IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17-750

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

PIN # 4751-26-3092

APPLICANT/OWNER: PILCH ACRES LLC APPLICANT ADDRESS: 15 FROWEIN RD. BLDG 2 CENTER MORICHE, NY

SITE ADDRESS: 116 WINDSTONE DR. TROUTMAN PHONE: ALT. PHONE

SITE DIRECTIONS: PILCH, STRAIGHT ACROSS C STOP SIGN SAP CONTROLLED: INITIAL ☒ YES ☒ NO REPA

SUBDIVISION: WINDSTONE CROSSING SECTION: — LOT # 41 LOT AREA: .59 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:		25%		☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description:		DRIP		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 360'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

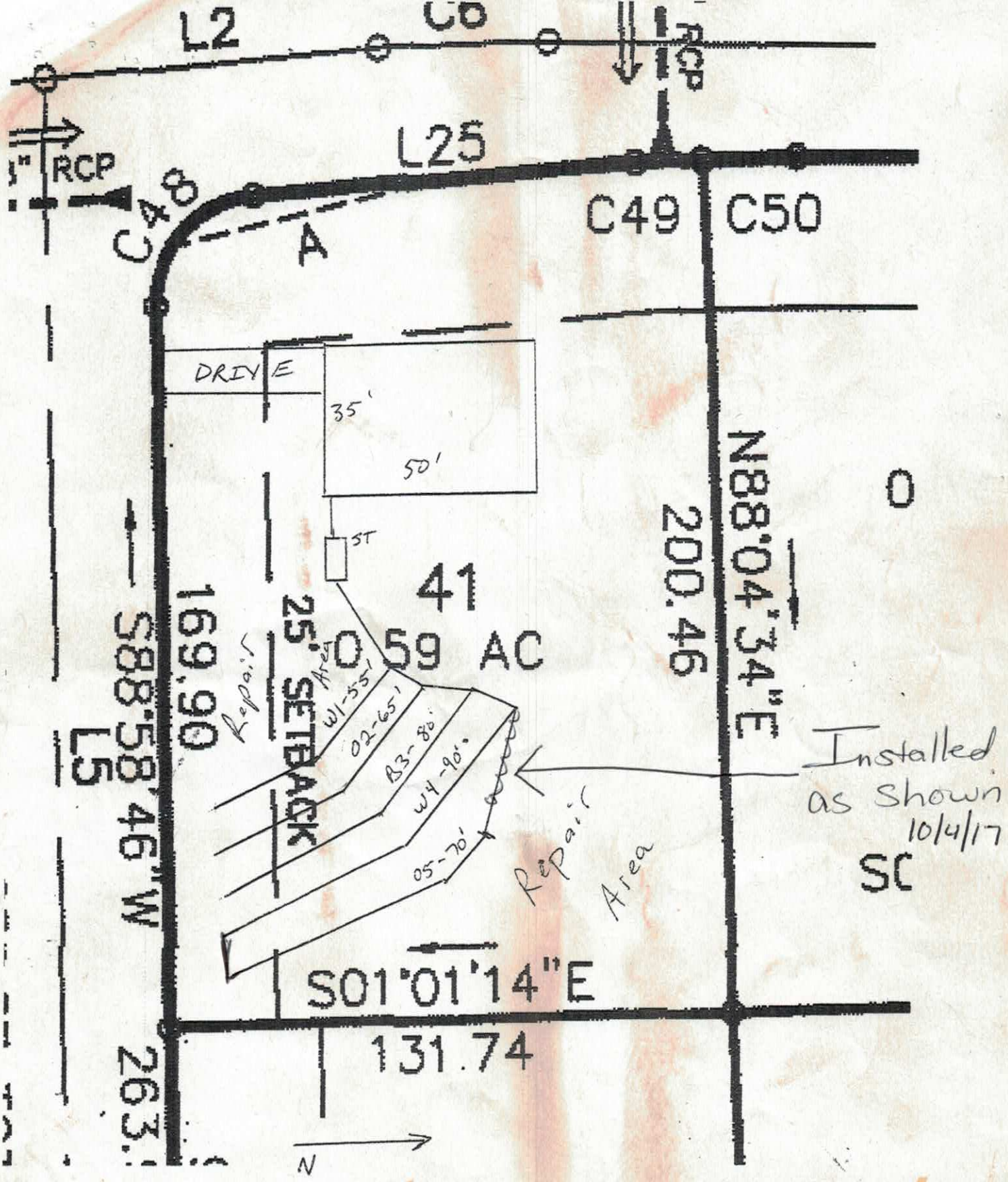
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Date: 9/20/2017 Installed by: Gunter Grading

