# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 307264

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

PIN # 4751268265.000

APPLICANT/OWNER: Pilch Acres Holdings LLC | APPLICANT ADDRESS: 15 Frowein Rd, STE G2, Center Moriches NY 11934

SITE ADDRESS: 434 Holly Springs Loop Troutman NC 28166. | PHONE: - | ALT. PHONE 980-722-7370

SITE DIRECTIONS: Amity Hill to Pilch. to Windstone @ on Holly Springs Loop Site on Right | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Windstone Crossing | SECTION: - | LOT # 32 | LOT AREA: .62 Acres | DESIGN FLOW: 480 | L.T.A.R.: .45

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760.0 | Date | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | |
| Pump Make | | Model | | | Serial # | | | | |
| # Nitrification Fields | 1 | # Lines | 6 | | Linear Ft | 270 | | | |
| Trench Width | 36 | Trench Bottom Depth (Deepest) @ | 36 inches | | Gravel Depth | ~ | | | |

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Drip Repair

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☐ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: * See notes *

6/24/2020 Reviewed - floor plans.

NEEDS FILTER AND D-BOX CHECKED 11-4-2020 BCW

INITIAL SITE SKETCH

See site Proposal and Plan by Michael Athanas & Associates, Inc. LSS# 1252.

AS BUILT SKETCH

**FOR SEPTIC INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.**

Filter + D-Box Checked

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: [signature] Date: 6-10-20

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 6-10-2020

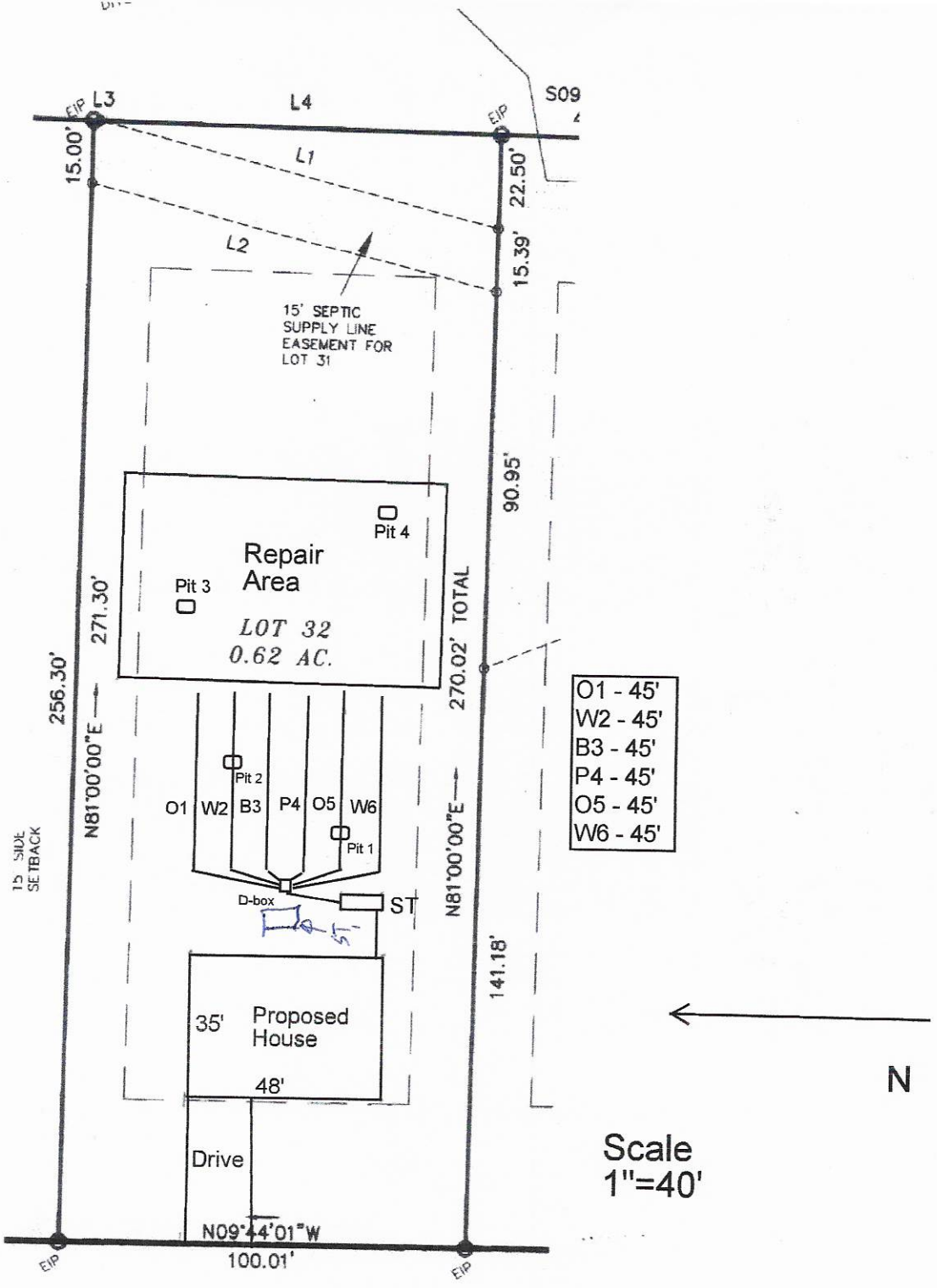
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/24/2020

