L COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228345

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4751261535

/OWNER: Pilch Access Holding LLC APPLICANT ADDRESS: 15 Fountain Rd, STE 62 Centre Moriches NY 11934

SITE ADDRESS: 137 Windstone Drive Troutman, NC 28166 PHONE: ~ ALT. PHONE Gary McNeely 704-310-1852

SITE DIRECTIONS: Hwy 115 N TR Ostwalt Amity Tr. Ditch Straight to Windstone Drive SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: ~ LOT # 9 LOT AREA: .62 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 7-27-18 | ☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI | ☑ Residence No. Bedrooms 3 | Water Supply

Pump Tank 1000 (gal) PT 363 Date 7-27-18 | System Description: Pressure Manifold, 25% Reduction | ☐ Business No. Persons 6 | ☐ Private

Pump Make ____ Model ____ Serial # ____ | Repair System Description: PPBPS | ☐ 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) 24-36 Gravel Depth ~ | ☐ GRAVITY ☒ PRESSURE | ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: See attached Site plan and Spec Sheet

INITIAL SITE SKETCH

See Site plan and Spec Sheet from Michael A Thanas + Assoc. Licensed Soil Scientist Lss # 1252

AS BUILT SKETCH

9/28/18 1000 gal Short mid stream tank, 1000 gal top stream pump tank (Short).

House

S.T.

P.T.

80'

110'

110'

12/31/18: Alarm OK
Breakers OK
☆ Control Panel needs raising [12" above grade]
☆ Riser NOT water-tight [@ control panel wire entry]
- 2' of pressure manif set [15" of tether for on/off float]
- ST + PT full of surface water (sewer line left open)
☆ Require pumping ☆

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

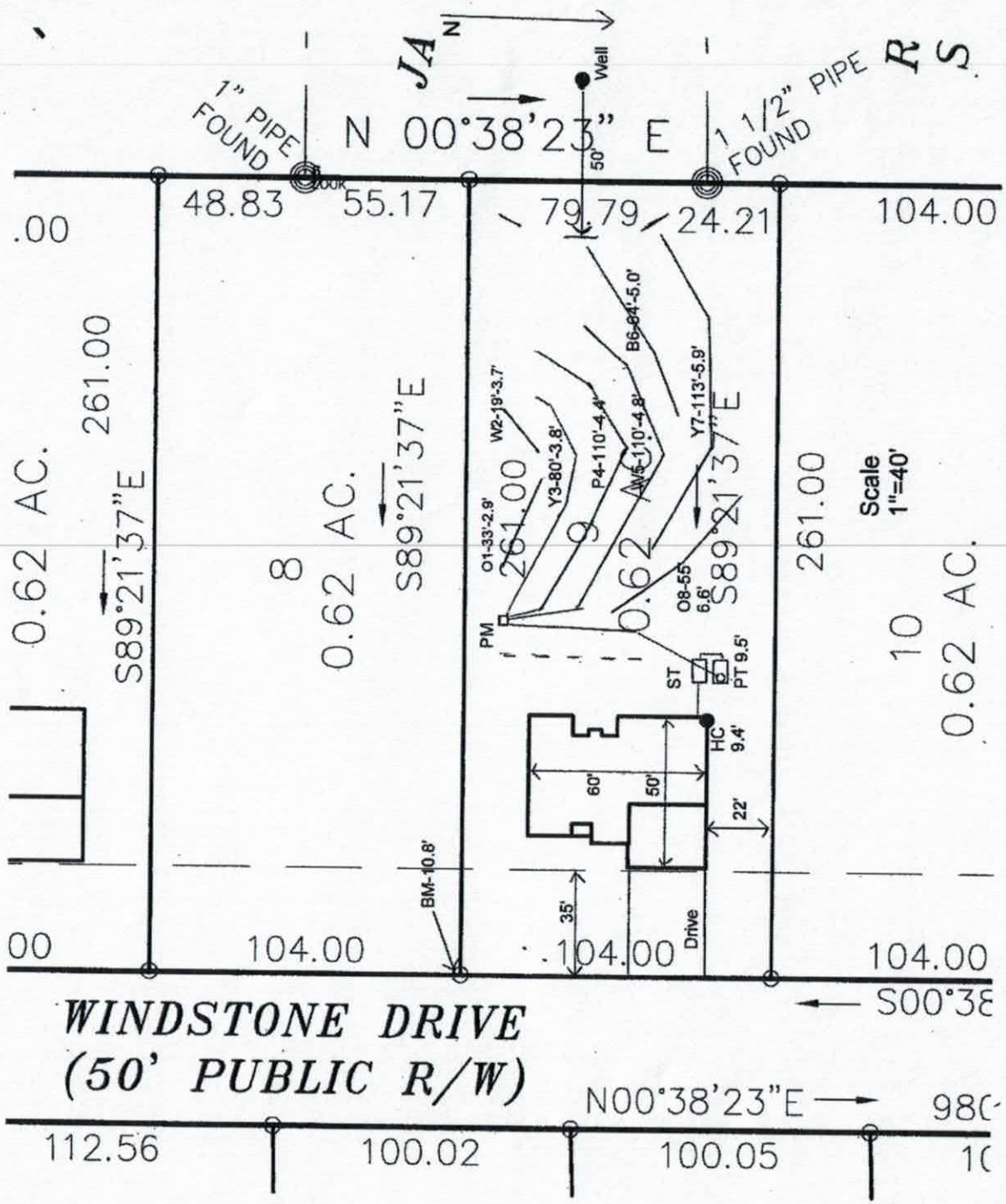
☐ IMPROVEMENT PERMIT with plat valid without expiration ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 8-9-18 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 8/7/2018. OPERATION PERMIT by: Benjamin A. Bolton Date: 1/4/2019.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 8/7/2018 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 inspector to confirm your inspection time.