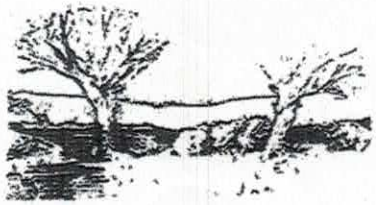
IMPROVEMENT PERMIT by: APPROVED Date: SEP 19 2017 OPERATION PERMIT by: Maria Dotson Date: 10/4/17

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: SEP 19 2017 Existing System Inspected by: Date:



2 1000 gal Sep
1 Pump
100 3 in
60 2 in

660 panels
8 ends
Flat tops



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

Reference: Data Sheet for 116 Windstone Dr, Windstone Crossing Lot 41
House Footprint: 60' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.25 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24"-36"

Line	Design Length	Actual Length
White 1	55'	55'
Orange 2	65'	65'
Blue 3	80'	80'
White 4	90'	90'
Orange 5	70'	70'



Initial System: 360' **Repair System:** 2880+FT2

Comments:
The house was reduced from a four bedroom to a three bedroom.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

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

APPROVED MAR 1 6 2017

PROPERTY ID #: Windstone Crossing Lot 41_
DATE OF EVALUATION: _____
COUNTY: _Iredell_____

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
PIT 1	LS 6%	0-3	Br R SCL WSBK	FR SS SP SEXP	N/A	38"	F-C SAP PS	N/A	PS 0.3-0.4
		3-24	R C SBK	FR SS SP SEXP					
		24-38	R CL WSBK	FR SS SP SEXP					
		38-62	SL SAP M	VFR SS SP SEXP					
PIT 2	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	F-C YB TO 40" No YB >40"	60"	N/A	N/A	PS 0.25
		4-40	R C ABK	FR SS SP SEXP					
		40-60	R CL WSBK	FR SS SP SEXP					
PIT 3	LS 6%	0-4	Br SL GR	FR SS SP SEXP	F-C YB CHR 2 @ 24"	24"	N/A	N/A	PS 0.25 <24"
		4-30	R C SBK	FR SS SP SEXP					
		30-62	R C WSBK	FR SS SP SEXP					
PIT 4	LS 6%	0-16	FILL		F-C YB CHR 2 @ 43"	43"	N/A	N/A	US
		16-55	R C SBK	FR SS SP SEXP					

COMMENTS: _____

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

PROPERTY ID #: Lot 41 Windstone Crossing; PID# 4751263092.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED MAR 16 2017

OWNER: Pilch Acres Holding, LLC
APPLICATION DATE
ADDRESS: 15 Frowein Rd Bldg G2 Center Moriche, NY 11934
DATE EVALUATED: 12/2016
PROPOSED FACILITY: 4 Bedroom PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 0.59 Acres
LOCATION OF SITE: Lot 41; Windstone Crossing; Holly Springs Loop
PROPERTY RECORDED: 12/15/2008
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	
AB 1	L 5-6%	0"-14"	Fill		Few Ybrs	48"		None	0.275
		14"-48"	R C SBK	SS SP FR SEXP					
AB 2	L 2-3%	0"-5"	YBr SL GR	SS SP FR SEXP	Few Ybrs starting at 28". Chr. 2 at 36"	36"		None	0.25
		5"-36"	R C SBK	SS SP FR SEXP					
AB 3	L 5-6%	0"-28"	R C SBK	SS SP FR SEXP		38"	Few to common saprolite inclusions 28"-38"	None	0.3
		28"-38"	R CL WSBK	SS SP FR SEXP					
		38"-48"	V L Saprolite M	NS NP VFR NEXP					
AB 4	L 5-6%	0"-6"	YBr SCL WSBK	SS SP FR SEXP	Few Ybrs starting at 18"-30".	48"		None	0.275
		6"-48"	R C WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440FT2	FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT:

