IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24299

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

PIN # 4751265186

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

SITE ADDRESS: 131 Holly Springs Lp. Troutman NC 28166 PHONE: Mike 9807227370 ALT. PHONE

SITE DIRECTIONS: Hwy 115 TR Oswalt/Amity Rd TL Pilch Rd Continue into Windstone TR Hollysprings on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: — LOT # 51 LOT AREA: .59 Acre DESIGN FLOW: 360 gpd 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	1000	(gal)	PT		Date		System Description:	Pump-PM-25% Reduction			☐ Business	No. Persons	6	☐ Private	
Pump Make			Model		Serial #		Repair System Description:	Drip Irrigation			☐ 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~~ Max)		18"		Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions:

May need 2" cover.

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanas & Assoc. (dated 4/26/19)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	7-18	KW
Tanks Checked	7-18	KW
Pressure Manifold or Valve Box Checked	10-9-19	GJB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)		

supply line checked 7-18 KW

*last 2 chambers on last 2 lines need to be verified 6" cover is there once system is covered *

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**

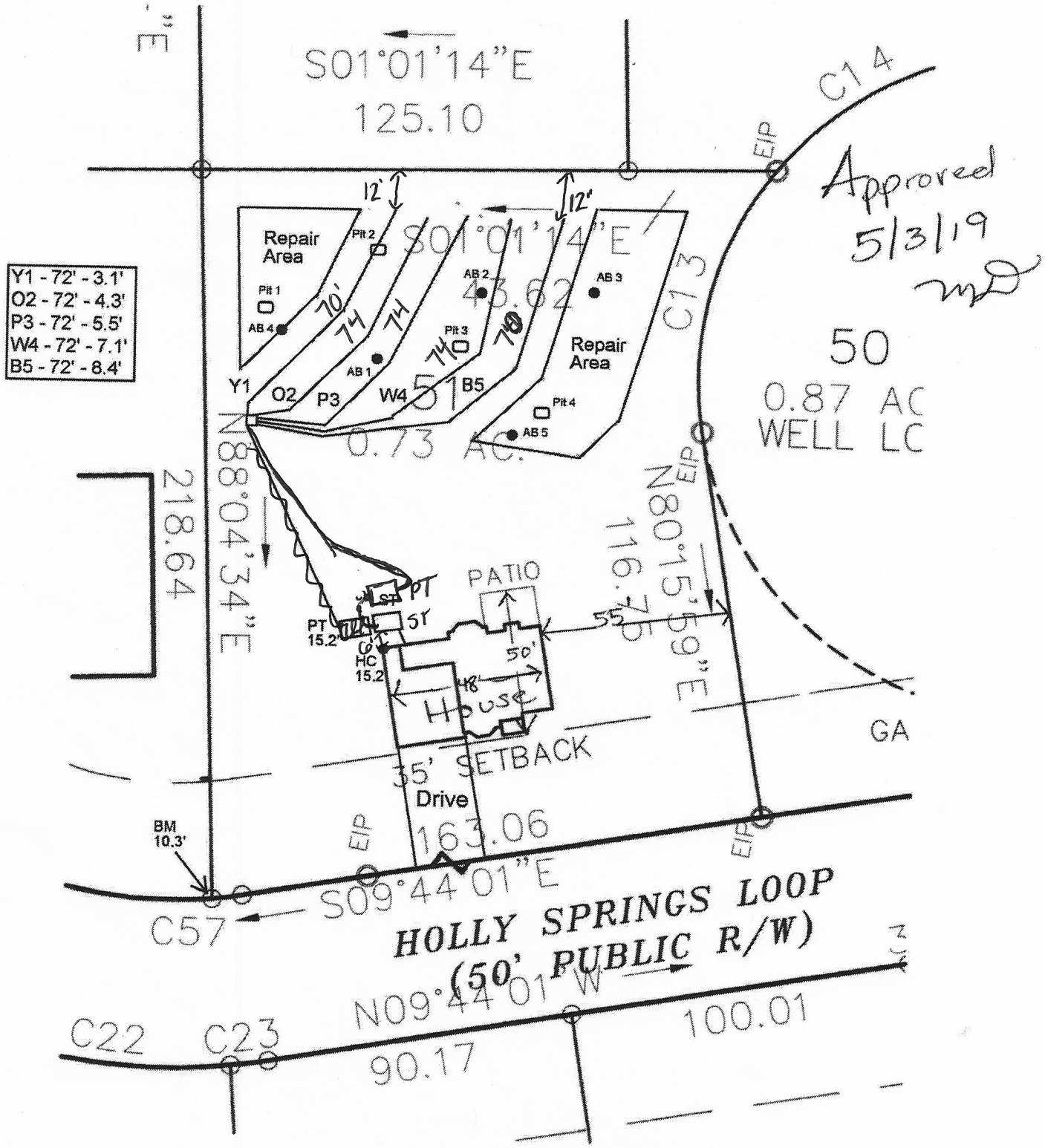
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5-6-19 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 5/3/19 OPERATION PERMIT by: James Beggs (as) Date: 10-9-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5-6-19 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.


