IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 224731

APPLICANT/OWNER: Pilch Acres LLC

APPLICANT ADDRESS: 15 Frowein Rd. Bldg G2, Center Morchie, NY

PIN # 4751-26-0094

SITE ADDRESS: 117 Windstone Dr. Troutman 28166

PHONE:

ALT. PHONE

SITE DIRECTIONS: Pilch, straight across C Stop Sign

SUBDIVISION: Windstone Crossing

SECTION: LOT # 4 LOT AREA: .62 AC

SAP CONTROLLED: Repair ☒ YES ☒ NO Initial

DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	7-1-17		
Pump Tank	1000 (gal)	PT	363	Date	7-21-17		
Pump Make	Gaulds	Model	PE 51 PT	Serial #			
# Nitrification Fields	1	# Lines	3	Linear Ft	300'		
Trench Width	36"	Trench Bottom Depth(Low side)	24-36"	Gravel Depth			

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM-25%

Repair System Description: 50%

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing

Comments / Conditions:

10/4/17 Checked tanks & lines
Set pressure

INITIAL SITE SKETCH

SEE PLAN FROM
MICHAEL ATHANAS
&
ASSOCIATES

AS BUILT SKETCH

Installed Quick 4

	Date	Initials
Drain Lines Checked	10/4/17	MD
Tanks Checked	10/4/17	MD
Pressure Manifold or Valve Box Checked	10/4/17	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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:

