IREDELL COUNTY HEALTH DEPARTMENT

BW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242979

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

PIN # 4751271198

APPLICANT/OWNER: Pilch Acres Holding LLC APPLICANT ADDRESS: 15 Frowein Rd, NY

SITE ADDRESS: 161 Windstone Dr, Troutman 28166 PHONE: 980-722-7370 ALT. PHONE —

SITE DIRECTIONS: Amity Hill → R on Pilch → R on Windstone → on Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Windstone Crossing SECTION: — LOT # 15 LOT AREA: .62ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	766	Date	4-3-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% reduction	
Pump Make	—		Model	—	Serial #	—	Repair System Description:			25% reduction	
# Nitrification Fields	1		# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth	24-36"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☐ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☐ Public
☒ Community

Comments / Conditions: Install on contour. May utilize serial distribution. Install between 24-36" trench depth as designed.

INITIAL SITE SKETCH

See attached design by Michael Athanas + Associates LSS # 1252

AS BUILT SKETCH

Installed As Shown

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**

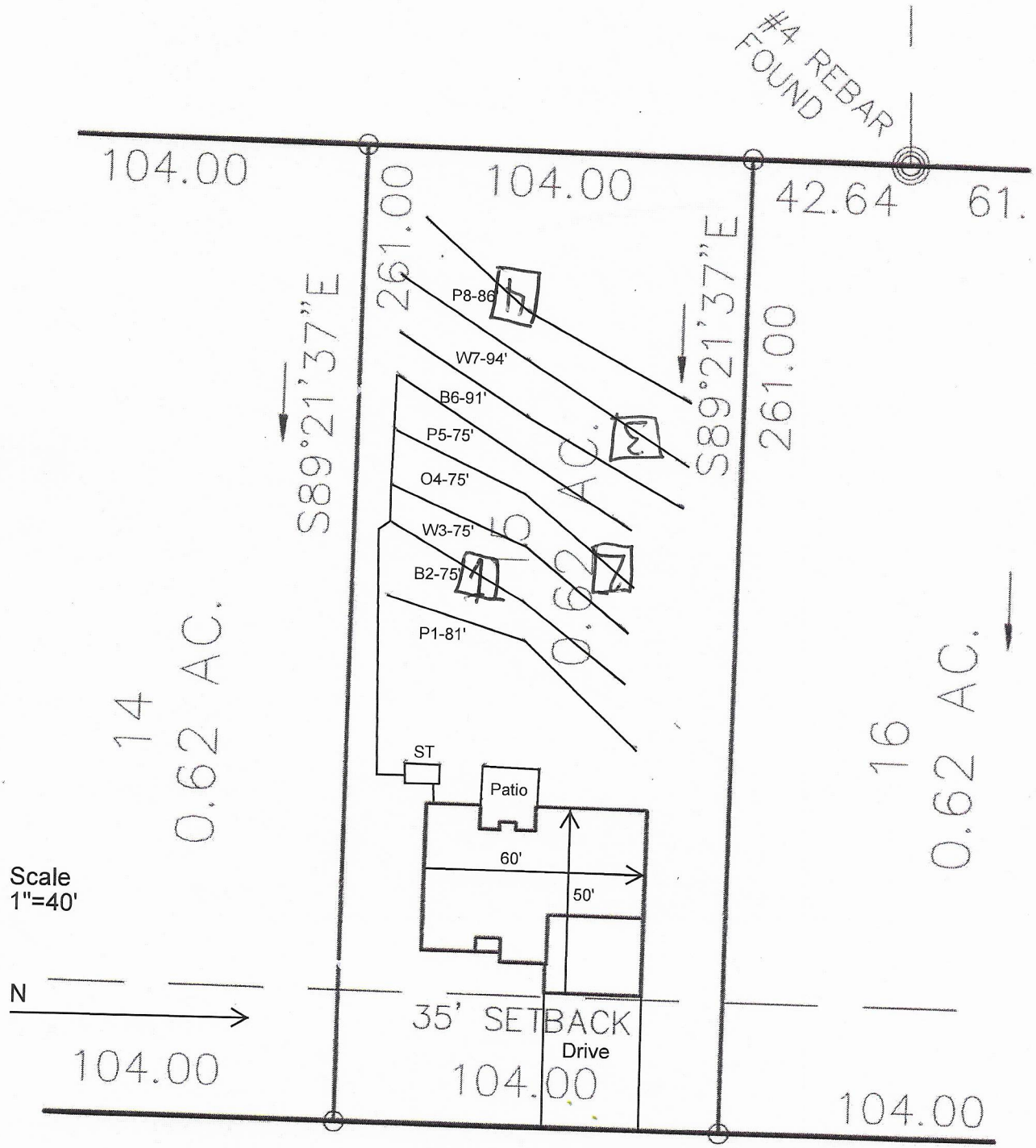
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5-6-19 Installed by: Gunter Grading