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

PROPERTY ID #: Lot 41 Windstone Crossing; PID# 4751263092.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

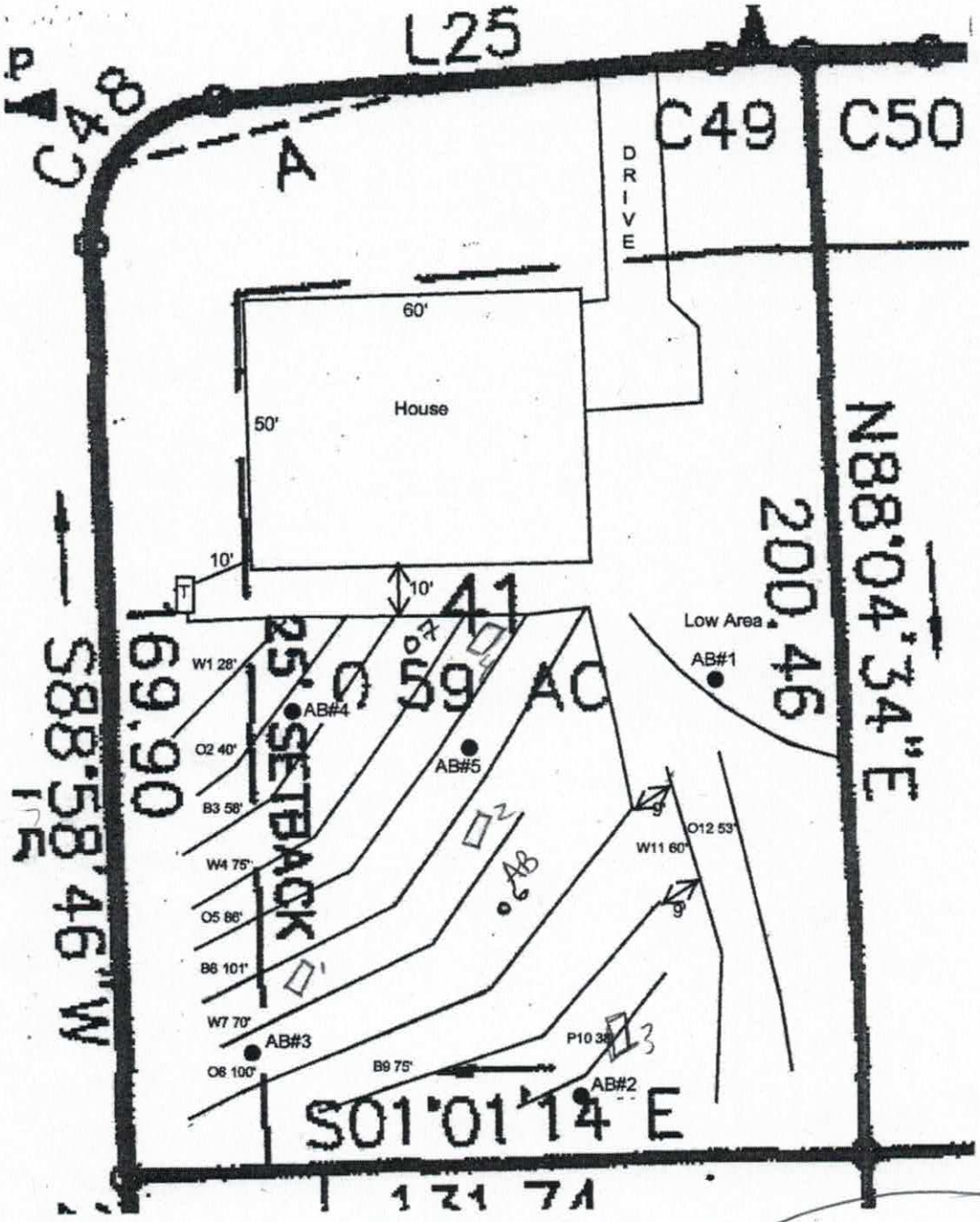
APPROVED MAR 16 2017

OWNER: Pilch Acres Holding, LLC
ADDRESS: 15 Frowein Rd Bldg G2 Center Moriche, NY 11934
PROPOSED FACILITY: 4 Bedroom PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: Lot 41; Windstone Crossing; Holly Springs Loop
WATER SUPPLY: ☐Private ☒Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE _____
DATE EVALUATED: 12/2016
PROPERTY SIZE: 0.59 Acres
PROPERTY RECORDED: 12/15/2008
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	L 5-6%	0"-4"	Br SCL WSBK	SS SP FR SEXP	Few Ybrs18"-30"	48"	Few to common saprolite inclusions 42"-48"	None	0.275
		4"-42"	R C SBK	SS SP FR SEXP					
		42"-48"	R CL WSBK	SS SP FR SEXP					
AB 6	L 3%	0-6	BrSCLWSBK	SS	Common Y/BrC20"	48"	–	–	.25
		6-48	RC SBK	SS					
AB 7	L 6%	0-19	Fill						
		19-							

NEED PITS
GET UNDER FILL



APPROVED MAR 16 2017

BA

Designed by Michael Athanas and Associates

Scale 1"=30'

North

Soil Locations Only

