# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228360

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

PIN # 4751264456

APPLICANT/OWNER: Pilch Acres Holdings LLC APPLICANT ADDRESS: 15 Fromein RD Bldg G2, Center Moriches NY 11934

SITE ADDRESS: 134 Windstone Drive Troutman NC 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 115 N TR Oswalt Amity, TL Pilch @ Stop sign go straight to Windstone DR.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: ~ LOT # 45 LOT AREA: .8 acres DESIGN FLOW: 480gpd L.T.A.R.: .30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 Shea | Date | 4-30-18 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | ~ | (gal) | PT | ~ | Date | ~ | System Description: | 25% Reduction | | | |
| Pump Make | ~ | Model | ~ | | Serial # | ~ | Repair System Description: | LP PBBD. | | | |
| # Nitrification Fields | 1 | # Lines | 5 | | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36 | Trench Bottom Depth(Low side) | 24 | | Gravel Depth | ~ | | ☒ GRAVITY | ☐ PRESSURE | | |

| | | | | |
|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 4 | Water Supply | |
| ☐ Business | No. Persons | 8 | ☐ Private | |
| ☐ Other | No. Employees | | ☐ Public | |
| ☒ Slab | ☐ Crawl Space | | ☒ Community | |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions: See Site Design + System layout by Michael Athanas + Associates. Do not Drive, park, pave, grade or bury utilities in the drainfield areas.

ST 10ft from Bumpout in middle of house

Used Quick 4

INITIAL SITE SKETCH

See attached Design by Michael Athanas + Associates

AS BUILT SKETCH

19 Ch
20 Ch
20 Ch
20 Ch
19 Ch.

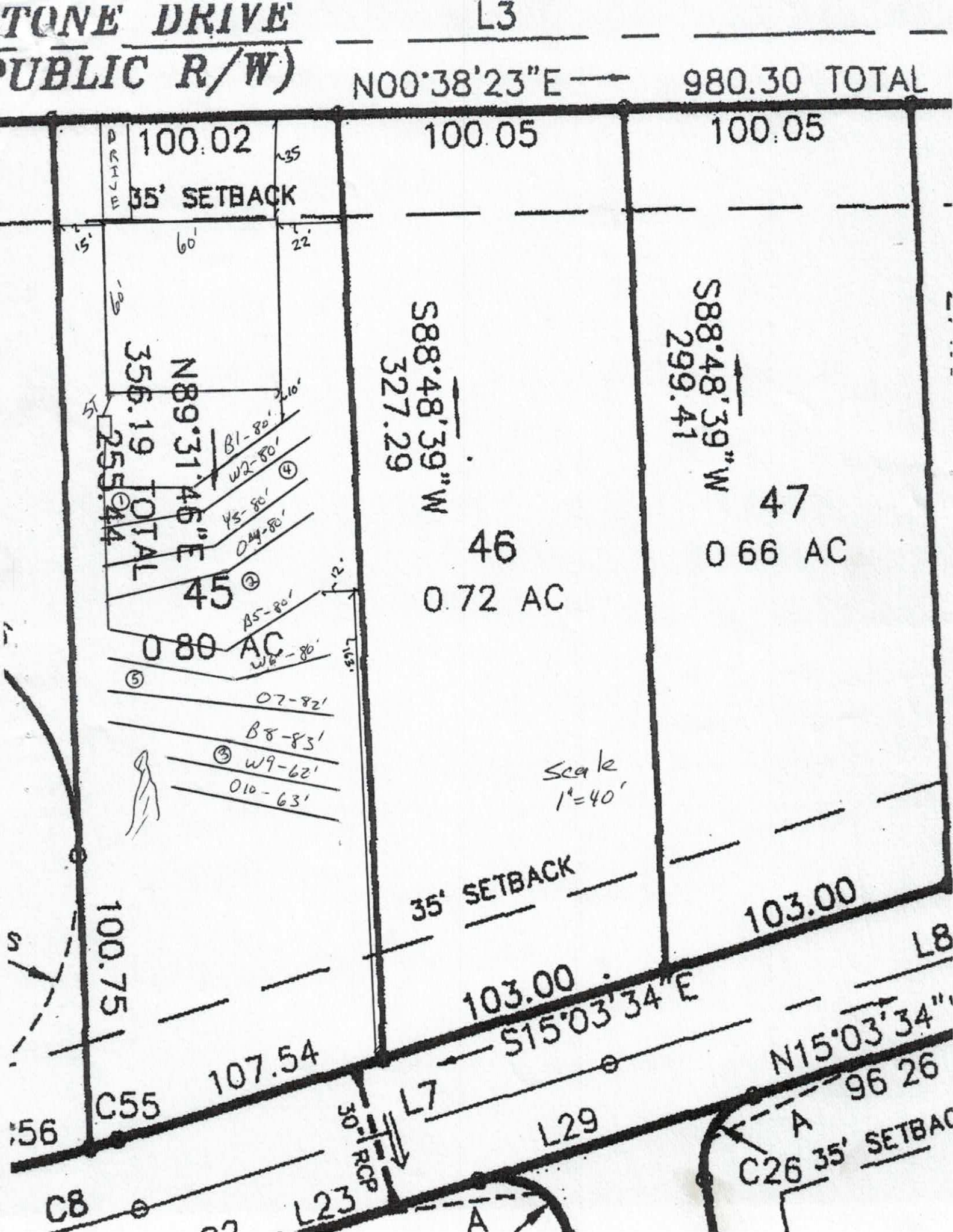
*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