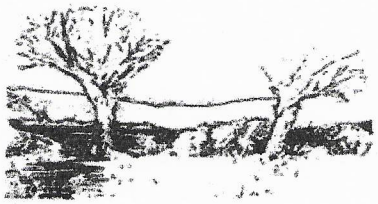
IMPROVEMENT PERMIT by: Carlen C. Cave Date: 5-3-19 OPERATION PERMIT by: [signature] Date: 7-8-19

AUTHORIZATION TO CONSTRUCT by: Carlen C. Cave Date: 5-3-19 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.


#4 REBAR FOUND
104.00
104.00
42.64
61.
261.00
261.00
S89°21'37"E
S89°21'37"E
P8-86'
W7-94'
B6-91'
P5-75'
O4-75'
W3-75'
B2-75'
P1-81'
14
0.62 AC.
16
0.62 AC.
ST
Patio
60'
50'
Scale
1"=40'
N
35' SETBACK
Drive
104.00
104.00
104.00
C51
A
C31
N00°38'23"E
18.
A 57.91

OK CC 5-3-19



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

Reference: Data Sheet for 161 Windstone Dr, Windstone Crossing Lot 15
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms/Daily Flow: 3/360 GPD
Predetermined LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length
Pink 1		81'
Blue 2	**75'**	**93'**
White 3	**75'**	**92'**
Orange 4	**75'**	**94'**
Pink 5	**75'**	**92'**
Blue 6		91'
White 7		94'
Pink 8		86'

Initial System: 300' **Repair System:** 352'

Comments:
This property was previously approved. Due to a slight change in the house box, MA&A have laid the system out again.

PROPERTY ID #: 4751271198
COUNTY: Iredell

OK 5/13/19 CC

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Pilch Acres Holding LLC
ADDRESS: 15 Frowein Rd, Bldg G2, Center Moriche, NY 11934
APPLICATION DATE
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 5/2019
LOCATION OF SITE: 161 Windstone Dr, Windstone Crossing Lot 15
PROPERTY SIZE: 0.62 AC
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other
PROPERTY RECORDED:
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	
1	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	44"	F-C SAP PS	N/A	PS 0.3-0.35
		6-20	R C SBK	FR SS SP SXP					
		20-44	R CL WSBK	FR SS SP SXP					
		44-66	VER L SAP	VFR SS SP SXP					
2	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	43"	F-C SAP PS	N/A	PS 0.3-0.35
		6-23	R C SBK	FR SS SP SXP					
		23-43	R CL WSBK	FR SS SP SXP					
		43-63	VER L SAP M	VFR SS SP SXP					
3	LS 8%	0-6	Br SCL SBK	FR SS SP SXP	N/A	41"	F-C SAP PS	N/A	PS 0.3-0.35
		6-24	R C SBK	FR SS SP SXP					
		24-41	R CL WSBK	FR SS SP SXP					
		41-64	VER L SAP M	VFR SS SP SXP					
4	LS 8%	0-10	RBr CL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		10-29	R C SBK	FR SS SP SXP					
		29-50	R CL WSBK	FR SS SP SXP					
		50-62	VER L/SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	1056 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

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

COMMENTS:

RECEIVED APR 2 6 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#242989 Int. Relayout

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 Paid $225.00

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: 161 Windstone Dr
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 15
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: 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: Accepted

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: _____ 4/26/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 1 8 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Ac w/Inspection #242989

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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 (X) 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: 161 Windstone Drive Troutman, NC
Subdivision Name: Windstone Crossing Section/Phase: Lot Number: 15
Driving Directions: I77 S take exit 45 TL Amity Hill Rd. TL Rich Rd TR Windstone Dr.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants:
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (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 3-15-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

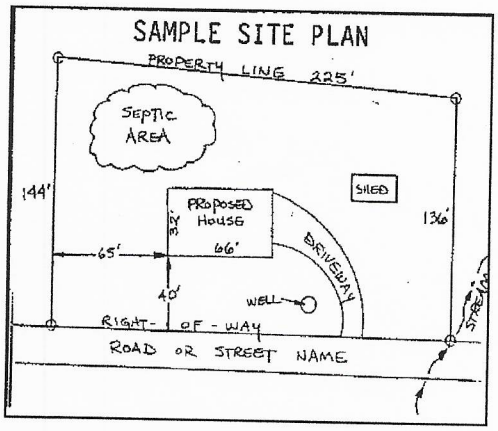
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) 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

