IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242586

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

PIN # 4751267998

APPLICANT/OWNER: Mike Faulkenberry APPLICANT ADDRESS: 15 Froewin Rd G-2 Center Moriches, NY 11934

SITE ADDRESS: 1460 Holly Springs Lp Troutman, NC 28166 PHONE: 9807227370 ALT. PHONE

SITE DIRECTIONS: Oswalt Amity Rd TL Pilch Rd into Windstone Rd TR Holly Spring on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Windstone Crossing SECTION: — LOT # 26 LOT AREA: .85 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3 gpd

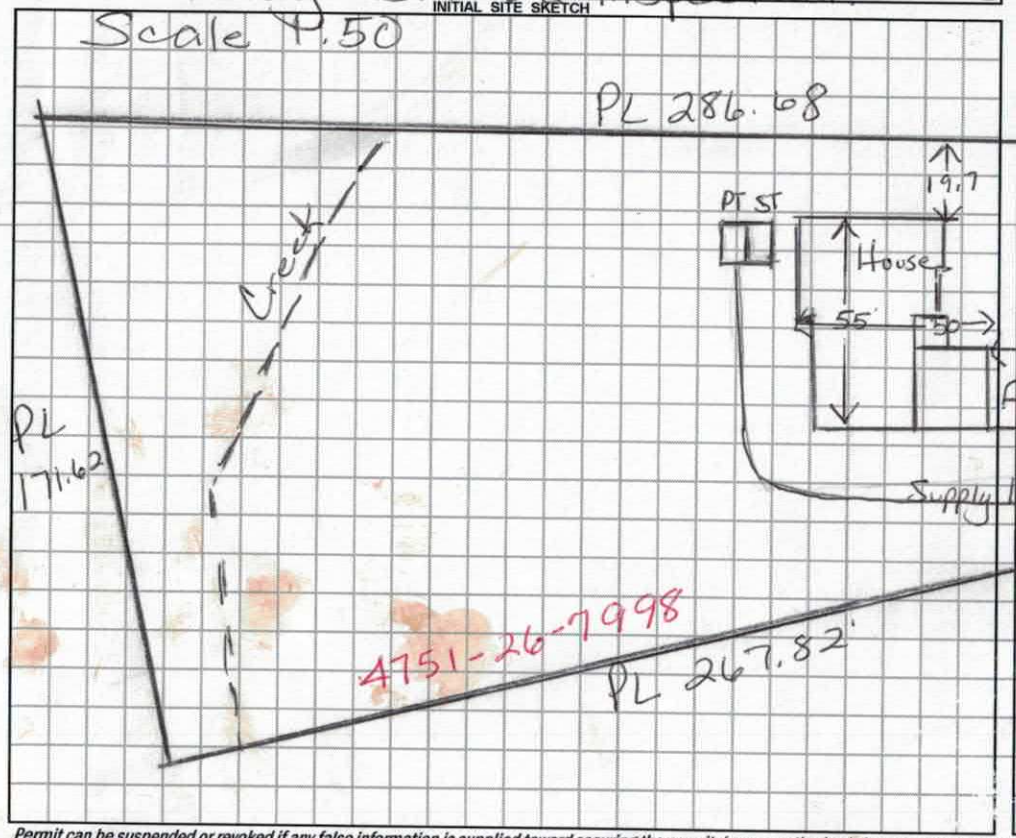
Septic Tank	1000 (gal)	STB	760	Date	8-27-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	7-13-19	System Description: LP PPBPS				☐ Business	No. Persons 8
Pump Make	Gravelys	Model	1½ hp	Serial #	WB01512140	Repair System Description: LP PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	270	Maintenance Agreement Required: ☒ YES ☐ NO				☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	36" max	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE				☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Purpose of this permit is to replace expired permit. Tanks, drainlines, supply line already installed & inspected.