N 00°38'23" E
1" PIPE FOUND
1 1/2" PIPE FOUND
Well
48.83
55.17
79.79
24.21
104.00
261.00
0.62 AC.
S89°21'37"E
8
9
10
Scale 1"=40'
O1-33'-2.9'
W2-19'-3.7'
Y3-80'-3.8'
P4-110'-4.4'
M5-110'-4.8'
B6-64'-5.0'
Y7-113'-5.9'
O8-55 6.6'
PM
ST
PT 9.5'
HC 9.4'
60'
50'
22'
35'
Drive
BM-10.8'
104.00
WINDSTONE DRIVE
(50' PUBLIC R/W)
N00°38'23"E
112.56
100.02
100.05

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

Reference: Data Sheet for 137 Windstone Dr, Windstone Crossing Lot 9
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Predetermined LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 1 @ 5.48 GPM, 2 @ 7.11 GPM
Tap Size and Material: 1 @ ½" SCH 80, 2 @ ½" SCH 40
System Flow: 19.7 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6.7 minutes
Elevation Head: 10.7'
Friction Head: 0.7'
Pressure Head: 2'
Total Dynamic Head: 13.4'
Supply Line Length: 75' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Orange 1		33'	2.9'
White 2		19'	3.7'
Yellow 3	**80'**	**92'**	**3.8' (1/2" SCH 80)**
Pink 4	**110'**	**120'**	**4.1' (1/2" SCH 40)**
White 5	**110'**	**145'**	**4.8' (1/2" SCH 40)**
Blue 6		64'	5.0'
Yellow 7		113'	5.9'
Orange 8		55'	6.6'

Initial System: 300' **Repair System:** 284'
Pump Tank: 9.5' **House Corner:** 9.4' **Benchmark:** 10.8'



