ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 302235

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

PIN # 4751264578

APPLICANT/OWNER: Ed Belanger / Mike Faulkenbury APPLICANT ADDRESS: 15 Fraven Rd Center Moriches NY 11934

SITE ADDRESS: 138 Windstone Drive Troutman NC 28166 PHONE: 980-722-7370 ALT. PHONE 631-831-1461

SITE DIRECTIONS: Hwy 115 R on Ostwalt Mauney L on Pilch Continue Straight @ Stop Sign SAP CONTROLLED: ☐ YES ☒ NO

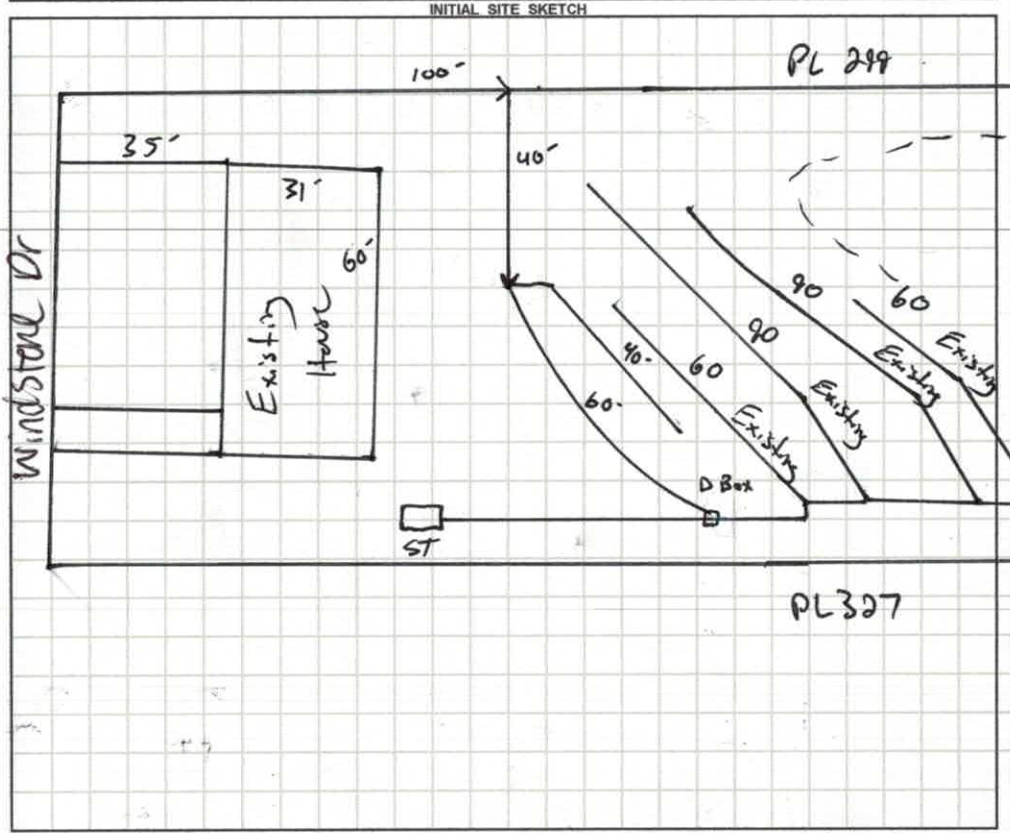
SUBDIVISION: Windstone Crossing SECTION: – LOT# 46 LOT AREA: .72 DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	Existing	(gal)	STB		Date		☐ New System ☒ Repair ☒ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description: 25% Reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model			Serial #		Repair System Description: 50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields		# Lines	5		Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth	–	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