S01°01'14"E
125.10
C14
EIP
Approved
5/3/19
MD
12'
12'
Repair Area
Pit 2
Pit 1
AB 4
AB 2
AB 3
Pit 3
AB 1
Repair Area
Pit 4
AB 5
70'
74'
74'
74'
70'
Y1 - 72' - 3.1'
O2 - 72' - 4.3'
P3 - 72' - 5.5'
W4 - 72' - 7.1'
B5 - 72' - 8.4'
Y1
O2
P3
W4
B5
S01°01'14"E
43.62
C13
50
0.87 AC
WELL LC
0.73 AC.
N88°04'34"E
218.64
N80°15'59"E
116.20
EIP
PT
PATIO
LS
PT
15.2'
5'
55'
6'
HC
15.2
50'
48'
House
GA
35' SETBACK
Drive
BM
10.3'
EIP
163.06
EIP
S09°44'01"E
C57
HOLLY SPRINGS LOOP
(50' PUBLIC R/W)
N09°44'01"W
100.01
C22
C23
90.17
Scale
1"=40'
N



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

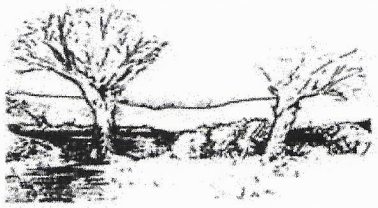
Reference: Data Sheet for 131 Holly Springs Lp, Windstone Crossing Lot 51
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.25 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Irrigation
Distribution: Pressure manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: 5 @ ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 157.5 gallons
Pump Run Time: 5.7 minutes
Elevation Head: 17.1'
Friction Head: 1.2'
Pressure Head: 2'
Total Dynamic Head: 20.3'
Supply Line Length: 65' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18" (initial), 6" (repair)



Line	Design Length	Actual Length	Elevation
Yellow 1	72'	72'	3.1'
Orange 2	72'	87'	4.3'
Pink 3	72'	103'	5.5'
White 4	72'	75'	7.1'
Blue 5	72'	72'	8.4'

Initial System: 360' **Repair System:** 2880+FT^2
Pump Tank: 15.2' **House Corner:** 15.2'
Benchmark: 10.3' (top of front left iron)

Comments:



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

Approved
5/3/19
MD

Reference: Data Sheet for 131 Holly Springs Lp, Windstone Crossing Lot 51
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
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Yellow 1	72'	72'	3.1'
Orange 2	72'	87'	4.3'
Pink 3	72'	103'	5.5'
White 4	72'	75'	7.1'
Blue 5	72'	72'	8.4'

Initial System: 360' **Repair System:** 2880+FT^2
Pump Tank: 15.2' **House Corner:** 15.2'
Benchmark: 10.3' (top of front left iron)

Comments:

PROPERTY ID #: 4751265186_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 5/3/19 MD

OWNER: Pilch Acres 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: __0.73 AC_____
LOCATION OF SITE: Holly Springs Lp, Windstone Crossing lot 51_____ 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	
PIT 1	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	YB	53"	N/A	N/A	PS 0.25
		6-34	R C SBK/ABK	FR SS SP SEXP					
		34-53	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-10	Br SCL WSBK	FR SS SP SEXP	YB	53"	N/A	N/A	PS 0.25
		10-32	R C SBK/ABK	FR SS SP SEXP					
		32-53	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	YB CHR 2 @ 32"	32"	N/A	N/A	PS 0.25
		3-32	R C SBK/ABK	FR SS SP SEXP					
		32-50	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	YB	36"	N/A	N/A	PS 0.25
		3-24	R C ABK	FR SS SP SEXP					
		24-53	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1080 FT2	2880+FT2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.25	0.125

