IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228358.

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

PIN # 4751260394.000.

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

SITE ADDRESS: 129 Windstone Drive Troutman NC 28166. PHONE: ~ ALT. PHONE Gary McNulty 704-310-1832.

SITE DIRECTIONS: Hwy 115 N TR Oswalt Amity TL Pilch Straight to Windstone Drive. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: - LOT # 7 LOT AREA: .62 DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760. Date 5/26.
Pump Tank 1000 (gal) PT 363. Date 12/28.
Pump Make Gorilla Model PESLM. Serial # .Stkp.
Nitrification Fields 1 # Lines 3 Linear Ft 300
Trench Width 36. Trench Bottom Depth(Low side) 33 Gravel Depth ~

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump 25% Reduction
Repair System Description: LP PPRPS 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☐ Public
☒ Community

Comments / Conditions: See site & System Design by Michael Athanas & Associates.

INITIAL SITE SKETCH

See Attached
Design by Michael
Athanas & Associates
dated June 21, 2018.

AS BUILT SKETCH

9:30

	Date	Initials
Drain Lines Checked	7/12.	SD
Tanks Checked	9/12	BB.
Pressure Manifold or Valve Box Checked	9/13	BB.
Pressure Head Set	9/13	BB
Electrical Checked	9/13	BB
Floats Set	9/13	BB
Alarm Checked	9/13	BB.
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**

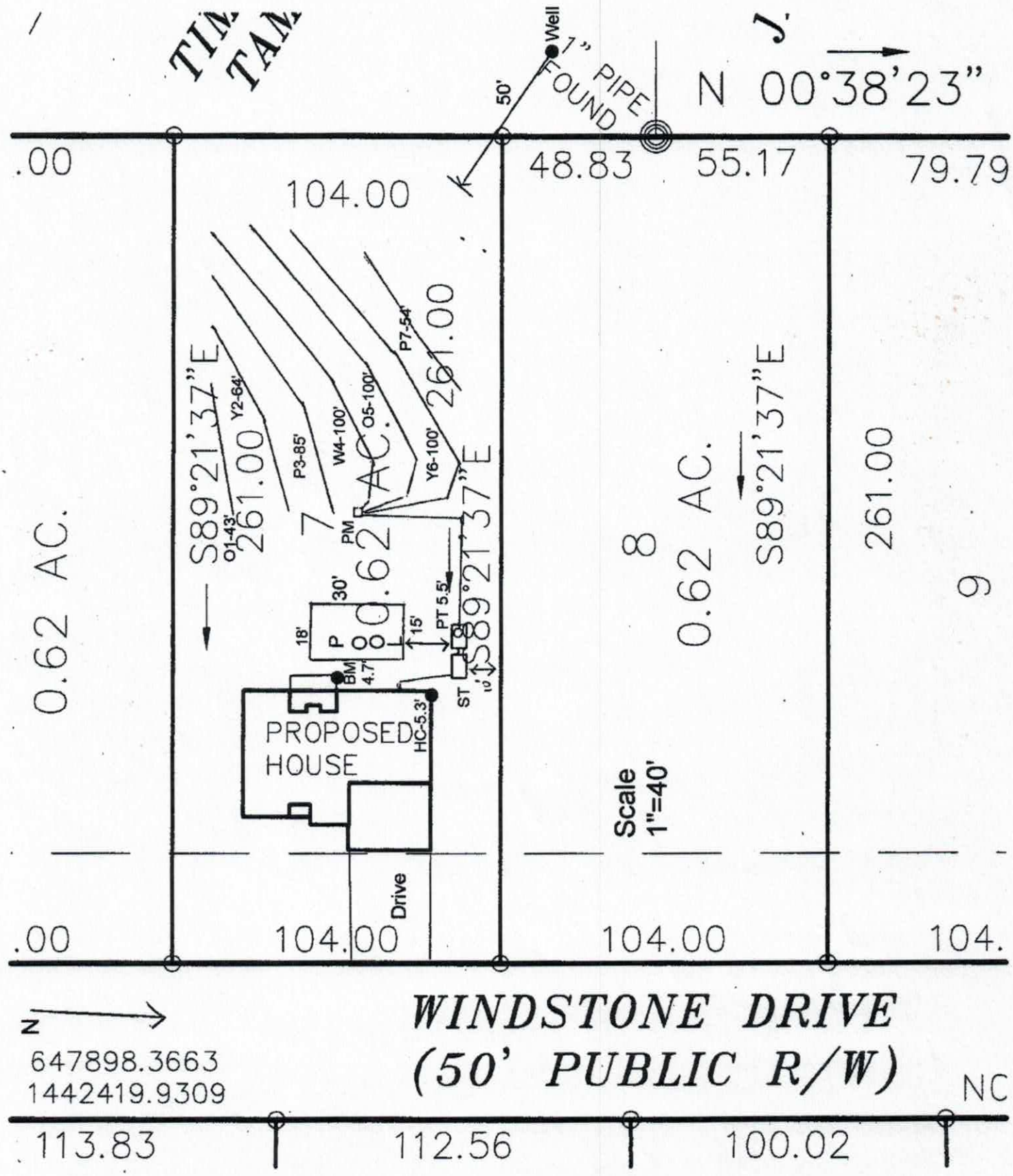
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7-3-18 Installed by: Gentle Grading

