ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 241589

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

PIN # 4751261669

APPLICANT/OWNER: Mike Faulkenberry | APPLICANT ADDRESS: 15 Frowein Rd Ste G-2 Center Moriches, NY

SITE ADDRESS: 141 Windstone Dr. Troutman, NC 28166 | PHONE: 980-722-7370 | ALT. PHONE

SITE DIRECTIONS: I-77 S to exit 45 TL Amity Hill TR Birch/Pear Tree Rd TR Windstone on left

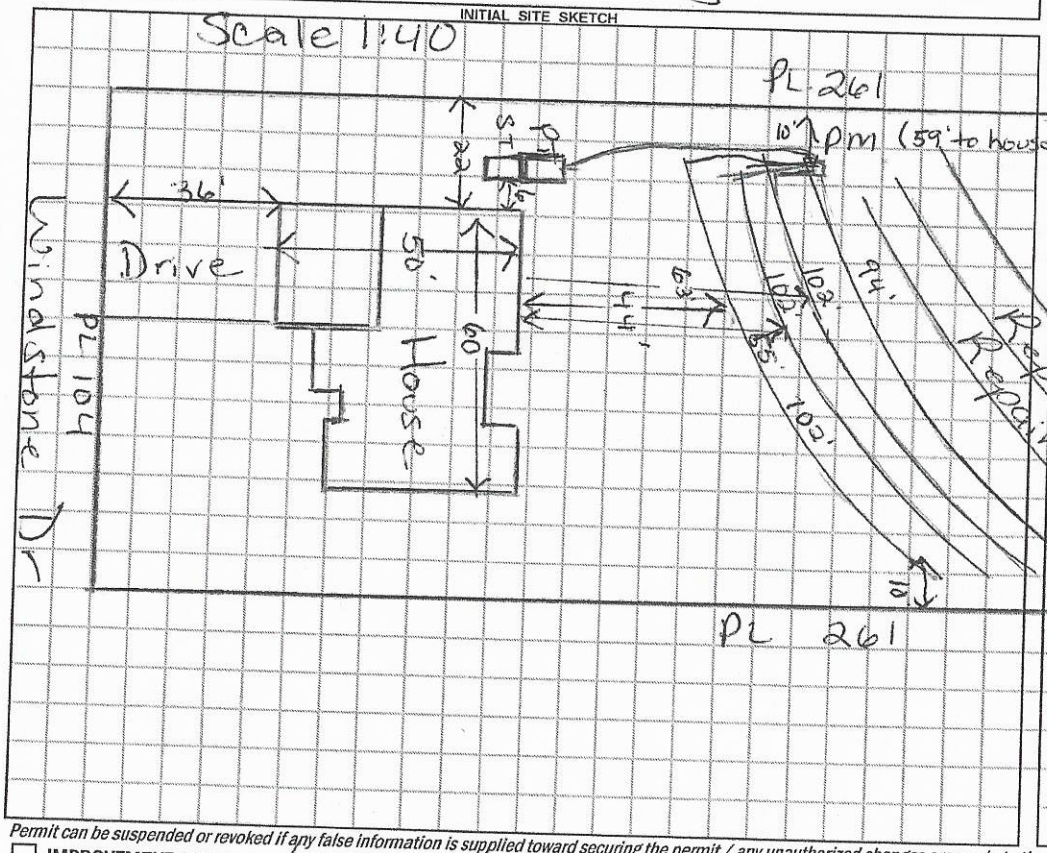
SUBDIVISION: Windstone Crossing | SECTION: | LOT # 10 | LOT AREA: .72 Acre | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	7/29	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	2/23	System Description:	Pump-PM 25% Reduction			☐ Business	No. Persons 8	☐ Private
Pump Make	Goulds	Model	1/2HP 1/60/115	Serial #	PE5IM	Repair System Description:	LPPPBPS			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