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

COMMENTS:_____

SOIL/SITE EVALUATION

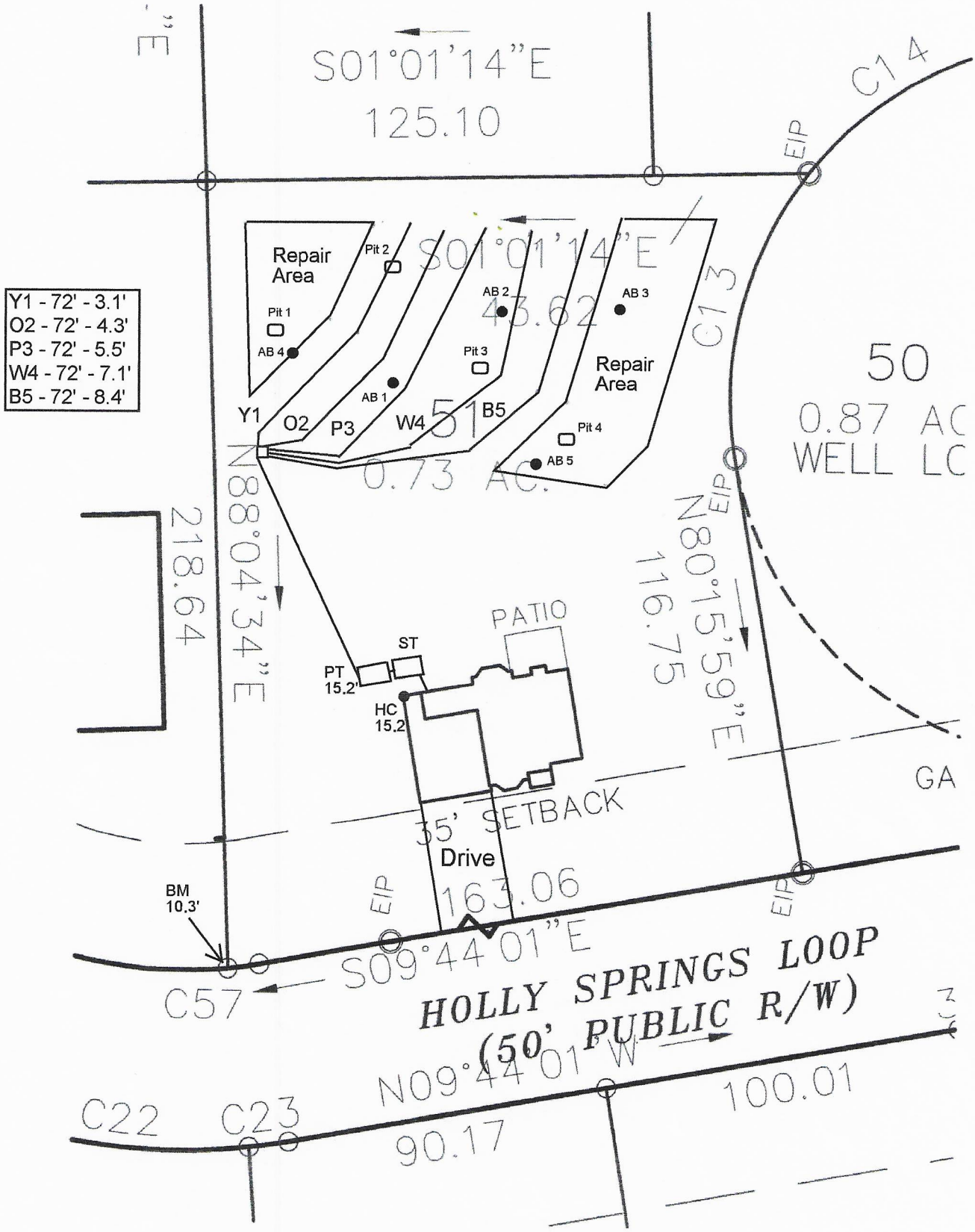
(Continuation Sheet)

Approved
5/3/19 mp

PROPERTY ID #: 4751265186
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
AB 1	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	YB	48"	N/A	N/A	PS 0.3-0.25
		3-35	R C SBK	FR SS SP SXP					
		35-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-32	R C SBK	FR SS SP SXP	Litho Colors	48"	N/A	N/A	PS 0.3
		32-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 10%	0-4	Br CL WSBK	FR SS SP SXP	YB	48"	N/A	N/A	PS 0.25
		4-38	R C SBK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 6%	0-33	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		33-48	R CL WSBK	FR SS SP SXP					
AB 5	LS 10%	0-15	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		15-48	R CL WSBK	FR SS SP SXP					

COMMENTS:


Y1 - 72' - 3.1'
O2 - 72' - 4.3'
P3 - 72' - 5.5'
W4 - 72' - 7.1'
B5 - 72' - 8.4'
S01°01'14"E
125.10
C14
EIP
Repair Area
Pit 2
Pit 1
AB 4
AB 2
AB 3
Pit 3
AB 1
Y1
O2
P3
W4
51
B5
Repair Area
Pit 4
AB 5
0.73 AC.
C13
50
0.87 AC
WELL LC
N88°04'34"E
218.64
N80°15'59"E
116.75
EIP
PATIO
ST
PT
15.2'
HC
15.2
35' SETBACK
Drive
163.06
BM
10.3'
EIP
EIP
S09°44'01"E
C57
HOLLY SPRINGS LOOP
(50' PUBLIC R/W)
N09°44'01"W
100.01
C22
C23
90.17
GA
Scale
1"=40'
N



