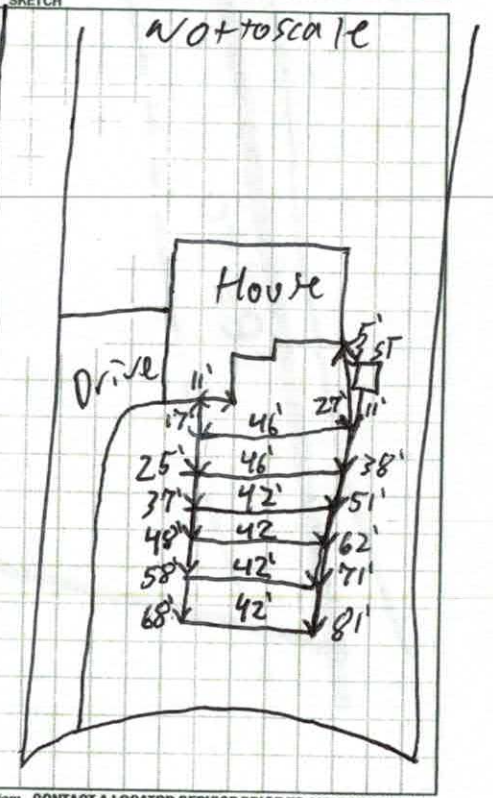
INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc.

AS BUILT SKETCH

6/26/2020: Tank checked but NO date was on tank, Gunter is going to get it from Shoaf and send it to Ronda. They changed distribution from parallel to serial with an ok from gary see attached. drain lines checked and all good

6-29-20 - see sheet from Shoaf Precast for tank date CCN



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: 6-10-2020 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/9/2020 OPERATION PERMIT by: Carlen C. Nichs Date: 6-29-20

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/9/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-5pm the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
1/24/2020

Approved
6/9/2020
MD

Reference: Data Sheet for 126 Holly Springs Lp, Windstone Crossing Lot 34
House Footprint: See attached plan
Building Setbacks: 94' front, 35' rear, 15' side
Water Source: Community water
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.35 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Irrigation
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 6" (repair)

Line	Design Length	Actual Length
Blue 1	43'	58'
Yellow 2	43'	53'
Orange 3	43'	50'
White 4	43'	48'
Blue 5	43'	46'
Yellow 6	43'	44'

Initial System: 258' **Repair System:** 2880 FT^2

Comments:
The repair area was previously approved. The initial system area was graded and is now 2% or less.

PROPERTY ID #: 4751259928
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres LLC APPLICATION DATE
ADDRESS: 15 Frowein Rd, Bldg G2, Center Moriche, NY 11934 DATE EVALUATED: 5/2020
PROPOSED FACILITY: 3 bdrm PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.76 AC
LOCATION OF SITE: 126 Holly Springs Lp, Windstone Crossing lot 34 PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Approved 6/9/2020 MA

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 0-2%	0-7	FILL		N/A	0	PS	N/A	PS 0.4-0.6
		7-70	VER SL SAP M	VFR SS SP SEXP					
PIT 2	LS 0-2%	0-64	VER SL SAP M	VFR SS SP SEXP	N/A	0	PS	N/A	PS 0.4-0.6
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	771 FT2	2880 FT2
System Type(s)	PPBPS	Drip
Site LTAR	0.35	0.125

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

COMMENTS:

PROPERTY ID #: 4751259928_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres LLC_____ APPLICATION DATE_____
ADDRESS: 15 Frowein Rd, Bldg G2, Center Moriche, NY 11934_____ DATE EVALUATED: __1/2020___
PROPOSED FACILITY: _3 bdrm_____ PROPOSED DESIGN FLOW (.1949): __360 GPD____ PROPERTY SIZE: __0.76 AC_____
LOCATION OF SITE: 126 Holly Springs Lp, Windstone Crossing lot 34_____ 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	
AB 1	LS 3%	0-16	R CL WSBK	FR SS SP SEXP	N/A	16"	F-CSAP PS	N/A	PS 0.4
		16-60	VER L SAP M	VFR SS SP SEXP					
AB 2	LS 3%	0-14	R CL WSBK	FR SS SP SEXP	N/A	14"	F-C SAP PS	N/A	PS 0.4
		14-60	VER L SAP M	VFR SS SP SEXP					
AB 3	LS 8%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 8%	0-10	Br SL WSBK	FR SS SP SEXP	CHR 2 @ 27"	27"	N/A	N/A	PS 0.25
		10-27	RY C SBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT2	2880 FT2
System Type(s)	PPBPS	Drip
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: Tom Shuck 2/5/2020