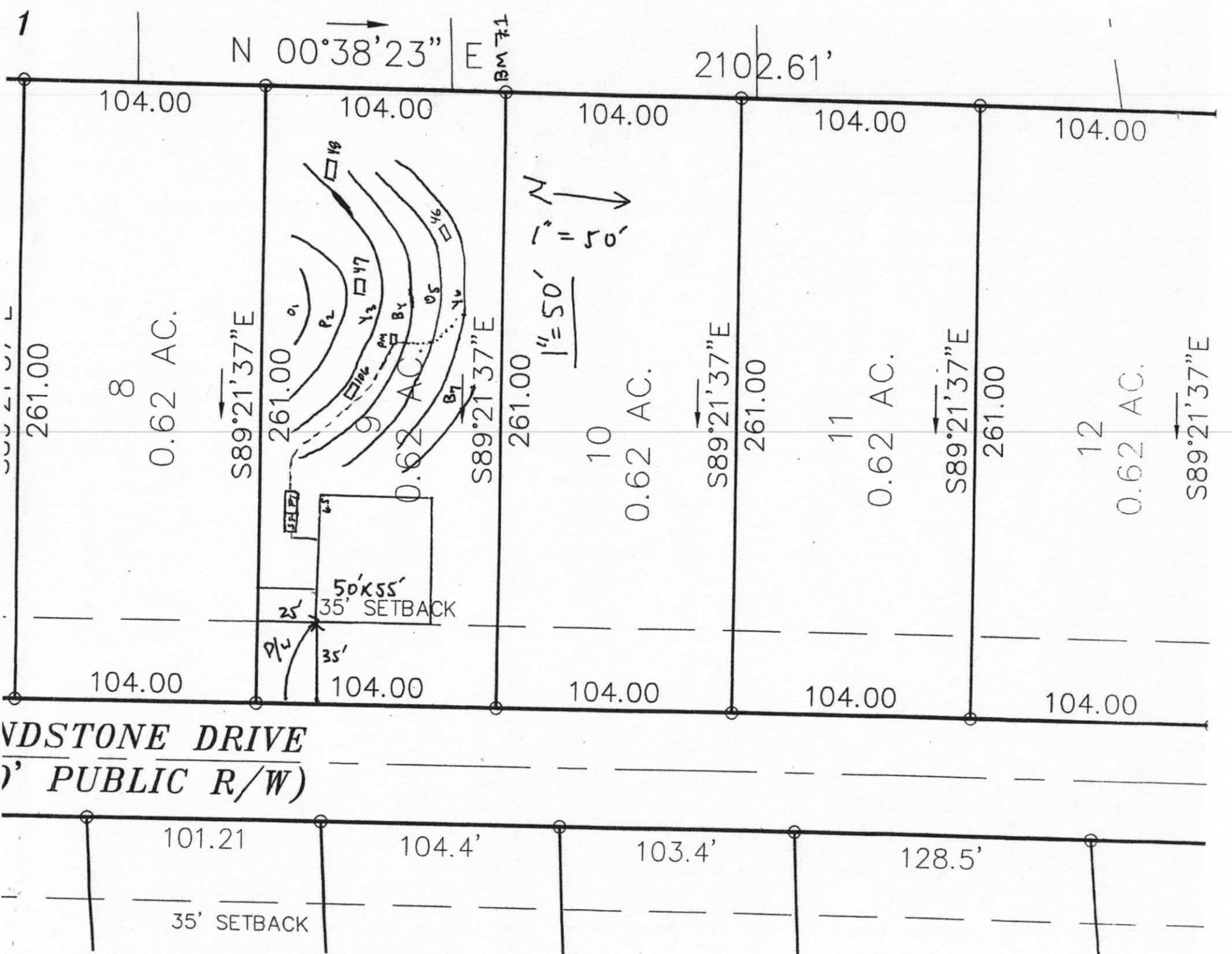
MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

