IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240781

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

PIN # 4751261859

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

SITE ADDRESS: 149 Windstone Dr. Troutman, NC PHONE: 9807227370 ALT. PHONE

SITE DIRECTIONS: I-77 S TL Amity Hill TR Pilch/Pear Tree Rd TR Windstone on SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: LOT # 12 LOT AREA: .62 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	740	Date	12-6-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction PPBPS			
Pump Make		Model			Serial #		Repair System Description:				
# Nitrification Fields	1	# Lines	4		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		24"-36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

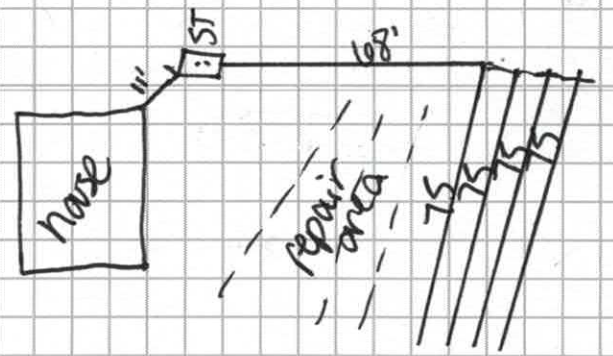
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☒ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Divert storm/surface water away from Septic.

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanas & Assoc (dated 12/26/18)

AS BUILT SKETCH



Repair + initial area switched - OK per Athanas 4-30-19

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: 1-7-19 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 1/7/19 OPERATION PERMIT by: Carter C. Cave Date: 4-30-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1/7/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[illegible]ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

N

Scale 1"=40'

382.02 TOTAL

104.00 | 104.00 | 104.00

35' SETBACK

35'

Drive

22'

50'

House

60'

ST

P1-75'

W2-75'

O3-75'

B4-75'

P5-86'

W6-87'

O7-80'

13
0.62 AC.
S89°21'37"E

12
0.62 AC.

11
0.62 AC.

261.00

S89°21'37"E

261.00

S89°21'37"E

89 11 | 42 59 | 61 41 | 2 97 08

50'

Well

2102.61' TOTAL

1" PIPE FOUND

Approved
1/7/10



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

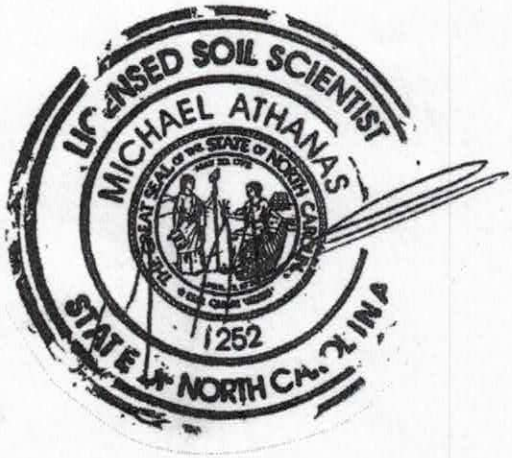
Reference: Data Sheet for 149 Windstone Dr, Windstone Crossing Lot 12
House Footprint: 60' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Approved
1/7/19
MD

Line	Design Length	Actual Length
Pink 1	**75'**	**95'**
White 2	**75'**	**92'**
Orange 3	**75'**	**91'**
Blue 4	**75'**	**89'**
Pink 5		86'
White 6		87'
Orange 7		80'

Initial System: 300' **Repair System:** 253'

Comments:
House is staked. Septic tank marked in yellow flags.