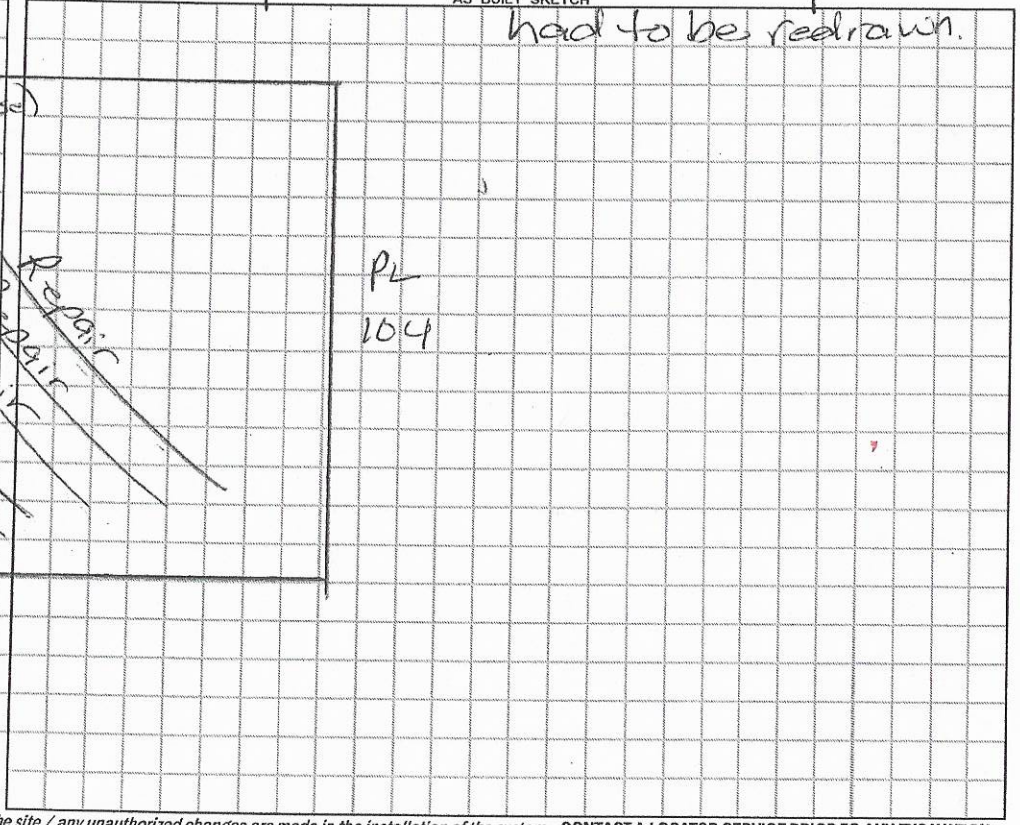
Comments / Conditions: Note: Septic tank, pump tank & drainlines checked 10/3/19 by P.J.B., Supply line checked 10/4/19 KW

Septic System Operation permit could not be completed at time of expiration of permit on 12/31/19 therefore permit had to be redrawn.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 1-31-20

IMPROVEMENT PERMIT by: Maria Dotson Installed by: Gunter Grading

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/31/2020 OPERATION PERMIT by: Maria Dotson (ad) Date: 2-5-20

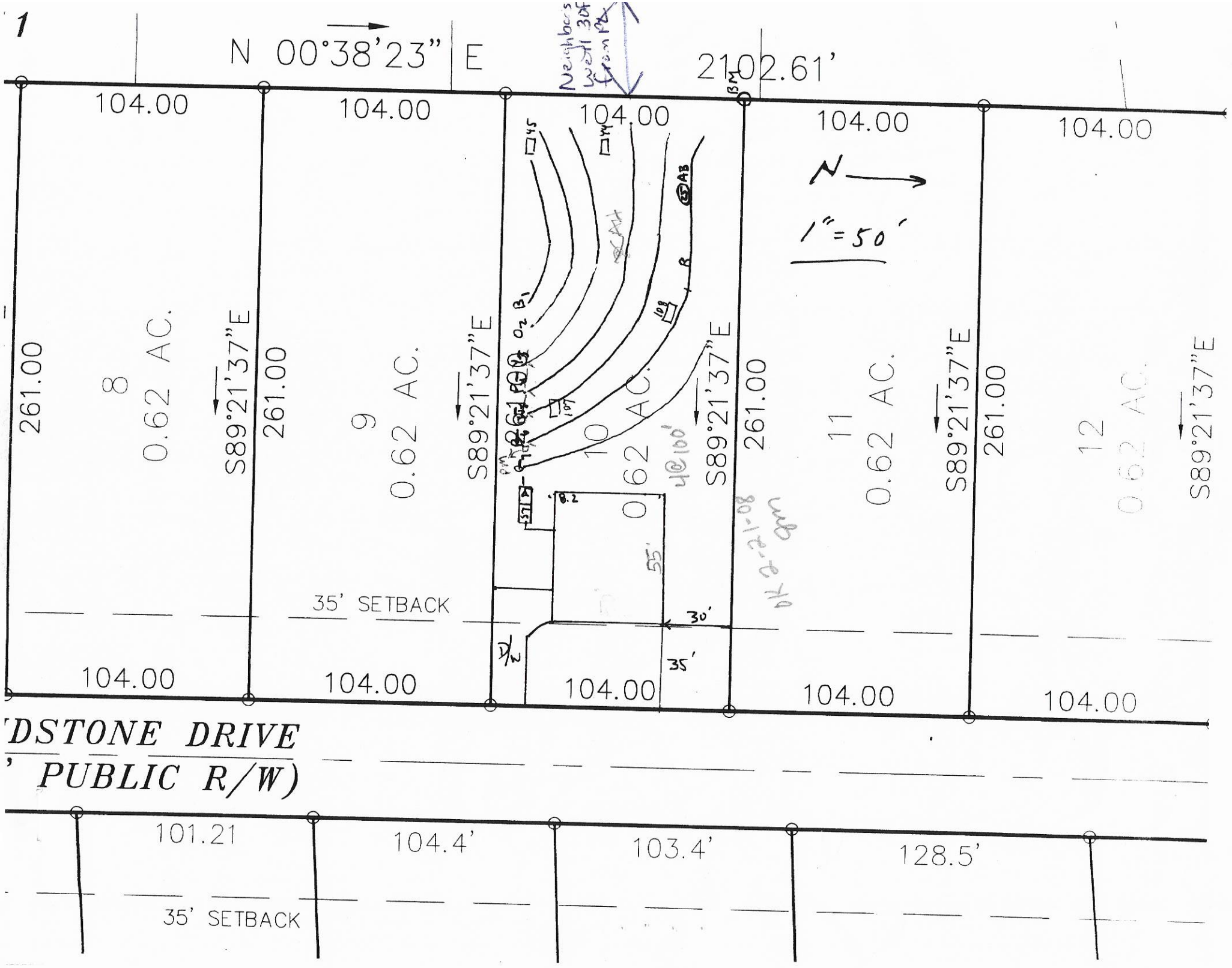
Date: 1/31/2020 Existing System Inspected by: Date:

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.

Supply line 10/4 KW

	Date	Initials
Drain Lines Checked	10/3/19	PJB
Tanks Checked	10/3/19	PJB
Pressure Manifold or Valve Box Checked	2/5/20	MD
Pressure Head Set	2/5/20	MD
Electrical Checked	2-4-2020	BLW
Floats Set	2-4-2020	BLW
Alarm Checked	2-4-2020	BLW
Maintenance Contract Y (N)	2-4-2020	BLW

Notes and as Built on back


1
N 00°38'23" E
2102.61'
104.00
104.00
104.00
104.00
104.00
104.00
N
1" = 50'
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
35' SETBACK
104.00
104.00
104.00
104.00
104.00
'DSTONE DRIVE
' PUBLIC R/W)
101.21
104.4'
103.4'
128.5'
35' SETBACK

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

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

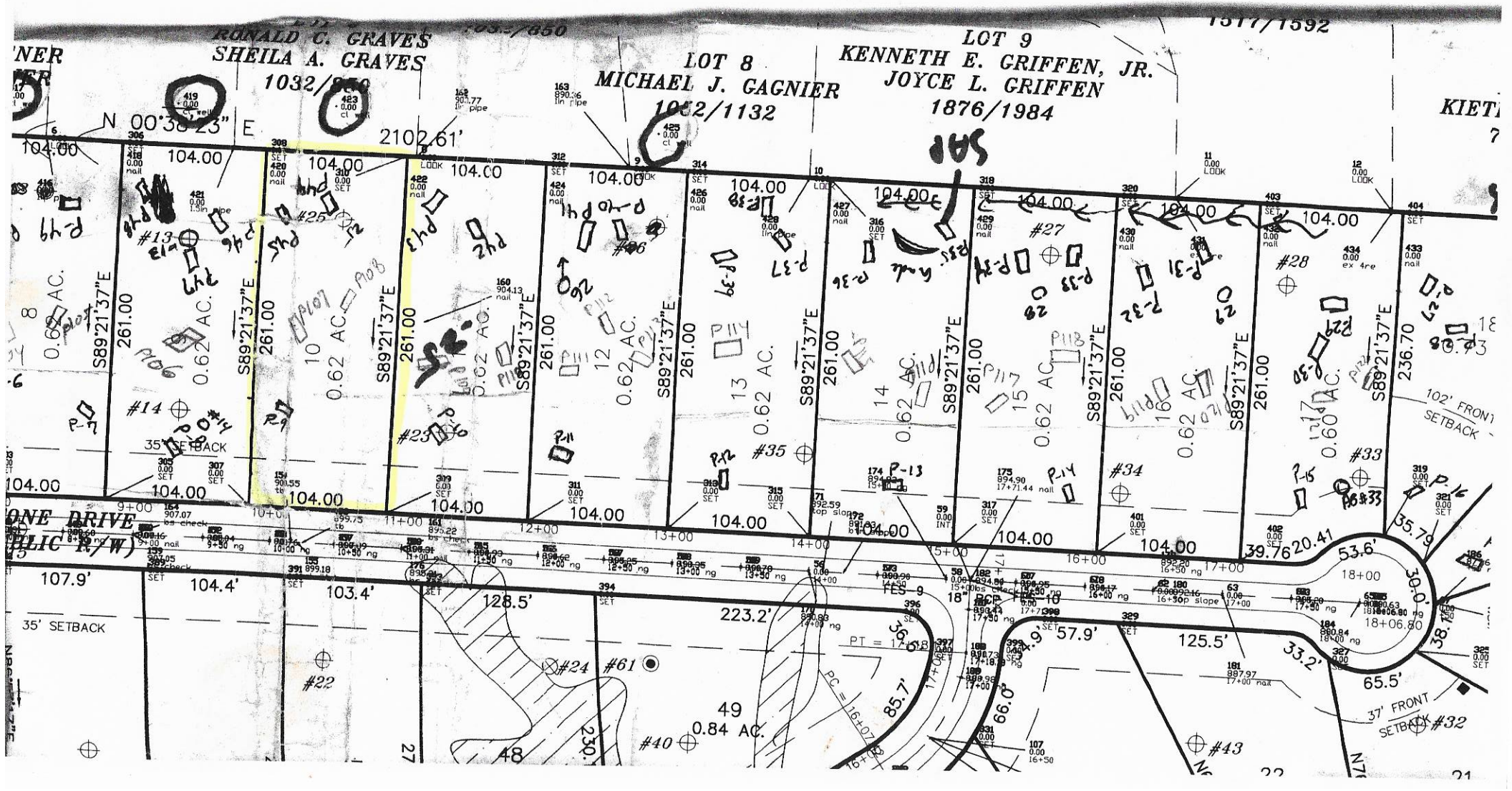
OWNER: Paramount Homes — APPLICANT: ___
ADDRESS: ___ — APPLICATION DATE: ___ — DATE EVALUATED: ___
PROPOSED FACILITY: 4 bedrooms — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 0.62ac
LOCATION OF SITE: Paramount Woods #10 — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