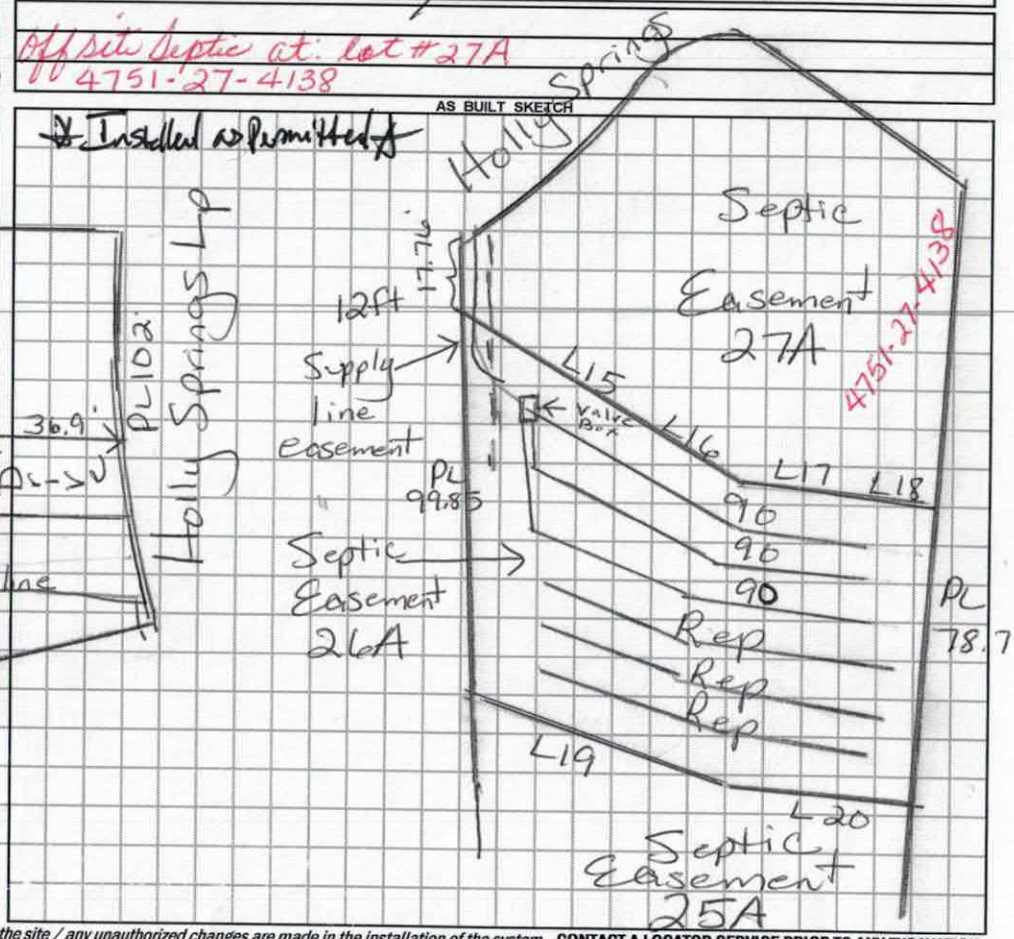
Off site Septic at: lot #27A 4751-27-4138

INITIAL SITE SKETCH



AS BUILT SKETCH

~~Installed as Permitted~~



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: 4.27.2020 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/20/2020 OPERATION PERMIT by: Benjamin Burns Date: 8/19/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/20/2020 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.

supply lines 10-14-20 CC

	Date	Initials
Drain Lines Checked	10/10	BB
Tanks Checked		
Pressure Manifold or Valve Box Checked	10-14	CC
Pressure Head Set	8/13	BB
Electrical Checked	8/13	BB
Floats Set	8/13	BB
Alarm Checked	8/13	BB
Maintenance Contract (Y) / N		

Pressure Gas on site 7/10 BB

TANKS CHECK 10-11 BCH
NO FILTER

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paramount Homes
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480gpd DATE EVALUATED: _____
LOCATION OF SITE: Windstone Crossing Lot 26 PROPERTY SIZE: _____
WATER SUPPLY: • Private • X Public • X Well • Spring • Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: • Auger Boring • X Pit • Cut TYPE OF WASTEWATER: • X Sewage • Industrial Process • Mixed

