ICHD–ENVIRONMENTAL HEALTH DIVISION

RJB Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 300556

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

PIN # 4751271076

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

SITE ADDRESS: 157 Windstone Dr. Statesville NC Grantman PHONE: 980-722-7370 ALT. PHONE

SITE DIRECTIONS: NC 115 N → R on Ostwalt Amity → L on Pilch → straight across to Windstone → lot on L SAP CONTROLLED: ☑ YES ☐ NO

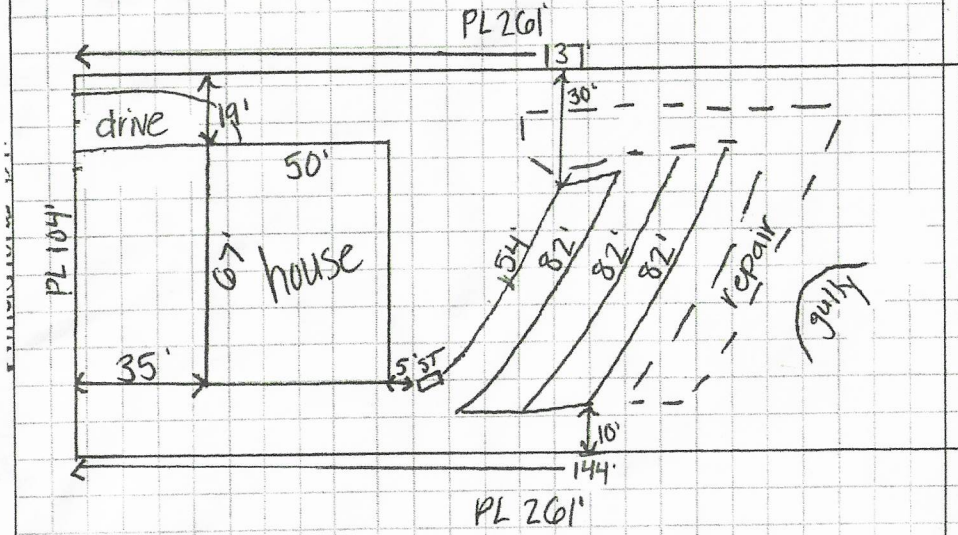
SUBDIVISION: Windstone Crossing SECTION: — LOT # 14 LOT AREA: .62 ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	10-25-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☑ NO	☑ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	32"/36" high side	Gravel Depth			☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

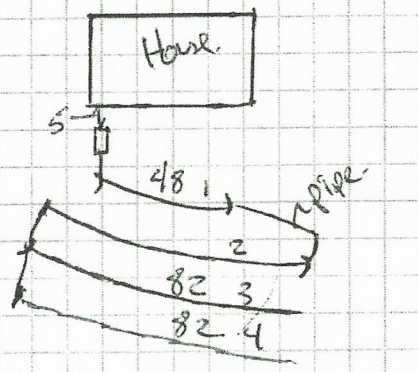
Comments / Conditions: Install 25% reduction with serial distribution. Gully must be filled before repair can be installed.

INITIAL SITE SKETCH



Scale 1" = 50'

AS BUILT SKETCH



* Line 2 8 inches out of level. Rise between Pipe from Line 1 to Line 2. Checked 12/9/19

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: 10-3-19 Installed by: Grantor Grading

IMPROVEMENT PERMIT by: Kayla Watson Date: 10-1-19 OPERATION PERMIT by: Maria Dotson Date: 12/9/19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 10-1-19 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.