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4751259928
DATE OF EVALUATION:
COUNTY: IREDELL

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 3%	0-18	R CL WSBK	FR SS SP SXP	N/A	18"	F-C SAP PS	N/A	PS 0.4-0.6
		18-67	VER SL SAP M	VFR SS SP SXP					
PIT 2	LS 3%	0-14	R C ABK	FR SS SP SXP	N/A	56"	F-C SAP PS	N/A	PS 0.3-0.35
		14-56	R CL WSBK	FR SS SP SXP					
		56-62	VER SL SAP M	VFR SS SP SXP					
PIT 3	LS 8%	0-10	Br CL WSBK	FR SS SP SXP	Mn @ 30" CHR 2 @ 42"	42"	N/A	N/A	PS 0.3-0.25
		10-42	R C SBK	FR SS SP SXP					
PIT 4	LS 8%	0-10	Br CL WSBK	FR SS SP SXP	YB/Litho	49"	N/A	N/A	PS 0.3-0.25
		10-38	R C SBK	FR SS SP SXP					
		38-49	R CL WSBK	FR SS SP SXP					

COMMENTS:

Patrick Boyle

From: gary michaelathanas.com <gary@michaelathanas.com>
Sent: Friday, June 26, 2020 3:34 PM
To: Patrick Boyle
Subject: Windstone lot 34

I spoke with Gunther grading and septic concerning the installation of the system on lot 34. In order to keep the system less than 36" trench bottom, the distribution was change from a d-box to end cap.

Gary McNeely
Michael Athanas & Associates
704-310-1832

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

Windstone Lot 34

SHOAF PRECAST SEPTIC TANK, INC.
4130 West U.S. Hwy. 64
Lexington, NC 27295

Phone: (336) 787-5826
FAX: (336) 787-2826

Email: info@shoafprecast.com

June 25, 2020

Iredell County Health Department
Environmental Health

That will certify that the 1000 gal. Non-Traffic septic tank ordered by Gunter Grading and provided to the 126 Holly Springs Loop, Troutman, NC, job on June 25, 2020, was manufactured on May 4, 2020.

SHOAF PRECAST SEPTIC TANK, INC.

By: Dennis Shoaf

(Rec'd 5/26/2020) Comp. RD. Exp Rev. AP 304624 Paid $350.00 5/27/2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: 126 Holly Springs Lp

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 34

Driving Directions: _____

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: 3
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: _____ 5/20/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

5/20/2020 (Date)

Owner: Rich Acre's Holding L.L.C
Address: 15 Frowein Rd
Suite 6-2 - Center Moriches NY 11934

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
126 Holly Springs Lp Windstone Crossing Lot 34 PIN 4751259928

I, Edward Belanger voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)
PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

President
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

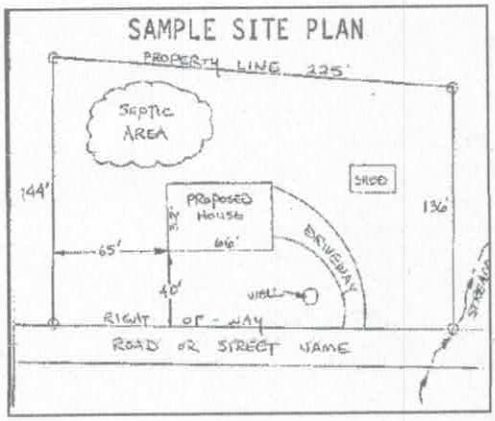
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 5/20/2020

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

Approved
6/9/2020
mp

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 126 Holly Springs Lp Windstone Crossing Lot 34, identified as PIN (Parcel Identification Number) 4751259928, 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