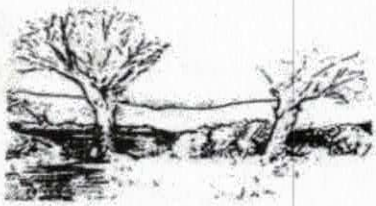
Paramount Woods S.D Lot 9

Number of Bedrooms: **4/480gpd**
Proposed LTAR: **.3gpd/ft2**
Water Source: **Community Well**
Building Footprint: **50'x55'**
Proposed Initial System Type: **Center-feed (6x67'), Innovative / 25% Reduction**
Proposed Repair System: **LP PPBPS**
Distribution Method: **Pressure Manifold**
Pressure Head: **2'**
Flow per Tap: **5.48gpm**
Hole Size & Material: **½" Taps, SCH. 80**
System Flow: **32.88gpm**
Dosing Volume: **183gal**
Pump Run Time: **5.56min**
Elevation Head: **8.10**
Friction Head:**1.54**
Total Dynamic Head: **13.97 (w/20%)**

Line	Length	Elevation
Orange1	30'	2.6
Pink2	80'	2.8
Yellow3	130'	3.4
Blue4	**140'**	**4.3**
Orange5	**140'**	**5.0**
Yellow6	**140'**	**5.9**
Blue7	55'	6.7

House Corner: **6.5**
Septic Tank: **5.4**
Bench Mark: **7.1 (Back Right Crn.)**
Initial System: **Blue4-Yellow6, (6x67')**
Repair System: Orange1-Yellow3 & Blue7, (295' linear feet)


1
N 00°38'23" E
BM 71
2102.61'
104.00
104.00
104.00
104.00
104.00
1" = 50'
1" = 50'
N
261.00
8
0.62 AC.
S89°21'37"E
261.00
9
0.62 AC.
S89°21'37"E
261.00
10
0.62 AC.
S89°21'37"E
261.00
11
0.62 AC.
S89°21'37"E
261.00
12
0.62 AC.
S89°21'37"E
50'X55'
35' SETBACK
25'
35'
104.00
104.00
104.00
104.00
104.00
NDSTONE DRIVE
0' PUBLIC R/W)
101.21
104.4'
103.4'
128.5'
35' SETBACK



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

Reference: Data Sheet for Windstone Crossing, Lot 9
House Footprint: 60' x 60'
Required Minimum Building Setbacks: 35' front, 15' side
Water Source: Public, community well
Number of Bedrooms/Daily design flow: 4/480gpd
LTAR for Initial System: 0.3 GPD/FT2 **LTAR for Repair System:** .3 GPD/FT2
Proposed System Type: Pumped 50% Reduction
Proposed Repair System Type: Pumped 50% reduction
Initial Distribution: PM to center fed PPBPS laterals
Septic Tank Size & Pump Tank Size: 1000 gallons minimum each
Maximum Trench Bottom Depth: 32"

Line	Design Length	Actual Length
White1		31'
Blue 2		90'
Pink 3	130'	130'
Red 4	140'	140'
Blue 5		85'
White 6	—	75'
Totals	270'	549'

Estimated unflagged repair footage: 160'+ below B5 lateral

Comments:
Maintain at least 50' from well to rear of this lot. Keep system laterals shallow.

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

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

OWNER: ___ APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: 6-6-17
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ___
LOCATION OF SITE: Lot 9 Windstone Crossing 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) .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
9-1 1	Aft 2% S	0-6	wksbk scl	fr sssp	none obs	48"	NA	none obs	e3
		6-48	m-wksbk cl	fr sss p Sexp					
			few yellow mottles + Smp inc 45"+						
9-2 2	Aft 4% S	0-4	wksbk cl	fr sssp Sexp	none obs	48"	NA	none obs	o3
		4-16	Sbk c	fr sssp Sexp					
		16-48	wksbk cl	fr sss p					
9-3 3	Pit 4% S	0-4	Compacted cl		none obs	62"	NA	none obs	o3
		4-32	m fsbk c	fr sss p Sexp					
		32-62	wksbk cl	fr sss p					
9-4 4	Pit 5% S	0-4	cl		none obs	44"	S >44"	none obs	o3 @ ≤ 44"
		4-24	Sbk cl/cl	fr sss p Sexp					
		24-44	wksbk cl	fr sss p					
		44-56	stlem LSap	fr ss-ns, np					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	PM CF PPBPS	PM/LP PPBPS
Site LTAR	o3	o3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [signature]
OTHER(S) PRESENT: ___