Bayport 3 car garage

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

Paramount Woods S.D Lot 14

Number of Bedrooms: **4/480gpd**
Proposed LTAR: **.3gpd/ft2**
Water Source: **Community Well**
Building Footprint: **50'x55'**
Proposed Initial System Type: **Gravity Centerfeed PPBPS (6x45')**
Proposed Repair System: LP PPBPS
Distribution Method: ~~**Gravity to Drop Boxes**~~ Flow Divider w/ 2 Dist. Boxes
Proposed Trench Bottom: **30"**

Line	Length	Elevation
Blue1	52'	N/A
Pink2	**95'**	**N/A**
Yellow3	**97'**	**N/A**
White4	**95'**	**N/A**
Orange5	87'	N/A
Blue6	90'	N/A
Pink7	89'	N/A

House Corner: **N/A**
Septic Tank: **N/A**
Bench Mark: **N/A**
Initial System: **Pink2-White4 (270')**
Repair System: Blue1, Orange5-Pink7 (318')

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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
P # 114 Lot 13	LS 5-3%	0-10	Br SCL w SBK	Fri SS/SP	Few Y-B's	54	—	—	PS .25 after 23" .3
		10-23	YR Cly w SBK	Fri SS/SP					
		23-46	Red Cly M SBK	Fri SS/SP					
		46-54	R Clay w SBK	Fri SS/SP					
P # 115 Lot 14	LS 8-10%	0-28	Red Cly w SBK	Fri SS/SP	—	45"	Lm-M SAP / PS	OK .3 gm 2-6-08	PS 3
		28-45	RY Clay w SBK	Fri SS/SP					
		45-48	Ver Lm SAP Mass	VFri SS/SP					
P # 116 Lot # 14 790	LS 8%	0-7	Br SCL w SBK	Fri SS/SP	—	50"	Fm-M SAP	OK .3 gm 2-6-08	PS .3
		7-38	R Cly M SBK	Fri SS/SP					
		38-50	R Clay w SBK	Fri SS/SP					
P # 117 Lot 15	LS 5%	0-36	R Cly M SBK	Fri SS/SP	—	48"	Fm-M SAP	—	PS 3
		36-48	R Clay w SBK	Fri SS/SP					
P # 118 Lot 15	LS 8-10%	0-30	Red Cly M SBK	Fri SS/SP	—	45	Lm-M / PS	—	PS .3
		30-45	R Clay w SBK	Fri SS/SP					
		45-52	Ver La SAP Mass	VFri SS/SP					

COMMENTS: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paramount Homes — APPLICANT: ___
ADDRESS: ___ — APPLICATION DATE: ___ — DATE EVALUATED: ___
PROPOSED FACILITY: 4 bedrooms — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.62 AC
LOCATION OF SITE: Para mount Woods #14 — 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
13 1	LS 0-2%	0-7	YB scl wsbk	Fr ss sp	—	50"	Few Fine Sap	—	PS 0.3
		7-26	Rc sbk	Fr ss sp					
		26-50	Rcl/l wsbk	Fr ss sp					
35 2	LS 10%	0-27	Rc sbk	Fr ss sp	— sl sap @ 35" ½ sl sap @ 47"	42" pit other ½	Common Fine Sap	.3 OK gm 1-28-08	PS 0.3
		27-42	Rycl wsbk	Fr ss sp					
		35-60	sl sap						
36 3	LS 5%	0-7	Brscl wsbk	Fr ss sp	C-sap gm 40-55"	48"	—	.3 OK gm 1-28-08	PS 0.3
		7-48	Rc sbk	Fr ss sp					
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: MA + Assoc.
OTHER(S) PRESENT: ___