IMPROVEMENT PERMIT by: Date: 9/20/2017

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: SEP 19 2017

APPROVED Date: SEP 19 2017

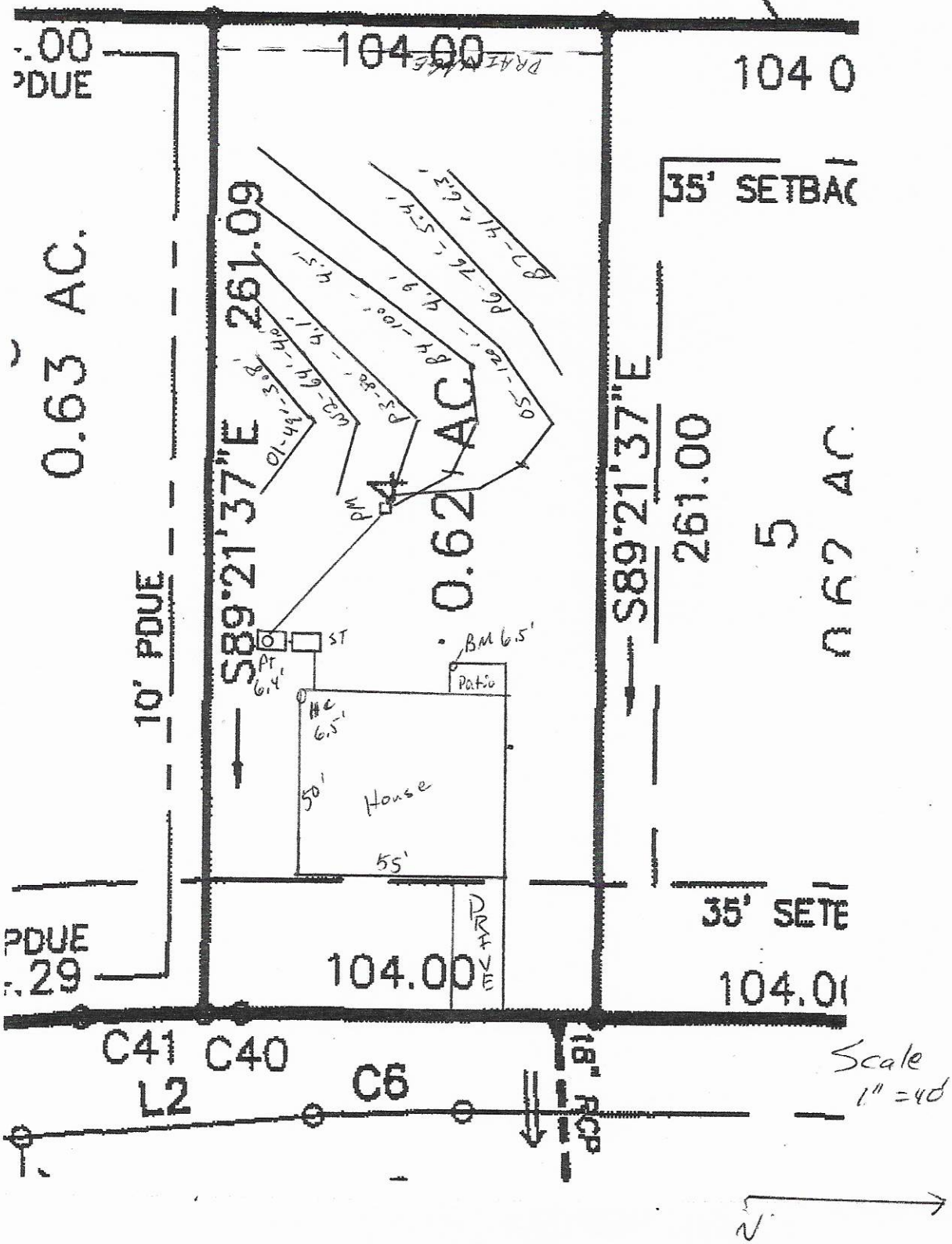
Installed by: Gunter Grading

OPERATION PERMIT by: Maria Dotson Date: 5-16-18

Existing System Inspected by: Date:

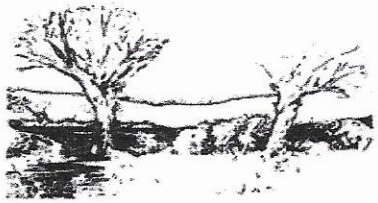
V G. WIGGINS
A T. WIGGINS
502/040

APPROVED SEP 19 2017
BA



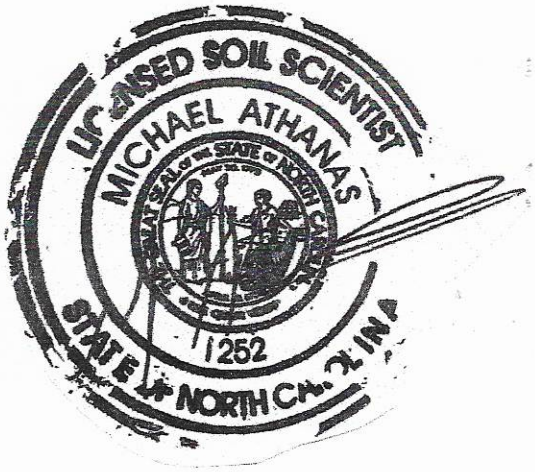
APPROVED SEP 19 2017

BA



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

Reference: Data Sheet for 117 Windstone Dr, Windstone Crossing Lot 4
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 1 @ 5.48 GPM, 1 @ 10.1 GPM
Tap Size and Material: 1 @ ½" SCH 80, 1 @ ¾" SCH 80
System Flow: 15.6 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 8.4 minutes
Elevation Head: 7.3'
Friction Head: 0.3'
Pressure Head: 2'
Total Dynamic Head: 9.6'
Supply Line Length: 50' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Orange 1		49'	3.8'
White 2		64'	4.0'
Pink 3	**80'**	**84'**	**4.1'**
Blue 4	**100'**	**108'**	**4.5'**
Orange 5	**120'**	**130'**	**4.9'**
Pink 6		76'	5.4'
Blue 7		41'	6.3'

Initial System: 300' **Repair System:** 230'
Pump Tank: 6.4' **House Corner:** 6.5'
Benchmark: 6.5' (corner of patio)

APPROVED SEP 19 2017

BA

Comments:

The purpose of this evaluation is to change the system from a gravity four bedroom to a pump three bedroom. The house pad was cut for a slab foundation.