IMPROVEMENT PERMIT by: [signature] Date: 6/21/2018 OPERATION PERMIT by: Benjamin D. Bottoms Date: 9/13/18.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/21/2018 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.


Well
1" PIPE FOUND
50'
N 00°38'23"
.00
104.00
48.83
55.17
79.79
261.00
S89°21'37"E
261.00
0.62 AC.
7
0.62 AC.
8
0.62 AC.
9
261.00
S89°21'37"E
S89°21'37"E
01-43'
Y2-64'
P3-85'
W4-100'
O5-100'
Y6-100'
P7-54'
PM
30'
18'
P
15'
PT 5.5'
BM
4.7'
ST
10'
HC-5.3'
PROPOSED HOUSE
Drive
Scale 1"=40'
.00
104.00
104.00
104.
N
647898.3663
1442419.9309
WINDSTONE DRIVE
(50' PUBLIC R/W)
NC
113.83
112.56
100.02

228358

APPROVED JUN 21 2018

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

Reference: Data Sheet for 129 Windstone Dr, Windstone Crossing Lot 7
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 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: 7.11 GPM
Tap Size and Material: 3 @ ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 6.8'
Friction Head: 0.9'
Pressure Head: 2'
Total Dynamic Head: 9.7'
Supply Line Length: 65' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"

LICENSED SOIL SCIENTIST MICHAEL ATHANAS 1252 STATE OF NORTH CAROLINA

Line	Design Length	Actual Length	Elevation
Orange 1		43'	2.1'
Yellow 2		64'	2.8'
Pink 3		85'	3.4'
White 4	**100'**	**105'**	**3.7'**
Orange 5	**100'**	**107'**	**4.2'**
Yellow 6	**100'**	**109'**	**4.4'**
Pink 7		54'	5.1'

Initial System: 300' **Repair System:** 246'
Pump Tank: 5.5' **House Corner:** 5.3'
Benchmark: 4.7' (corner of patio)

Comments:
This system is being adjusted to a three bedroom system and to make room for a pool.

Paid $225.00 6/20/18
22858
Paid $625.00 Web 6/29

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: edbcbhomes@aol.com Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 129 Windstone Dr
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 7
Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Concrete Slab Foundation
( ) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____ 6/19/2018
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 Belanga, am the legal owner(s) of the property located at 129 Windstone Dr. Windstone Crossing Lot 7, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) MTB Faulkenberry 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
	6/8/17	Joan Dalgliesh	6/8/17

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

Acknowledgement of Plans Submittal ONLY!