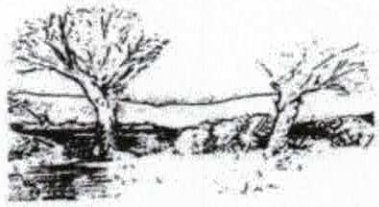
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8/14/17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Benjamin Bolkema Date: 7/14/2017. OPERATION PERMIT by: Maria Dotson Date: 4/15/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 3/29/18 Existing System Inspected by: Date:


TONE DRIVE
PUBLIC R/W)
L3
N00°38'23"E
980.30 TOTAL
100.02
35' SETBACK
100.05
100.05
S88°48'39"W
327.29
S88°48'39"W
299.41
N89°31'46"E
356.19 TOTAL
255.44
45
0 80 AC
46
0.72 AC
47
0 66 AC
B1-80'
W2-80'
Y5-80'
044-80'
B5-80'
W6-80'
07-82'
B8-83'
W9-62'
010-63'
Scale
1"=40'
35' SETBACK
103.00
100.75
107.54
103.00
S15°03'34"E
N15°03'34"
96 26
C55
L7
L29
30" RCP
C26
35' SETBAC
C8
L23
L8



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

**Reference: Data Sheet for 134 Windstone Dr., Windstone Crossing Lot 45**
**House Footprint:** 60' x 60'
**Building Setbacks:** 35' front/rear, 15' side
**Water Source:** Community well
**Number of Bedrooms:** 4/480 GPD
**Proposed LTAR:** 0.3 GPD/FT2
**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" Lowside

| Line | Design Length | Actual Length |
|---|---|---|
| **Blue 1** | **80'** | **82'** |
| **White 2** | **80'** | **82'** |
| **Yellow 3** | **80'** | **81'** |
| **Orange 4** | **80'** | **84'** |
| **Blue 5** | **80'** | **80'** |
| White 6 | | 80' |
| Orange 7 | | 82' |
| Blue 8 | | 83' |
| White 9 | | 62' |
| Orange 10 | | 63' |

**Initial System:** 400' **Repair System:** 370'

**Comments:**

PROPERTY ID #: 4751264456_
COUNTY: _Iredell____

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

OWNER: Pilch Acres Holding LLC_____ APPLICATION DATE_____
ADDRESS: _15 Frowein Rd, Bldg G2, Center Moriche, NY 11934_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: __0.80 AC_____
LOCATION OF SITE: 134 Windstone Dr, Windstone Crossing Lot 45_____ 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 | LS 6% | 0-28 | R C SBK | FR SS SP SEXP | N/A | 40" | N/A | N/A | PS 0.3 |
| | | 28-40 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | 40-48 | VER SL SAP M | FR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | LS 6% | 0-6 | BrR CL WSBK | FR SS SP SEXP | N/A | 48" | N/A | N/A | PS 0.3 |
| | | 6-40 | R C SBK | FR SS SP SEXP | | | | | |
| | | 40-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | LS 6% Approved 1/13/17 ICHD B. Botkins | 0-3 | Br CL WSBK | FR SS SP SEXP | N/A | 48" | F-C SAP | N/A | PS 0.3 |
| | | 3-36 | R C SBK | FR SS SP SEXP | | | | | |
| | | 36-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | LS 6% Approved 1/13/17 ICHD B. Botkins. | 0-2 | Br CL WSBK | FR SS SP SEXP | N/A | 48" | N/A | N/A | PS 0.3 |
| | | 2-38 | R C SBK | FR SS SP SEXP | | | | | |
| | | 38-48 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 900 FT2 | 1110 FT2 |
| System Type(s) | 25% Reduction | 25% Reduction |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