RECEIVED SEP 12 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

224730

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 Ltd Relayat Paid $75.00

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 LLC **Address:** 15 Frowein Rd, Bldg G2, Center Morchie, 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: 116 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 41

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: _____ 9/12/2017
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 116 Windstone Dr. Windstone Crossing 41, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** 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.

	9/12/2017		
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:*

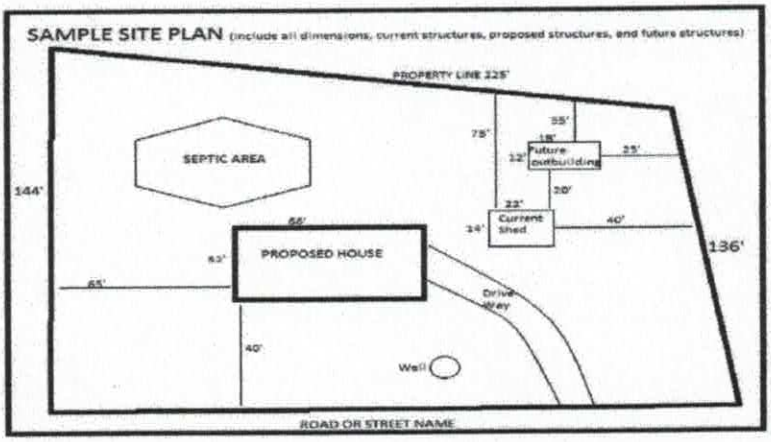
SITE PLAN WORKSHEET

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… **_____ Preferred driveway location and configuration, preferred well location…**
_____ Area you prefer your septic system to be placed… **_____ 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 Sife Plan

Signature: _____ 9/12/2017
REQUIRED **property owner or owner's legal representative signature.** **DATE**