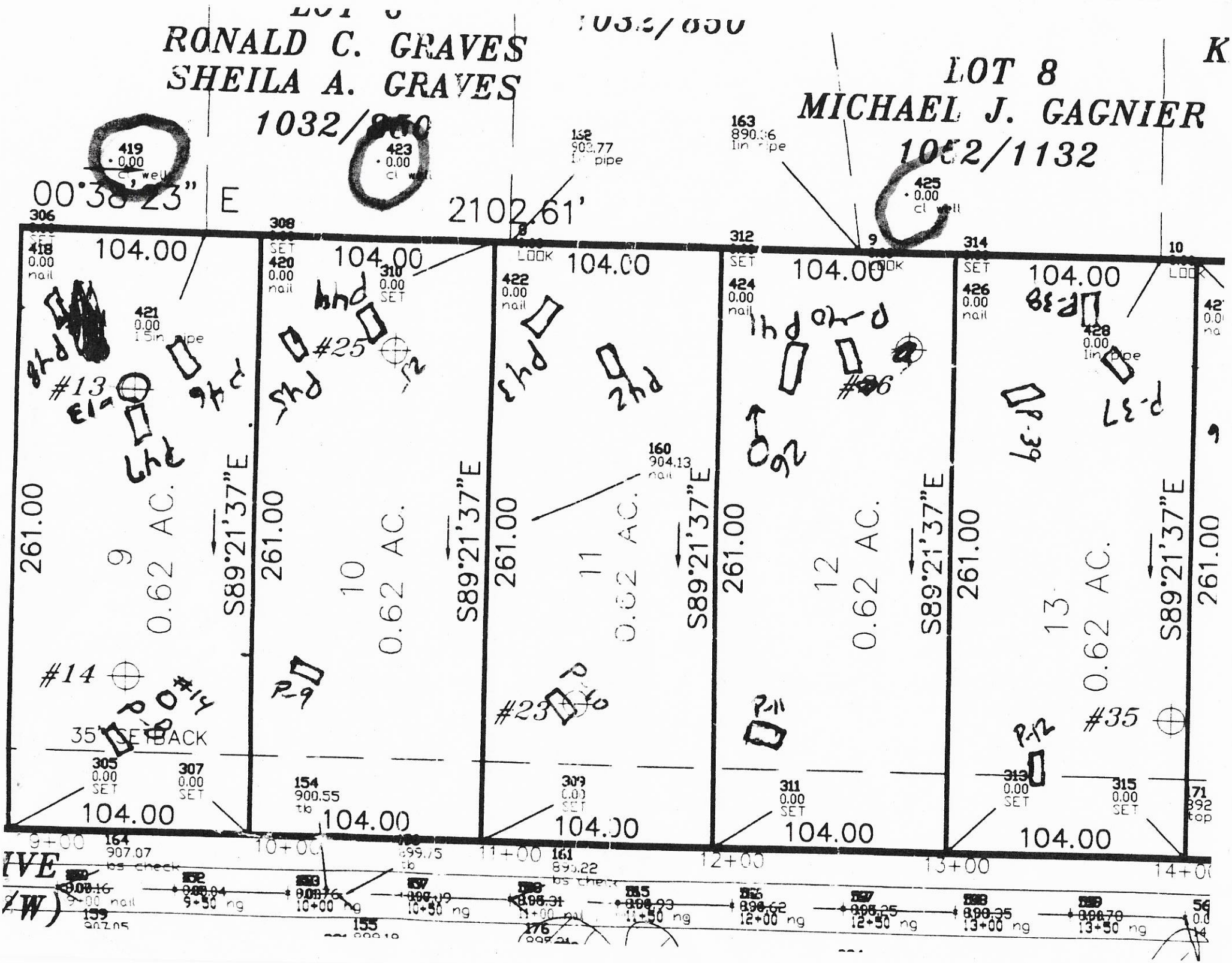
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAI
9 1	LS 3%	0-4	Rh sal wsbk	Frss sp	—	50"	Fewic sp	—	PS 0.3
		4-42	Rc sbk	Fr ss sp					
		42-50	Rcl w sbk	Fr ss sp					
44 2	LS 6-8%	0-3	Bl sal wsbk	VFr sssp	— C-sap gm	48"	—	OK .3 gm 1-28-08	PS 0.3
		3-32	Rc sbk	Fr ss sp					
		32-48	Rcl w sbk	Fr ss sp					
45 3	LS 2-3%	0-4	Bl sal wsbk	Fr ss sp	—	48" C-m sap gm	F-c Iue sp	OK .3 gm 1-28-08	PS 0.3
		4-32	Rc sbk	Fr ss sp					
		32-48	R4 sal/cl wsbk	Fr ss sp					
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: MA + Assoc.
OTHER(S) PRESENT: ___

