ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242581

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

PIN # 4751268812

APPLICANT/OWNER: Mike Faulkenberry APPLICANT ADDRESS: 15 Frowein Rd Center Moriches, NY

SITE ADDRESS: 156 Holly Springs Ln Troutman, NC 28166 PHONE: 9807227370 ALT. PHONE

SITE DIRECTIONS: I-77 S to exit 45 TL Amity Hill Rd TL Pilch Rd TR Windstone Dr SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Windstone Crossing SECTION: — LOT # 27 LOT AREA: .91 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .35 I / .3 R

Septic Tank	1000 (gal)	STB	760	Date	7-29-19	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	9-6-19	System Description:	LPPPBPS	[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPPPBPS	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	228 ft	Maintenance Agreement Required:	[X] YES [ ] NO	[ ] Slab	[ ] Crawl Space
Trench Width	24"	Trench Bottom Depth (Low side) max			36"	Gravel Depth	N/A [ ] GRAVITY [X] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

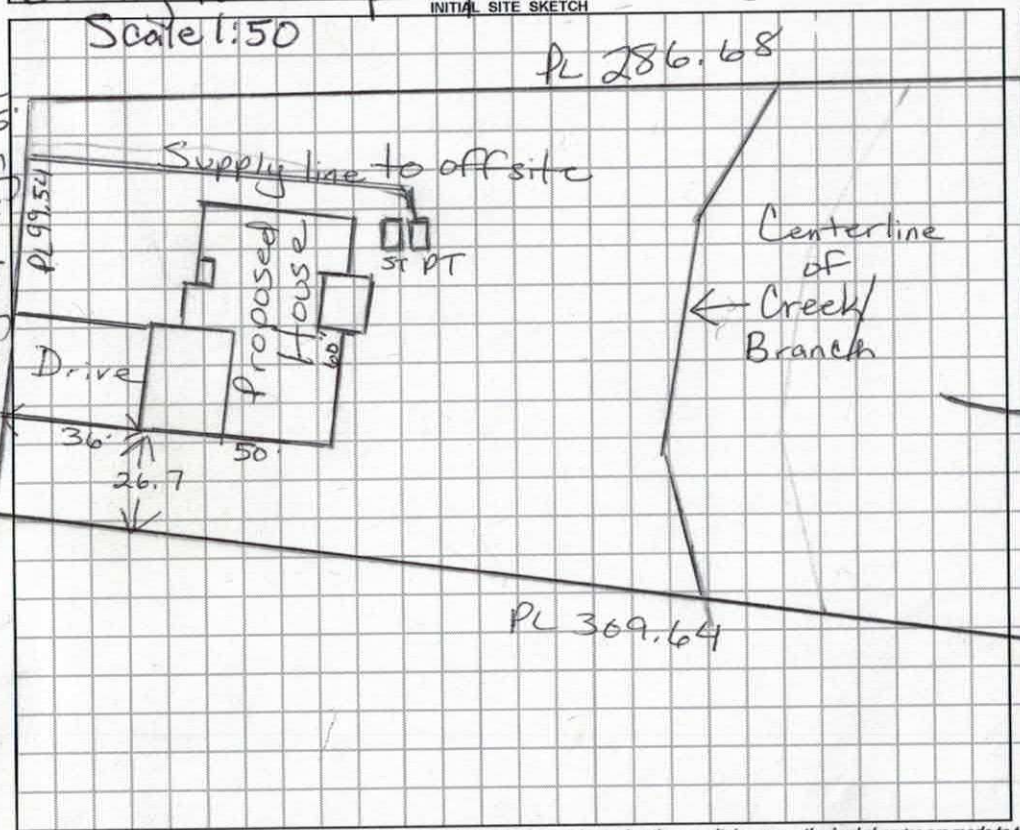
Comments / Conditions: Tanks, drainlines & supply lines installed & inspected. Dosing volume per plan — 193.6

Note: Valve box was installed 43ft from community mailboxes

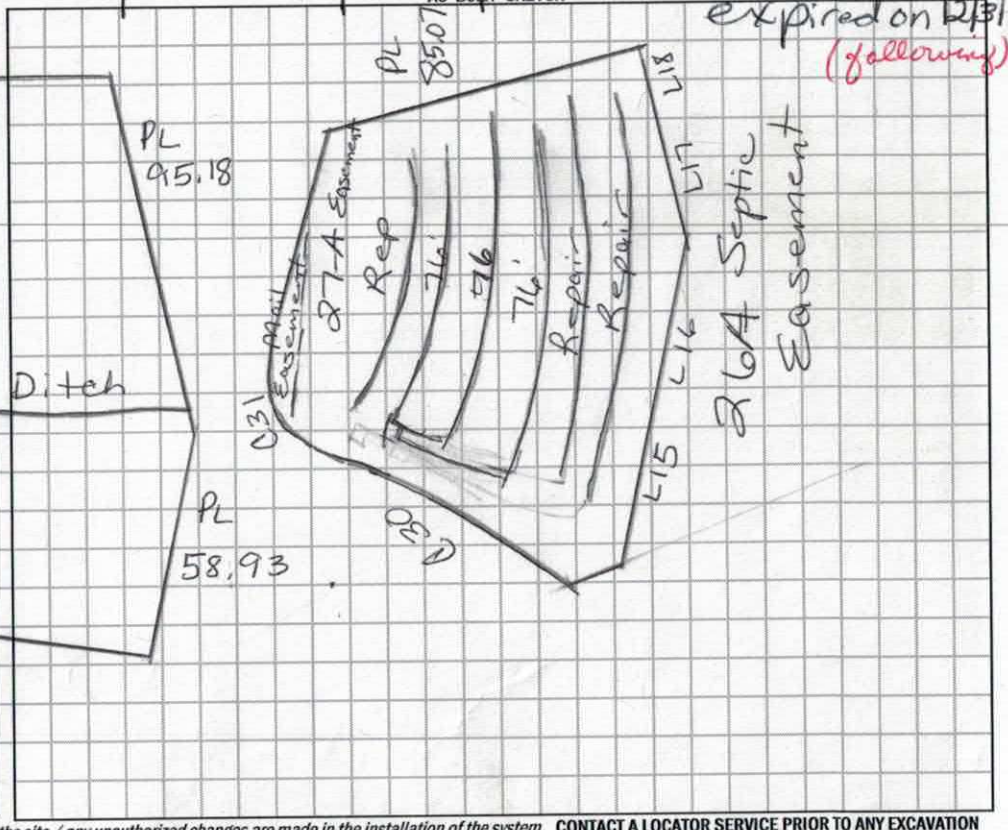
This permit replaces previous permit that expired on 12/31/ (following)