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

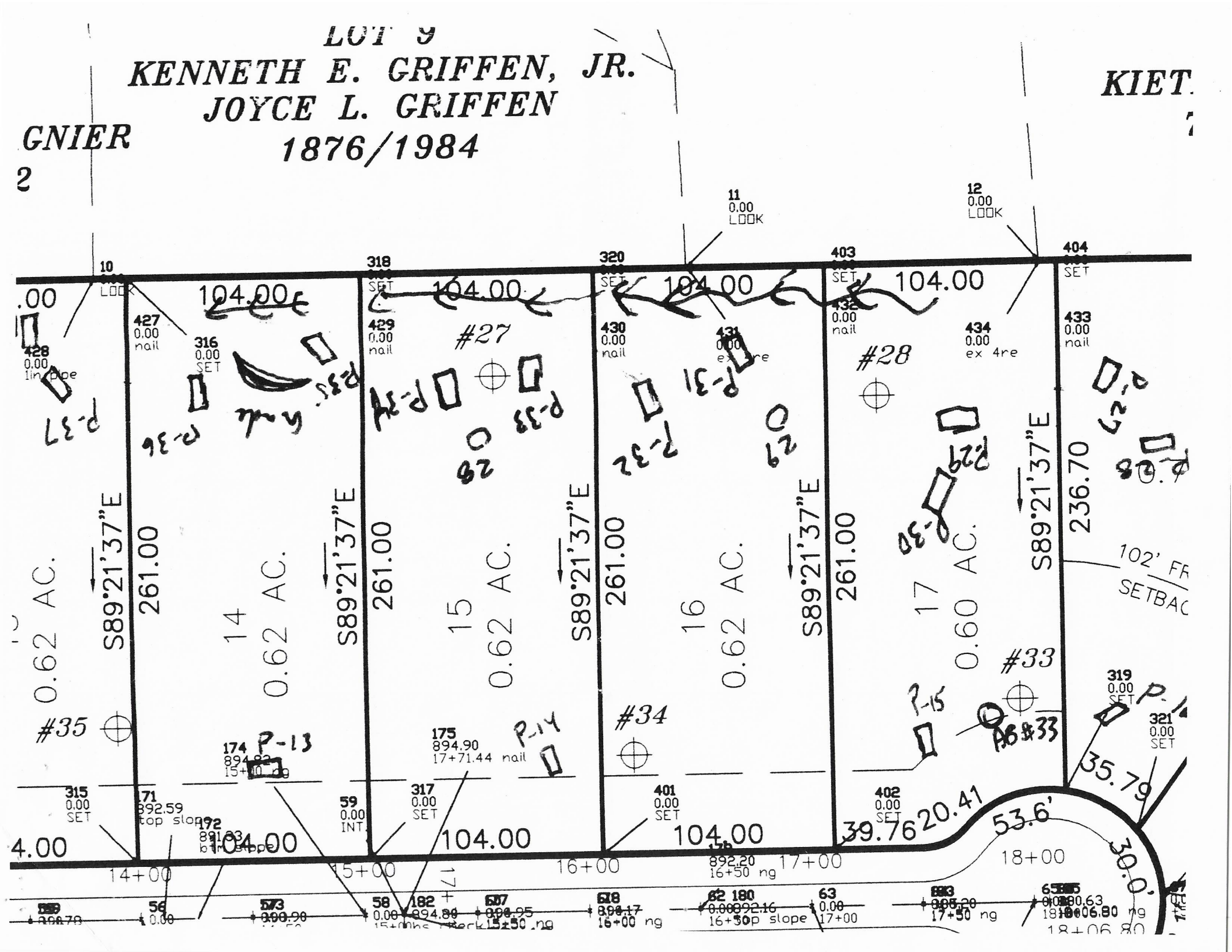
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: PARAMOUNT — APPLICANT: ___
ADDRESS: ___ — APPLICATION DATE: ___ — DATE EVALUATED: ___
PROPOSED FACILITY: ___ — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: ___
LOCATION OF SITE: LOT 14 — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