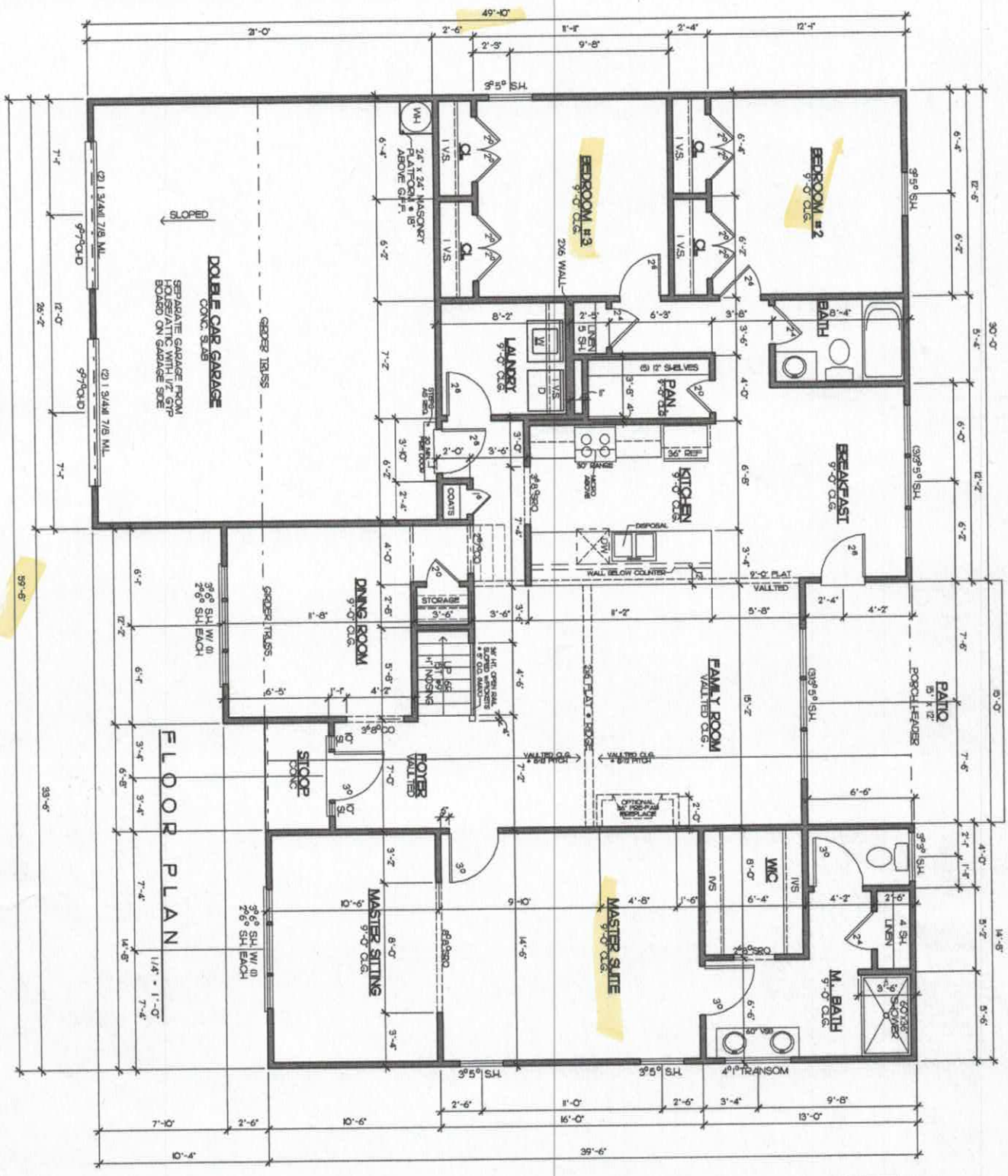
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	5/20/2020		
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



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

SQUARE FOOTAGES	
FLOOR PLAN=	1,998 SQ. FT.
GARAGE=	528 SQ. FT.
REAR PORCH=	84 SQ. FT.
FRONT PORCH=	26 SQ. FT.
TOTAL I.F.=	2682 SQ. FT.

Acknowledgement Of
Plans Submittal ONLY!