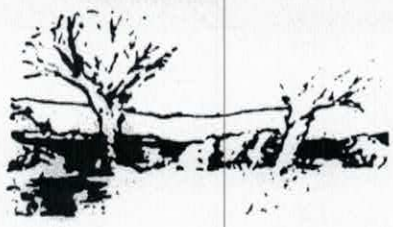
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
4	SFE LS 15%	0-16	Brscl wsbk	Frsssp	—	48"	—	—	PS 0.3 .30K gm
		16-48	Rc sbk	Frsssp					
5	SFE LS 12%	0-9	Brscl wsbk	Frsssp	—	52"	Few Inc sp	—	PS 0.3 .30K gm
		9-38	Rc sbk	Frsssp					
		38-52	Rcl wsbk	Frsssp					
6	SFE LS 12-15%	0-6	Brscl wsbk	Frsssp	—	46"	PS	—	PS 0.3 .30K gm
		6-46	Rc sbk/wsbk	Frsssp					
		46-55	Vcl. sl sap	m vfrsssp					
			depth to sap varies	27" +0	46"				
7	SFE LS 15%	0-11	Brscl wsbk	Frsssp	—	53"	F-c Inc sp	—	PS 0.3 .30K
		11-42	Rc sbk/wsbk	Frsssp					
		42-53	Rcl wsbk	Frsssp					
		42"	sl sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 ft²	540 ft²
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M A + Assoc.
OTHER(S) PRESENT: _____

COMMENTS: _____

AH 0-6 Brw SCL wSBK SS, SP, SExP, FR
6-36 RC m-wSBK SS, SP, SExP, FR
36-42 RCL wSBK SS, SP, SExP, FR w/few to many SAP Inclus



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 26
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 4/480gpd
Proposed LTAR: 0.3 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: 37.2 gpm
Dosing Volume: 226.8 gal
Pump Run Time: 6.1 min
Elevation Head: 24.5'
Friction Head: 4.4'
TDH: 30.9'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Yellow 1	**90'**	**105'**	**10.9'**
Blue 2	**90'**	**102'**	**12.1'**
Pink 3	**90'**	**97'**	**15.0'**
Yellow 4		*96'*	*16.9'*
Blue 5		*94'*	*19.1'*
Orange 6		*92'*	*21.1'*

Initial system: 270' (63 panels)
Pump tank: 32.4'
House Corner: 31.8'
Repair system: *299'*
Benchmark: 7.9'

Comments: Off-site septic system. The benchmark is approximately the highest point in the supply line. The supply line shoule be 3" sch 40.

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

$320.00
#242586
1-31-2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: (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 Frowein 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: 160 Holly Springs Loop Troutman, NC 28166
Subdivision Name: Windstone Crossing **Section/Phase:** **Lot Number:** 26
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: — ( ) 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 1-31-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

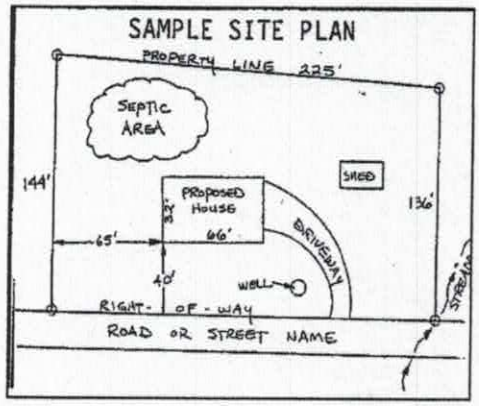
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