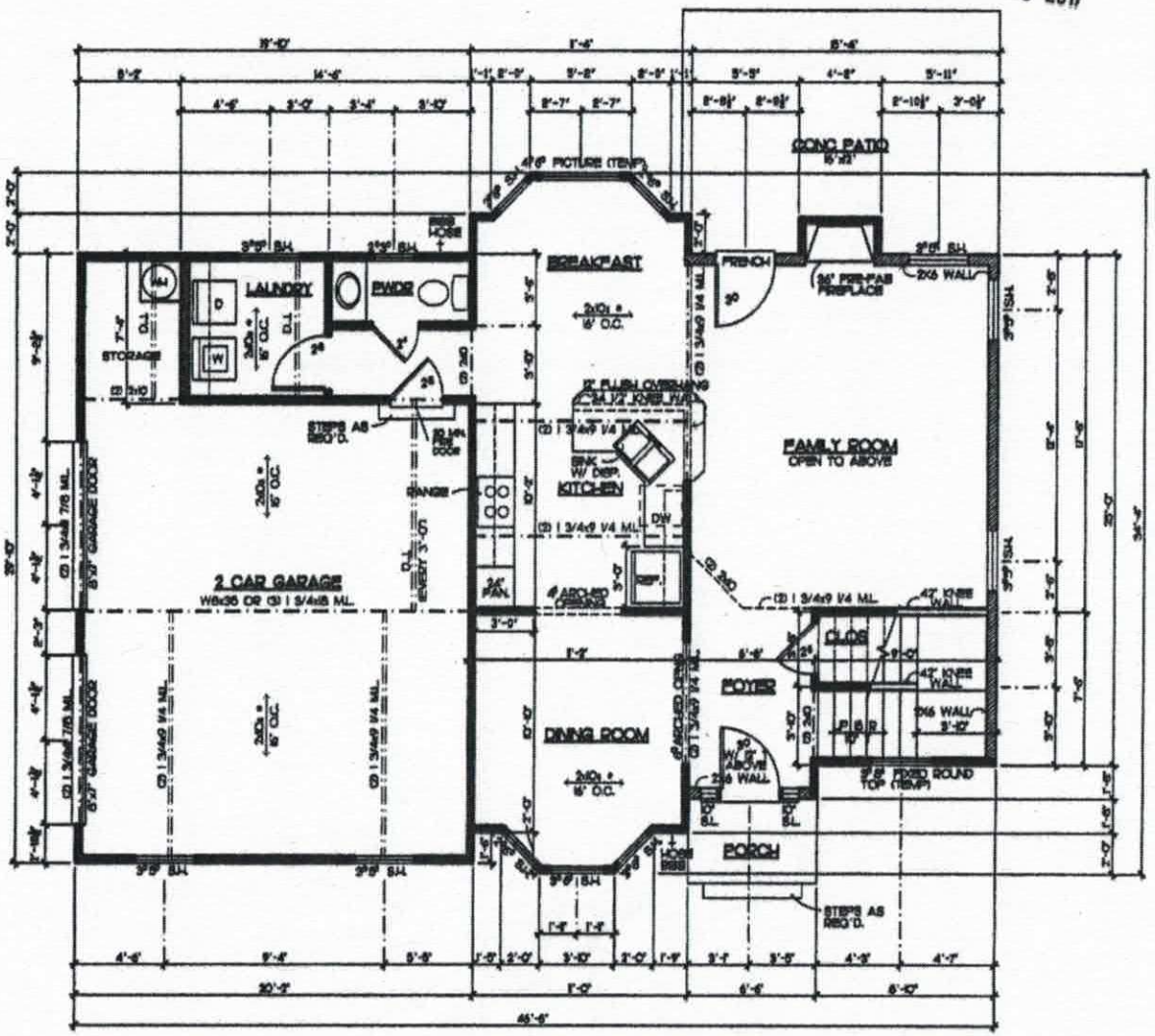
Building 3 bedroom plan
installing 4 bedroom system

Acknowledgement of
Plans Submittal ONLY!

Date 6-7-17

Date

APPROVED JUN 08 2017



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

SQUARE FOOTAGES	
FRAMED:	
1st FLOOR =	879 SQ FT
2nd FLOOR =	934 SQ FT
GARAGE =	485 SQ FT
TOTAL HEATED =	1813 SQ FT
GARAGE =	485 SQ FT

NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 9'-0" UNLESS OTHERWISE NOTED.

NOTE
Drafting & design will not be liable for any typical error or for any change made in the plan.

Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes take precedence over this plan.