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

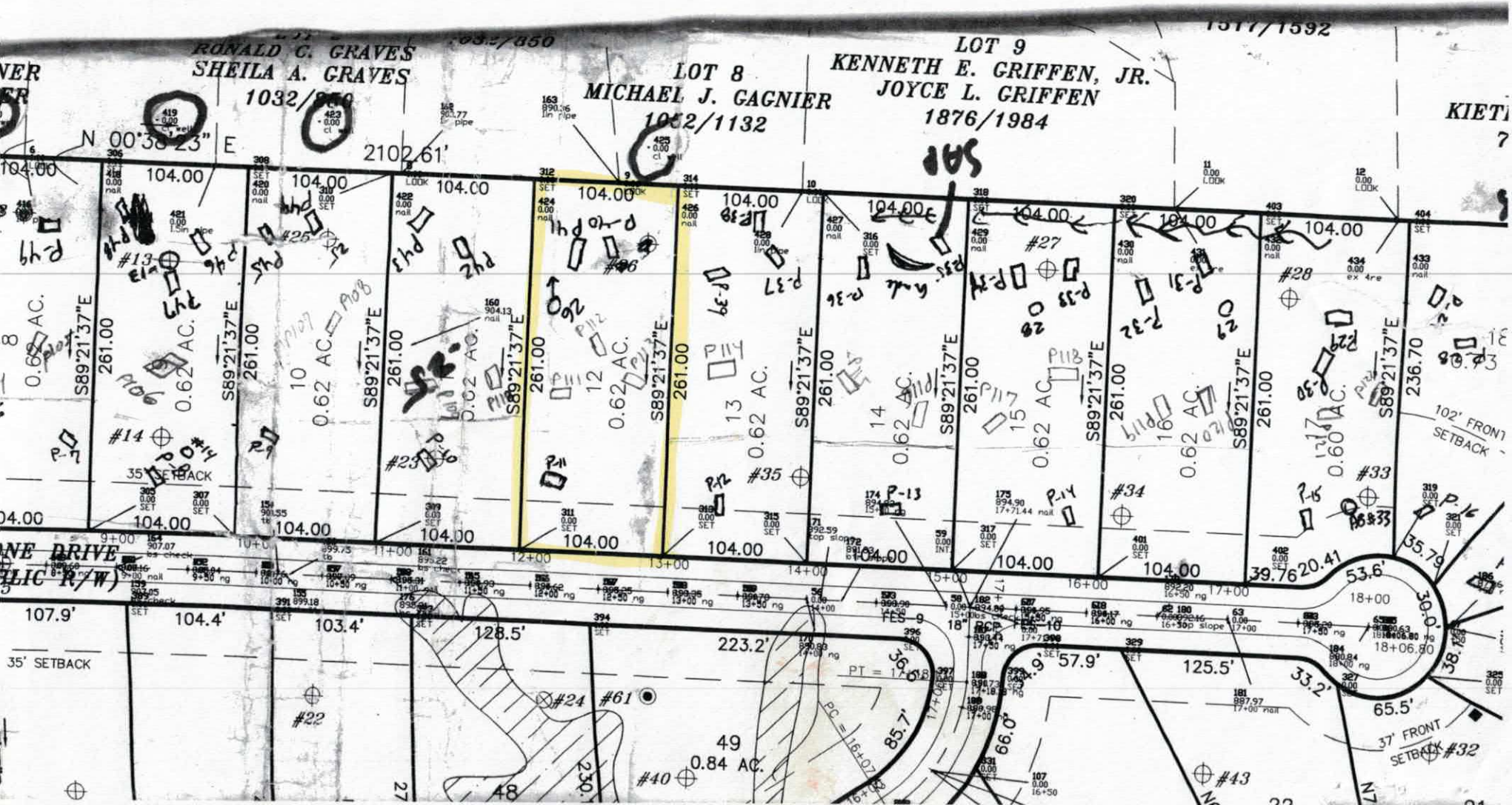
OWNER: Paramount Homes APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 0.62 AC
LOCATION OF SITE: Paramount Woods #12 PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other ___
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 & LTAR
1	LS 2%	0-8	RBr scl wsbk	Fr ss sp	—	50"	Few Ia sap	—	PS 0.3
		8-43	Rc sbk	Fr ss sp					
		43-50	Rcl wsbk	Fr ss sp					
2	LS 5%	0-8	Br scl wsbk	Fr ss sp	— 46"-60"	48" f-sap	—	.3 OK gm 1-28-08	PS 0.3
		8-40	Rc sbk	Fr ss sp					
		40-48	Rcl wsbk	Fr ss sp					
3	LS 3%	0-6	Br scl wsbk	Fr ss sp	—	50"	Few Ia sap	.3 OK gm — 1-28-08	PS 0.3
		6-40	Rc sbk	Fr ss sp					
		40-50	Rcl wsbk	Fr ss sp					
		48-60	sl sap gm						
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 12