LOT 10


RONALD C. GRAVES
SHEILA A. GRAVES
1032/850
LOT 8
MICHAEL J. GAGNIER
1052/1132
LOT 9
KENNETH E. GRIFFEN, JR.
JOYCE L. GRIFFEN
1876/1984
1317/1592
N 00°38'23" E
2102.61'
S89°21'37"E
261.00
104.00
0.62 AC.
0.60 AC.
0.84 AC.
35' SETBACK
102' FRONT SETBACK
37' FRONT SETBACK
ONE DRIVE
(PUBLIC R/W)
107.9'
104.4'
103.4'
128.5'
223.2'
125.5'
57.9'
65.5'
236.70
#13
#14
#22
#23
#24
#25
#26
#27
#28
#32
#33
#34
#35
#40
#43
#61
48
49


RONALD C. GRAVES
SHEILA A. GRAVES
1032/850
LOT 8
MICHAEL J. GAGNIER
1062/1132
K
00°38'23" E
2102.61'
104.00
261.00
S89°21'37"E
0.62 AC.
9
10
11
12
13
35' SETBACK
#13
#14
#23
#25
#35
#36
419
423
425
418
420
421
422
424
426
428
305
307
309
311
313
315
154
155
160
161
163
164
176
306
308
310
312
314
9+00
10+00
11+00
12+00
13+00
14+00

RECEIVED JAN 2 9 2020

AP-241589 $00.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mike Faulkenberry Address: 15 Frowein Rd Suite C-2 Center Moriches, NY Zip: 11934
Applicant Email: wmf2087@windstream.net Phone: 980-722-7370 Alt. Phone: _____
Owner Name: Ed Belanger Address: SAME Zip: _____
Owner Email: edbchomes@aol.com Phone: 631-831-1461 Alt. Phone: _____

Property Information:

Street Address: 141 Windstone Dr. Troutman, NC 28166
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 10
Driving Directions: I77 S to x45 TL Amity Hill Rd. TL Pitch Rd TR Windstone Dr.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 8 (✓) 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: _____

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: WM Faulkenberry 1-29-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

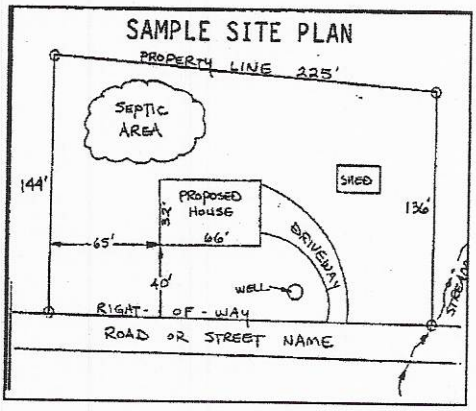
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) 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