2008

MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

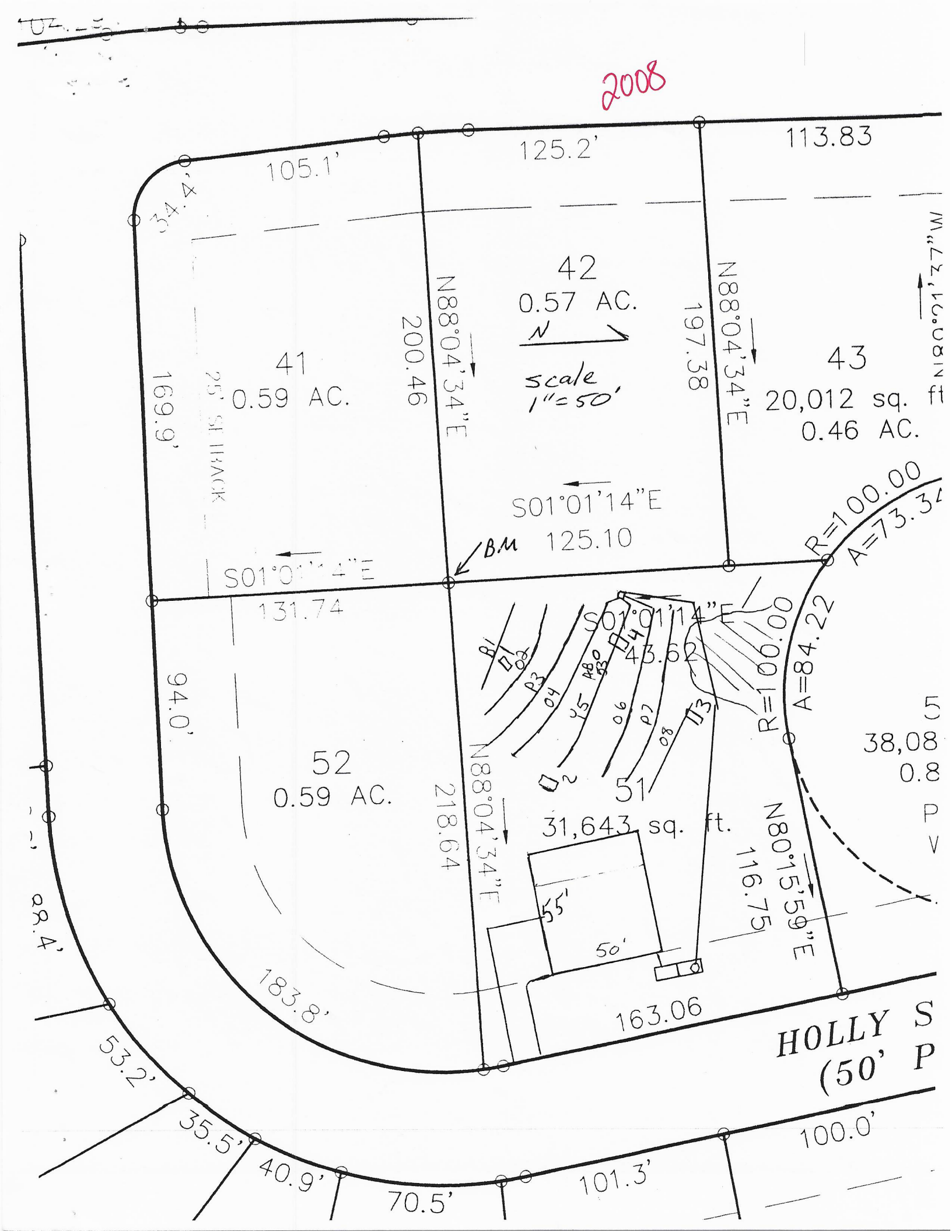
Reference: Data Sheet for Paramount Woods Lot 51
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 3/360gpd
Proposed LTAR: 0.25 gpd/ft2
Suggested system type: PPBPS
Distribution: Low Pressure-Central Valve Box
Pressure Head: 2'
Hole Size: 3/16"
Flow Per Tap: 0.59 gpm
System Flow: 31.9 gpm
Dosing Volume: 194.4 gal
Pump Run Time: 6.1 min
Elevation Head: 20.6'
Friction Head: 3.9'
TDH: 31.8'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36" 30" TB

Line	Design Length	Actual Length	Elevation
Blue 1	*40'*		*2.5'*
Orange 2	*57'*		*3.4'*
Pink 3	*73'*		*4.5'*
Orange 4	**80'**	**91'**	**5.3'**
Yellow 5	**80'**	**108'**	**6.2'**
Orange 6	**80'**	**131'**	**7.4'**
Pink 7	*78'*		*8.8'*
Orange 8	*45'*		*10.5'*

Initial system: 240' (54 panels)
Pump tank: 20.9'
House Corner: 20.5'

Repair system: *293'*
Benchmark: 1.2'

Comments:


2008
125.2'
113.83
105.1'
34.4'
42
0.57 AC.
N
scale
1"=50'
N88°04'34"E
197.38
N88°04'34"E
200.46
41
0.59 AC.
169.9'
25' SETBACK
43
20,012 sq. ft
0.46 AC.
S01°01'14"E
125.10
B.M
S01°01'14"E
131.74
R=100.00
A=73.34
S01°01'14"E
43.62
R=100.00
A=84.22
94.0'
52
0.59 AC.
218.64
N88°04'34"E
51
31,643 sq. ft.
N80°15'59"E
116.75
55'
50'
163.06
183.8'
53.2'
35.5'
40.9'
70.5'
101.3'
100.0'
HOLLY S
(50' P

PROPERTY ID #: 4751265186_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres 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: __0.73 AC_____
LOCATION OF SITE: Holly Springs Lp, Windstone Crossing lot 51_____ 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	
PIT 1	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	YB	53"	N/A	N/A	PS 0.25
		6-34	R C SBK/ABK	FR SS SP SEXP					
		34-53	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-10	Br SCL WSBK	FR SS SP SEXP	YB	53"	N/A	N/A	PS 0.25
		10-32	R C SBK/ABK	FR SS SP SEXP					
		32-53	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	YB CHR 2 @ 32"	32"	N/A	N/A	PS 0.25
		3-32	R C SBK/ABK	FR SS SP SEXP					
		32-50	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	YB	36"	N/A	N/A	PS 0.25
		3-24	R C ABK	FR SS SP SEXP					
		24-53	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1080 FT2	2880+FT2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.25	0.125

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

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4751265186_____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	YB	48"	N/A	N/A	PS 0.3-0.25
		3-35	R C SBK	FR SS SP SXP					
		35-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-32	R C SBK	FR SS SP SXP	Litho Colors	48"	N/A	N/A	PS 0.3
		32-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 10%	0-4	Br CL WSBK	FR SS SP SXP	YB	48"	N/A	N/A	PS 0.25
		4-38	R C SBK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 6%	0-33	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		33-48	R CL WSBK	FR SS SP SXP					
AB 5	LS 10%	0-15	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		15-48	R CL WSBK	FR SS SP SXP					

COMMENTS:_____

RECEIVED APR 2 6 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#242991 Comprehensive

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

Relayout

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

Paid $350.00

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 Holding LLC **Address:** 15 Frowein Rd, STE G2, Center Moriches, NY **Zip:** 11934

Applicant Email: _____ **Phone:** Mike 980-722-7370 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 131 Holly Springs Lp

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 51

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(✓) 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: _____

( ) 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: 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: _____ 4/26/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 131 Holly Springs Lp Windstone Crossing Lot 51, identified as PIN (Parcel Identification Number) 4751265186, 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.

	4/26/2019		
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

RECEIVED MAR 1 8 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AC w/ Inspection # 242991

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: ( ) 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: Mike Faulkenberry Address: 15 Froewin Rd. G-2 Center Moriches, NY Zip: 11934
Applicant Email: wmf2087@windstream.net Phone: 980-722-7370 Alt. Phone:
Owner Name: Ed Belanger Address: 15 Froewin Rd G-2 Center Moriches, NY Zip: 11934
Owner Email: edbcbhomes@aol.com Phone: 631-831-1461 Alt. Phone:

Property Information:

Street Address: 131 Holly Springs Loop Troutman, NC
Subdivision Name: Windstone Crossing Section/Phase: Lot Number: 51
Driving Directions: I77 S take exit 45 TL Amity Hill Rd. TL Rich Rd TR Windstone Dr.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants:
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well (X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

Signature: Wm Faulkenberry 3-15-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 131 Holly Springs Loop Troutman, NC, identified as PIN (Parcel Identification Number) 4751264478.051, 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)	Date	Signature of Witness	Date
	8/10/18		8/10/18

Please return this signed form to the appropriate office:

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ronda.hart@co.iredell.nc.us
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610 E. Center Avenue, Mooresville, NC 28115

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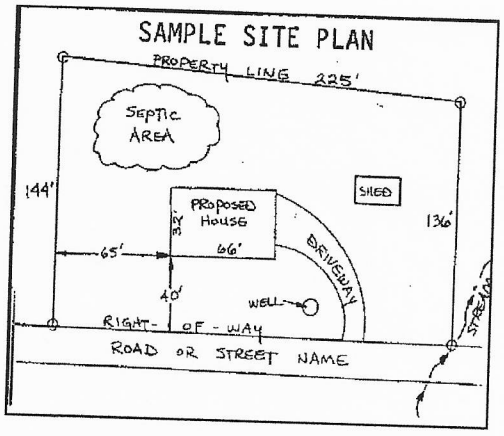
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____

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

4/26/2019

DATE

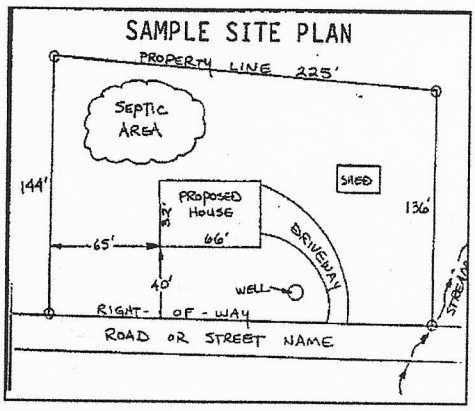
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- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction



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)

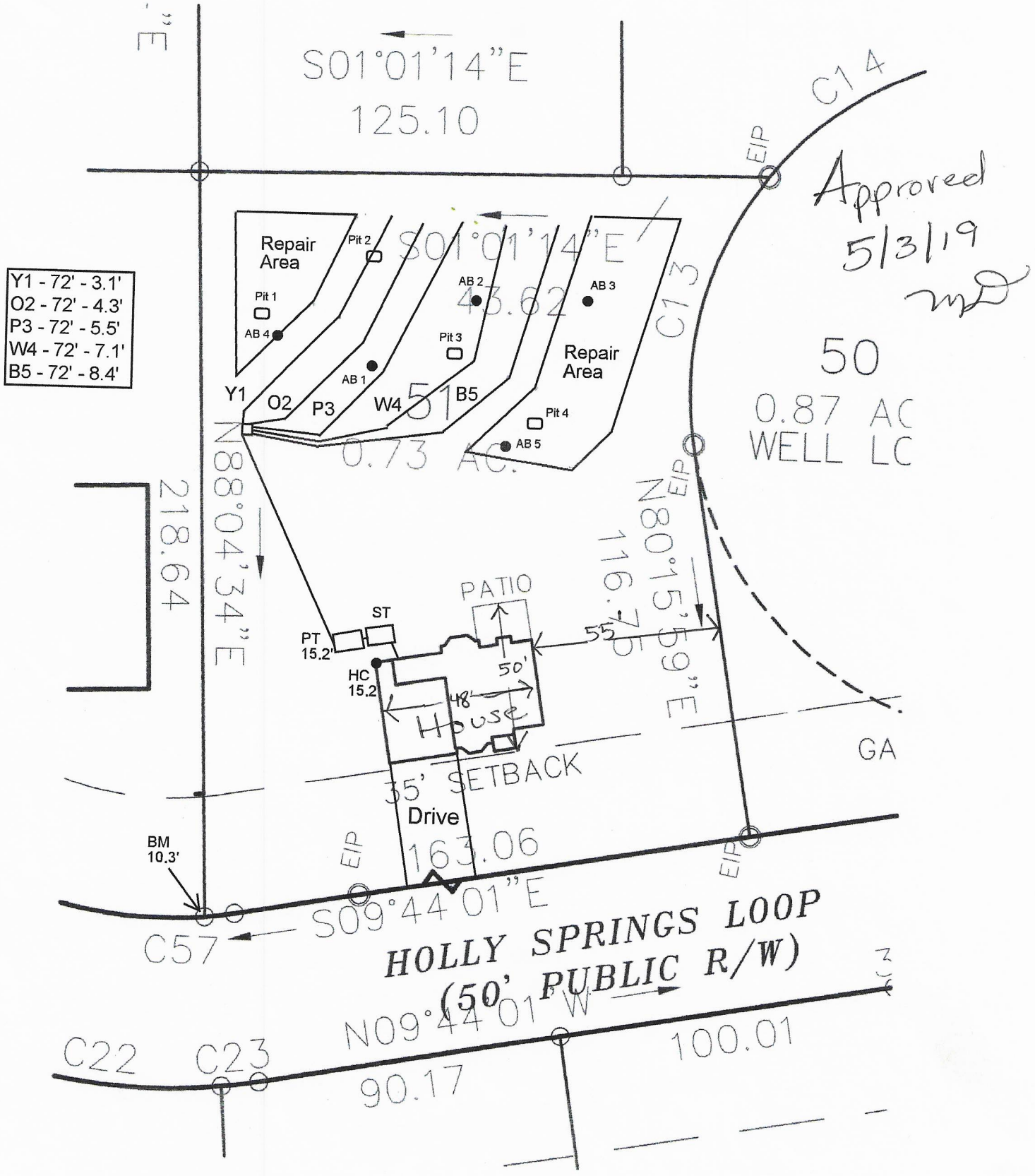
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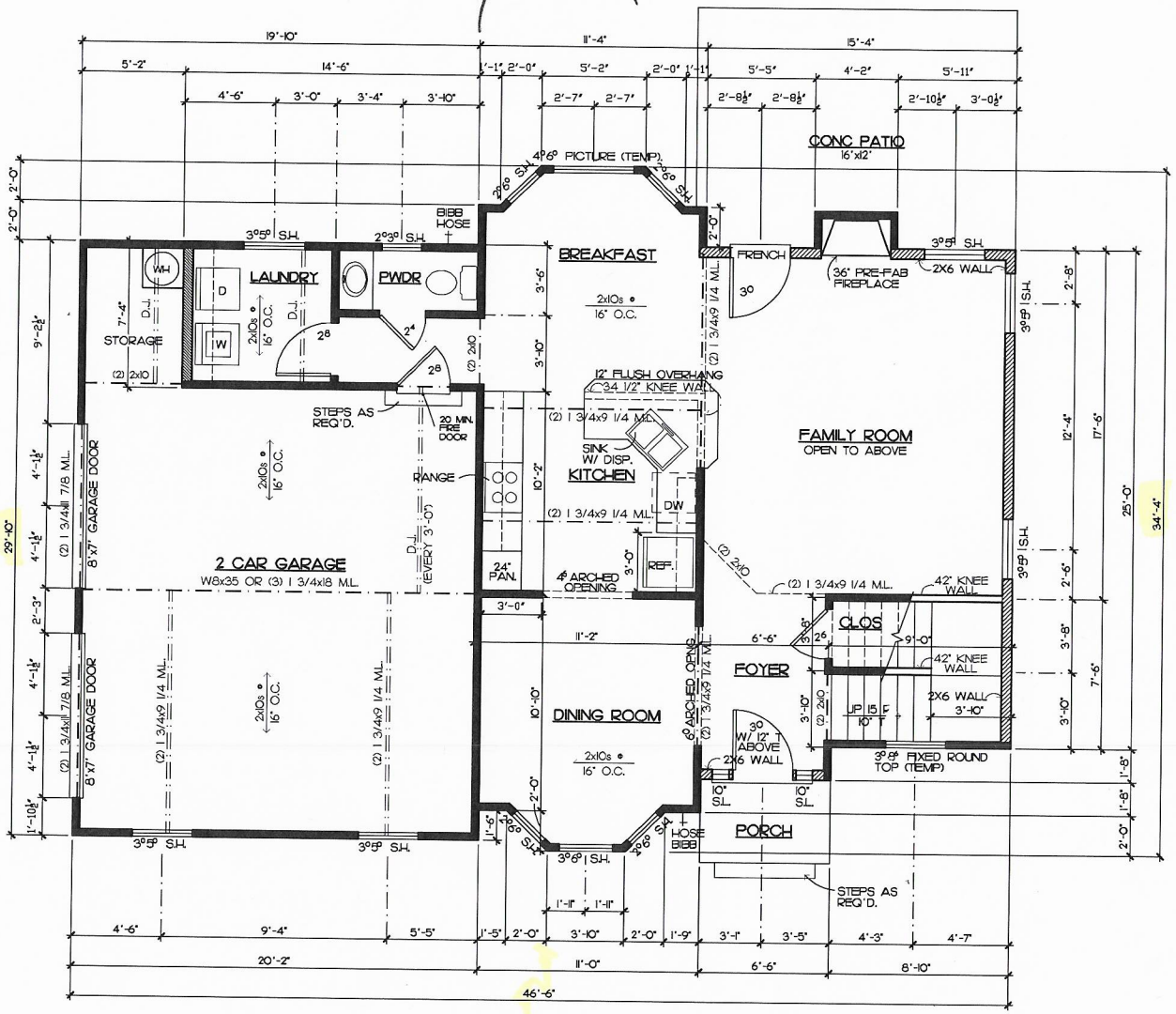
see attached proposal from Michael Athanis and Assoc.