COMMENTS: 32" MAX trench bottom

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

PROPERTY ID #:

DATE OF EVALUATION: 6-6-17

COUNTY: IREDELL

Lot 9 Windstone Crossing - Continued

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
9-5	Pit end of pit described band of SAP cutting factors pit 4% S	0-4	CL		none obs	44"	appears ≤ 44"	none obs	.03 @ ≤ 44"
		4-32	SBK C/CL	FRSSSPSAP					
		32-44	WK SBK CL	FRSSSP					
		44-54	STRES LSAP	FRSS-NS NP					
9-6	Pit 2% S	0-7	CL		none obs	44"	appears ≤ 44"+	none obs	.03 @ ≤ 44"
		4-23	SBK C/CL	FRSSSPSAP					
		23-44	WKSBK CL	FRSSSP					
		44-55	WKSBK-STRES LSAP	FRSS NP					

COMMENTS:

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Pilch Acres _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 137 windstream Lot 9. 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	
1	LSS 5-10%	0-4	scl sbk		2.5YR4/6		mica.		PS .3
		4-37	c sbk		2.5YR4/8				
		37-55	cl wsbk		2.5YR4/8				
2		0-29	c						PS .3
		29-50	cl						
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: 3r

#228345 Int. Redraw $225.00

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: 137 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 9

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: _____ 8/1/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUL 11 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

AC w/Inspection

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

****

228345

2. 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 check ( ) beside whichever is submitted if applicable ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mike Faulkenberry	15 Froewin Rd Suite G2 Center Moriches, NY 11934	980-722-7370	same
Ed Belanger (Owner Name)	SAME	631-831-1461	631-580-1475

****

4. **Property Information:**

137 Windstone Dr. (Street Address) | Windstone Crossing (Subdivision Name) | Phase 1 Lot 9 (Section/Phase and Lot Number)

Driving Directions: I 77 S to exit 45 TL Amity Hill TR Pilch/Pear Tree TR Windstone Dr. on left

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence — Maximum Number of Bedrooms ~~4~~ 5 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — (✓) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

IF Non- Residential Site Development: Type of Business _____

Square Footage of Building _____

Maximum Number of Employees _____

Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?

( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?

( ) Yes (X) 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.

9. Signature: _____ 7-11-18

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 _____, 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.

	6/8/17	Joan DeAgustini	6/8/17
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 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:

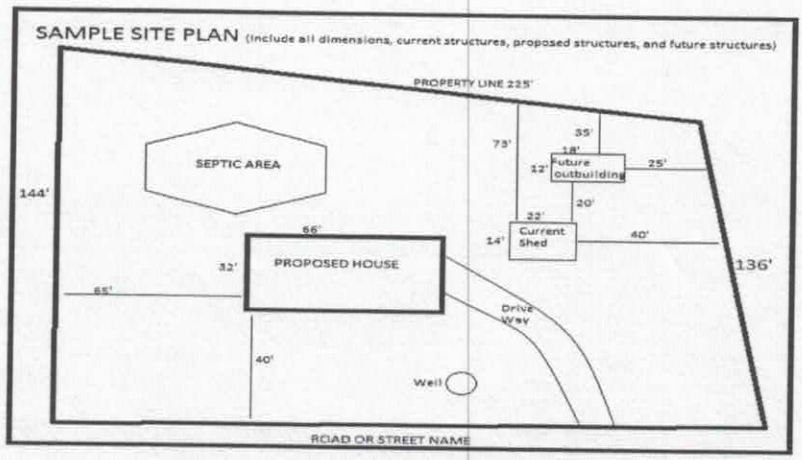
- ✓ **Property Line measurements are clearly identified…**
- ____ **All proposed structures are indicated…**