Installed by: GUNTERS

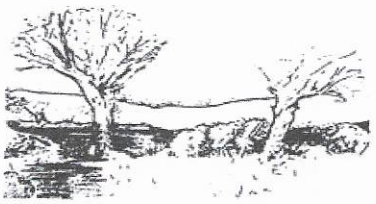
OPERATION PERMIT by: Benjamin A Batten Date: 11-6-2020

Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.**




HOLLY SPRINGS LOOP



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**
**5/29/2020**

**Reference: 134 Holly Springs Lp, Windstone Crossing Lot 32**
**House Footprint:** See attached plan
**Building Setbacks:** 35' front/rear, 15' side
**Water Source:** Community Water
**Number of Bedrooms/Daily Flow:** 4/480 GPD
**Proposed LTAR:** 0.45 GPD/FT$^2$ (initial), 0.125 GPD/FT$^2$ (repair)
**Proposed System Type:** 25% Reduction
**Proposed Repair System Type:** Pretreatment Drip Irrigation
**Distribution:** Gravity-Distribution box
**Septic Tank Size:** 1000 gallons
**Proposed Trench Bottom:** 36" (initial), 6" (repair)

| Line | Design Length | Actual Length |
|---|---|---|
| Orange 1 | 45' | 45' |
| White 2 | 45' | 45' |
| Blue 3 | 45' | 45' |
| Pink 4 | 45' | 45' |
| Orange 5 | 45' | 45' |
| White 6 | 45' | 45' |

**Initial System:** 270' **Repair System:** 4000 FT$^2$

**Comments:**
All surface water must be diverted away from the septic system. All down spouts and foundation drain outlets must be diverted away from the septic system.

# 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: 5/2020
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.62 AC
LOCATION OF SITE: 134 Holly Springs Lp, Windstone Crossing lot 32 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 0-2% | 0-72 | VER SL SAP M | VFR SS SP SEXP | N/A | 0" | PS | N/A | PS 0.4-0.6 |
| PIT 2 | LS 0-2% | 0-18 | R L WSBK | FR SS SP SEXP | N/A | 18" | Many SAP Incl PS | N/A | PS 0.4-0.6 |
| | | 18-72 | VER SL SAP M | VFR SS SP SXP | | | | | |
| PIT 3 | LS 12% | 0-10 | Br SL WSBK | FR SS SP SEXP | Lithochormic | 57" | F-C SAP | N/A | PS 0.25 |
| | | 10-28 | R C SBK | FR SS SP SEXP | | | | | |
| | | 28-57 | R CL WSBK | FR SS SP SEXP | | | | | |
| PIT 4 | LS 12% | 0-8 | Br SCL WSBK | FR SS SP SEXP | CHR 2 @ 28" | 28" | N/A | N/A | PS 0.25 |
| | | 8-28 | R C SBK | FR SS SP SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 810 FT2 | 4000 FT2 |
| System Type(s) | 25% Reduction | Drip |
| Site LTAR | 0.45 | 0.125 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