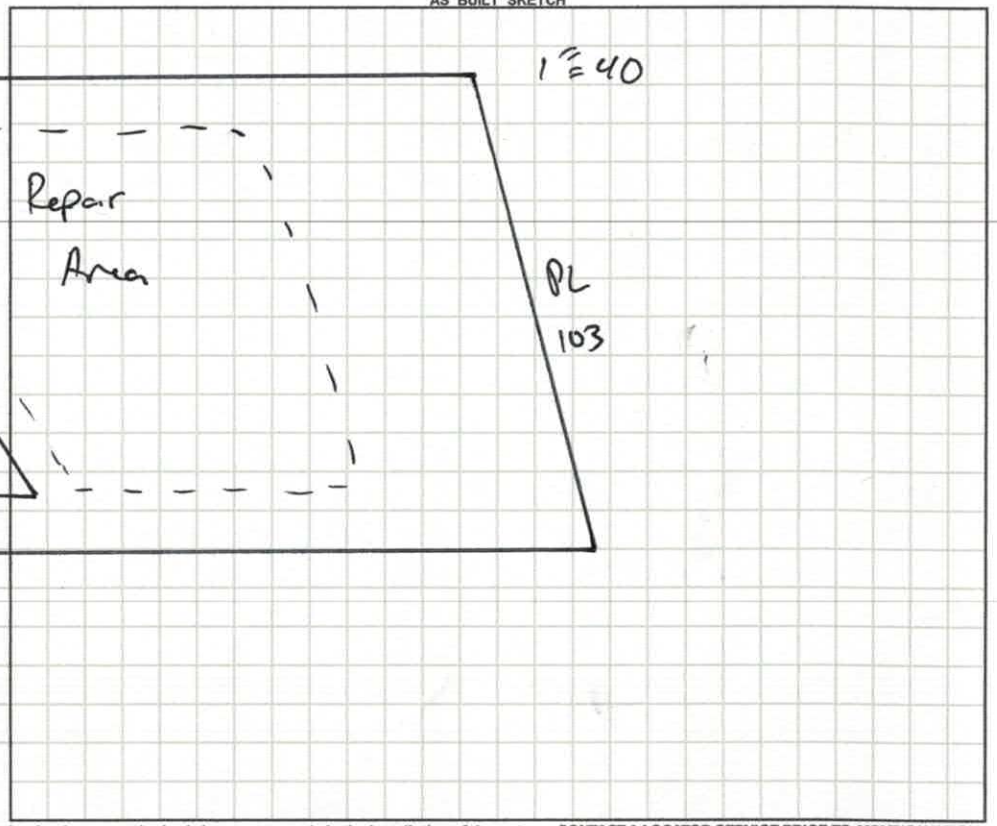
Comments / Conditions: Install Drainlines on Center of land
1. Add D Box to feed new top lines.

* Do exploratory dig on bottom line to see why its failing. Have inspector on lot at time of dig.
704-902-4481

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: Acceptance of Permit Recd Date: 4-28-2020 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Date: 4-13-2020 OPERATION PERMIT by: Date: 6-4-2020

AUTHORIZATION TO CONSTRUCT by: Date: 4-13-2020 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Edward Belanger, am the legal owner or the agent of the property located at 138 Windstone Dr. Troutman, NC, identified as PIN(Parcel Identification Number) 4751264578, located in Iredell County, North Carolina.
Permit # 302235.

I do hereby agree ~~to the permit~~ design and the conditions of this permit.

Signature of Owner/Authorized Agent Date

Signature of Witness Date

edbcbhomes@aol.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

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

Sheet 1 of 1
PROPERTY ID #: 475/2445
COUNTY: Iredell

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

OWNER: Ed Belanger
ADDRESS: 138 Windstone
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 138 Windstone Dr

APPLICATION DATE 3-23-20
DATE EVALUATED: 4-6-2020
PROPERTY SIZE: .72
PROPERTY RECORDED: Yes

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	PROFILE CLASS & LTAR
1	3-4%	0-6	F.11	Fr SS SP Sap					
		6-30	SBK C		N/A	48+	N/A	Few Rad Inc @ 6"-30"	PS .3
		30-56	SBK CL						
2	3-4%	0-6	SBK SCL						
		6-27	SBK C		N/A	48+	N/A	N/A	PS .3
		27-48	SBK CL						
3	3-4%	0-6	SBK SCL						
		6-30	SBK C		N/A	48+	N/A	N/A	PS .3
		30-48	SBK CL						
4	3-4%	0-6	SBK SCL						
		6-28	SBK C		N/A	48+	N/A	N/A	PS .3
		28-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100'	266'
System Type(s)	25%	50%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