The ½" SCH 80 tap will feed B4 (100'). The ¾" SCH 80 tap will feed P3 which will be connected to O5 (200' total).

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: Lot 4 Windstone Crossing; PID# 4751260094.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED MAR 15 2017
RA

OWNER: Pilch Acres Holding, LLC
ADDRESS: 15 Frowein Rd Bldg G2 Center Moriche, NY 11934
PROPOSED FACILITY: 4 Bedroom PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: Lot 4; Windstone Crossing; Windstone Drive

APPLICATION DATE
DATE EVALUATED: 12/2016
PROPERTY SIZE: 0.62 Acres
PROPERTY RECORDED: 12/15/2008

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	L 2-3%	0"-30"	R C SBK	SS SP FR SEXP		44"	Few to common saprolite inclusions 30"-44" PS	None	0.3
		30"-44"	R CL WSBK	SS SP FR SEXP					
		44"-48"	V SL Saprolite M	NS NP VFR NEXP					
AB 2	L 2-3%	0"-5"	R SCL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 38"-48" PS	None	0.3
		5"-38"	R C SBK	SS SP FR SEXP					
		38"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	LS 4%	0-20	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	0.3
		20-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 4%	0-20	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	0.3
		20-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1011 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED MAR 15 2017

PROPERTY ID #: WINDSTONE CROSSING 4_
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

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
AB 5	LS 4%	0-5	BrR CL WSBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		5-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
AB 6	LS 3%	0-36	RCmSBK	SS	—	48"	Few SAP	—	.3
		36-48	RCLmSBK	SS					

RECEIVED SEP 1 2 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH #224731

APPLICATION FORM Int. Relayout Paid $225.00

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 LLC **Address:** 15 Frowein Rd, Bldg G2, Center Morchie, NY **Zip:** 11934
Applicant Email: edbcbhomes@aol.com **Phone:** _____ **Alt. Phone:** _____
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 117 Windstone Dr
Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 4
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: Accepted

Please answer the following to the best of your ability:
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 9/12/2017
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 117 Windstone Dr Windstone Crossing 4, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas + Assoc., 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)	Date	Signature of Witness	Date
	9/12/2019		

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 *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

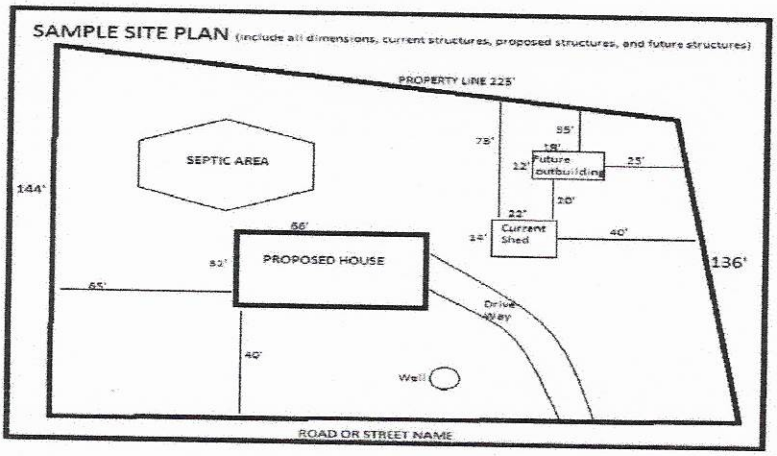
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached Site Plan