INITIAL SITE SKETCH

Scale 1:50



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

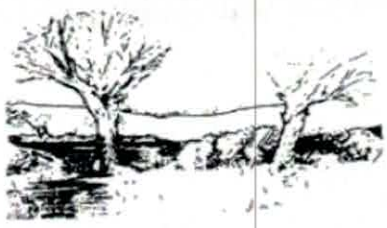
Owner / Applicant Signature: [signature] Date: 2-12-20 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/10/2020 OPERATION PERMIT by: [signature] Date: 6-3-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/10/2020 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.

	Date	Initials
Drain Lines Checked	10-9-19	
Tanks Checked		
Pressure Manifold or Valve Box Checked	6-3	
Pressure Head Set	6-3	
Electrical Checked	6-3	
Floats Set	6-3	
Alarm Checked	6-3	
Maintenance Contract Y / N	6-3	
Comments:		



Revision

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 27
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 4/480gpd
Proposed LTAR: 0.35 gpd/ft2 (initial), 0.3 gpd/ft2 (repair)
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: 30.1 gpm
Dosing Volume: 193.6 gal
Pump Run Time: 6.1 min
Elevation Head: 31.1'
Friction Head: 4.8'
TDH: 37.9'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Yellow 2	**76'**	**76'**	**2.4'**
Orange 3	**76'**	**81'**	**2.9'**
Blue 4	**76'**	**94'**	**3.8'**
Yellow 5		*99'*	*5.0'*
Pink 6		*104'*	*6.2'*
Blue 7		*104'*	*7.5'*

Initial system: 228' (51 panels) ***Repair system:*** *307'*
Pump tank: 31.1' **Benchmark:** 7.9'
House Corner: 30.2'

Comments: Off-site septic system. The supply line shoule be 3" sch 40.

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

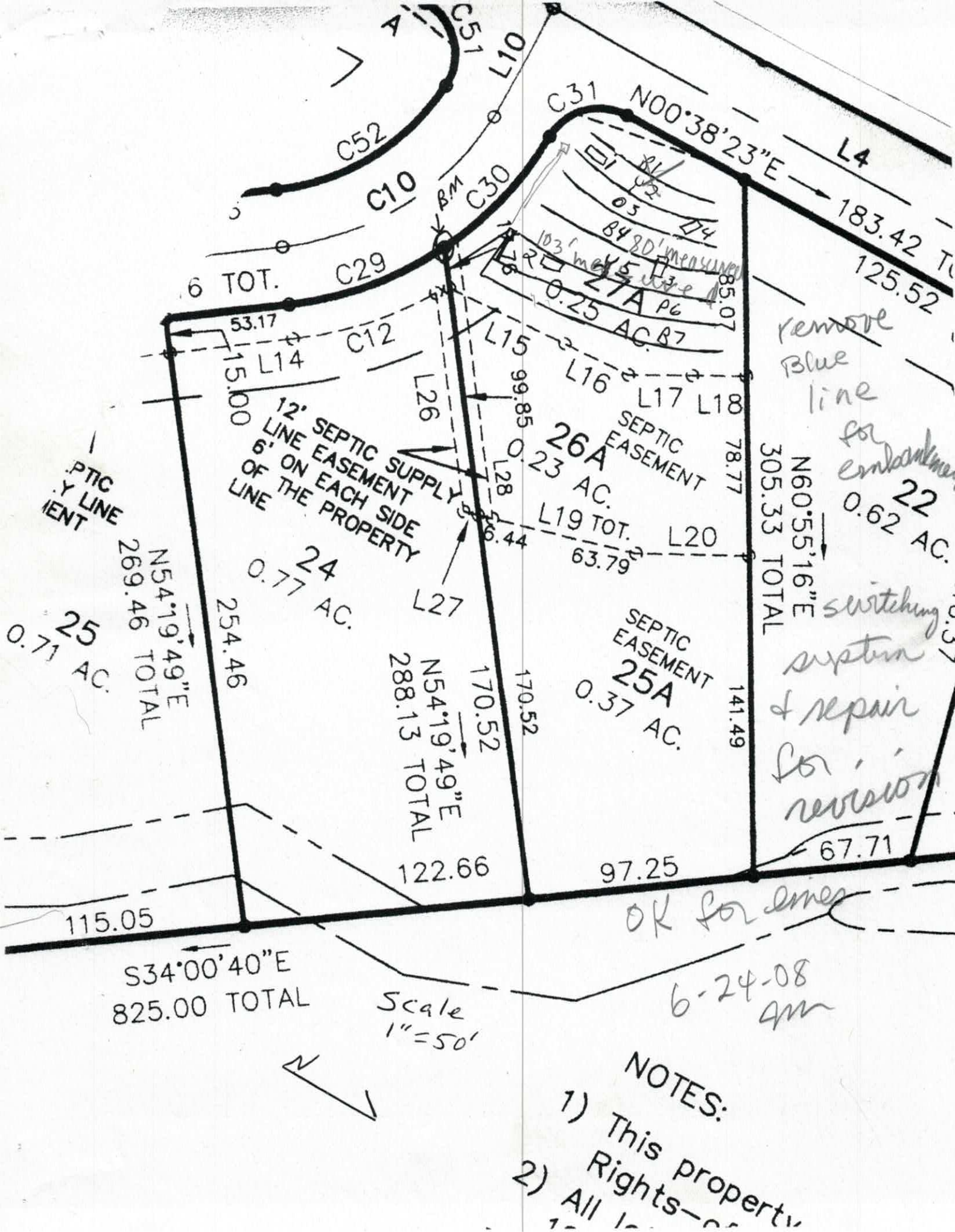
OWNER: Para Mount Homes APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Windstone Crossing Lot 27 PROPERTY RECORDED: _____
WATER SUPPLY: • Private • X Public • X Well • Spring • Other _____
EVALUATION METHOD: • Auger Boring • X Pit • Cut TYPE OF WASTEWATER: • X Sewage • Industrial Process • Mixed