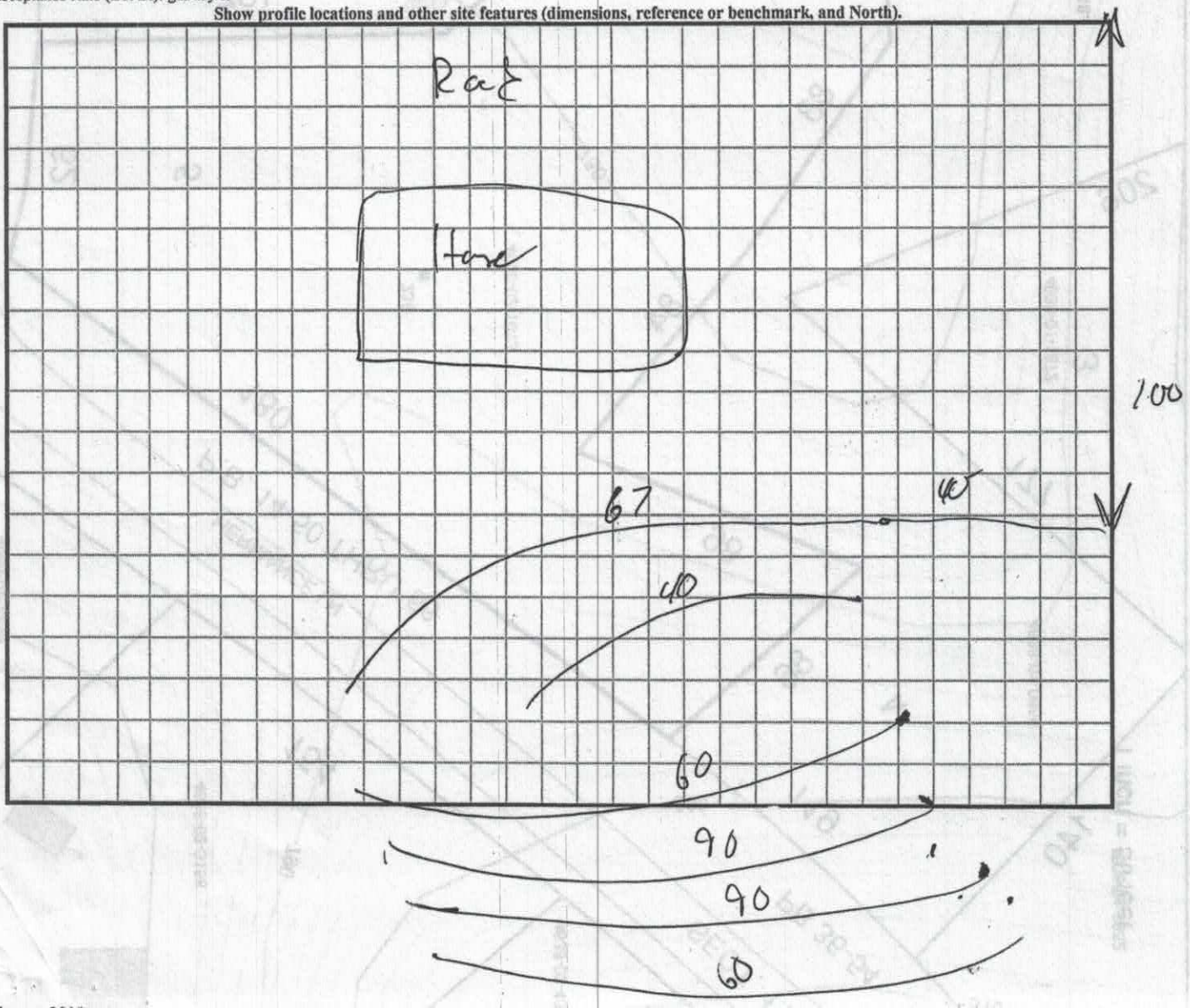
NOTES

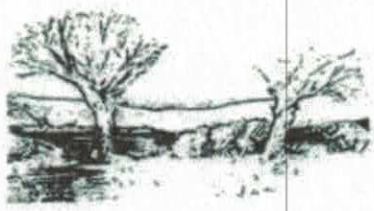
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).





