ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-304625

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

PIN # 4751-26-8619 ✓

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

SITE ADDRESS: 152 Holly Springs Loop Troutman, NC 28166 PHONE: — ALT. PHONE Mike: 980-722-7390

SITE DIRECTIONS: Ostwalt Amity → Pilch Rd → Holly Springs Loop → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: — LOT # 28 LOT AREA: 0.90 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB 760	Date 3/25	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: 50% Reduction (Distribution Box - PPBPS)				☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial # —	Repair System Description: T.S. II + Drip Irrigation				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 200	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☒ Community
Trench Width	24"	Trench Bottom Depth (low side)		30"-36"	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Recommend having septic tank pumped every 5 years. Direct any house downspout drains away from any septic system components

INITIAL SITE SKETCH

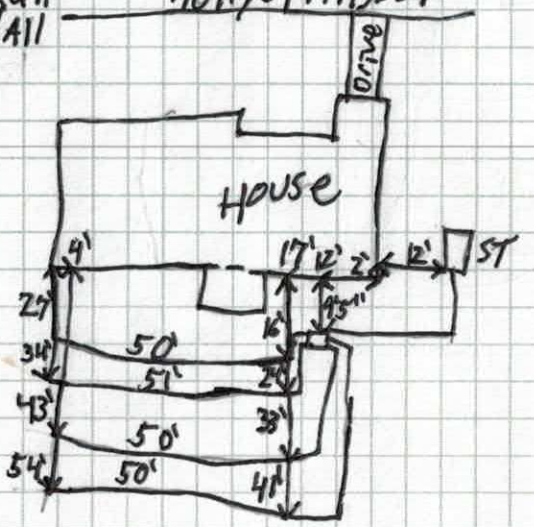
See attached plans from Michael Athanas + Associates LSS Michael Athanas # 1252

Dated: 1/27/2020

AS BUILT SKETCH

5/26/2020: Tank, Drain Lines and D Box all checked and All were good

Not to Scale



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**

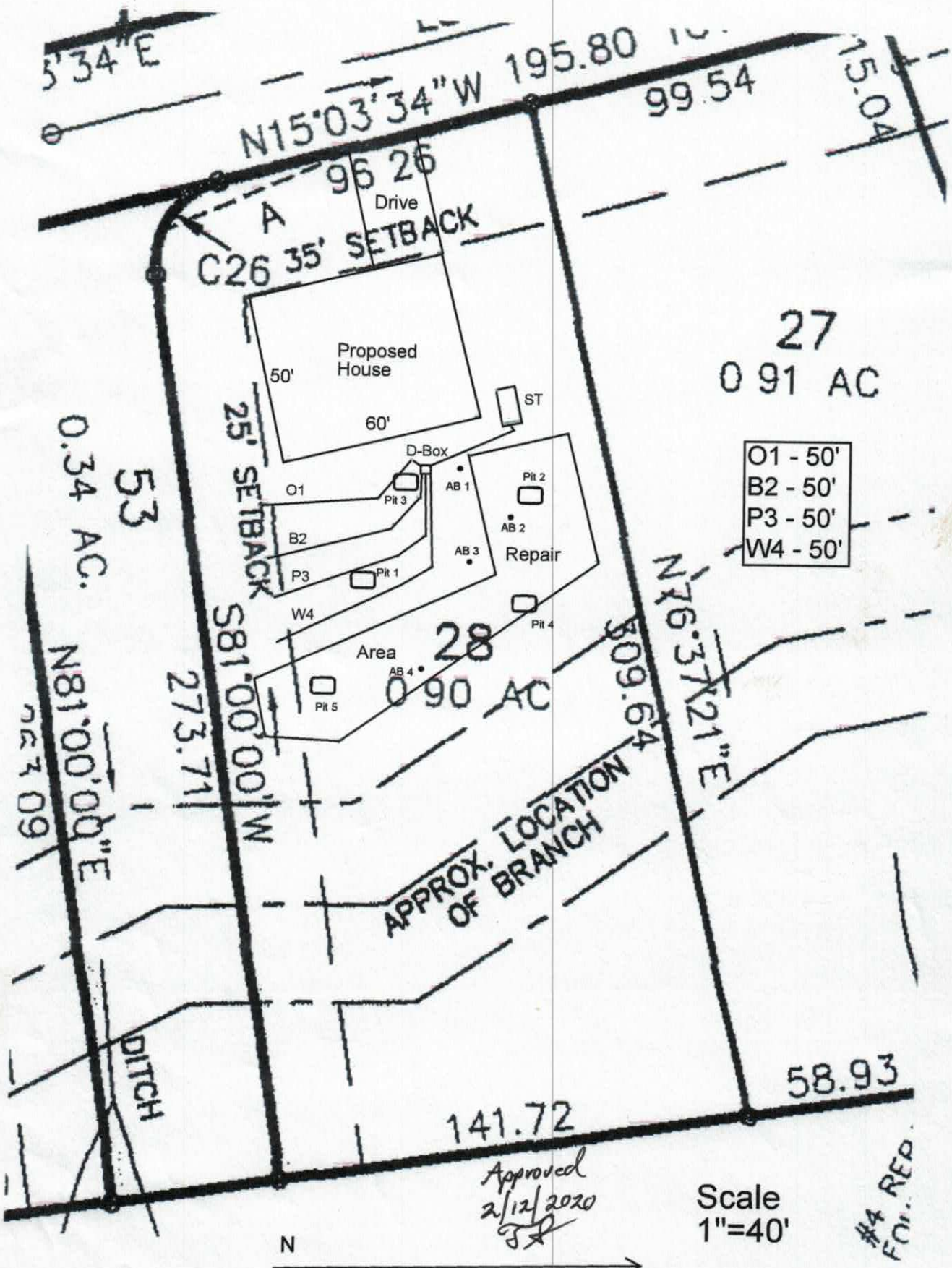
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