Signature: _____

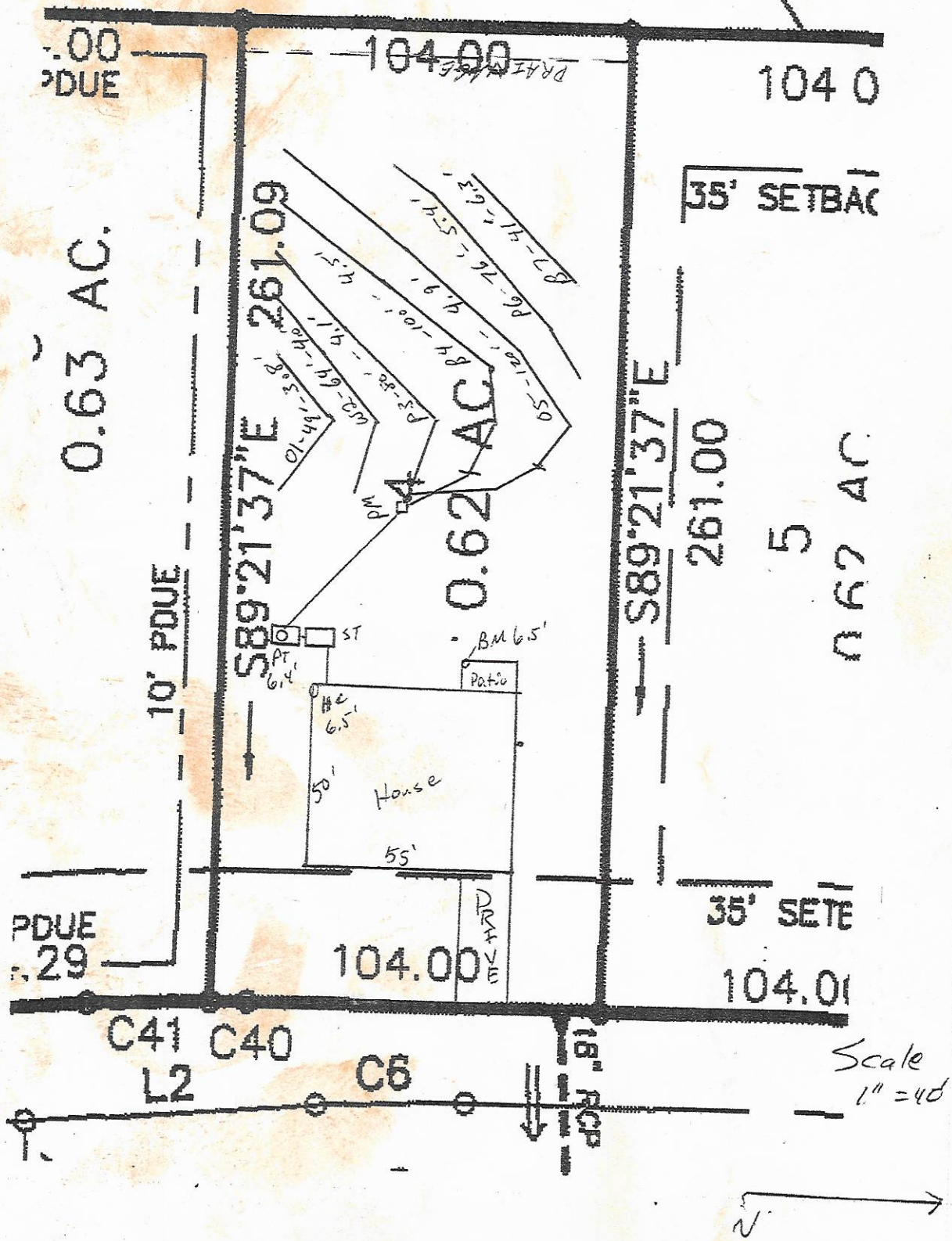
REQUIRED **property owner or owner's legal representative signature.**