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.
0.84 AC.
#13
#14
#22
#23
#24
#25
#26
#27
#28
#33
#34
#35
#40
#43
#61
35' SETBACK
102' FRONT SETBACK
37' FRONT SETBACK
107.9'
104.4'
103.4'
128.5'
223.2'
57.9'
125.5'
65.5'
236.70
39.76
20.41
53.6'
35.79
33.2'
85.7'
66.0'
18" RCP
FES 9
PT = 17+06.80
PC = 16+07.88
9+00
10+00
11+00
12+00
13+00
14+00
15+00
16+00
17+00
18+00
18+06.80

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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	PROFILE CLASS & LTAR
P # 107 Lot 11	LS 2-4%	0-33	R Cly M SBK	Fri SS/SP	—	48"	—	—	PS 3
		33-48	R LLom WSBK	Fri SS/SP					
P # 110 Lot 11	LS 4-5%	0-26	Red Cly MSBK	Fri SS/SP	—	48"	Few Com SAP	—	PS 3
		26-48	Red LLom WSBK	Fri SS/SP					
P # 111 Lot 12	LS 3%	0-7	Br SCL WSBK	VFri SS/SP	—	53"	Few Com SAP	OK .3 gm 2-6-08	PS 3
		7-36	R Cly M SBK	Fri SS/SP					
		36-53	R SCL WSBK	Fri SS/SP					
P # 112 Lot 12	LS 5% Toms Pt 990	0-42	R Cly M SBK → WSBK	Fri SS/SP	—	48"	Few/Com SAP	OK .3 gm 2-6-08	PS 3
		42-48	R LLom WSBK	Fri SS/SP					
		43-48	Sap						
113 Lot 12	LS 3%	0-6	Br SCL WSBK	Fri SS/SP	Incl of Quartz Band @ 32"	53"	Few SAP Incl	OK .3 gm 2-6-08	PS .3
		6-32	R Cly M SBK	Fri SS/SP					
		32-53	R LLom WSBK	Fri SS/SP					

COMMENTS: _____

RECEIVED DEC 2 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#240781 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 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: 149 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 12

Driving Directions: _____

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

(✓) 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: _____

CHECK FOUNDATION TYPE
(✓) 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: _____

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: _____ 12/26/2018
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 149 Windstone Dr Windstone Crossing Lot 12, identified as PIN (Parcel Identification Number) 4751261859, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	12/26/2018		

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

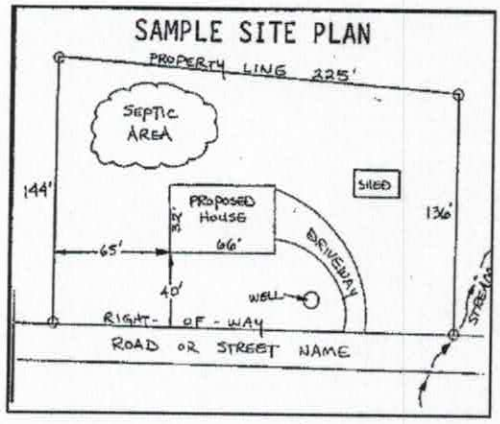
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 12/26/2018

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664

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

PERMIT# 147682 PIN# 4751264478.012 DATE 3-12

OWNER OR APPLICANT Paramount Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 25 Center Moriches NY 11934

LOCATION I-77 S TL Amity Hill TR Pilch / Pear Tree Rd TR Windstone Dr. on left

SUBDIVISION Paramount Woods BLOCK / SECTION _____ LOT 12 LOT AREA .72 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft2

Septic Tank 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: PT _____ Date _____

Pump Make _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction gravity

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☑ Community

Gravel Depth NA ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions

Comments/Conditions:

INITIAL SITE SKETCH

See plan from Michael Athanos & Assoc.