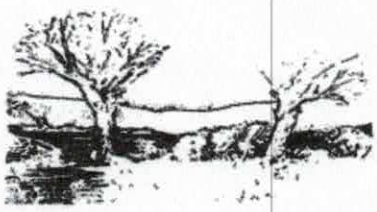
Owner / Applicant Signature: [signature] Date: 2-13-20 Installed by: Colby

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/12/2020 OPERATION PERMIT by: Patrick J Bg C III Date: 5/26/2020

AUTHORIZATION TO CONSTRUCT by: Carla C Nicks Date: 3-5-20 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.


N15°03'34"W 195.80
99.54
96.26
Drive
A
C26 35' SETBACK
Proposed House
50'
60'
ST
D-Box
25' SETBACK
O1
Pit 3
AB 1
Pit 2
B2
AB 2
P3
Pit 1
AB 3
Repair
W4
Pit 4
Area
AB 4
28
0.90 AC
Pit 5
27
0.91 AC
O1 - 50'
B2 - 50'
P3 - 50'
W4 - 50'
53
0.34 AC.
S81°00'00"W
273.71
N81°00'00"E
N76°37'21"E
809.64
APPROX. LOCATION OF BRANCH
DITCH
58.93
141.72
Approved
2/12/2020
Scale
1"=40'
N



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
1/24/2020

Reference: 152 Holly Springs Lp, Windstone Crossing Lot 28
House Footprint: 50' x 60'
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Community Water
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 30-36"

Line	Design Length	Actual Length
Orange 1	50'	50'
Blue 2	50'	70'
Pink 3	50'	70'
White 4	50'	70'

Initial System: 200' **Repair System:** 3600 FT^2

Comments:

Approved
2/12/2020



PROPERTY ID #: 4751268619
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres Holdings LLC
ADDRESS: 15 Frowein Rd Bldg G2, Center Moriches, NY 11934
APPLICATION DATE
DATE EVALUATED: 1/2020
PROPOSED FACILITY: 3 BDRM
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.90 AC
LOCATION OF SITE: 152 Holly Springs Lp, Windstone Crossing Lot 28
PROPERTY RECORDED: 2007
WATER SUPPLY: ☐ Private X Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring Ξ 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%	0-7	Br CL WSBK	FR SS SP SXP	N/A	53" 52"	N/A	N./A	PS 0.3
		7-32	R C SBK	FR SS SP SXP					
		32-56	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-7	Br CL WSBK	FR SS SP SXP	Litho Colors CHR 2 @ 52"	52"	N/A	N/A	PS 0.275
		7-34	R C SBK	FR SS SP SXP					
		34-52	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	@ 48" Mn Few YB	67"	N/A	N/A	PS 0.3 TO 48"
		6-34	R C SBK	FR SS SP SXP					
		34-48	R CL WSBK	FR SS SP SXP					
		48-67	R CL WSBK	FR SS SP SXP					
PIT 4	LS 10%	0-8	Br CL WSBK	FR SS SP SXP	Washed in material @ 29"	48"	N/A	N/A	PS 0.275
		8-44	R C SBK	FR SS SP SXP					
		44-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	3000 FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: Tom Shuck 2/5/2020

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4751268619
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	
AB 1	LS 6%	0-5	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		5-34	R C SBK	FR SS SP SXP					
		34-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-7	Br CL WSBK	FR SS SP SXP	YB Mottles	48"	N/A	N/A	PS 0.25
		7-36	R C SBK	FR SS SP SXP					
		36-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 10%	0-36	R C SBK	FR SS SP SXP	N/A	36"	N/A	N/A	PS 0.3
		36	AR						
AB 4	LS 10%	0-6	Br CL WSBK	FR SS SP SXP	CHR 2 @ 26"	26"	N/A	N/A	DRIP 0.125
		6-26	R C SBK	FR SS SP SXP					
PIT 5	LS 12%	0-8	Br CL WSBK	FR SS SP SXP	Com YB @ 40"	48"	N/A	N/A	PS 0.3 TO 40"
		8-31	R C SBK	FR SS SP SXP					
		31-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED JAN 3 1 2020

AP-309625
$350.00

TOM

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: 152 [redacted] Holly Springs Lp

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 28

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: _____

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: _____ 1/27/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

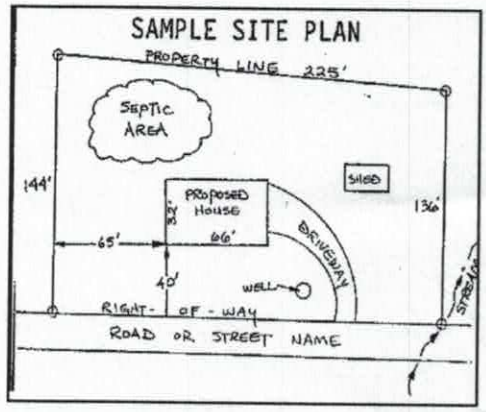
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