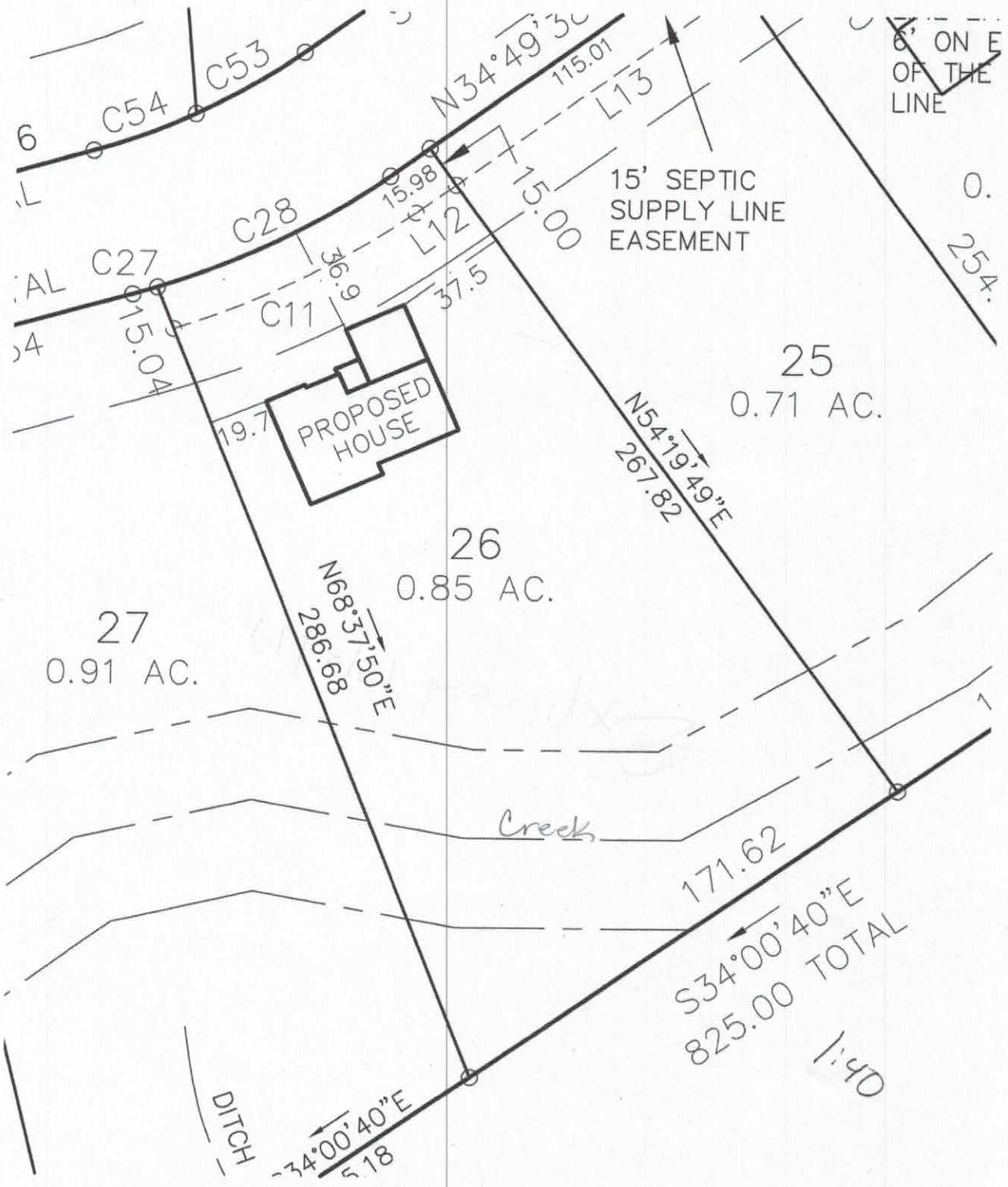
USE THIS SPACE TO DRAW YOUR SITE PLAN

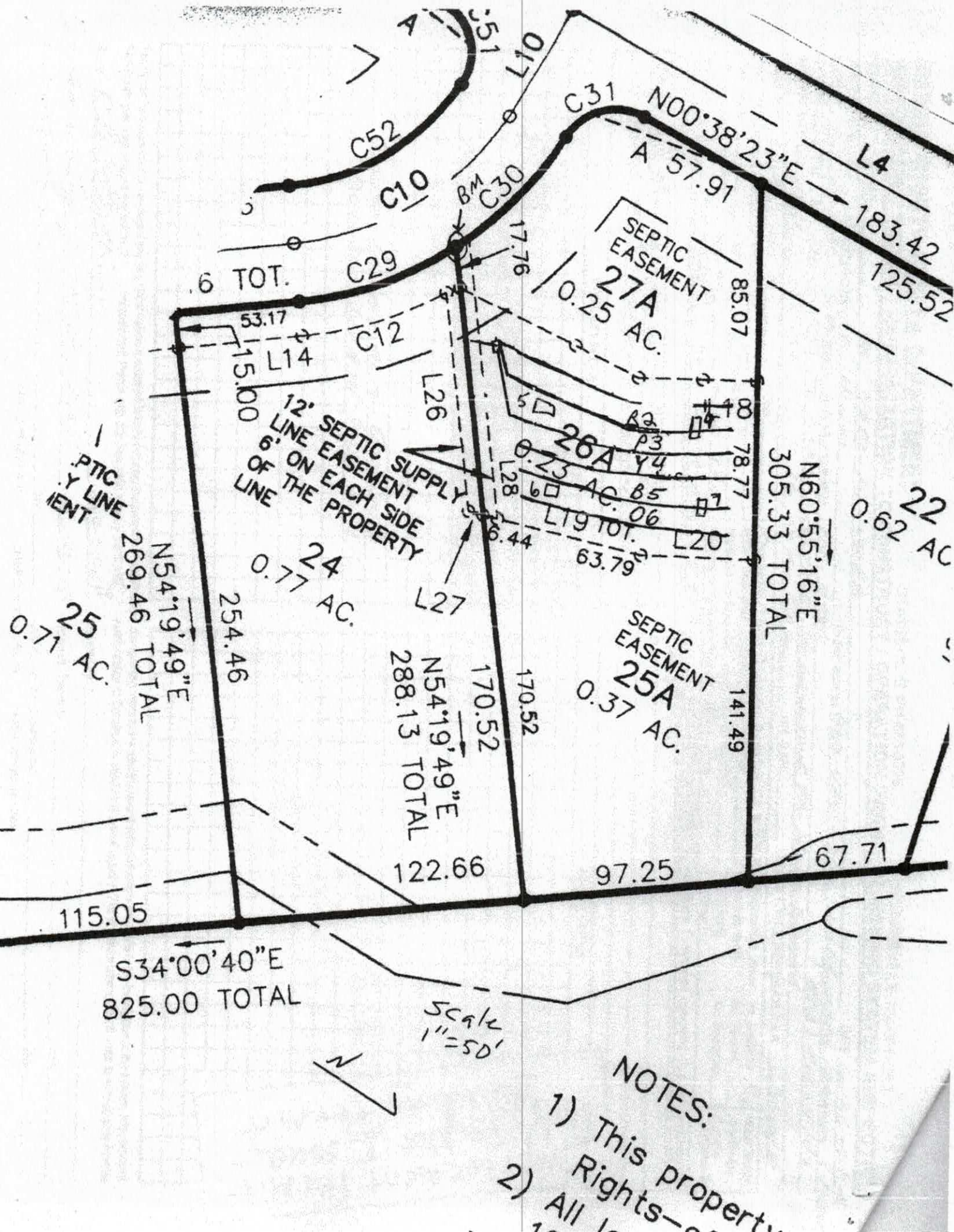
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see attached proposal from Michael Athans and Assoc.

Signature: _____ 1-31-20

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


C54
C53
N34°49'30"
115.01
L13
15' SEPTIC
SUPPLY LINE
EASEMENT
C28
15.98
L12
5.00
C27
36.9
C11
37.5
15.04
PROPOSED
HOUSE
19.7
25
0.71 AC.
N54°19'49"E
267.82
26
0.85 AC.
N68°37'50"E
286.68
27
0.91 AC.
Creek
171.62
S34°00'40"E
825.00 TOTAL
DITCH
S34°00'40"E


C52
C10
C31
N00°38'23"E
A 57.91
L4
183.42
125.52
BM
C30
C29
.6 TOT.
17.76
SEPTIC EASEMENT
27A
0.25 AC.
85.07
53.17
C12
15.00
L14
L26
12' SEPTIC SUPPLY LINE EASEMENT
6' ON EACH SIDE OF THE PROPERTY LINE
26A
0.23 AC.
78.77
L28
L19 TOT.
L20
63.79
N60°55'16"E
305.33 TOTAL
22
0.62 AC
24
0.77 AC.
L27
N54°19'49"E
269.46 TOTAL
254.46
25
0.71 AC.
N54°19'49"E
288.13 TOTAL
170.52
170.52
SEPTIC EASEMENT
25A
0.37 AC.
141.49
67.71
122.66
97.25
115.05
S34°00'40"E
825.00 TOTAL
SCALE
1"=50'
N
NOTES:
1) This property
2) All

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 160 Holly Springs Loop, 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