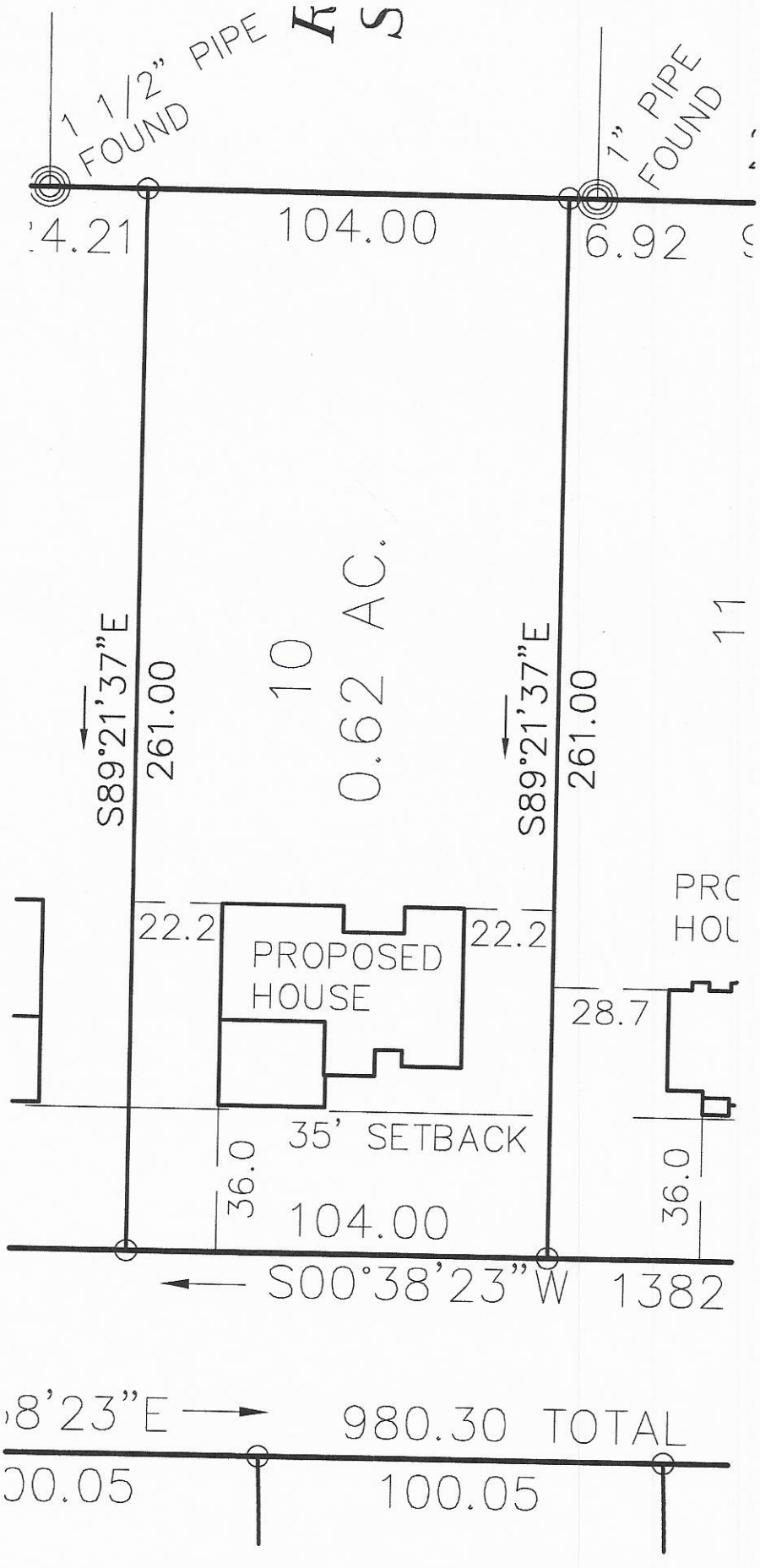
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