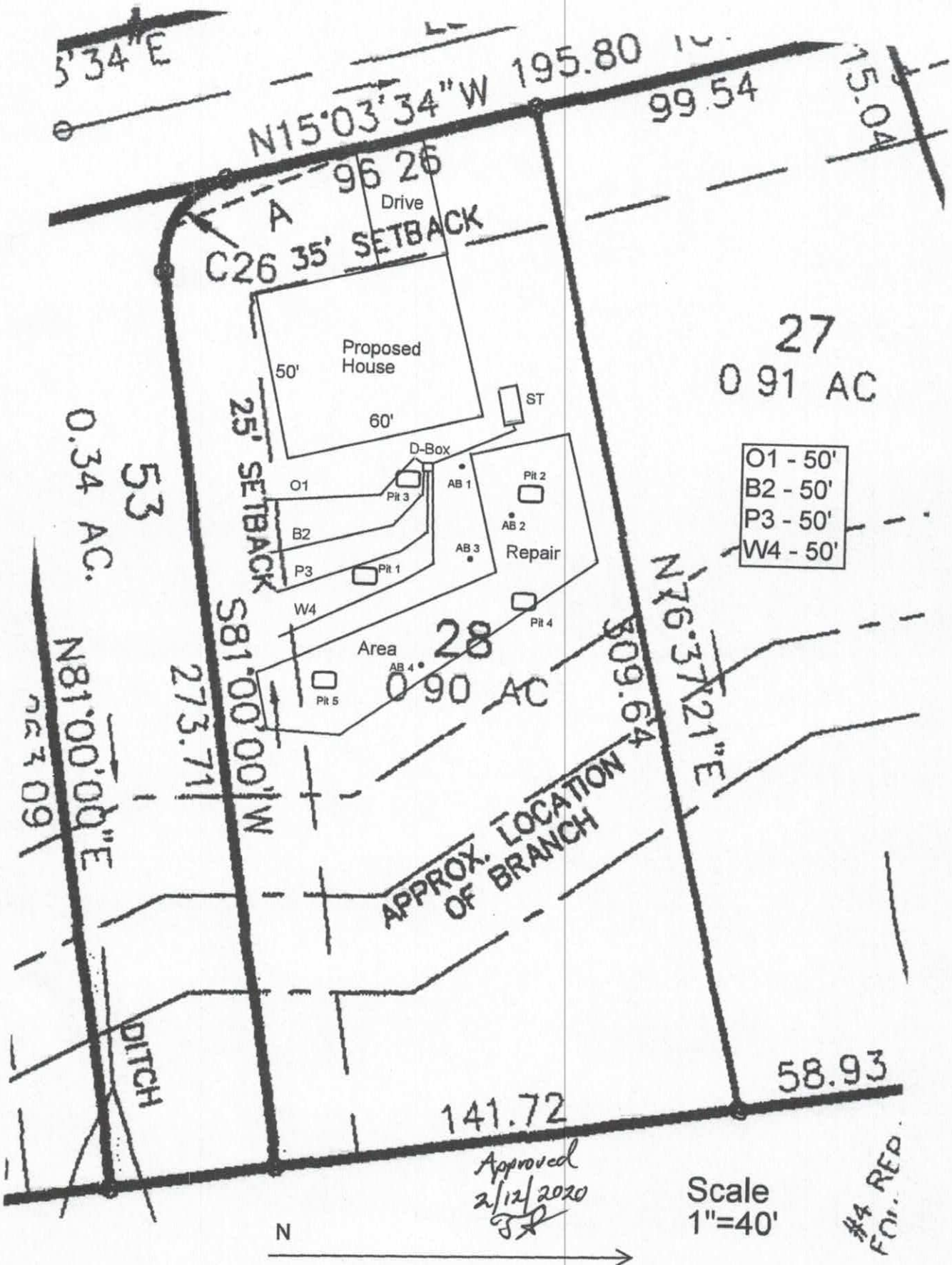
See attached plan

Signature: _____

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

1/27/2020

DATE


N15°03'34"W 195.80
99.54
15.04
96.26
Drive
A
C26 35' SETBACK
Proposed House
50'
60'
ST
D-Box
25' SETBACK
O1
B2
P3
W4
Pit 1
Pit 2
Pit 3
Pit 4
Pit 5
AB 1
AB 2
AB 3
AB 4
Repair
Area
27
0 91 AC
O1 - 50'
B2 - 50'
P3 - 50'
W4 - 50'
28
0 90 AC
53
0.34 AC.
S81°00'00"W
273.71
N81°00'00"E
N76°37'21"E
809.64
APPROX. LOCATION OF BRANCH
DITCH
141.72
58.93
Approved
2/12/2020
Scale
1"=40'
N

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 152 Holly Springs Lp Windstone Crossing Lot 28, identified as PIN (Parcel Identification Number) 4751268619, 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