Signature: _____ 3-15-19

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


S01°01'14"E
125.10
C14
EIP
Approved
5/3/19
Repair Area
Pit 2
Pit 1
AB 4
AB 1
AB 2
Pit 3
AB 3
Repair Area
Pit 4
AB 5
Y1
O2
P3
W4
B5
S01°01'14"E
43.62
C13
50
0.87 AC
WELL LC
51
0.73 AC.
Y1 - 72' - 3.1'
O2 - 72' - 4.3'
P3 - 72' - 5.5'
W4 - 72' - 7.1'
B5 - 72' - 8.4'
N88°04'34"E
218.64
N80°15'59"E
116.21
EIP
PATIO
ST
PT
15.2'
HC
15.2
55'
50'
48'
House
GA
35' SETBACK
Drive
BM
10.3'
EIP
163.06
EIP
S09°44'01"E
C57
HOLLY SPRINGS LOOP
(50' PUBLIC R/W)
N09°44'01"W
100.01
C22
C23
90.17
Scale
1"=40'
N

Acknowledgement Of
Plans Submittal ONLY!
Carol Cone Date 5-6-19
John Fully Date 5-7-19



FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

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.

NOTE
Drafting & Design assumes no liability for any home construction from this plan. It is the responsibility of the purchaser of the 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 in 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 builder/contractor.

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

Drafting & Design Inc.
Charlotte N.C.
704-542-8658

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WINDSTONE ESTATES

The Wainscott
FIRST FLOOR

DR. BY: BRIAN G.
Date 11-05-07
REV: 06-13-08 (BG)

PRICES, PRODUCTS, AND SPECIFICATIONS MAY VARY BY SUBDIVISION, AND ARE SUBJECT TO CHANGE WITHOUT NOTICE. ROOM SIZES ARE APPROXIMATE, AND ELEVATIONS MAY BE CONCEPTUAL.