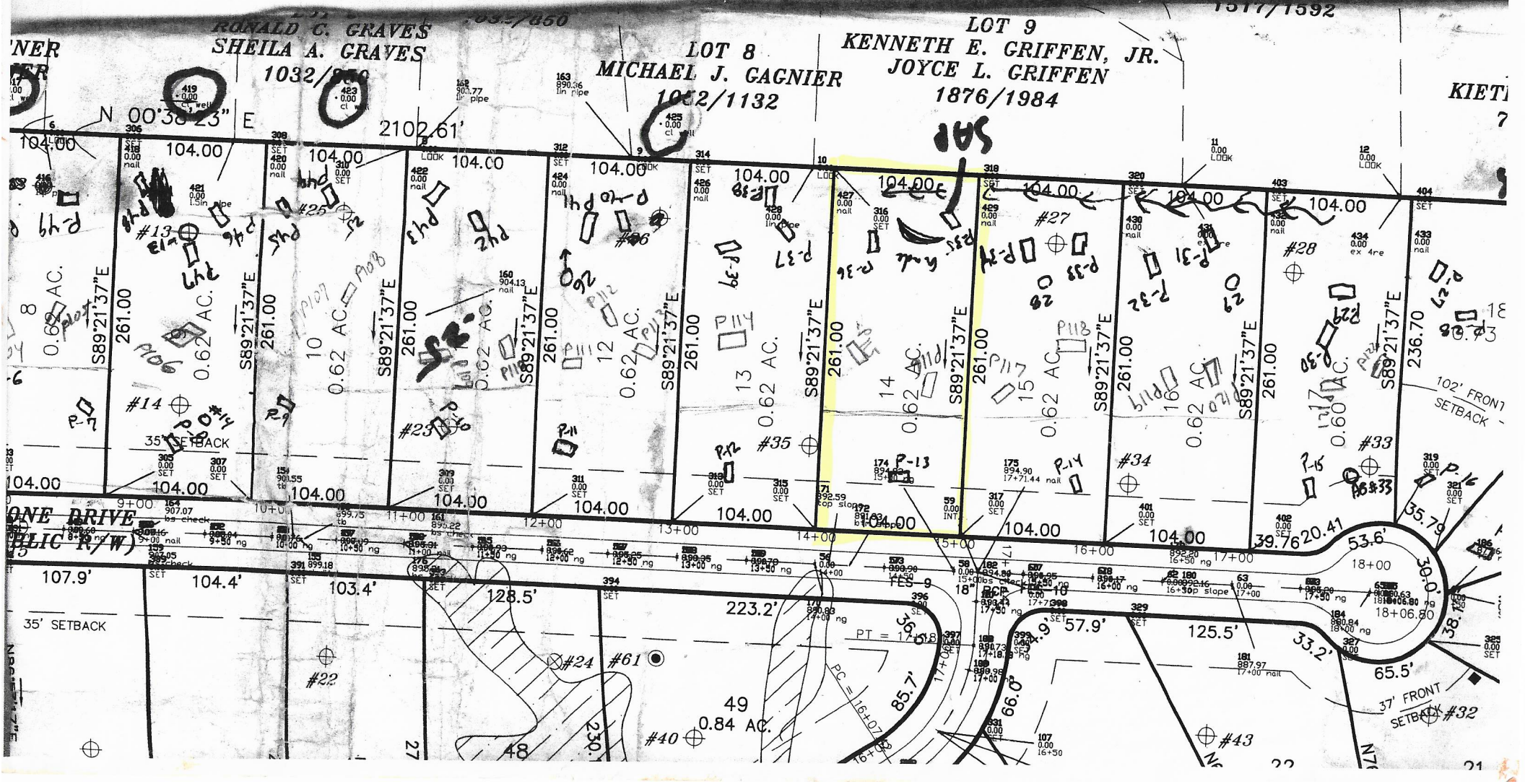
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB # 1 28	LS 5-8%	0-4	Br. SCL WSBK	Fri SS/SP	—	48"	Few Incl	—	PS .3
		4-28	R Clay SBK	Fri SS/SP					
		28-48	R CLom WSBK	Fri SS/SP					
2									
3									
4									

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

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


LOT 9
KENNETH E. GRIFFEN, JR.
JOYCE L. GRIFFEN
1876/1984
GNIER
2
KIET
11
0.00
LOOK
12
0.00
LOOK
10
LOOK
318
SET
320
SET
403
SET
404
SET
104.00
104.00
104.00
104.00
427
0.00
nail
316
0.00
SET
429
0.00
nail
430
0.00
nail
431
ex 4re
432
0.00
nail
434
0.00
ex 4re
433
0.00
nail
428
0.00
iron pipe
#27
#28
#33
#34
#35
261.00
261.00
261.00
261.00
236.70
S89°21'37"E
S89°21'37"E
S89°21'37"E
S89°21'37"E
S89°21'37"E
14
0.62 AC.
15
0.62 AC.
16
0.62 AC.
17
0.60 AC.
0.62 AC.
102' FR
SETBAC
P-13
P-14
P-15
P-30
P-31
P-32
P-33
P-35
P-36
P-37
174
894.82
15+00 ng
175
894.90
17+71.44 nail
315
0.00
SET
171
892.59
top slope
172
891.83
bm pipe
59
0.00
INT
317
0.00
SET
401
0.00
SET
402
0.00
SET
319
0.00
SET
321
0.00
SET
104.00
104.00
104.00
39.76
20.41
53.6'
35.79
30.0'
14+00
15+00
16+00
17+00
18+00
892.20
16+50 ng
56
0.00
58
0.00
182
894.80
62
0.00
180
892.16
16+50 top slope
63
0.00
17+00
17+50 ng
18+06.80 ng
18+06.80