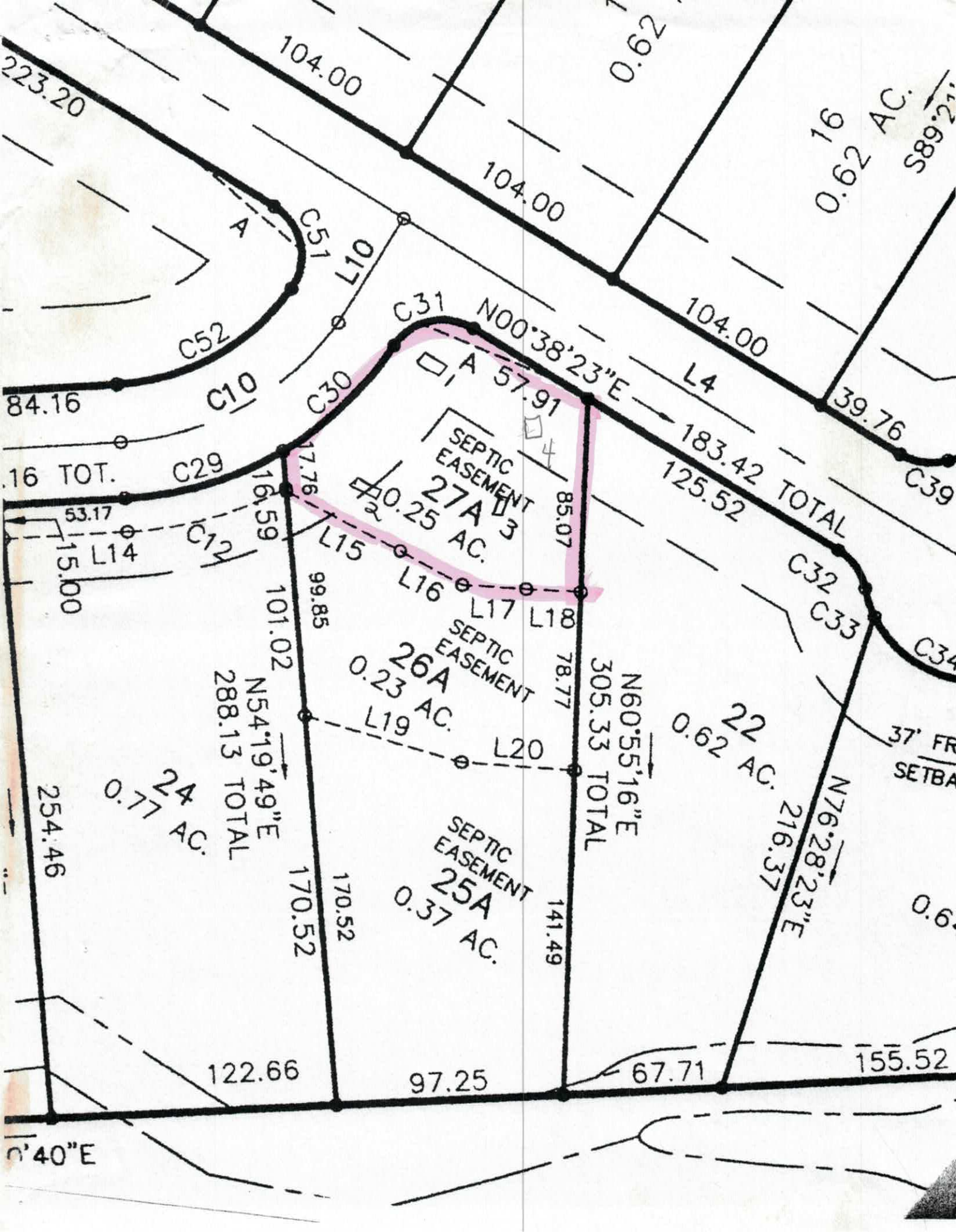
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SFE LS 5%	0-16	Rc sbk/1	6k Frsssp	—	33"	common Inc sap	—	PS 0.35 .35 OK
		16-33	Rcl ws6k	Frsssp			PS		
		33-~~48~~ 64	var. sl sap	m vfrsssp					
2	SFE LS 8%	0-11	Brscl ws6k	frsssp	—	48"	—	—	PS 0.3 .30K apm
		11-48	Rc sbk/ws6k	Frsssp					
3	SFE LS 8%	0-7	Brscl ws6k	Frsssp	—	45"	E-c Inc sap PS	—	PS 0.3+ .30K apm
		7-26	Rc sbk	Frsssp					
		26-45	R4 scl ws6k	F rsssp					
		45-50	var. sl. sap	m Frsssp					
4		0-3	sl				c-m sap		.35
		3-20	Rc sbk	fr					
		20-30	R scl sbk	fr					
		30-48	sl sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____