WAINSCOTT
Sheet
4

11-14-07 CJ

Acknowledgement Of
Plans Submittal ONLY!
Carlen C. Cowe Date 5-6-19
Date 5-7-19

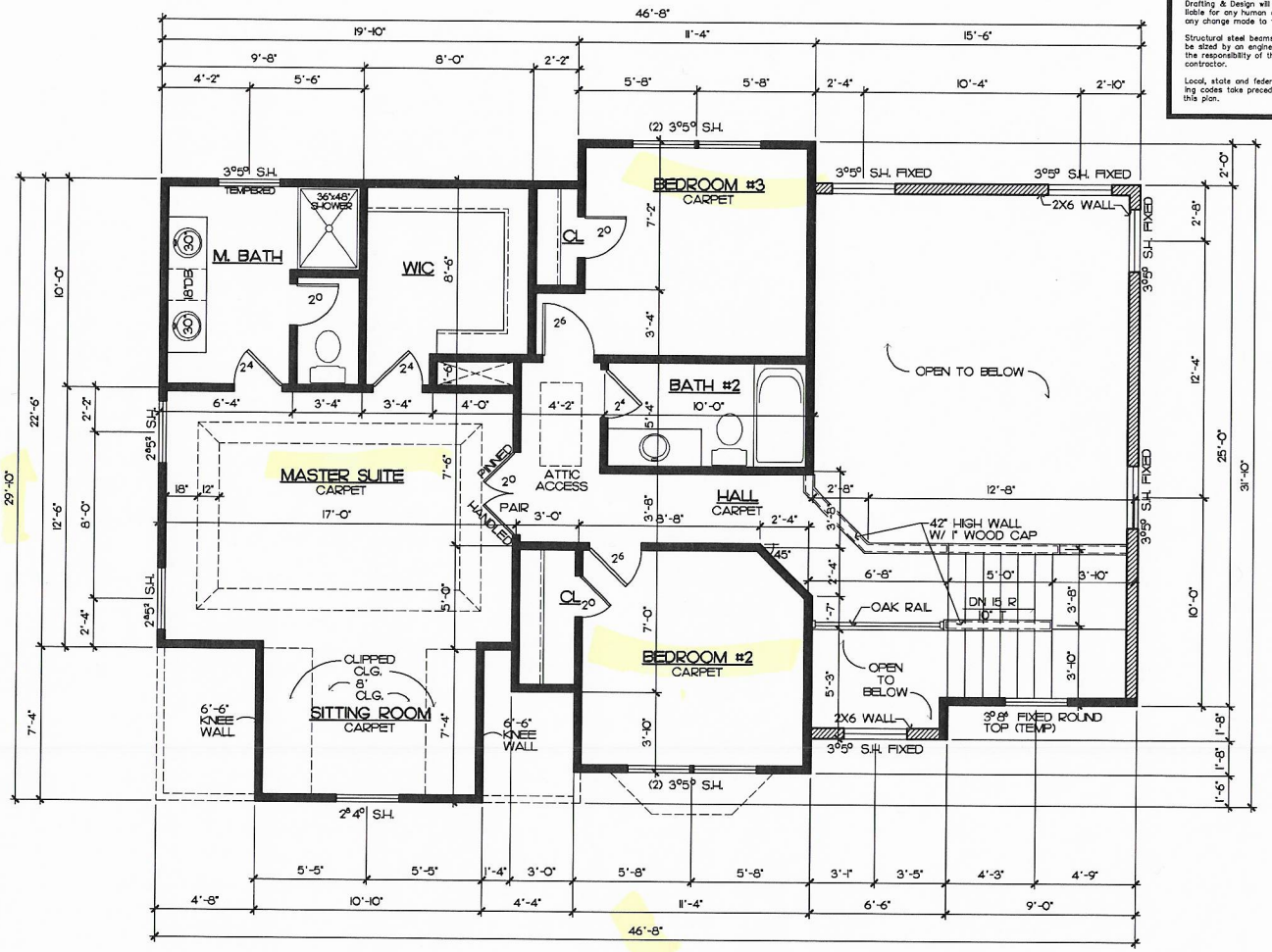
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NOTE:
ALL ANGLED WALLS ARE AT 45°

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

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

Drafting & Design Inc.
Charlotte, N.C.
704-542-8008

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WINDSTONE ESTATES

The Wainscott
SECOND FLOOR

DR. BY: BRIAN G.
Date 11-05-07
REV: 06-13-08 (BG)
03-21-18

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WAINSCOTT
Sheet
5

11-14-07 CJ

IREDELL COUNTY

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

APPLICATION NUMBER
242991
Issue Date: 03/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751265186.000	131 HOLLY SPRINGS, 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 REFERENCE OLD # 150887	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
#1292
3/18/19 mtl

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	170897	TOTAL FEES:	$ 77.25