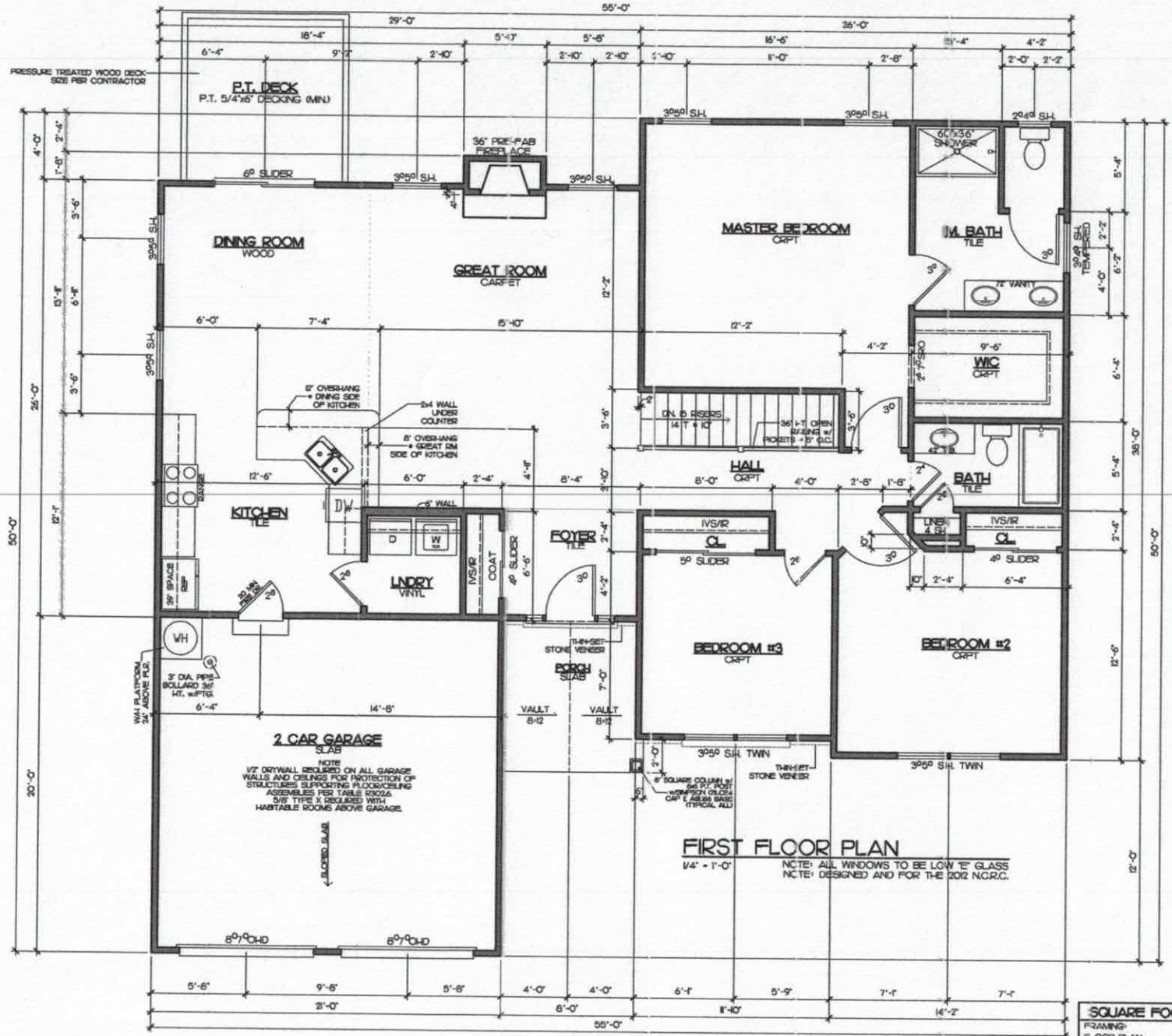
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	8/10/18		8/10/18

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



SQUARE FOOTAGES	
FRAMING:	
FLOOR PLAN =	1740 SQ FT
GARAGE =	420 SQ FT
FRONT PORCH =	73 SQ FT

GARAGE LEFT

Drafting Design Plus, Inc.
Charlotte, NC
704-542-3455

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WINDSTONE ESTATES

Project: THE BAYPORT

Sheet Title: FLOOR PLAN W/BASEMENT

DR. BY: J. BODNAR
Date: 06-17-17
REV: 05-16-18

WS-BAYPL_BSMNT_GL

Sheet 3a

IREDELL COUNTY

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

APPLICATION NUMBER
242586
Issue Date: 02/28/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751267998.000	160 HOLLY SPRINGS LOOP, 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	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.850	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	169179	TOTAL FEES:	$ 77.25