C51
L17
C52
C10
C31
N00°38'23"E
L4
183.42
C30
BM
C29
6 TOT.
53.17
C12
L14
15.00
L15
99.85
L16
L17
L18
78.77
L26
L28
L27
L19 TOT.
63.79
L20
12' SEPTIC SUPPLY LINE EASEMENT 6' ON EACH SIDE OF THE PROPERTY LINE
24
0.77 AC.
26A
0.23 AC.
27A
0.25 AC.
SEPTIC EASEMENT
N54°19'49"E
269.46 TOTAL
254.46
N54°19'49"E
288.13 TOTAL
170.52
170.52
SEPTIC EASEMENT
25A
0.37 AC.
141.49
N60°55'16"E
305.33 TOTAL
22
0.62 AC.
25
0.71 AC.
122.66
97.25
67.71
115.05
S34°00'40"E
825.00 TOTAL
Scale
1"=50'
remove Blue line for embankment
switching system & repair for revision
OK for emer
6-24-08
am
NOTES:
1) This property
2) All


104.00
104.00
104.00
0.62 AC.
16
0.62 AC.
223.20
A
C51
L17
C52
C31
N00°38'23"E
A 57.91
L4
183.42 TOTAL
125.52
39.76
C39
84.16
C10
C30
C29
.16 TOT.
17.76
16.59
SEPTIC EASEMENT
27A
0.25 AC.
85.07
53.17
L14
15.00
C12
L15
L16
L17
L18
C32
C33
C34
99.85
101.02
SEPTIC EASEMENT
26A
0.23 AC.
78.77
N60°55'16"E
305.33 TOTAL
22
0.62 AC.
37' FR
SETBA
L19
L20
N54°19'49"E
288.13 TOTAL
24
0.77 AC.
254.46
170.52
170.52
SEPTIC EASEMENT
25A
0.37 AC.
141.49
N76°28'23"E
216.37
0.6
122.66
97.25
67.71
155.52
C'40"E

RECEIVED FEB 2 8 2018

AC w/ Inspection #242587

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ( ) 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: 156 Holly Springs Loop Troutman, NC 28166
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 27
Driving Directions: I77 S take exit 45 TL Amity Hill Rd. TL Peach Rd TR Windstone Dr.

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

(X) 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: _____
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
( ) Concrete Slab Foundation
(X) 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 2-28-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

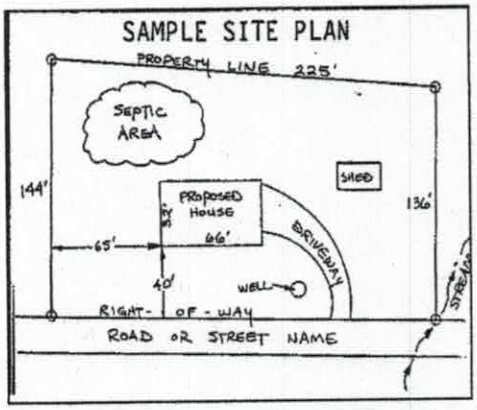
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

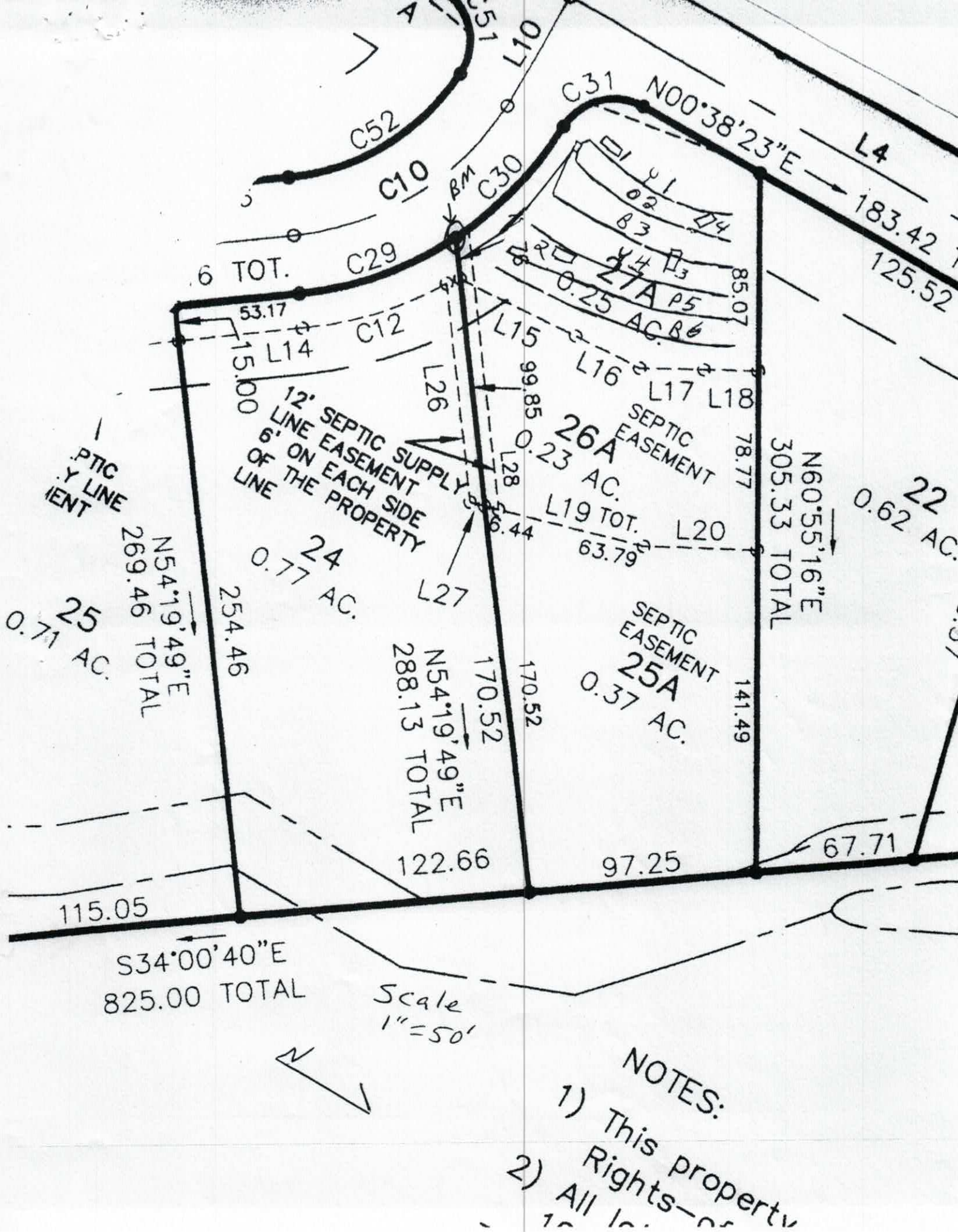
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