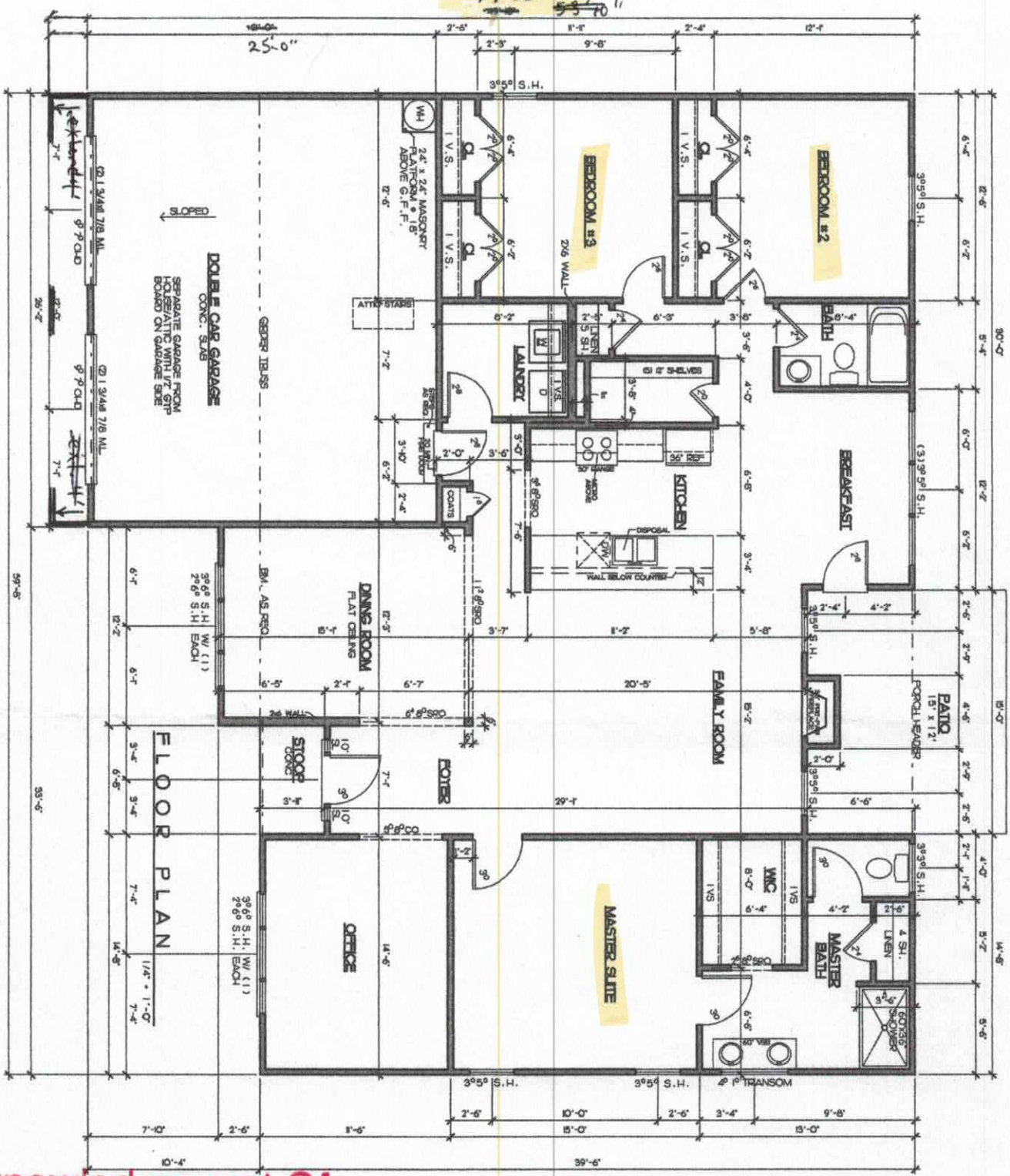
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	1/31/2020		
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



Acknowledgement Of
Plans Submittal ONLY!

Date 3-5-20

Date 3-5-20

NOTE:
ALL CEILINGS ARE 9'-0"
UNLESS OTHERWISE SPECIFIED.

SQUARE FOOTAGES

FLOOR PLAN=	1,938 SQ. FT.
GARAGE=	580 SQ. FT.
REAR PORCH=	260 SQ. FT.
FRONT PORCH=	24 SQ. FT.
TOTAL I/F=	2682 SQ. FT.

Sheet 3	MEADOW-FP	Site	Dr. By: BRIAN G. Date: 05-06-09 REVS. 02-23-18 02-26-18 03-20-18
Project: THE MEADOW	Sheet Title: FIRST FLOOR PLAN	WINDSTONE ESTATES	

IREDELL COUNTY

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

APPLICATION NUMBER
304625 Issue Date: 01/31/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751268619.000	152 HOLLY SPRINGS LOOP	Iredell County

Owner Information	Applicant Information
Name: PILCH ACRES HOLDINGS LLC Address: , Phone:	Name: MICHAEL ATHANAS & ASSOCIATES Address: 561 ENNIS RD WEDDINGTON, NC 28173 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	35	35	15	15	N/A	NO

Remarks
SFD Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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.