LOT 14


RONALD C. GRAVES
SHEILA A. GRAVES
1032/
LOT 8
MICHAEL J. GAGNIER
1132
LOT 9
KENNETH E. GRIFFEN, JR.
JOYCE L. GRIFFEN
1876/1984
1317/1592
N 00°38'23" E
2102.61'
S89°21'37"E
261.00
104.00
0.62 AC.
0.60 AC.
236.70
102' FRONT SETBACK
35' SETBACK
37' FRONT SETBACK
ONE DRIVE
LIC R/W)
107.9'
104.4'
103.4'
128.5'
223.2'
57.9'
125.5'
65.5'
85.7'
66.0'
39.76
20.41
53.6'
35.79
33.2'
49
0.84 AC.
48
#22
#24
#61
#40
#43
#32
PT = 17+51.18
PC = 16+07.
18+06.80

RECEIVED AUG 2 8 2019

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

AC w/ Inspection

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

AP - 300556

Application For:
( ) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Well Abandonment ( ) 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: 157 Windstone Drive Troutman, NC 28166
Subdivision Name: Windstone Crossing Section/Phase: Lot Number: 14
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*

(✓) 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
( ) Basement with Plumbing
( ) Basement without Plumbing

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 8-28-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

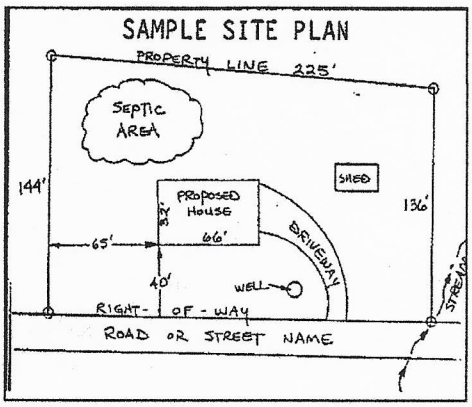
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 8-28-19

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 157 Windstone Dr. Troutman, NC 28166, 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