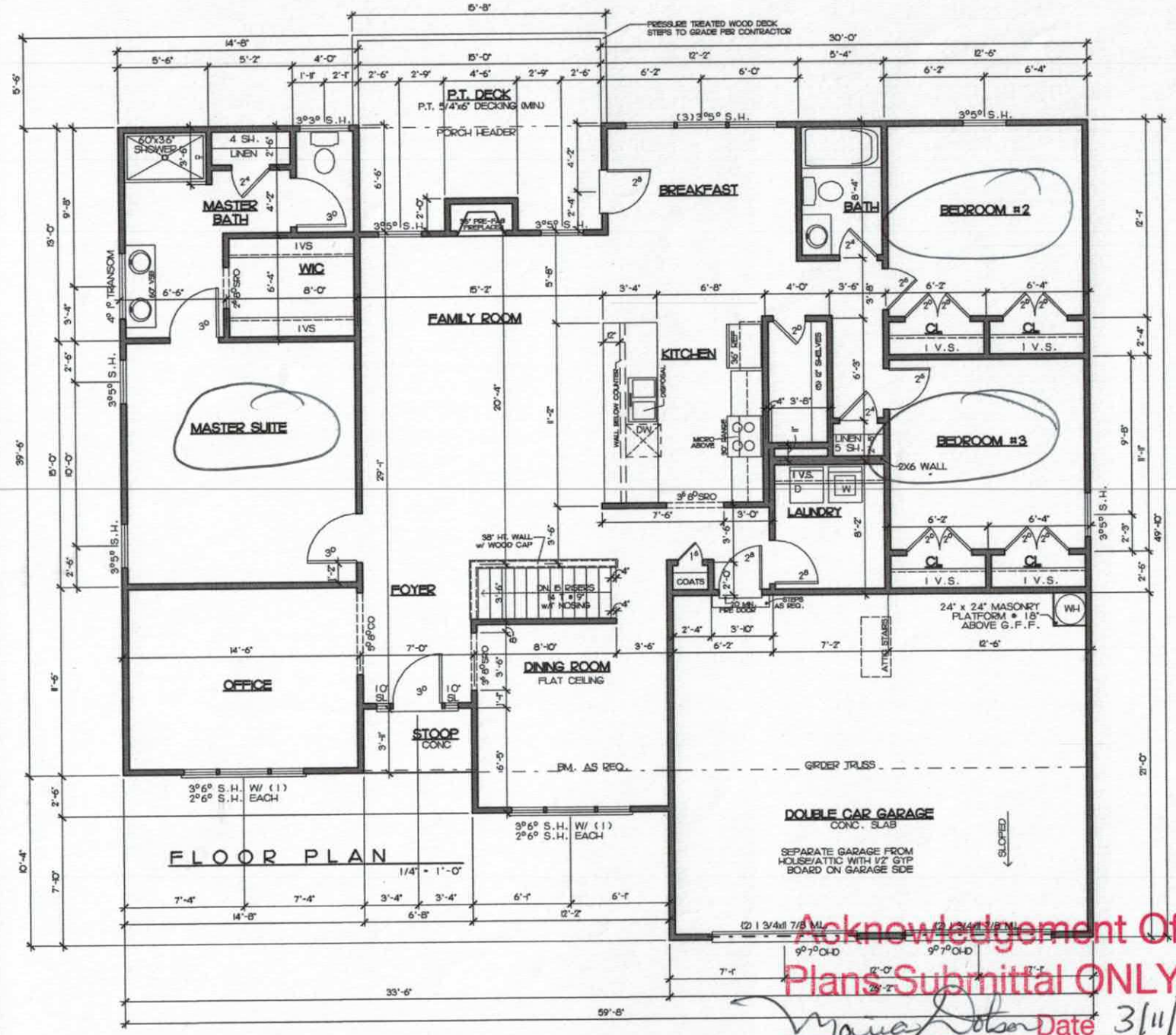
see attached proposal from Michael Athanis and Assoc.

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

2-28-19
DATE


413.11 TOTAL
C28
L12
C27
C11
195.80 TOTAL
15.04
99.54
36.0
27.7
26.7
PROPOSED HOUSE
SETBACK
26
0.85 AC.
28
.90 AC.
27
0.91 AC.
N68°37'50"E
286.68
N76°37'21"E
309.64
APPROX. LOCATION OF BRANCH
DITCH
S34°00'40"E
95.18
S09°00'00"E
58.93
141.72
#4 REBAR FOUND
ASHLEY N.