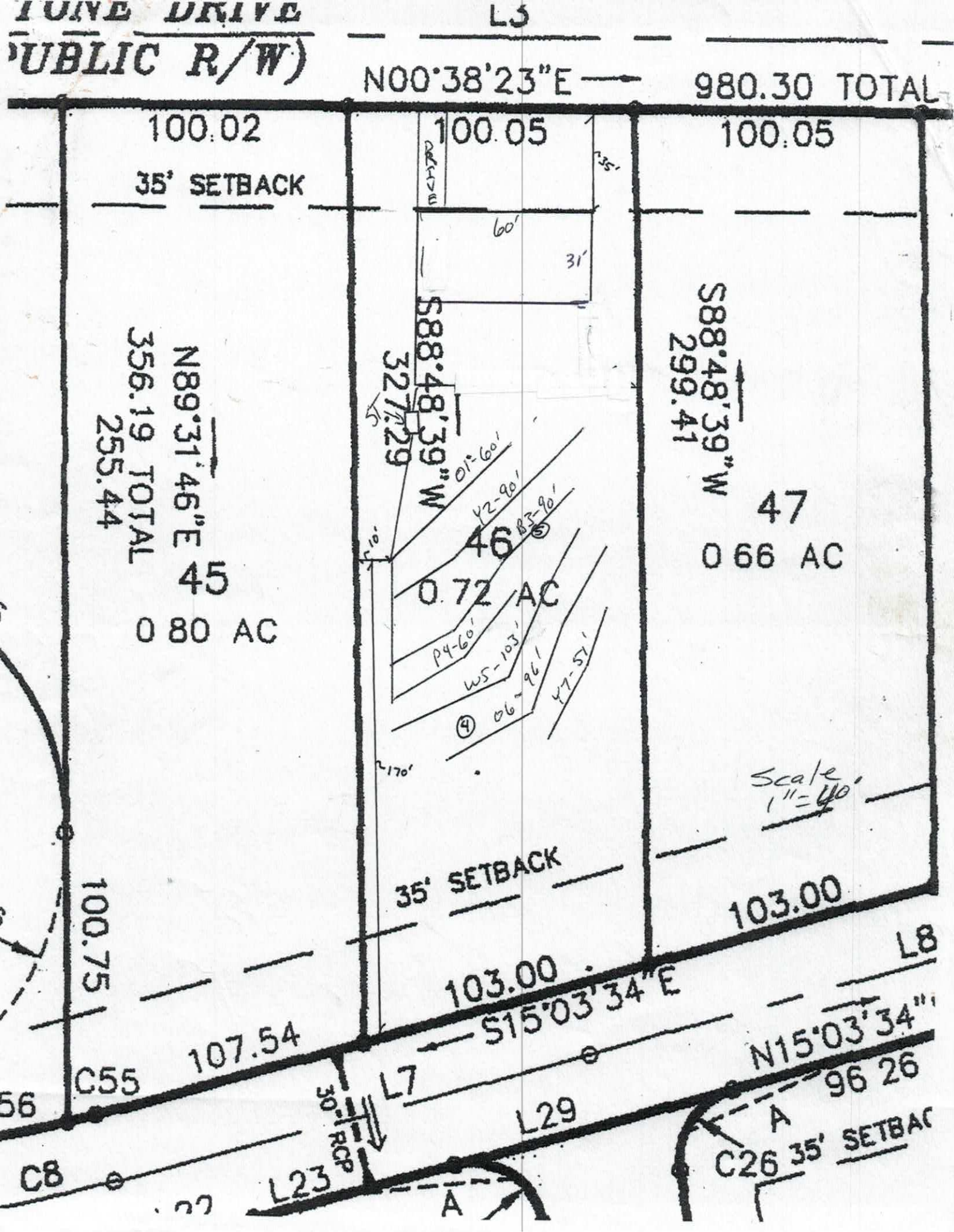
MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 138 Windstone Dr., Windstone Crossing Lot 46
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 3/360 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: 24-36"

Line	Design Length	Actual Length
Orange 1	**60'**	**69'**
Yellow 2	**90'**	**91'**
Blue 3	**90'**	**90'**
Pink 4	**60'**	**60'**
White 5		103'
Orange 6		96'
Yellow 7		51'

Initial System: 300' **Repair System:** 250'

Comments:


TONE DRIVE
PUBLIC R/W)
L3
N00°38'23"E
980.30 TOTAL
100.02
35' SETBACK
100.05
100.05
60'
31'
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
01-60'
Y2-90'
B3-90'
P9-60'
W5-103'
06-96'
Y7-51'
~10'
~170'
Scale
1"=40'
35' SETBACK
100.75
103.00
103.00
S15°03'34"E
L8
107.54
C55
L7
30"RCP
L29
96 26
A
C26
35' SETBAC
C8
L23
A

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: __0.72 AC_____
LOCATION OF SITE: 138 Windstone Dr, Windstone Crossing Lot 46 _____ 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%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
2	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
4	IcHD Bored 2 additional Holes B. Bottoms 7/14/2017.	Findings Similar to							
		holes 1 & 3							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	750 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

JB

RECEIVED MAR 2 5 2020

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-302235

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 Expansion/Repair

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 Erowein Rd Suite G-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: 138 Windstone Drive Troutman, NC
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 46
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 3-23-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

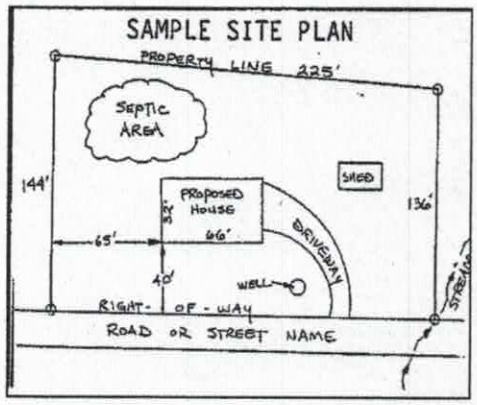
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 3-23-20

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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☑ **2.** I, Seth Fargher, am the legal owner(s) of the property located at 138 Windstone Dr. Troutman, NC, 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.