9/12/2017

DATE

A T. WIGGINS
502/040

APPROVED SEP 19 2017

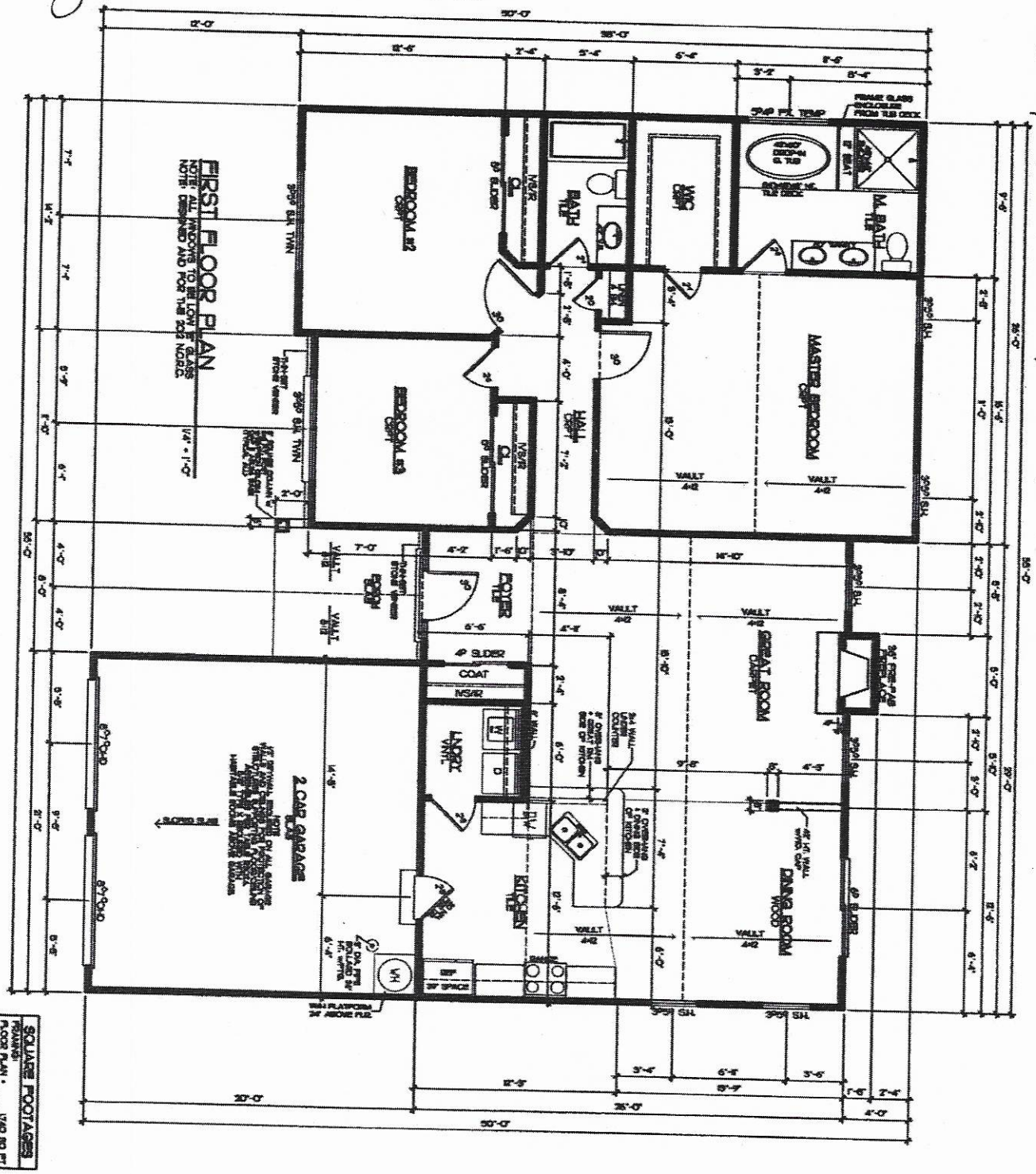


Acknowledgement of
Plans Submittal ONLY!

Date 6-7-17

Date APPROVED JUN 08 2017

Building 3 bedroom plan
installing 4 bedroom septic system.



3 SHEET	PLAN #PL	THE BAYPORT FLOOR PLAN	WINDSTONE ESTATES	