C52
C10
C30
C31
N00°38'23"E
L4
183.42
125.52
C29
.6 TOT.
53.17
C12
L14
15.00
L15
L16
L17
L18
L26
99.85
27A
0.25 AC.
85.07
78.77
12' SEPTIC SUPPLY LINE EASEMENT
6' ON EACH SIDE OF THE PROPERTY LINE
26A
0.23 AC.
SEPTIC EASEMENT
L28
L19 TOT.
63.79
L20
N60°55'16"E
305.33 TOTAL
22
0.62 AC.
L27
24
0.77 AC.
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'
NOTES:
1) This property
2) All



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL IF=	2682 sq ft

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

Acknowledgement Of Plans Submittal ONLY!

Maria Dotson Date 3/11/19

W. Faulkner 2.28.19 Date

GARAGE RIGHT

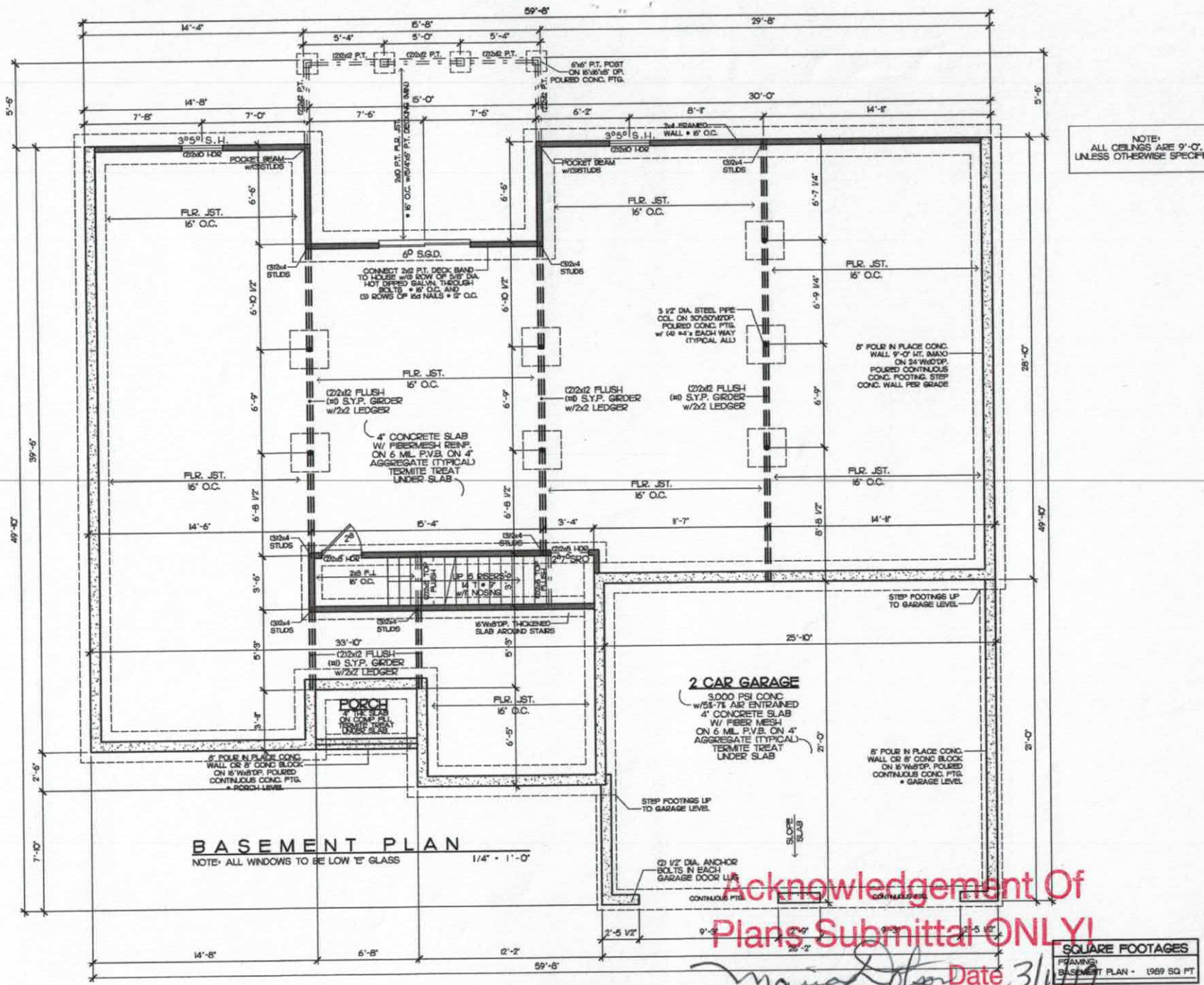
Drafting Design Inc.
Charlotte NC
704-542-3656
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WINDSTONE ESTATES

Project: THE MEADOW
Sheet Title: FIRST FLOOR PLAN W/ BASEMENT FOUNDATION

DR. BY: BRIAN G.
Date: 12-6-18
REV:
Site:

MEADOW-FP_Bmnt
Sheet
3a



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

BASEMENT PLAN

NOTE: ALL WINDOWS TO BE LOW "E" GLASS

1/4" = 1'-0"

SQUARE FOOTAGES	
FRAMING:	
BASEMENT PLAN -	1989 SQ FT

Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson Date 3/1/17
Wm Faulkner 2-28-17 Date

GARAGE RIGHT

Drafting Design Line
Charlotte, NC
704-582-9828

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WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: BASEMENT FOUNDATION

DR. BY: J. BODNAR
Date: 12-6-16
REV:
Site:

MEADOW-BSMNT

Sheet: 2a

IREDELL COUNTY

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

APPLICATION NUMBER
242587
Issue Date: 02/28/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751268812.000	156 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
.910	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	169180	TOTAL FEES:	$ 77.25

RECEIVED JAN 2 9 2020

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

Paid $320.00
#242587

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: 156 Holly Springs Loop Troutman, NC 28166
Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 27
Driving Directions: I77 S to Y45 TL Amity Hill Rd. TL Pitch Rd TR Windstone Dr.