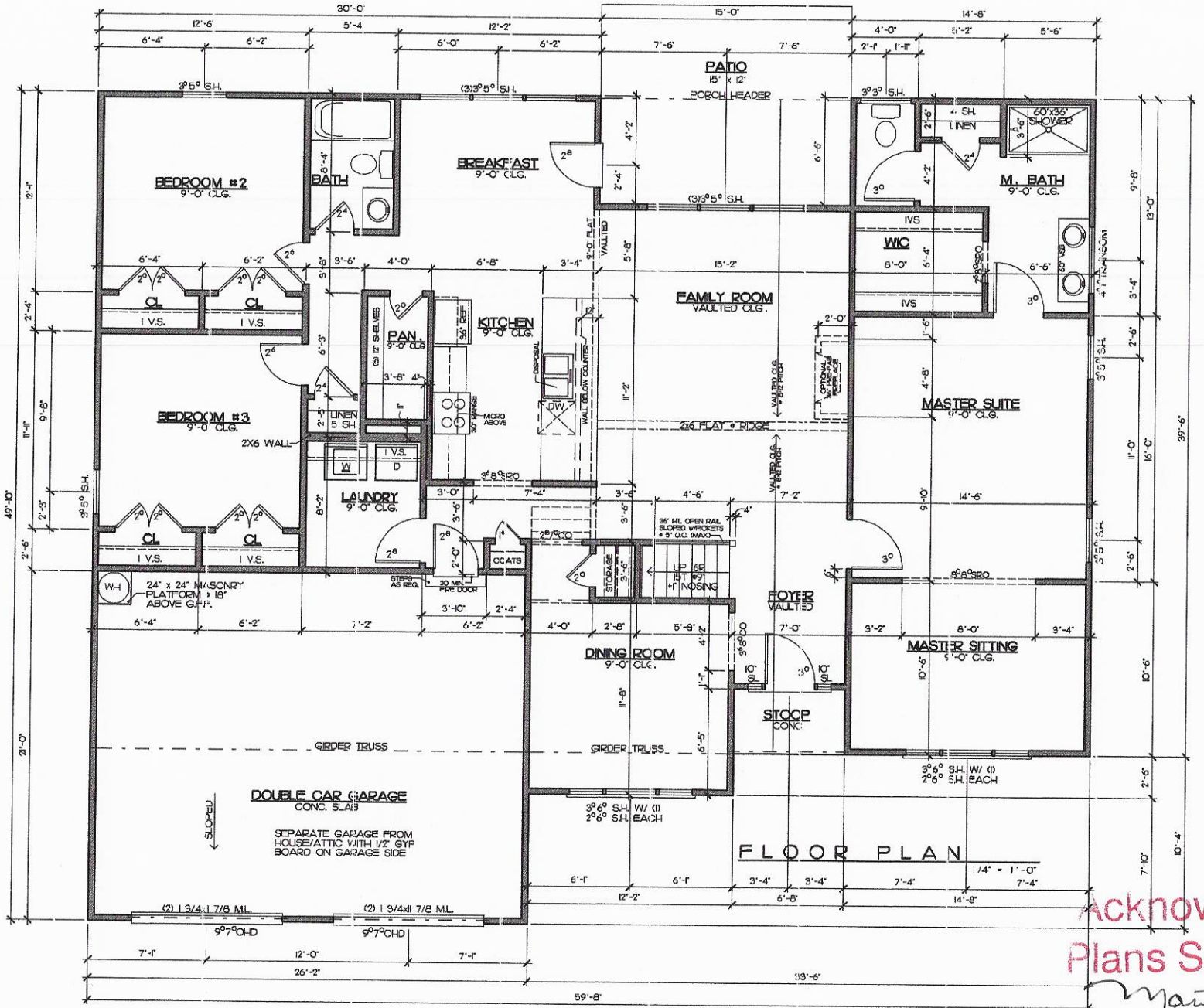
see attached proposal from Michael Athanis and Assoc.

Signature: _____ 1-29-20

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

1:40


1 1/2" PIPE FOUND
7" PIPE FOUND
4.21
104.00
6.92
10
0.62 AC.
11
S89°21'37"E
261.00
S89°21'37"E
261.00
22.2
PROPOSED HOUSE
22.2
PRC
HOL
28.7
35' SETBACK
36.0
36.0
104.00
S00°38'23"W
1382
8'23"E
980.30 TOTAL
00.05
100.05



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL I/F=	2682 sq ft

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

Drafting & Design, Inc.
Charlotte, NC
704-542-3688
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WINDSTONE ESTATES

Project: THE BROOKVILLE

Sheet Title: 1ST FLOOR (2-STORY)

DR. BY: J. BODNAR
Date: 04-10-18
REV:
Site:

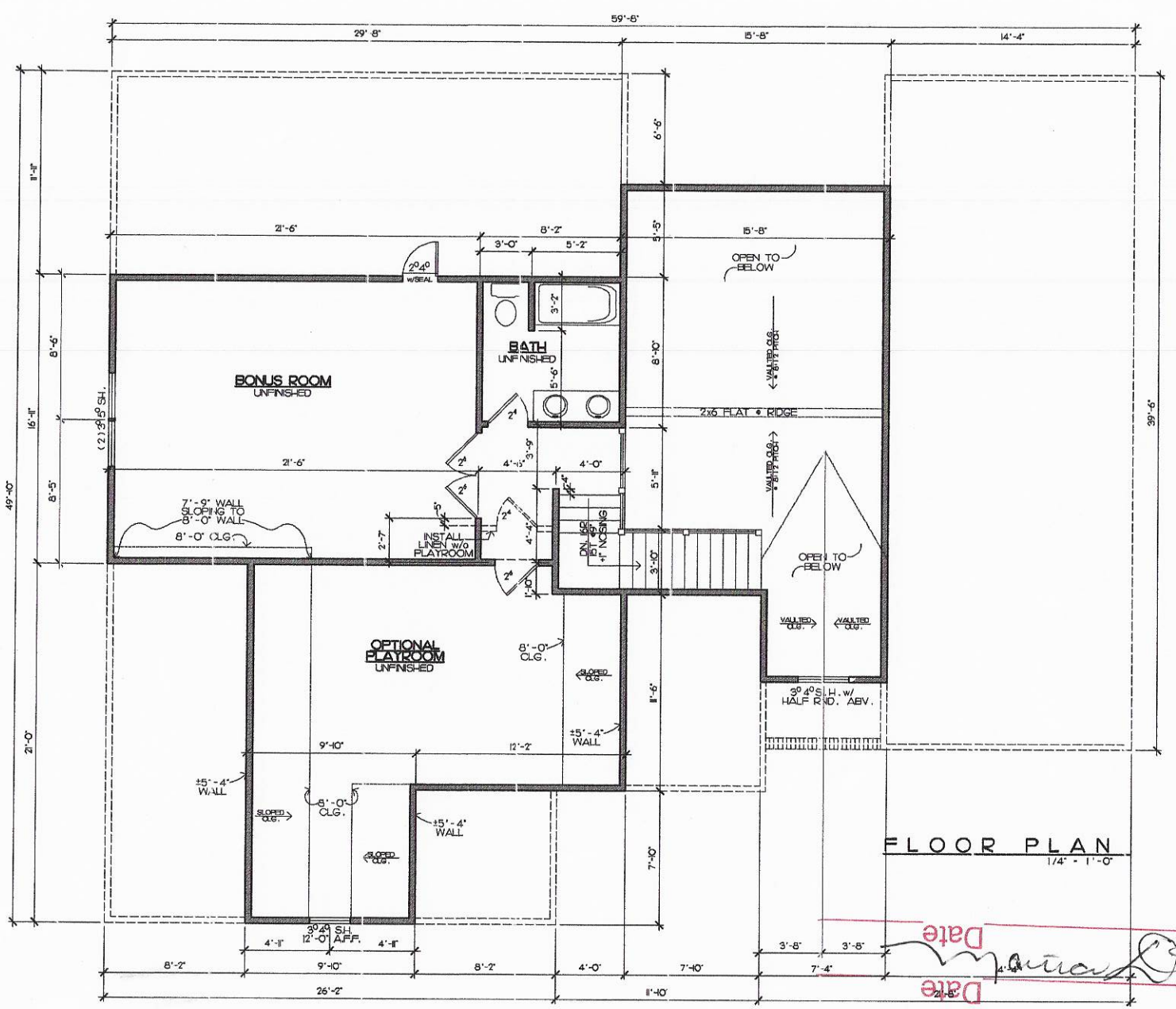
BROOKVILLE FL
Sheet: 3a

GARAGE LEFT

Acknowledgement Of Plans Submittal ONLY!

Maria Lobo Date 5/31/20

Wm Falkner Date 20



FLOOR PLAN
1/4" = 1'-0"

SQUARE FOOTAGES	
OPT. BONUS ROOM	
BATH	492 sq ft
OPT. PLAYROOM	361 sq ft
TOTAL 2F	853 sq ft

GARAGE LEFT

Date 11/31/20

Date

Plans Submitted ONLY!

Acknowledgement Of

Drafting & Design Inc.
Charlotte NC
704-542-9629

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WINDSTONE ESTATES

Project: THE BROOKVILLE

Sheet Title: 2ND FLOOR OPTION

DR. BY: BRIAN G.
Date: 04-16-18
REV:
Site:

BROOKVILLE-2FL
Sheet
3b

IREDELL COUNTY

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

APPLICATION NUMBER
241589
Issue Date: 01/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751261669.000	141 WINDSTONE DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: WINDSTONE CROSSING INC
Address: 423	Address: 15 FROWEIN RD STE G-2
IREDELL CO, NC 28625	CENTER MORICHES, NY 11934
Phone:	Phone: 704-528-8450

Use Requested	Zone Code
SFD - APPLYING FOR AUTHORIZATION FROM 2007 SEPTIC	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620					NOT	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	165019	TOTAL FEES:	$ 77.25