PROPERTY ID #: _4751264456____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

| 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 | |
| 5 | LS 6% | 0-25 | R C SBK | FR SS SP SEXP | N/A | 45" | F-C SAP | N/A | PS 0.3+ |
| | | 25-45 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | 45-48 | SL SAP M | VFR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | |

RECEIVED MAR 2 3 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)*

# 228360

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

**********

**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 | 980-722-7374 | same |
| Ed Belanger | same | 631-831-1461 | 631-580-1475 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

**********

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 134 Windstone Dr. | Windstone Crossing | Phase 1 Lot 45 |

**Driving Directions:** 775 exit 45 TL Amity Hill TL Pilch Rd / Pear Tree TR Windstone Dr. on right.

**********

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

**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 (X) 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:** _____ 3-23-18

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

45

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## 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 134 Windstone Dr. - Troutman, 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.

| | | | |
|---|---|---|---|
| Signature of Owner(s) | 6/8/17 Date | Joan Dalgliesh Signature of Witness | 6/8/17 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

Please CALL prior to inspection

RECEIVED JUN 3 0 2017

I. Name: Gary

DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

AGE 1: *APPLICATION FORM* Paid $500.00 # 228360

App Number: 704-310-1832

(✓) S... Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair ( ) ...ermit ( ) Well Repair Permit ( ) Well Abandonment

*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 Holdings LLC **Address:** 15 Frowein Rd Bldg G2, Center Moriche, 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:** 134 Windstone Dr

**Subdivision Name:** Windstone Crossing **Section/Phase:** _____ **Lot Number:** 45

**Driving Directions:** Hwy 115 N, TR Oswalt Amity, TL Pilch, at stop sign go straight to 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: _____ — (✓) 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:** _____ 6/30/2017

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 134 Windstone Dr. Windstone Crossing Lot 45, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

| 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:**

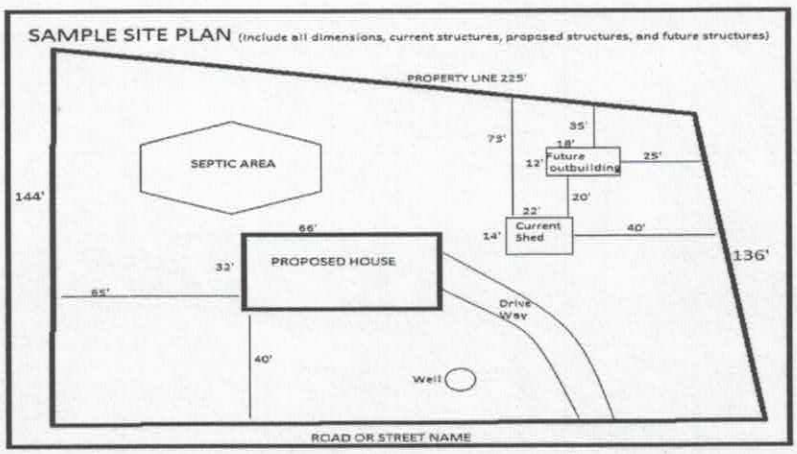
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

- X **Front and side setbacks from property line…**
- X **Preferred driveway location and configuration, preferred well location…**
- X **Area you prefer your septic system to be placed…**
- X **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 plan