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

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: WM Faulkenberry 1-29-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS ALTERED 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(D) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:** PO Box 25

Applicant Name	Mailing Address	Home Phone	Work Phone
Paramount Homes Center Moriches, NY 11934		—	631-774-8864
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Windstone Crossing	Lot 27

Driving Directions: 115S, TL Oswalt Amity, TL Pilch, straight to Windstone, TR Holly Springs, on Rt

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. **Signature:** _____ 5/30/08
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
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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 156 Holly Springs Loop 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.

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

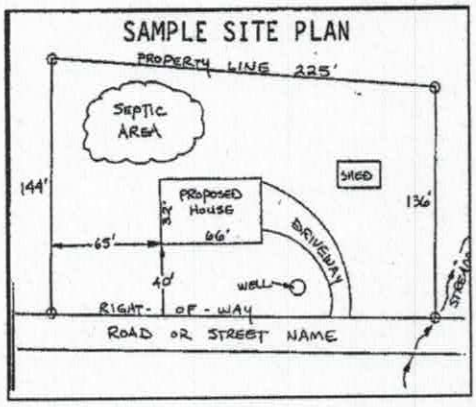
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 1-29-19

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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 PERMIT!!!

Place an (X) beside each item as you complete the site plan:

____ **Property Line measurements are clearly identified…**
____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred well location…**
____ **Area you prefer your septic system to be placed…**
____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

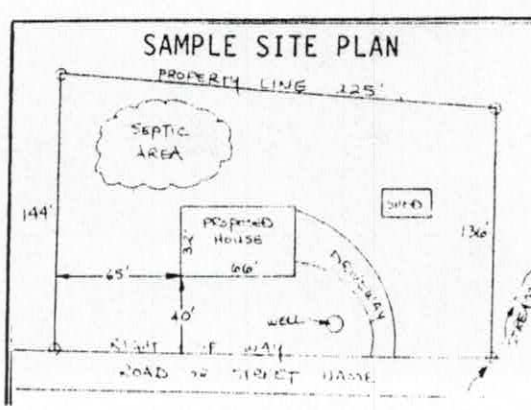
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

Signature: D Mus
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/2/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

RECEIVED JUN 09 2008 By

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	150870ZO	Subdivision:	Paramount Woods
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 HOLLY SPRINGS Lp. TROUTMAN NC 28166		
Parcel #:	4751264478.27	Zoning:	RA
Lot #:	27 Size: 0.68	Flood Plain:	No Watershed: None
Applicant:	PARAMOUNT HOMES	Owner:	Pilch Acres holding, LLC
Address:	P.O. BOX 25 CENTER MORICHES NY 11934	Address:	4992 Expressway Dr, South Rowkonkoma, NY 11799
Phone:		Phone:	828-478-2012
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 25 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED DEVELOPER PERMIT

Directions:

I77S TO AMITY HILL RD EXIT - TURN LFT, RT ON PILCH - RUNS INTO PEAR TREE RT, SUBDIVSION ON RT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$380.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