GARAGE LEFT

Date 3-5-20

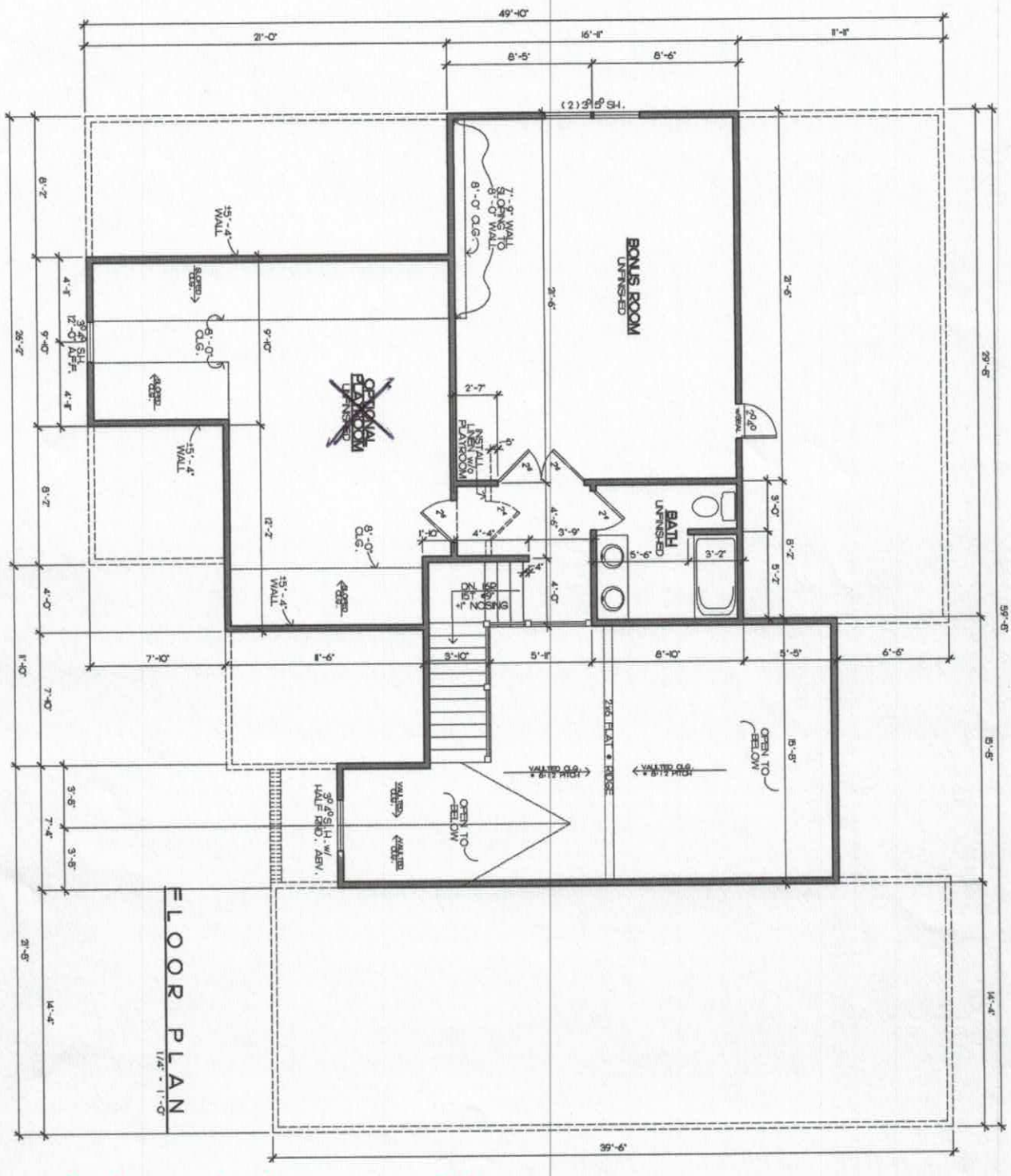
Date 3-5-20

3a	BROOKVILLE-FL	Site	REV. DR. BY: J. BOONAR Date 04-10-18

Project: THE BROOKVILLE
Sheet Title: 1ST FLOOR (2-STORY)

WINDSTONE ESTATES

Drafting Solutions



Acknowledgement Of
Plans Submittal ONLY!

Date 3-5-20

Date 3-5-20

SQUARE FOOTAGES	
OPT. BONUS ROOM/ BATH	492 sq. ft
OPT. FLATROOM	366 sq. ft
TOTAL 2ND	865 sq. ft

GARAGE LEFT

Sheet 3b	BROOKVILLE 2FL	Site	Dr. By: BRIAN G. Date 04-15-19 Rev.	Project THE BROOKVILLE Sheet Title 2ND FLOOR OPTION	WINDSTONE ESTATES

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

APPLICATION NUMBER
304624 Issue Date: 01/31/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751259928.000	126 HOLLY SPRINGS LOOP	Iredell County

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

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	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.