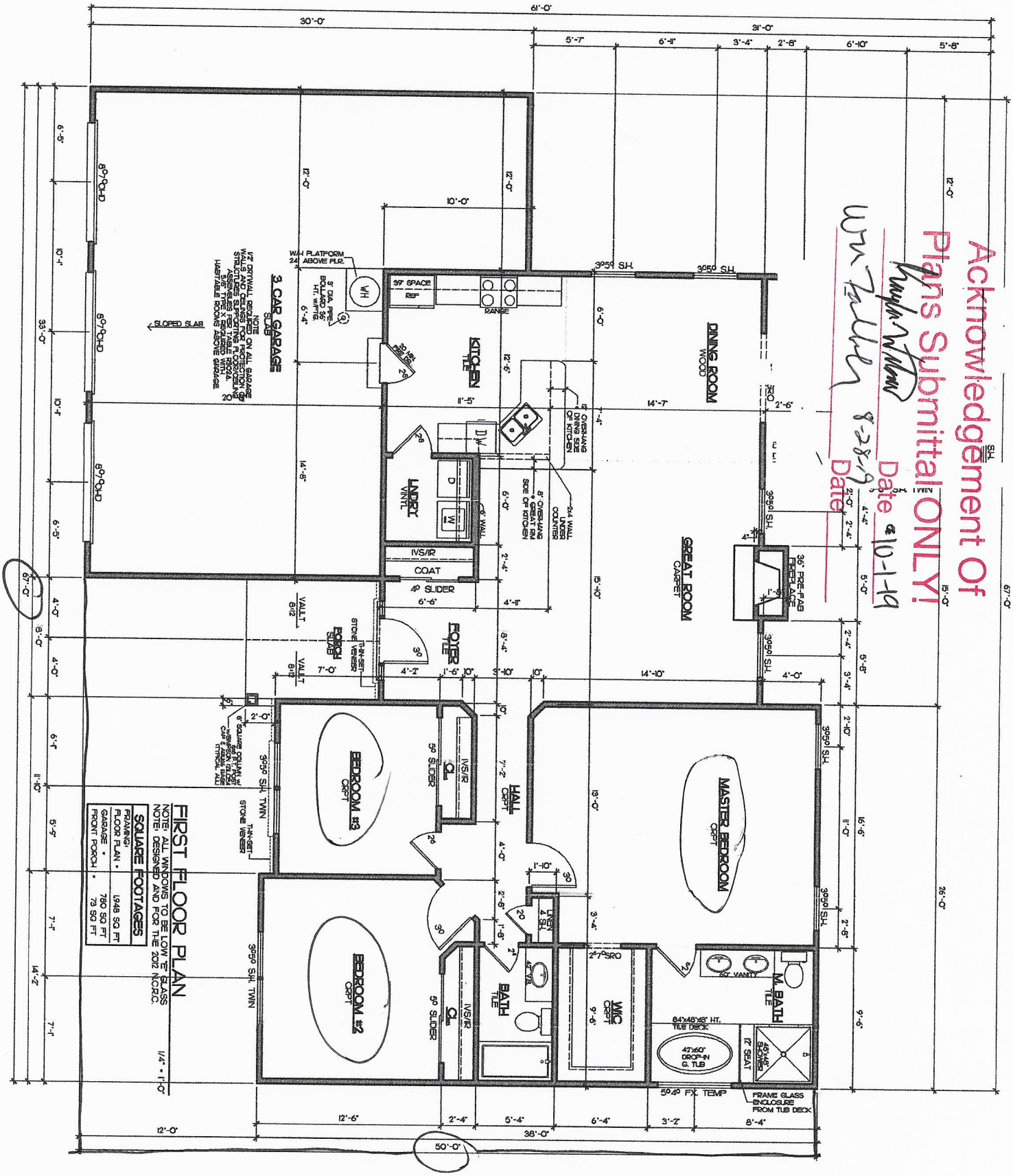
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	8/10/18	[signature]	8/10/18
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 10-1-19
Date
61'-0"
30'-0"
31'-0"
3 CAR GARAGE
SLAB
SLOPED SLAB
KITCHEN
TILE
DINING ROOM
WOOD
GREAT ROOM
CARPET
LAUNDRY
VINYL
COAT
FOYER
TILE
BEDROOM #3
CRPT
BEDROOM #2
CRPT
HALL
CRPT
MASTER BEDROOM
CRPT
BATH
TILE
WIC
CRPT
M. BATH
TILE
FIRST FLOOR PLAN
NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND FOR THE 2012 N.C.R.C.
1/4" = 1'-0"
SQUARE FOOTAGES
FRAMING
FLOOR PLAN - 1948 SQ FT
GARAGE - 780 SQ FT
FRONT PORCH - 73 SQ FT
GARAGE LEFT
WS-BAYPL_G-3C
Sheet 3a
DR. BY: J. ENDNAR
Date 08-27-08
REV: 09-02-08CM
09-16-08JB
09-19-08JB
10-07-08JB
Project
THE BAYPORT LOT 6
Sheet Title
FLOOR PLAN
WINDSTONE
ESTATES

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300556
Issue Date: 09/04/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4751271076.000	157 WINDSTONE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PILCH ACRES HOLDINGS LLC	Name: WINDSTONE CROSSING INC
Address:	Address: 15 FROWEIN RD STE G-2
,	CENTER MORICHES, NY 11934
Phone:	Phone: (704)528-8450

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	N/A	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: 09/04/2019

Permit Number	000162

TOTAL FEES:	$77.25