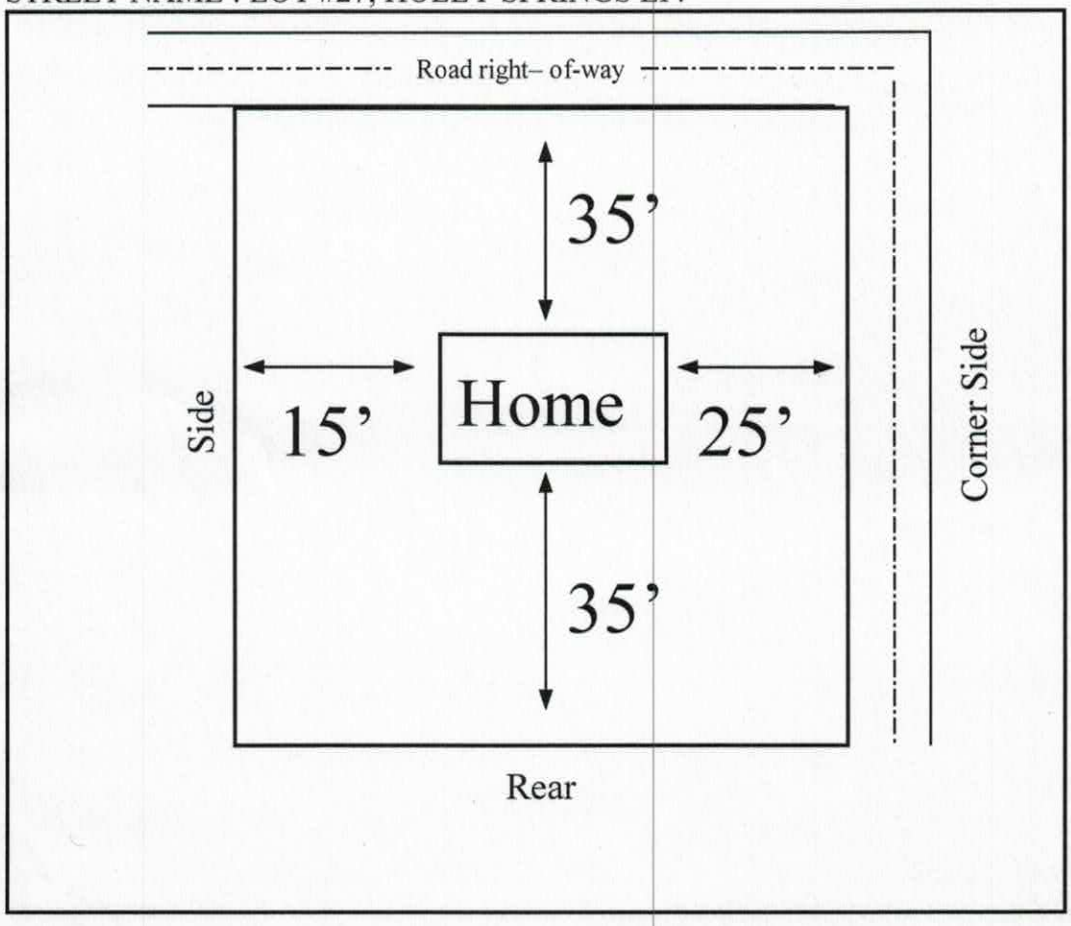
PAULA WOODY Printed: 6/4/2008

ZONING DISCLAIMER

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 Date

STREET NAME : LOT #27, HOLLY SPRINGS LP.

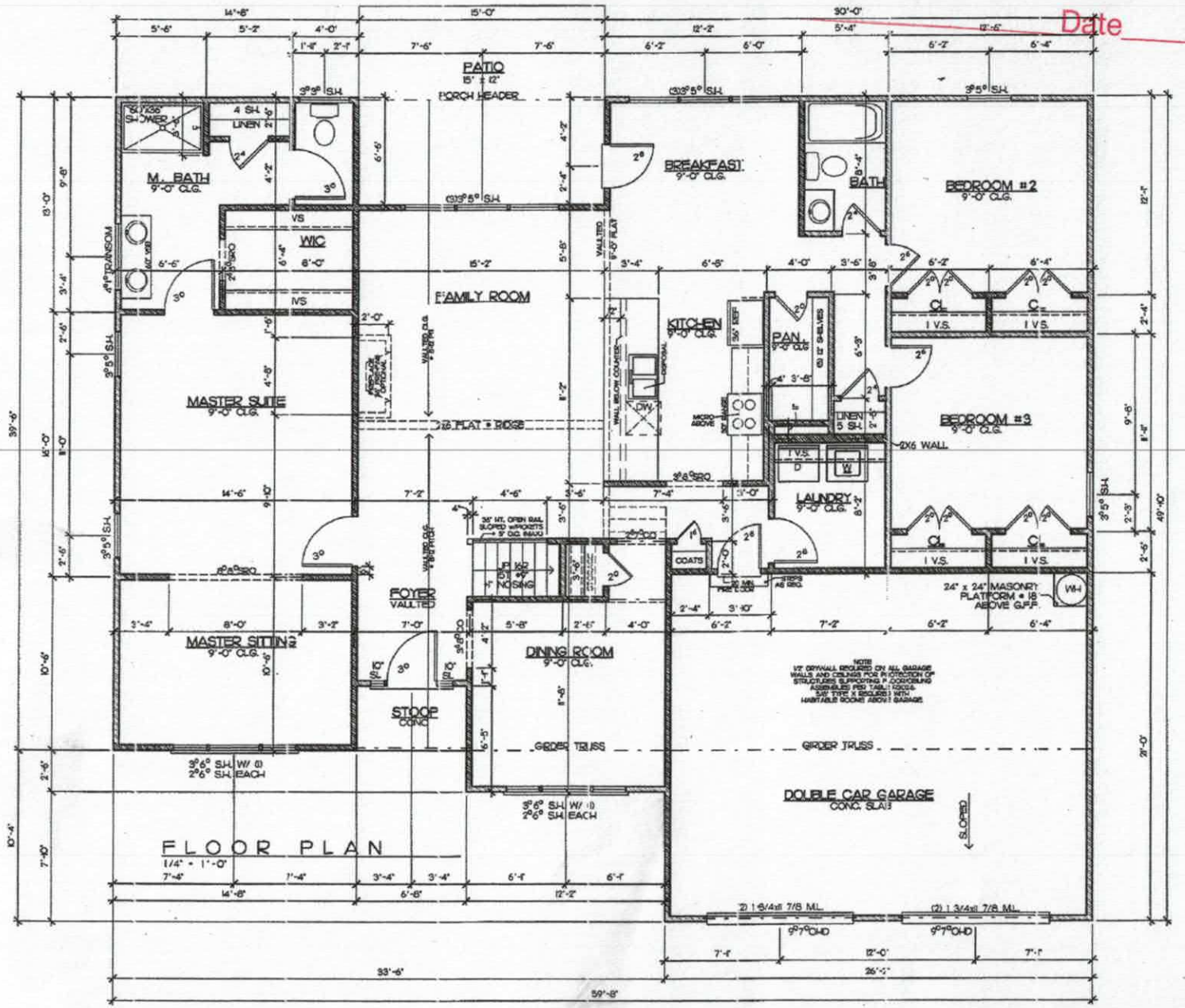


In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

Plans Submittal ONLY!

Date 2/10/20

Date



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL I/F=	2682 sq ft

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

Drafting & Design Inc.
Charlotte, NC
704-532-9696

WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

DR. BY: J. BODNAR
Date: 05-15-18
REV:

Site

BROOKVILLE-FL

Sheet 3a

GARAGE LEFT

THE MEADOW w/BASEMENT no FIREPLACE

IREDELL COUNTY

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

APPLICATION NUMBER
242587
Issue Date: 02/28/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751268812.000	156 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
.910	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	169180	TOTAL FEES:	$ 77.25