**Signature:** W M Faulkner

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

3-23-18

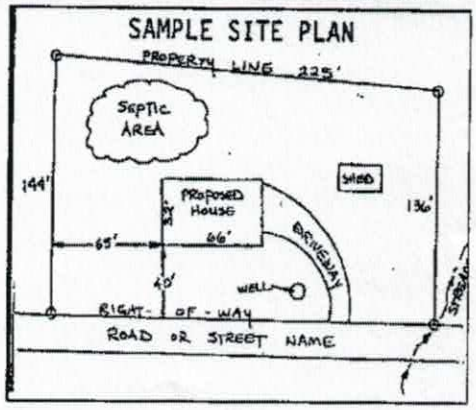
**DATE**

# IREDELL COUNTY HEALTH DEPARTMENT
## *ENVIRONMENTAL HEALTH DIVISION*
**PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

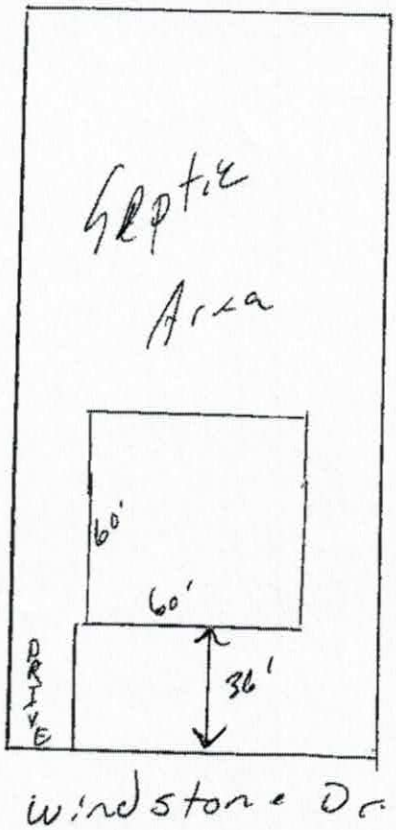



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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

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




**Signature:** _____
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

6/30/2017
**DATE**

White Copy – Environmental Health Forms\Application Form pg. 1.doc

Yellow Copy – Applicant

Z:\OSWP Info\New

Acknowledgement of Plans Submittal ONLY!