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…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **Preferred driveway location and configuration, preferred well 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**

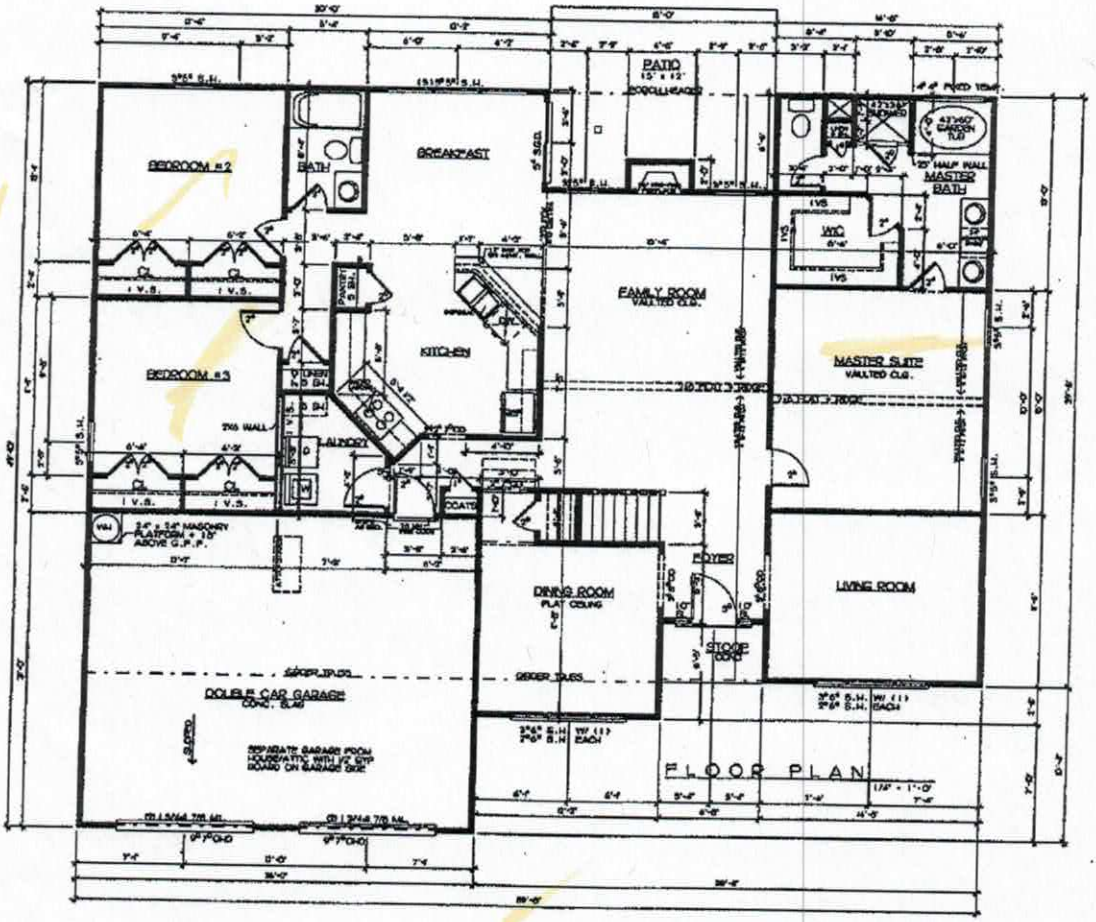


USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan by Michael Athanas & Assoc.