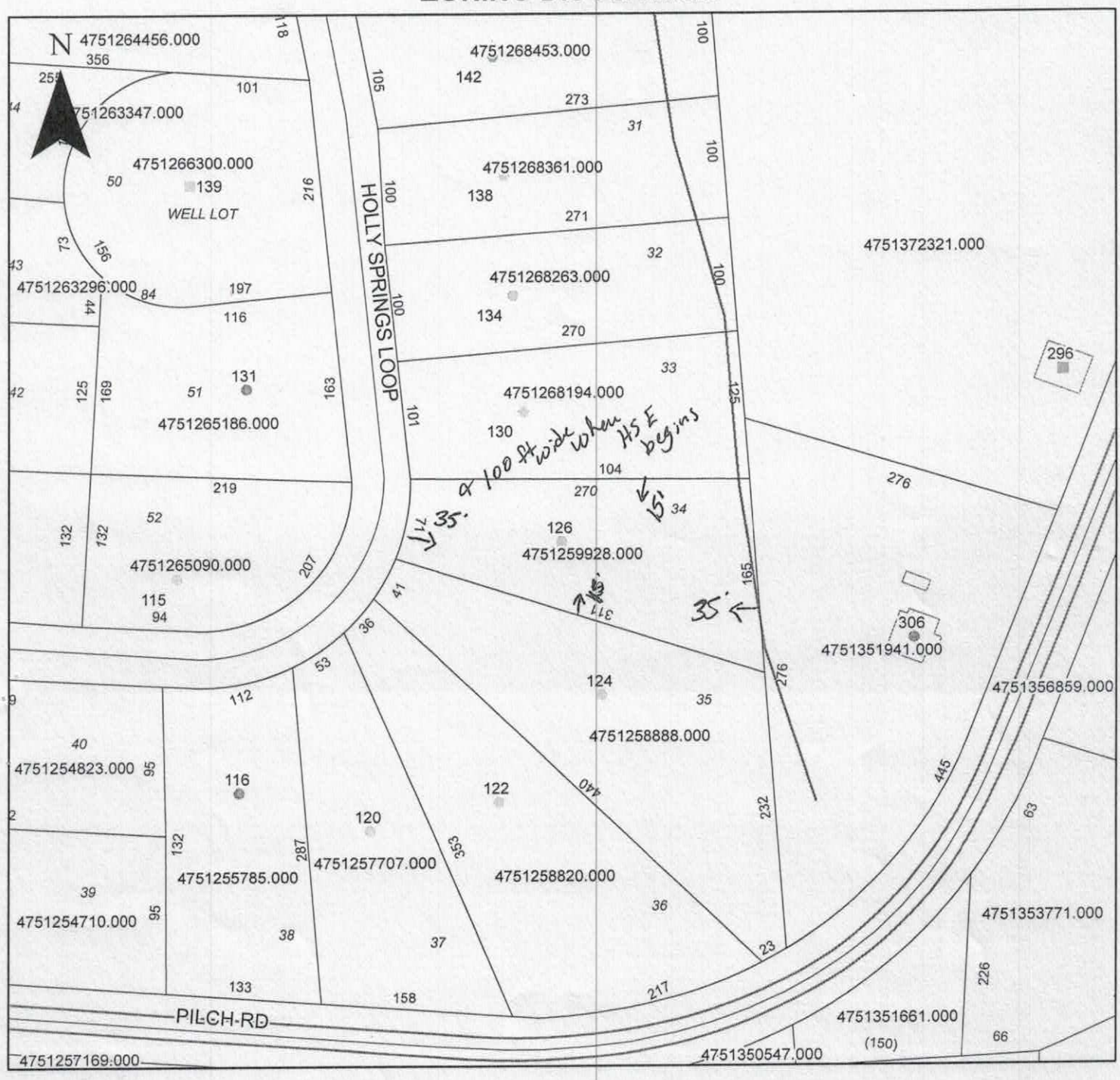
Date: 01/31/2020

Signature of Owner/Contractor

Permit Number	304624

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 126 Holly Springs Lp.

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

1/31/2020
Date