AS BUILT SKETCH

Improvement Permit Only Do Not Issue Building Permit

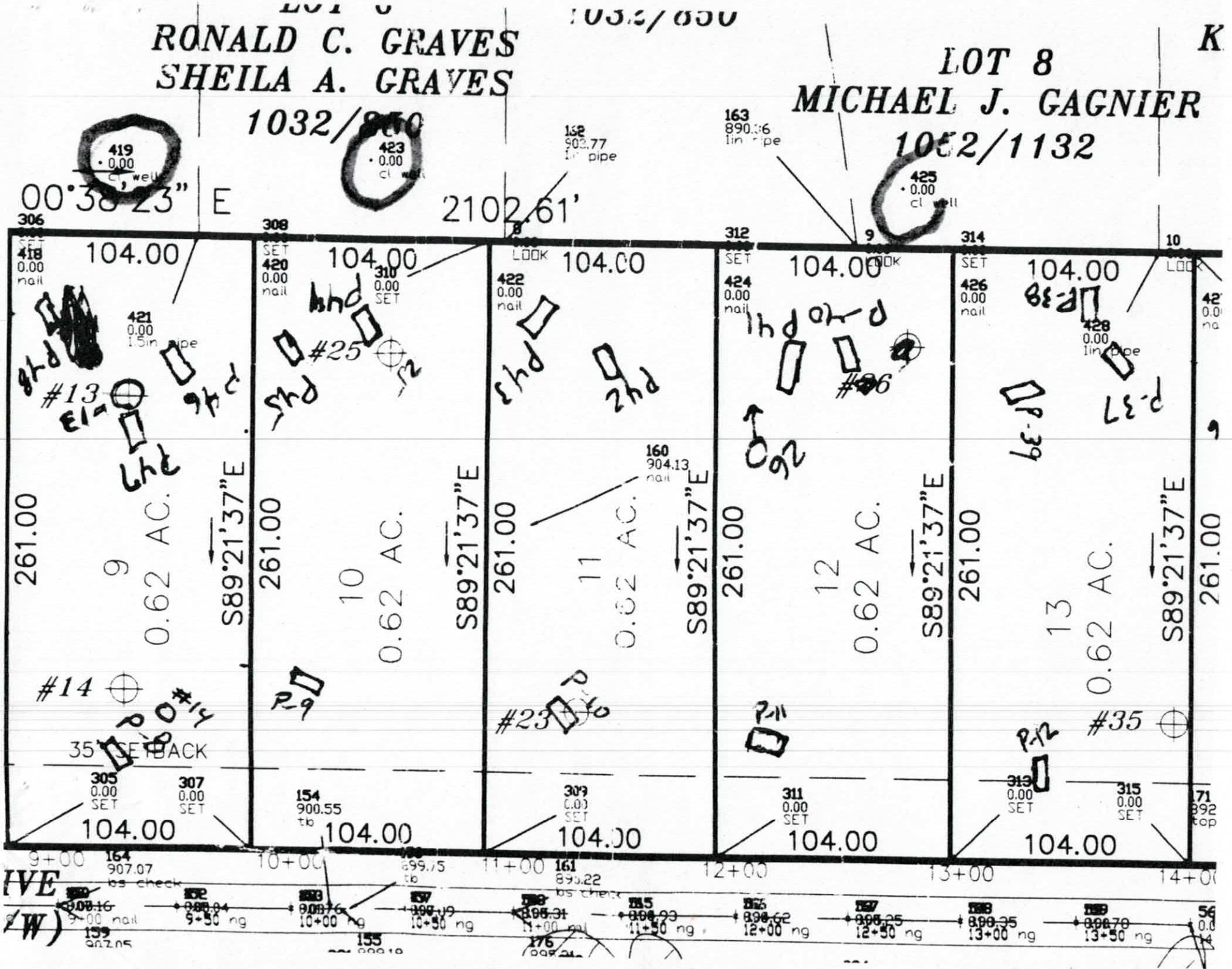
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