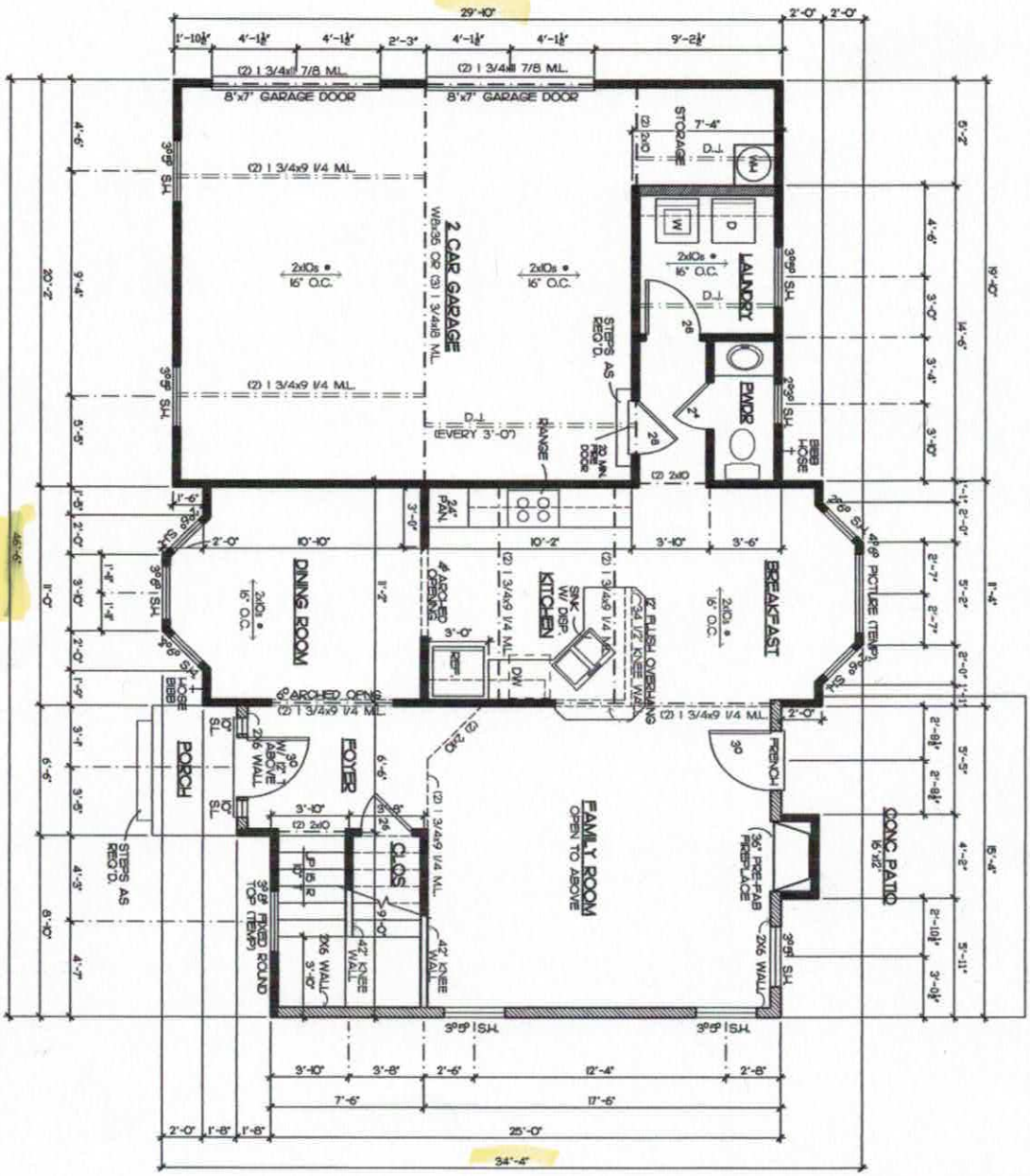
Date 3.23-18

Date 3/29/18

| SQUARE FOOTAGES | |
|---|---|
| FRAMING: | |
| 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.




FIRST FLOOR PLAN

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


NOTE: Drafting & Design assumes no liability for any home construction responsibility of the framing contractor to build per the plans. DIMENSIONS prior to the beginning of construction. Verify all dimensions with all local building codes.

Every attempt has been made to eliminate any errors or omissions. Any discrepancy in these plans must be reported to us prior to construction.

Drafting & Design will not be liable for any human error or for any change made to the plans.

Structural steel beams are to be designed by others and are the responsibility of the framing contractor.

Local, state and federal building codes take precedence over these plans.


| | | | | |
|---|---|---|---|---|
| WAINSCOTT Sheet 4 H4-07 GJ | DR. BY: BRIAN G. Date: 4-06-07 Rev: 06-19-06 (BG) | The Wainscott FIRST FLOOR | WINDSTONE ESTATES | |

Acknowledgement of
Plans Submittal ONLY!

Date 3-23-18

Date 3/29/18

NOTE: ALL ANGLED WALLS ARE AT 45°

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




# SECOND FLOOR PLAN

NOTE: Drafting & Design assumes no responsibility for any errors or omissions made by the builder/contractor which are not brought to our attention prior to construction.

Drafting & Design will not be held responsible for any errors or omissions made by any trade in the performance of their duties. Any discrepancies found on the drawings are to be brought to our attention prior to construction.

Drafting & Design will not be held responsible for any errors or for any rough cuts by the framer. Any discrepancies found on the drawings are to be brought to our attention prior to construction.

Local, state and federal building codes take precedence over any plans.

| | |
|---|---|
| Sheet | 5 |
| | WAINSCOT |
| DR. BY: J. BOONAR | |
| Date: 02-2-18 | |
| REV: | |

PROPOSED PRODUCTS AND CONSTRUCTION AS SHOWN ON THESE PLANS ARE BY SUBDIVISION AND ARE SUBJECT TO CHANGE WITHOUT NOTICE. ROOM SIZES AND LAYOUT MAY BE CUSTOMIZED.

**The Wainscott**

**2ND FLOOR- 4 BDRM OPT.**

**WINDSTONE ESTATES**

DRAWING NO.