RECEIVED JUN 1 2020

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM* AP-307264 Paid $350.00

**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**

**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:** 134 Holly Springs Lp
**Subdivision Name:** Windstone Crossing **Section/Phase:** _____ **Lot Number:** 32
**Driving Directions:** _____

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

(✓) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
( ) 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: _____

**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:** _____ 5/20/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

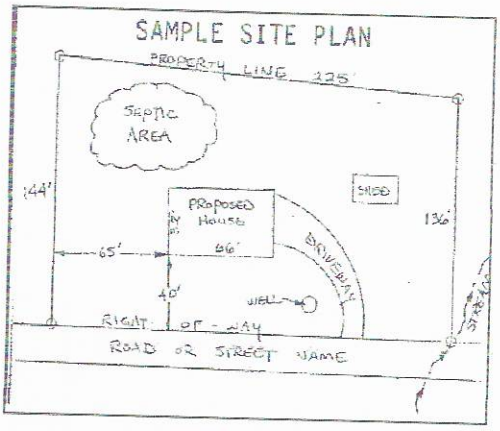
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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:**

( ) 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)

5/20/2020
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 B Hargett, am the legal owner(s) of the property located at 134 Holly Springs Lp Windstone Crossing Lot 32, identified as PIN (Parcel Identification Number) 475126~~8501~~ 8263, 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

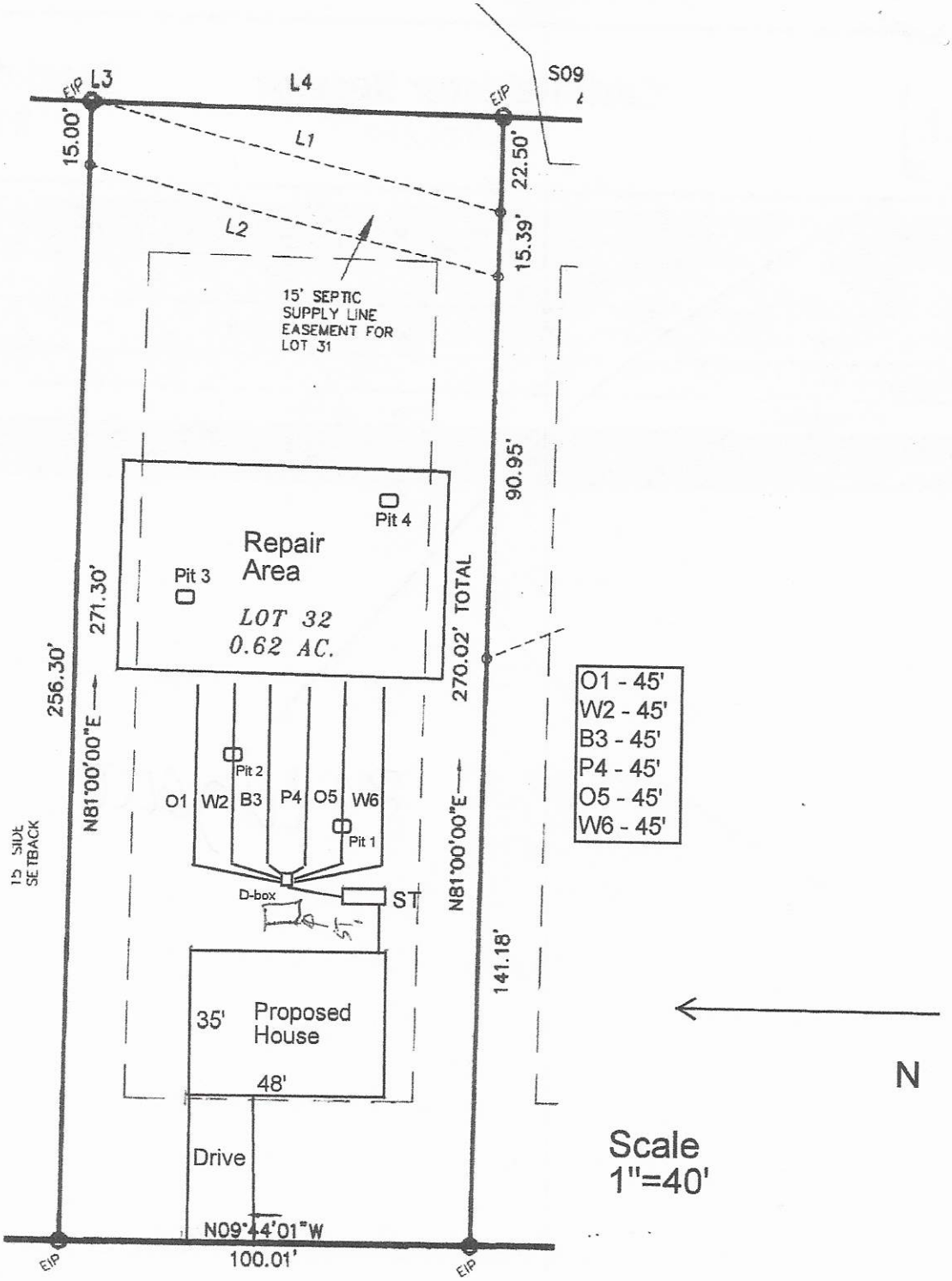
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