Date 3-23-18

Date 4/5/18

3		THE MEADOW FIRST FLOOR PLAN	WINDSTONE ESTATES	

IREDELL COUNTY

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

APPLICATION NUMBER
228358
Issue Date: 06/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751260394.000	129 WINDSTONE DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: PILCH ACRES HOLDING LL
Address: 423 IREDELL CO, NC 28625	Address: 423 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	35.00	35.00	15.00	15.00	NO	X

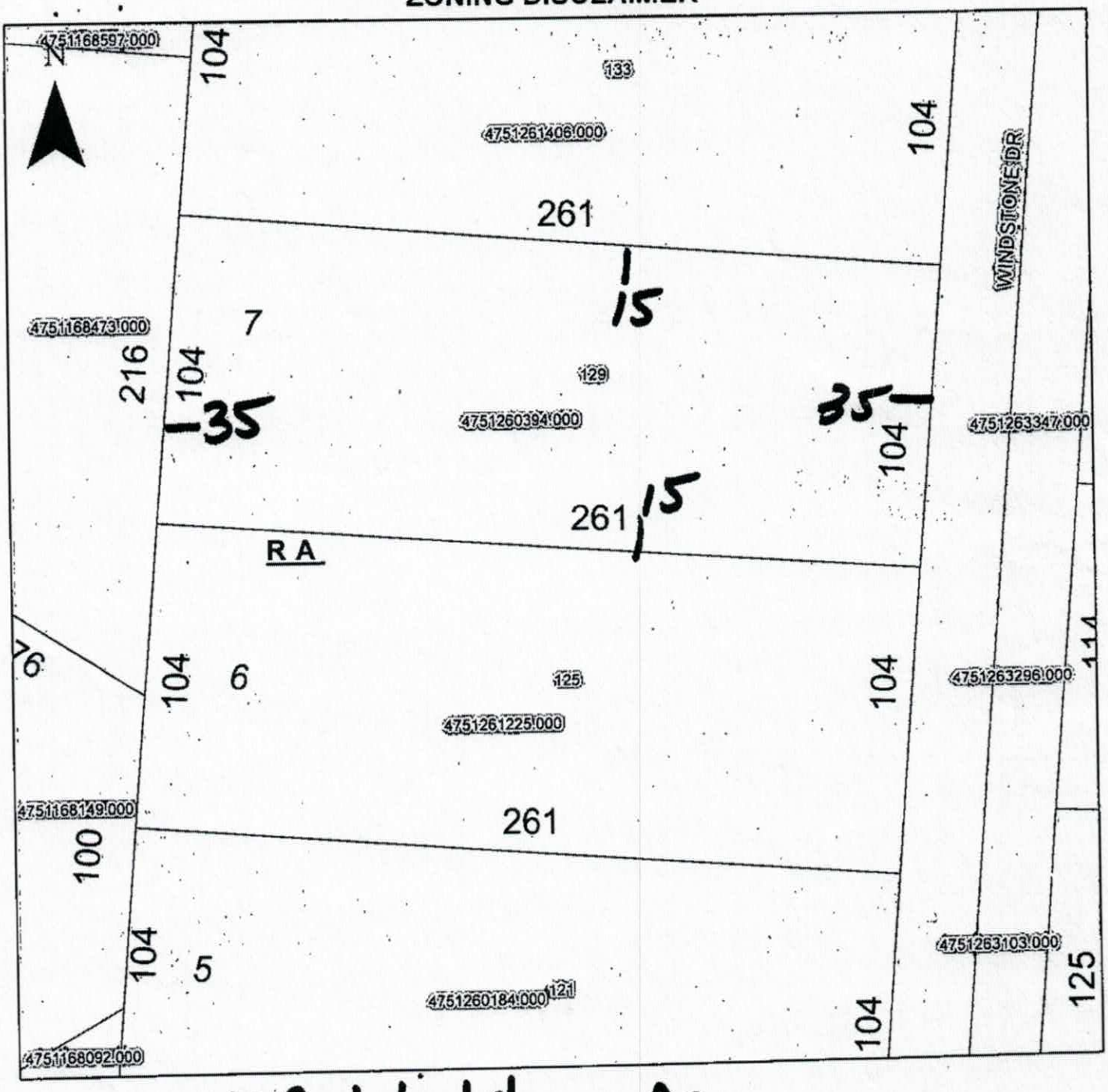
Remarks:

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	107855	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 129 Windstone Dr.

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