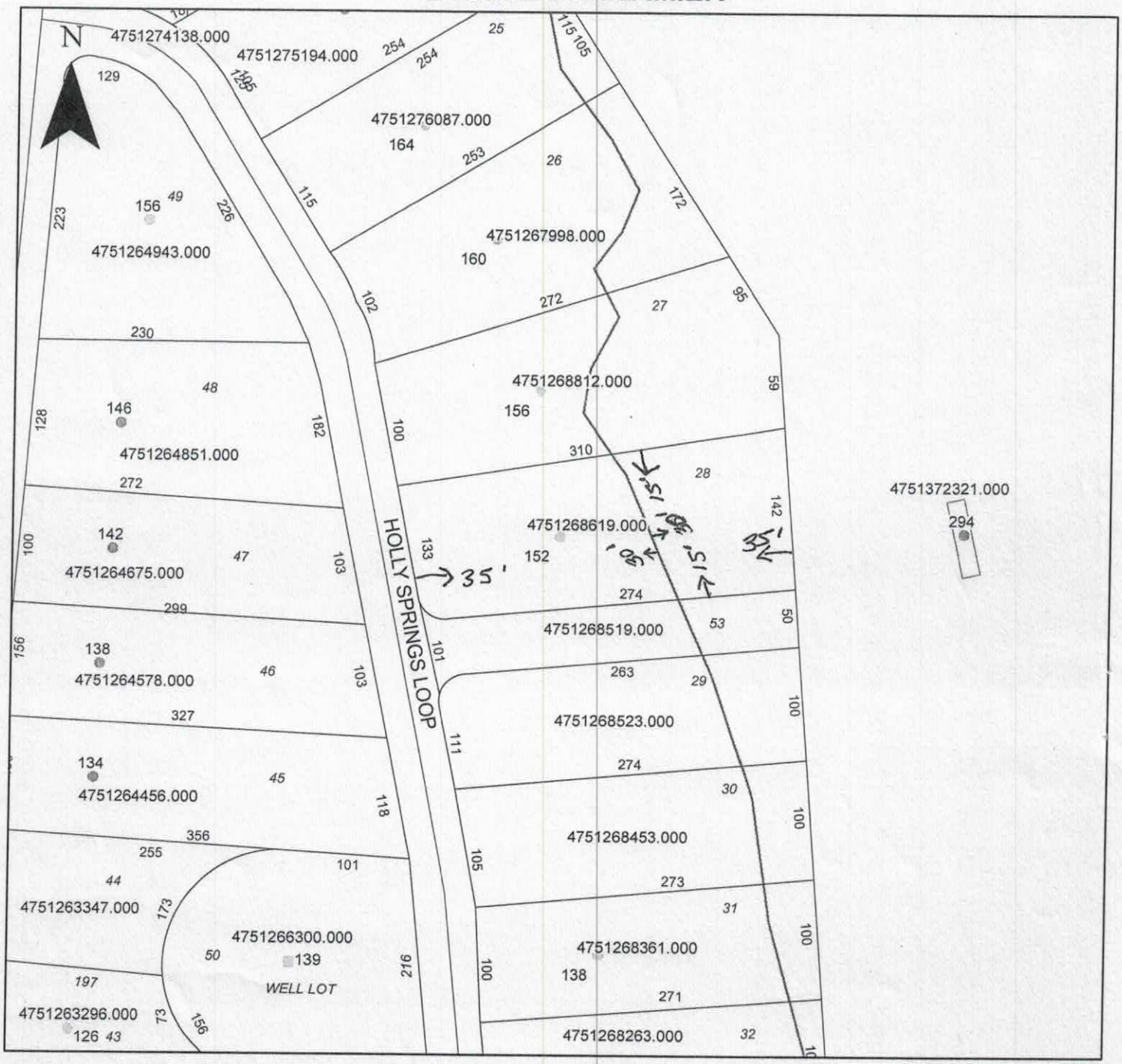
Signature of Owner/Contractor

Date: 01/31/2020

Permit Number	304625

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 152 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

11/31/2020

Date