| | 5/20/2020 | | |
|---|---|---|---|
| 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




HOLLY SPRINGS LOOP

Acknowledgement of
Plans Submittal ONLY!

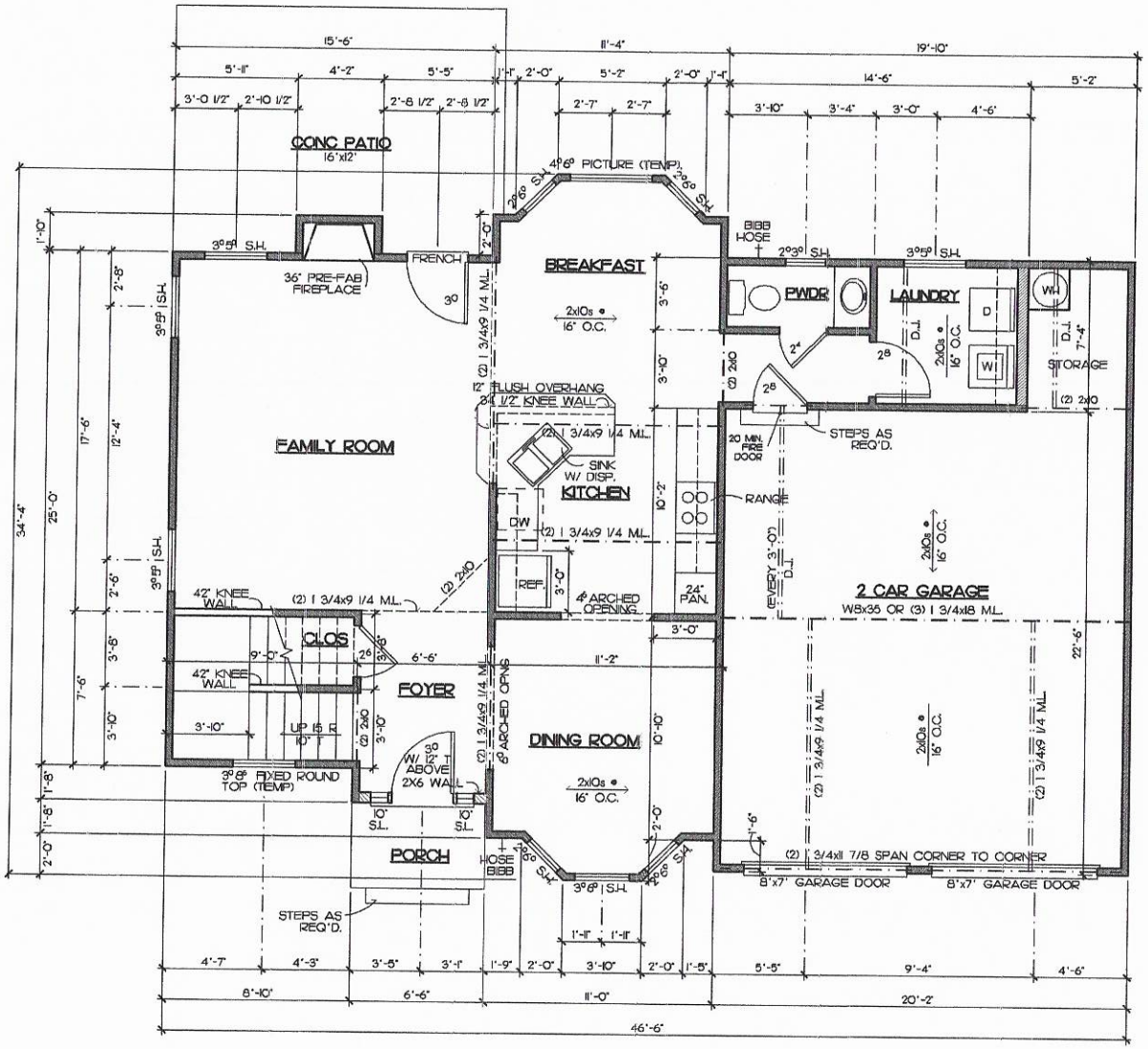
Lori Lee Date 6-19-2020

Marian Dotson Date 6-24-2020

| SQUARE FOOTAGES | |
|---|---|
| FRAMING: | |
| 1st FLOOR - | 879 SQ FT |
| 2nd FLOOR - | 199 SQ FT |
| GARAGE - | 485 SQ FT |
| TOTAL HEATED - | 2078 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 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, NC
704-542-8653



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WINDSTONE ESTATES

FRONT LOAD GARAGE

# The Wainscott

1ST FLOOR - 4 BDRM. OPT

GARAGE RIGHT

DR. BY: BRIAN G.
Date 11-05-07
REV: 06-17-08 (BG)
03-27-15

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!

Date 6-19-2020

Approved Date 6-24-20

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

NOTE! ALL ANGLED WALLS ARE AT 45°




SECOND FLOOR PLAN

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

NOTE
Drafting & Design assumes no liability for any errors contained in information on this drawing. It is the responsibility of the buyer or the plan to have this information verified by the DIMENSIONS prior to the beginning of construction. The construction must comply with all local building codes.

Every attempt has been made to eliminate any errors or omissions in this drawing. However, if found, it is the responsibility of the buyer to bring such error and/or omission, if found, to the attention of the draftsman prior to construction.

Drafting & Design will not be liable for any damage made to the plan.

Structural steel beams are to be designed by a registered engineer and is the responsibility of the builder/contractor.

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

GARAGE RIGHT

FRONT LOAD GARAGE

| | | | |
|---|---|---|---|
| Sheet 5 WAINSCOTT | DR. BY: J. BODNAR<br>Date 03-24-18<br>REV. 03-27-18 | **The Wainscott**<br>2ND FLOOR- 4 BDRM OPT. | WINDSTONE ESTATES |

PRICES, PRODUCTS AND SPECIFICATIONS MAY VARY AND ARE SUBJECT TO CHANGE WITHOUT NOTICE. ALL SIZES ARE APPROXIMATE. ALL RENDERINGS MAY BE CONCEPTUAL