WINDSTONE ESTATES

The Wainscott

FIRST FLOOR

dr. by BRIAN G.
date 9-05-07
rev 04-19-08 BGG

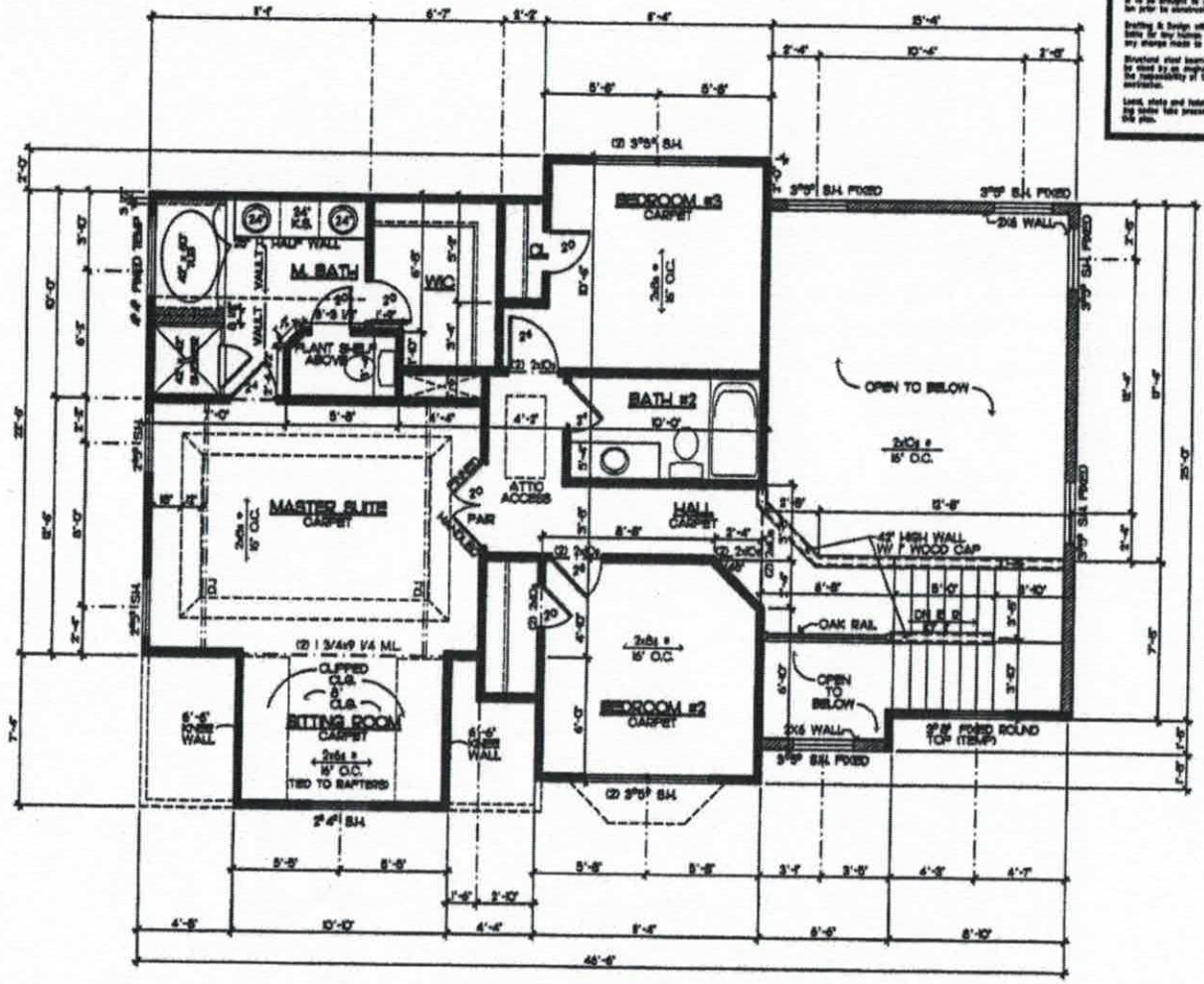
WAINSCOTT
Sheet
4

9-14-07 CJ

Acknowledgement of
Plans Submittal ONLY!

Date 6-07-17

APPROVED JUN 08 2017



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 8'-0" UNLESS OTHERWISE NOTED.

NOTE

WINDSTONE ESTATES

The Wainscott

SECOND FLOOR

dr. by BRIAN G.
Date 5-05-07
rev. 06-13-08 BG

WAINSCOTT
Sheet
5

5-14-07 CJ