Seth Fargher
Signature of Owner(s)

3-23-20
Date

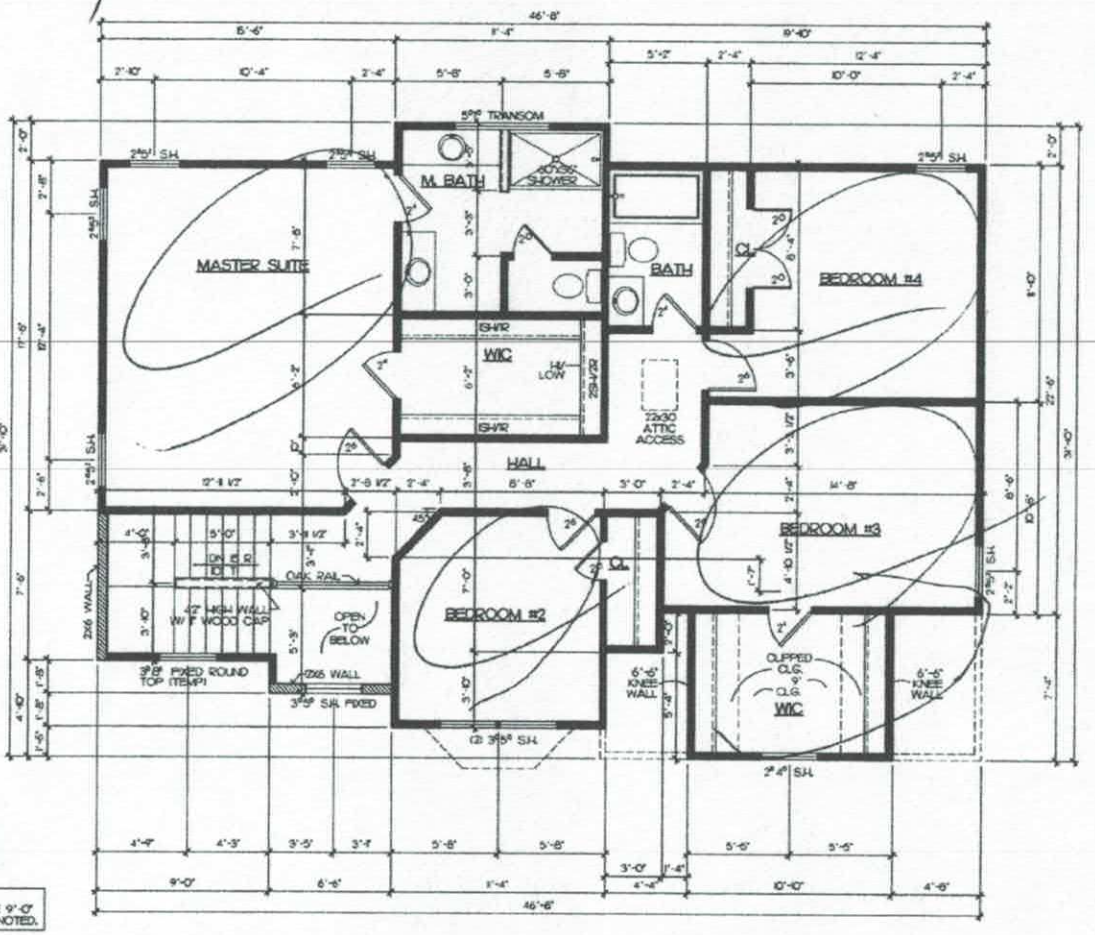
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 4-13-2020

Date 4-15-2020



NOTE:
ALL ANGLED WALLS ARE AT 45°

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

SECOND FLOOR PLAN

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

NOTE

Drafting & Design assumes no liability for any home construction from this plan. It is the responsibility of the purchaser of this plan to have the builder/contractor verify ALL DIMENSIONS prior to the beginning of construction. The contractor must verify compliance with all local building codes.

Every attempt has been made at preparation of this drawing to avoid errors. Any discrepancy, error and/or omission, if found, is to be brought to our attention prior to construction.

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

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

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

FRONT LOAD GARAGE

GARAGE RIGHT

WINDSTONE ESTATES

The Wainscott

2ND FLOOR- 4 BDRM OPT.

DR. BY: J. BODNAR

Date: 03-2-18

REV: 03-27-18

WAINSCOTT

Sheet 5