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IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 307264<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4751268263.000 | 134 HOLLY SPRINGS LOOP | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: PILCH ACRES HOLDINGS LLC<br>Address:<br><br>Phone: | Name: MICHAEL ATHANAS & ASSOCIATES<br>Address: 561 ENNIS RD<br><br>WEDDINGTON, NC 28173<br>Phone: (704)576-3887 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.62 | 35 | 35 | 15 | 15 | | NO |

| Remarks |
|---|
| SFD |

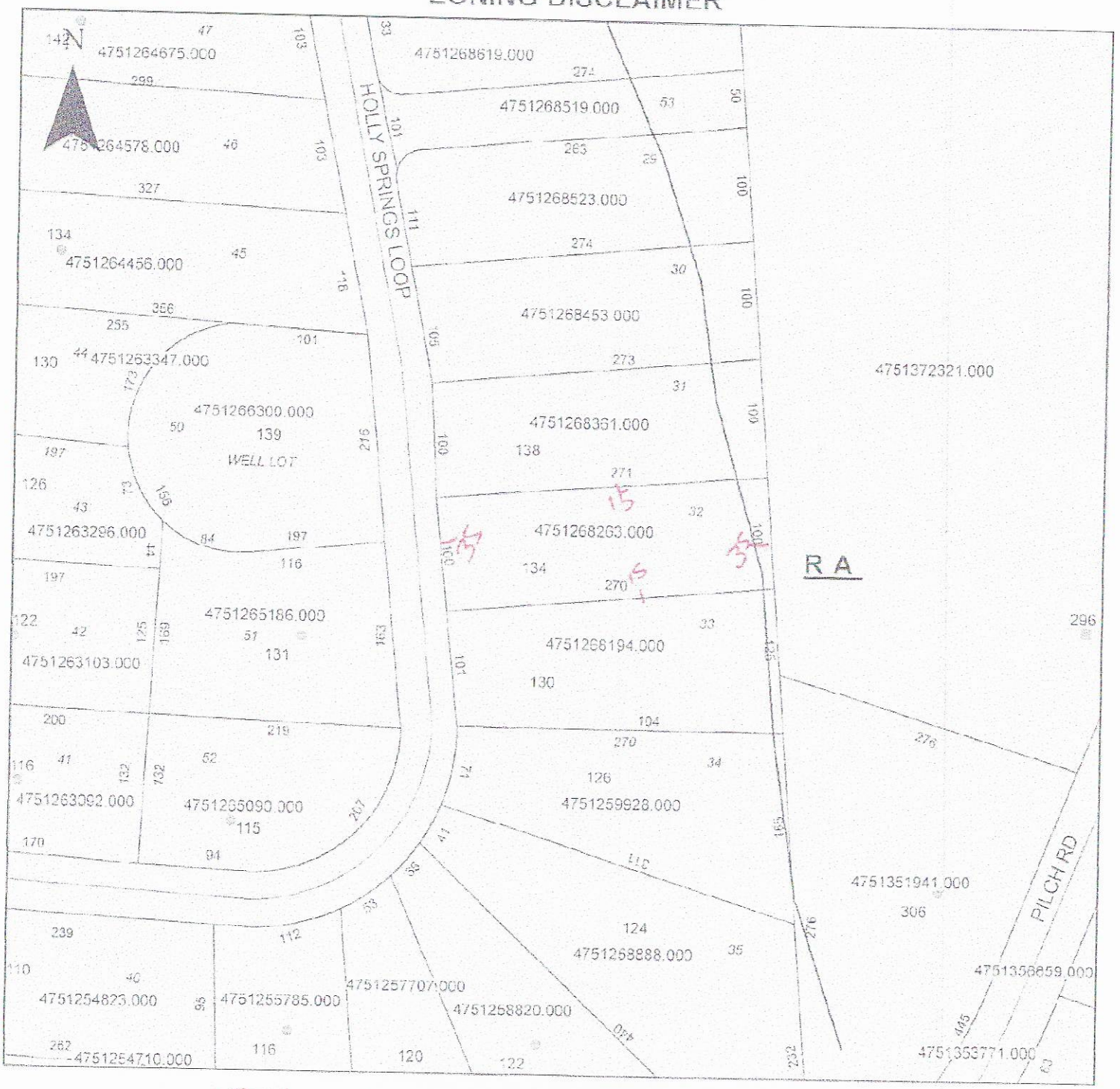
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 05/06/2020

| Permit Number | 307264 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 134 Holly Springs Loop

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

5/7/2020
Date