IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228339

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

PIN # 4751261406

APPLICANT/OWNER: Pilch Acres APPLICANT ADDRESS: 15 Frowein Rd, STE G2, Center Moriches, NY

SITE ADDRESS: 133 Windstone Dr, Troutman 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: 77 exit 45 TL → R on Pilch → R on Windstone → on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: - LOT # 8 LOT AREA: .162ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	6-23-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	1000	(gal)	PT	3603	Date	9-23-18	System Description:			25% reduction		☐ Business	No. Persons	10	☐ Private		
Pump Make	Cowbs	Model	1HP/115 .5HP		Serial #	PESIN	Repair System Description:			50% reduction		☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	3		Linear Ft.	300	Maintenance Agreement Required:		☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☒ Community		
Trench Width	36"	Trench Bottom Depth(Low side)	30"		Gravel Depth	—			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Maintain 50' offset from neighbors well.
Do not drive, pave, or grade drainfield area.

Top Size - 1½" SCH40
Tank Gpm
Dosing Volume - 131.3gal

AS BUILT SKETCH ?

INITIAL SITE SKETCH

See attached design by Michael Athanas Associates LSS 1252

See layout for line length changes per Kayla Wilson.

	Date	Initials
Drain Lines Checked	10/30	KW
Tanks Checked	10/30	KW
Pressure Manifold or Valve Box Checked	10/30	KW
Pressure Head Set		
Electrical Checked	12-15-19	GB
Floats Set	2-15-19	GB
Alarm Checked	2-15-19	GB
Maintenance Contract Y / N	—	—

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: 10-16-18 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Carla C. Cave Date: 10/15/18 OPERATION PERMIT by: [signature] Date: 2-15-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 10/15/18 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 inspector to confirm your inspection time.

WINDSTONE DRIVE
(50' PUBLIC R/W)
NOC
112.56
100.02
104.00
Drive
4.00
104.0
PROPOSED
HC-6.7
60'
50'
S89°21'37"E
0.62 AC.
261.00
4.00
8
9
0.62 AC.
0.62 AC.
261.00
Scale
1"=40'
S89°21'37"E
B1-44'-3.4'
O2-68'-3.8'
Y3-86'-4.2'
P4-102'-4.6'
B5-100'-4.9'
O6-100'-5.4'
P7-100'-5.5'
102'
98'
PM-6.2'
4.00
83
55.17
79.79
BM-6.3'
7" PIPE FOUND
N 00°38'23" E
N



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

Reference: Data Sheet for 133 Windstone Dr, Windstone Crossing lot 8

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/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
System Flow: 21.33 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 6.3'
Friction Head: 1.8'
Pressure Head: 2'
Total Dynamic Head: 10.1'
Supply Line Length: 140' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Blue 1		44'	3.4'
Orange 2		68'	3.8'
Yellow 3		84'	4.2'
Pink 4		102'	4.6'
Blue 5	**100'**	**114'**	**4.9'**
Orange 6	**100'**	**128'**	**5.4'**
Pink 7	**100'**	**128'**	**5.5'**

Initial System: 300' **Repair System:** 298'
Pump Tank: 6.2' **House Corner:** 6.7'
Benchmark: 6.3' (top of iron)

$225.00 #228339

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: 133 Windstone Dr

Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 8

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: _____ 10/4/2018
(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 Belanger, am the legal owner(s) of the property located at 133 Windstone Dr, Windstone Crossing Lot 8, identified as PIN (Parcel Identification Number) 4751261406, 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.

	10/4/2018		
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

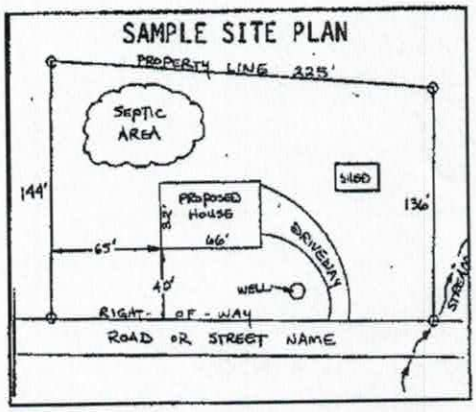
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