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 228360 |
| Issue Date: 06/29/2017 |

**ZONING PERMIT**
Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4751264456.000 | 134 WINDSTONE DRIVE, TROUTMAN, NC 28166 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: PILCH ACRES HOLDING LLC | Applicant: PILCH ACRES HOLDING LL |
| Address: 423<br>IREDELL CO, NC 28625 | Address: 423<br>IREDELL CO, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .800 | 35.00 | 35.00 | 15.00 | 15.00 | NO | X |

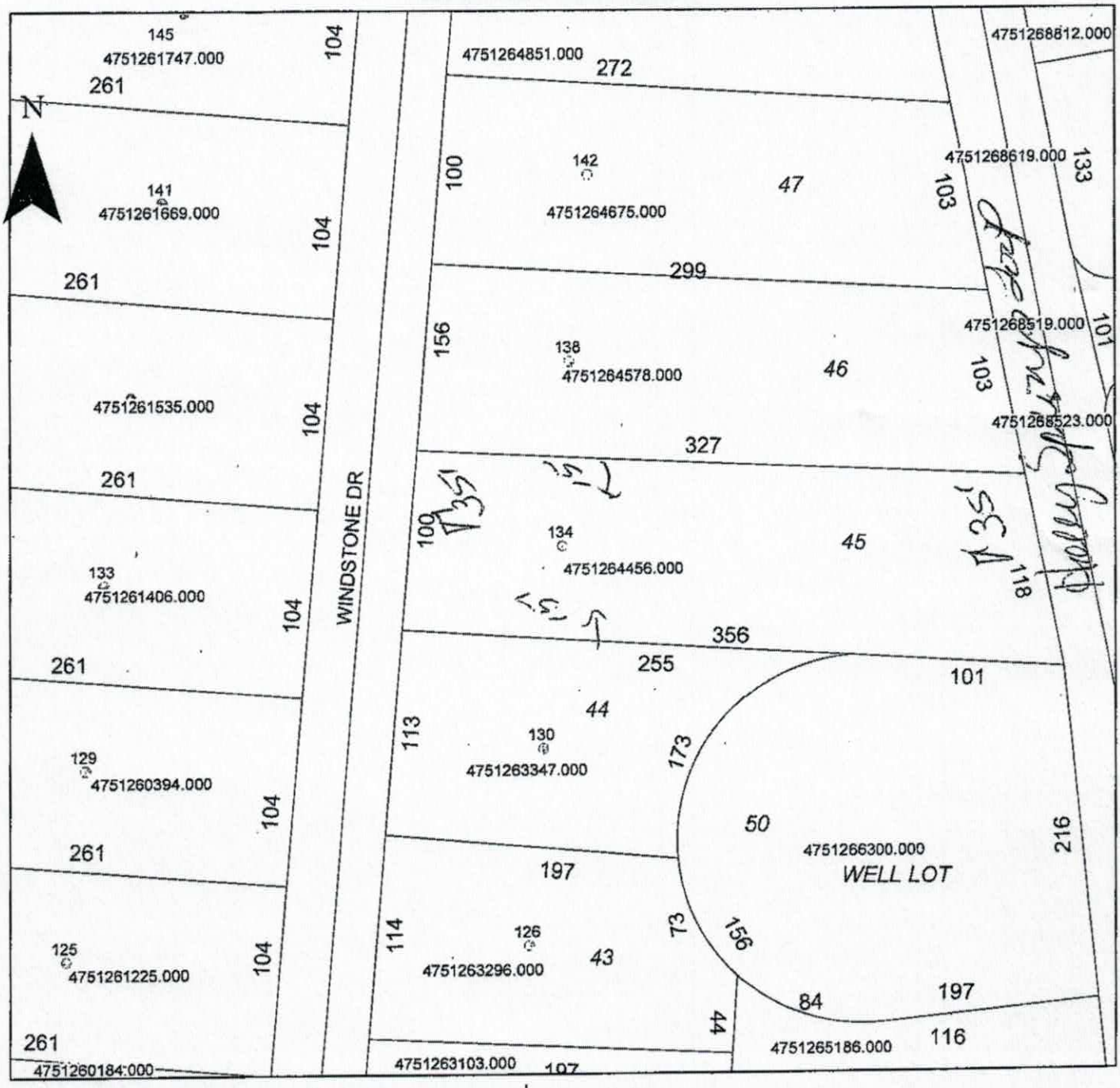
**Remarks:**

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 | 107857 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 134 Windstone

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.

Applicant

Date