Signature: _____ 7-11-18

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



SQUARE FOOTAGES

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

THE BROOKVILLE

1ST FLOOR (2-STORY)

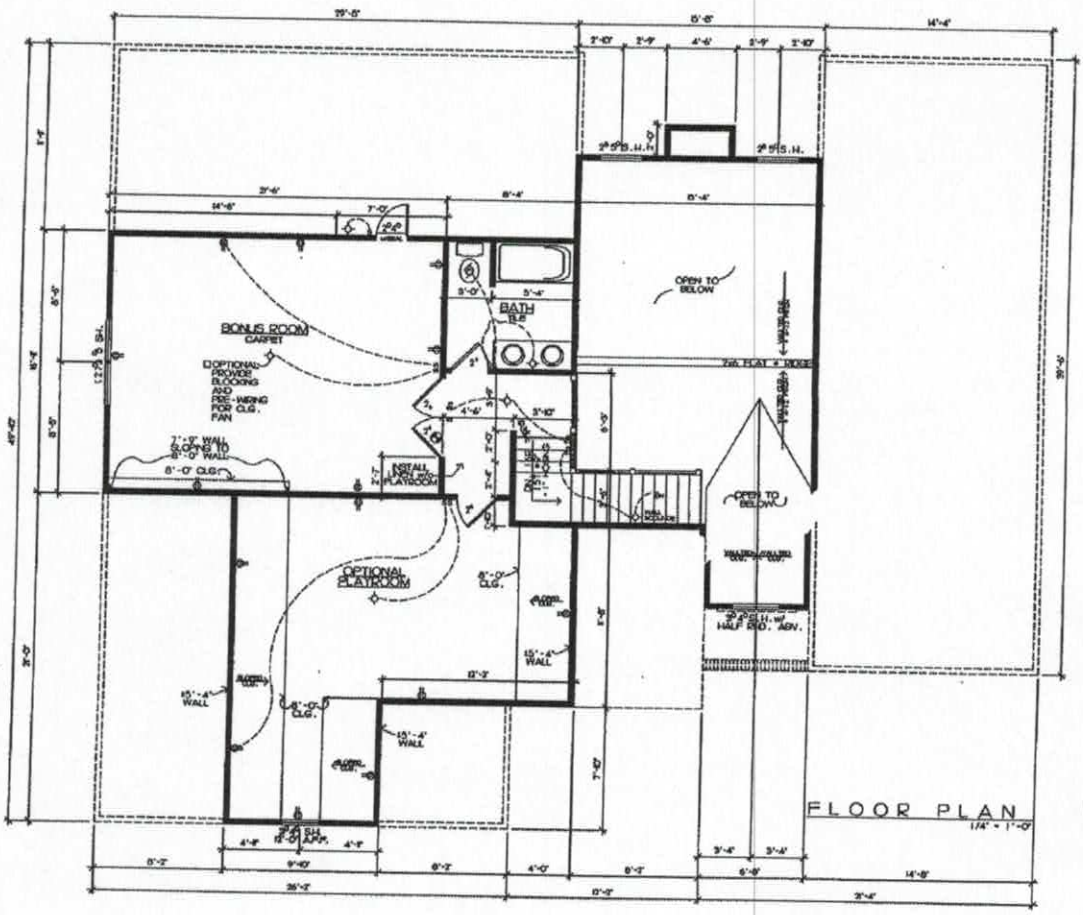
3a

Note ; plan will be reversed

Acknowledgement Of Plans Submittal ONLY!

Benjamin Butler Date 8/7/18.

Wm Fulbright Date 8/7/18



ELECTRICAL LEGEND

- 110V RECEPTACLE
- 110V SWITCHED OUTLET
- 220V RECEPTACLE
- 110V RECEPTACLE (WATER PROOF)
- LIGHT FIXTURE
- RECESSED LIGHT FIXTURE
- 2' 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

BRIAN S.
06-06-05

BROOKVILLE-2FL

Sheet
3b

Acknowledgement Of Plans Submittal ONLY!