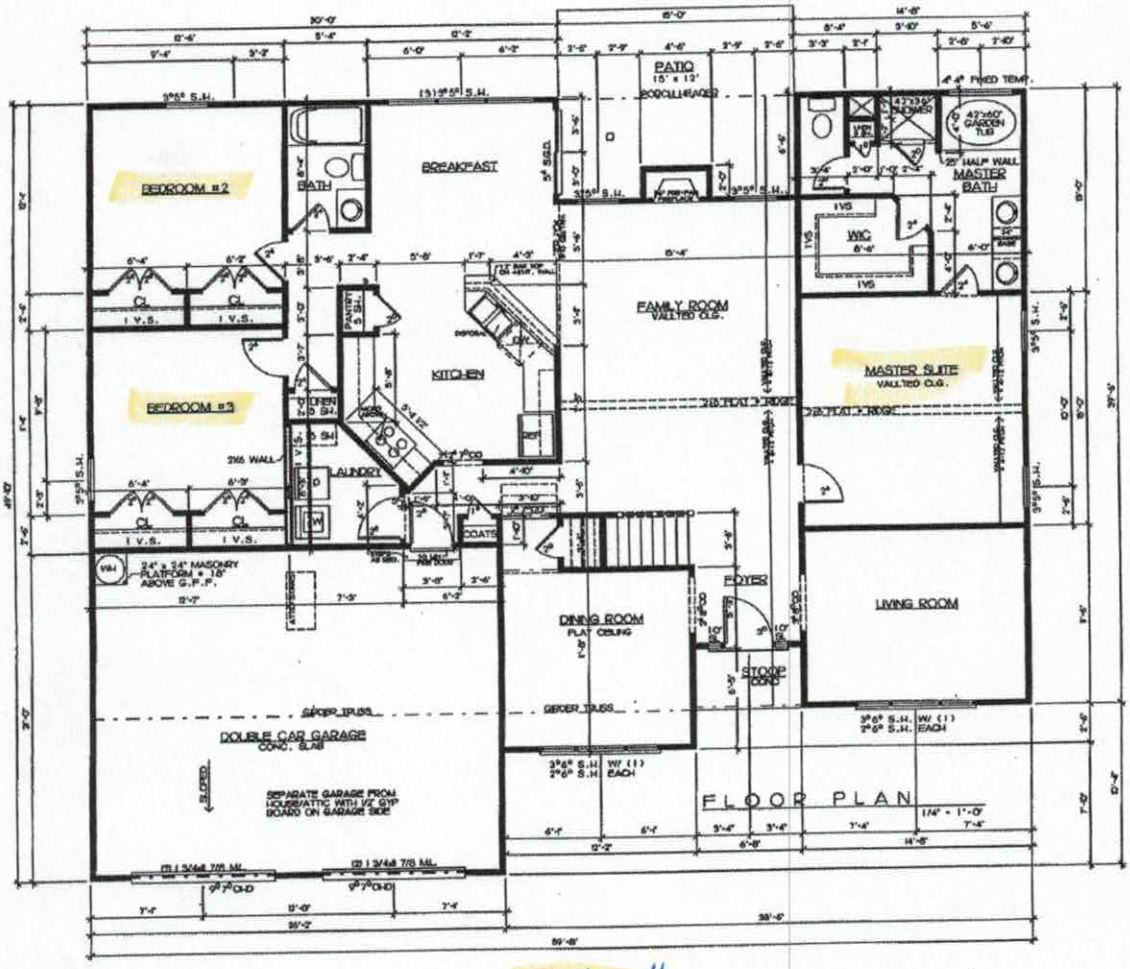
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 10/4/2018

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

N
1" PIPE FOUND
BM-6.3'
N 00°38'23" E
48.83
55.17
79.79
4.00
261.00
0.62 AC.
S89°21'37"E
PM
B1-44'-3.4'
O2-68'-3.8'
Y3-86'-4.2'
P4-102'-4.6'
B5-100'-4.9'
O6-100'-5.4'
P7-100'-5.5'
S89°21'37"E
8
0.62 AC.
9
0.62 AC.
261.00
Scale 1"=40'
ST
PT-6.2'
HC-6.7'
50'
60'
Drive
104.00
104.0
WINDSTONE DRIVE
(50' PUBLIC R/W)
NOC
112.56
100.02



49'10"

59'8"

SQUARE FOOTAGES	
FLOOR PLAN:	1,926 sq ft
GARAGE:	540 sq ft
REAR PORCH:	96 sq ft
FRONT PORCH:	76 sq ft
TOTAL SF:	2638 sq ft

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

THE BROOKVILLE
1ST FLOOR (2-STORY)

Dr. by: BRIAN G.
Date: 06-06-08

BROOKVILLE-1FL
Sheet: 3a

Acknowledgement Of Plans Submittal ONLY!

Acknowledgement Of Plans Submittal ONLY!