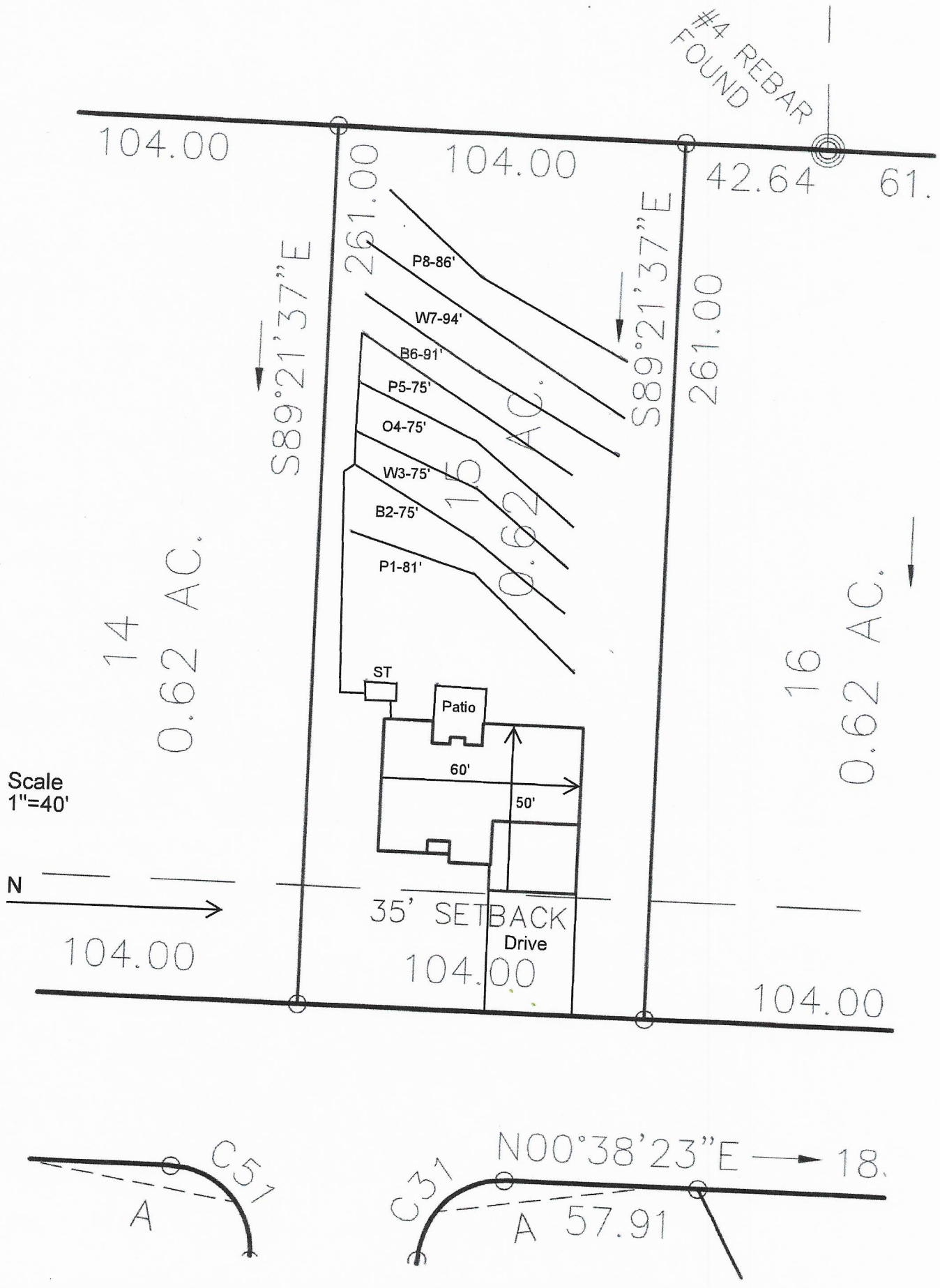
USE THIS SPACE TO DRAW YOUR SITE PLAN

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)

4/26/2019
DATE


#4 REBAR FOUND
104.00
104.00
42.64
61.
261.00
S89°21'37"E
261.00
S89°21'37"E
P8-86'
W7-94'
B6-91'
P5-75'
O4-75'
W3-75'
B2-75'
P1-81'
1.50 AC.
0.62 AC.
14
0.62 AC.
16
0.62 AC.
ST
Patio
60'
50'
Scale
1"=40'
N
35' SETBACK
Drive
104.00
104.00
104.00
C51
A
N00°38'23"E
18.
C31
A 57.91

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 161 Windstone Dr Windstone Crossing Lot 15, identified as PIN (Parcel Identification Number) 4751271198, 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