Date 7-11-18

IREDELL COUNTY

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

APPLICATION NUMBER
228345
Issue Date: 06/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751261535.000	137 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

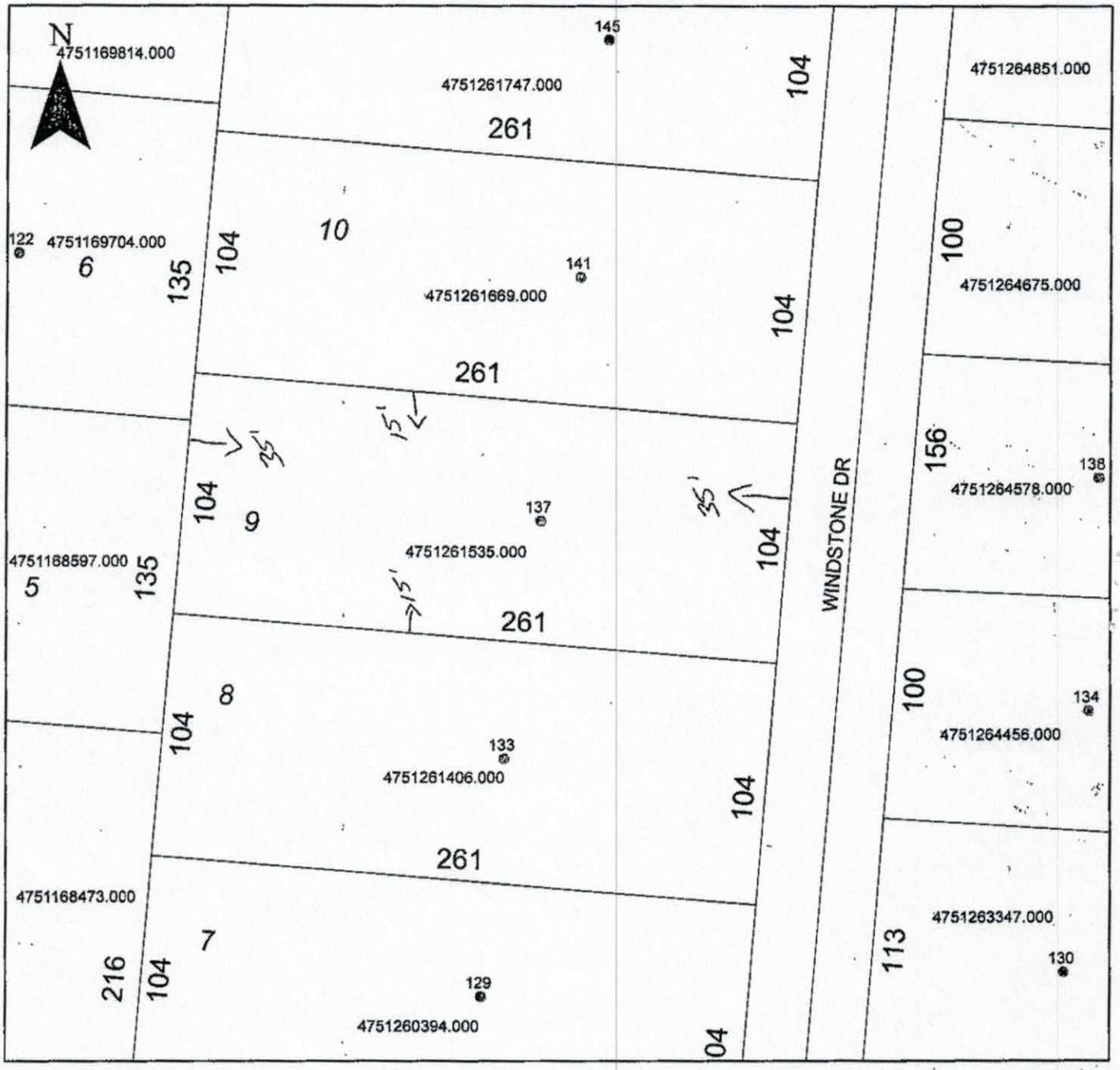
Remarks:

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	107799	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 137 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.

_____ _____

Date