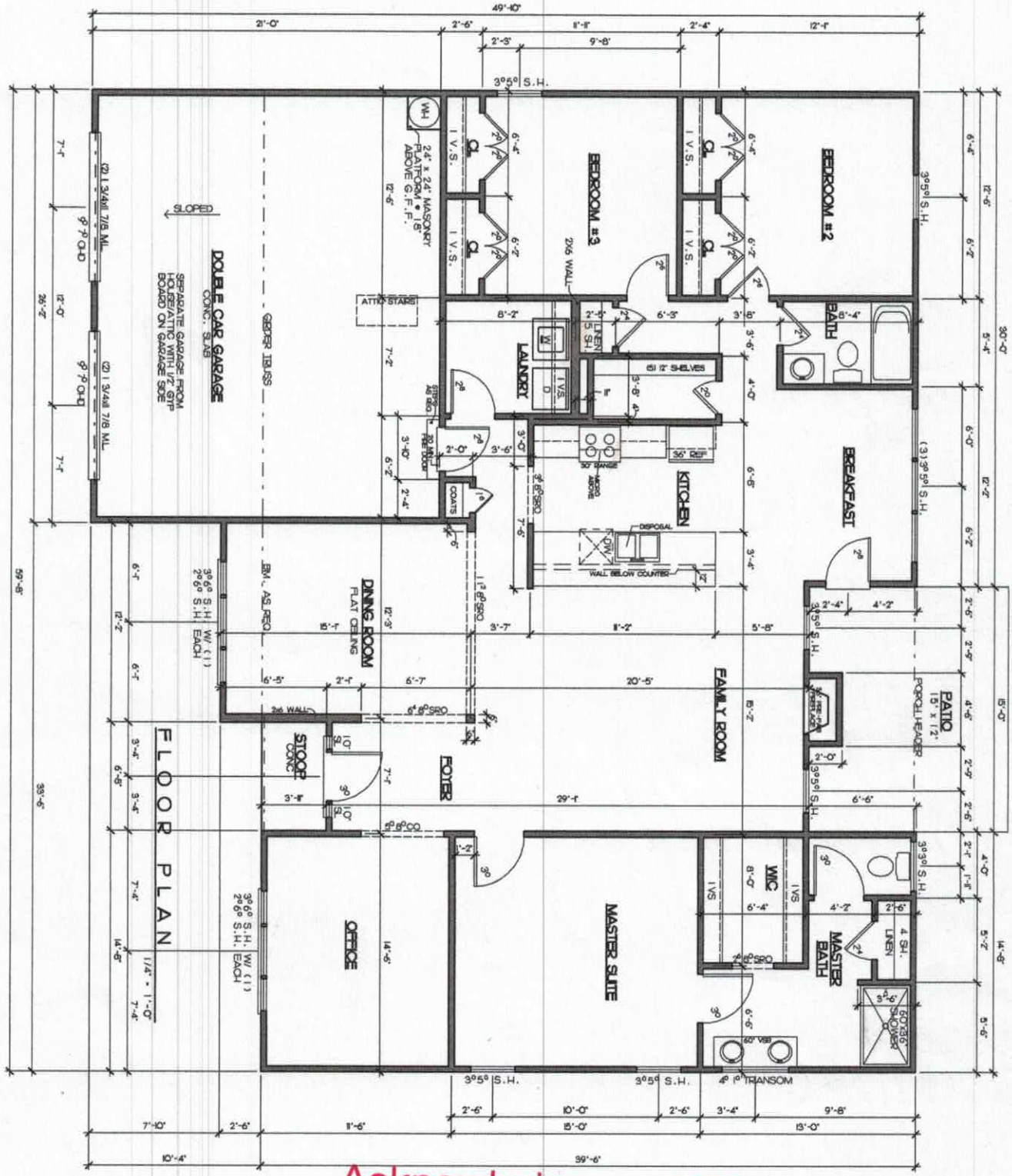
Signed: _____ date _____ Installed by: _____

Improvement Permit by: Judy Melville date 3-12-08 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


RONALD C. GRAVES
SHEILA A. GRAVES
1032/850
LOT 8
MICHAEL J. GAGNIER
1052/1132
00°38'23" E
2102.61'
104.00
261.00
S89°21'37"E
0.62 AC.
9
10
11
12
13
#13
#14
#25
#23
#35
35' SETBACK



Acknowledgement Of
Plans Submittal ONLY!

Maria Date

Date 12-4-18

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

SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	86 sq ft
FRONT PORCH=	26 sq ft
TOTAL IF=	2692 sq ft

Sheet	MEADOW-FP	
3		
Site		
REV.	Date	DR. BY: BRIAN G.
02-23-18	06-06-03	
03-30-18		
Project	THE MEADOW	WINDSTONE ESTATES
Sheet Title	FIRST FLOOR PLAN	

Drafting Plans Inc.
Owner Builder
Phone No.
478-922-9455

With Builder 12-4-18

IREDELL COUNTY

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

APPLICATION NUMBER
240781
Issue Date: 12/27/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751261859.000	149 WINDSTONE DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: PILCH ACRES HOLDING LL
Address: 15 FROWEIN RD BLDG G2	Address: 15 FROWEIN RD BLDG G2
CENTER MORICHE, NY 11934	CENTER MORICHE, NY 11934
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	35.00	35.00	15.00	15.00	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	163101	TOTAL FEES:	$ 77.25