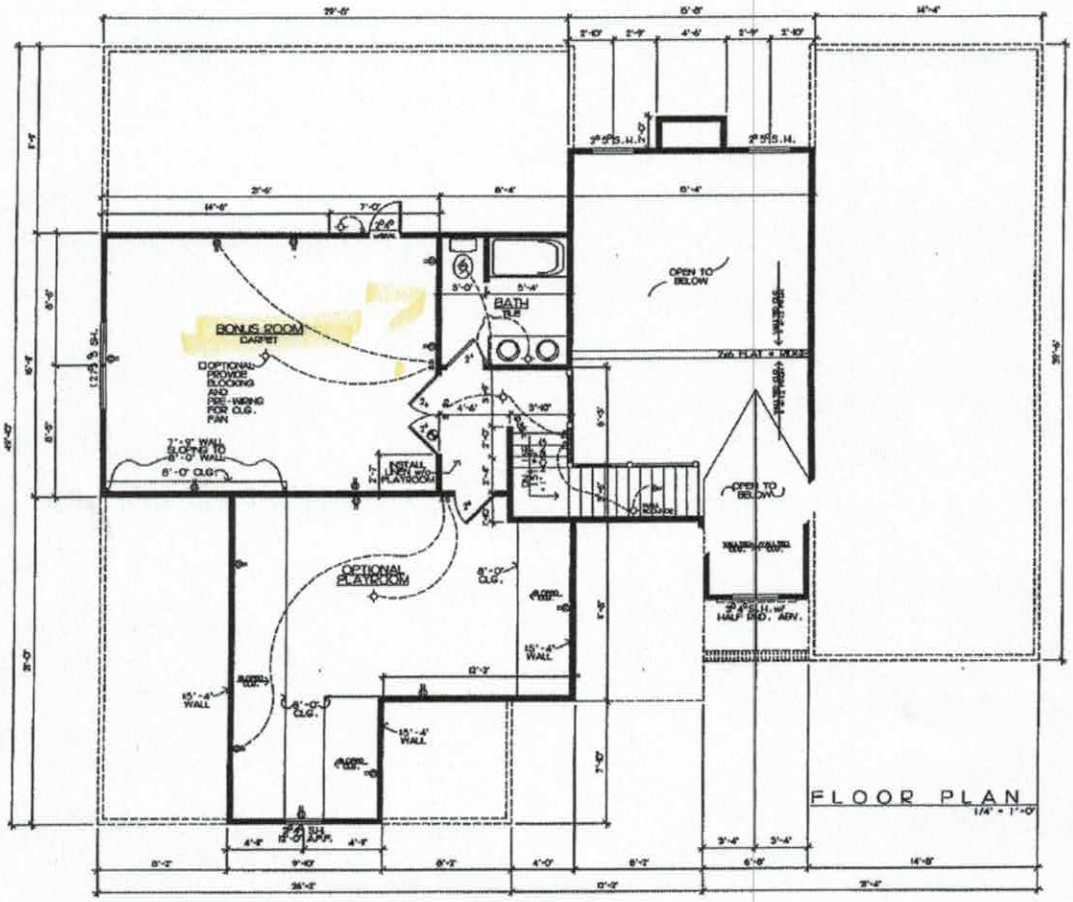
Date

Date

Acknowledgement Of Plans Submittal ONLY!

Carlen Cave Date 8/21/17

WM Faulk Date 8-13-18



ELECTRICAL LEGEND

- 110V RECEPTACLE
- 110V SWITCHED OUTLET
- 220V RECEPTACLE
- 110V RECEPTACLE (WATER PROOF)
- LIGHT FIXTURE
- RECESSED LIGHT FIXTURE
- 3' FLUORESCENT LIGHT FIXTURE
- TELEPHONE OUTLET
- LIGHT SWITCH
- 3-WAY LIGHT SWITCH
- EXHAUST FAN
- SMOKE DETECTOR
- CEILING FAN

NOTE: SMOKE DETECTORS TO BE INTERCONNECTED PER RC CODE

SQUARE FOOTAGES

BONUS ROOM	
BATH	492 sq ft
OPT. PLAYROOM	373 sq ft
TOTAL 2ND	865 sq ft

THE BROOKVILLE
2ND FLOOR OPTION

Date 06-06-06

BROOKVILLE-2FL

Sheet 3b

Acknowledgement Of
Plans Submittal ONLY!

Date 8-13-18

Date

IREDELL COUNTY

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

APPLICATION NUMBER
228339
Issue Date: 06/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751261406.000	133 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

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	107798	TOTAL FEES:	$ 77.25