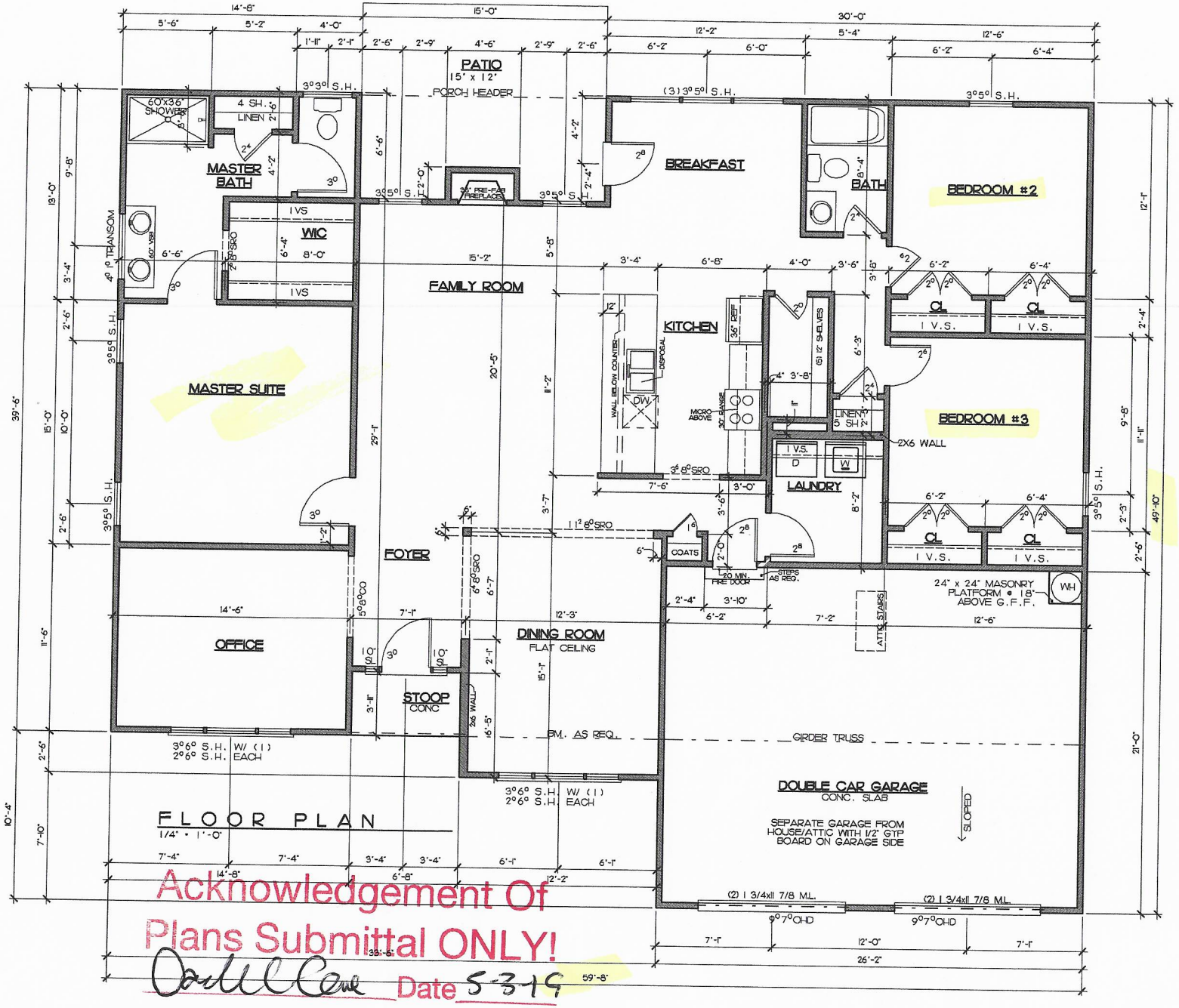
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	4/26/2019		
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



FLOOR PLAN
1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 5-3-19

Date 3-15-19

SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	85 sq ft
FRONT PORCH=	26 sq ft
TOTAL IF=	2682 sq ft

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

GARAGE RIGHT

Drafting Design Inc.
Charlotte NC
704-542-8658

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WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

DR. BY: BRIAN G.
Date 06-06-08
REV: 02-22-18
02-26-18
03-07-18
03-20-18

Site

MEADOW-FP_REV

Sheet 3

IREDELL COUNTY

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

APPLICATION NUMBER
242989
Issue Date: 03/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751271198.000	161 WINDSTONE DRIVE, 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 REFERENCE OLD NUMBER 147685	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
V12960
3/18/19

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	170892	TOTAL FEES:	$ 77.25