CCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 308723

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

PIN # 4751-27-1299 ✓

APPLICANT/OWNER: Pilch Acres Holdings LLC APPLICANT ADDRESS: 15 Frowein STE G-2 Center Moriches NY 11934

SITE ADDRESS: 165 Windstone Dr - Iredell 28166 PHONE: 980-722-7370 ALT. PHONE -

SITE DIRECTIONS: Ostwalt Mooresville Lon on Pilch Road Continue to Windstone Dr Lot on L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Windstone Crossing SECTION: - LOT# 16 LOT AREA: 0.62 DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	7-6-2020	☒ 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:	PPBPS		
# Nitrification Fields	1		# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"		Trench Bottom Depth (from side)		36"		Gravel Depth	-	☒ GRAVITY	☐ PRESSURE

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

Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution.

INITIAL SITE SKETCH

Please see attached Site Plan from Michael Athanas & Associates

AS BUILT SKETCH

FOR SEPTIC FINAL 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.

Installed as Drawn

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**

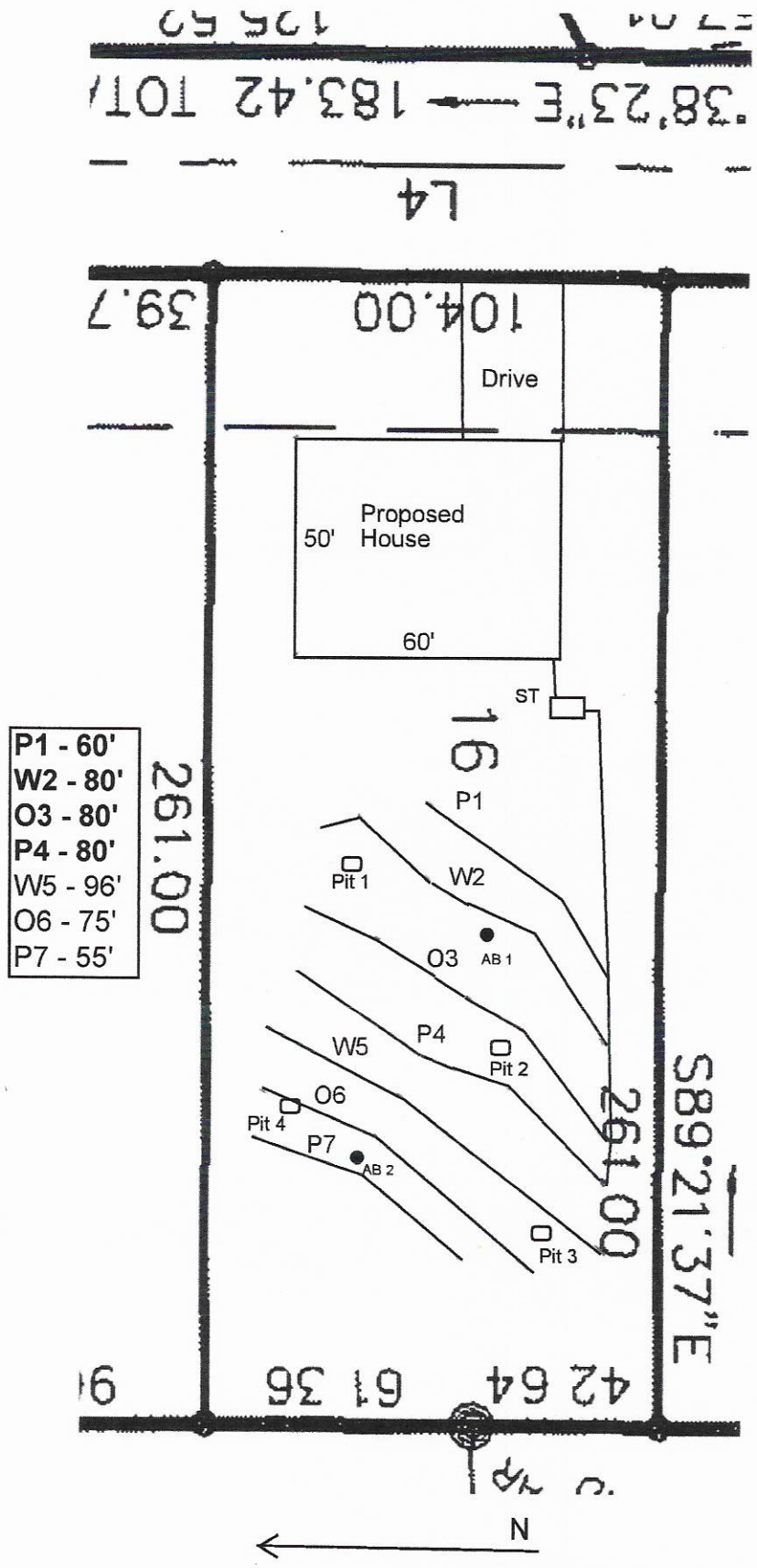
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-5-20 Installed by: Center Grading

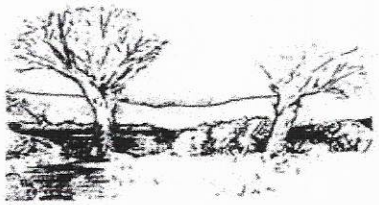
IMPROVEMENT PERMIT by: [signature] Date: 8-4-2020 OPERATION PERMIT by: [signature] Date: 9-23-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-4-2020 Existing System Inspected by: Date:

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


Drive
104.00
Proposed House
50'
60'
ST
16
P1
W2
Pit 1
O3
AB 1
P4
W5
Pit 2
O6
Pit 4
P7
AB 2
Pit 3
261.00
261.00
P1 - 60'
W2 - 80'
O3 - 80'
P4 - 80'
W5 - 96'
O6 - 75'
P7 - 55'
N

Scale
1"=40'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
7/9/2020

Reference: Data Sheet for 165 Windstone Dr, Windstone Crossing Lot 16
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Pink 1	**60'**	**60'**
White 2	**80'**	**100'**
Orange 3	**80'**	**98'**
Pink 4	**80'**	**98'**
White 5		96'
Orange 6		75'
Pink 7		55'

Initial System: 300' **Repair System:** 226'

Comments:



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

OWNER: Pilch Acres Holding LLC APPLICATION DATE
ADDRESS: 15 Frowein Rd, Bldg G2, Center Moriche, NY 11934 DATE EVALUATED: 4/2020
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.62 AC
LOCATION OF SITE: 165 Windstone Dr, Windstone Crossing Lot 16 PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☰ Public ☰ Well ☐ Spring ☐ Other
EVALUATION METHOD: X 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	
AB 1	LS 8%	0-5	Br SL WSBK	FR SS SP SXP	N/A	48"	Com SAP @ 34"	N/A	PS 0.3-0.35
		5-22	R C SBK	FR SS SP SXP					
		22-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 8%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	48"	Com SAP @ 36"	N/A	PS 0.3-0.35
		3-20	R C SBK	FR SS SP SXP					
		20-48	R CL WSBK	FR SS SP SXP					
PIT 1	LS 8%	0-10	Br CL WSBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		10-30	R C SBK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					
PIT 2	LS 8%	0-5	Br CL WSBK	FR SS SP SXP	N/A	53"	F-C SAP PS	N/A	PS 0.3-0.35
		5-24	R C SBK	FR SS SP SXP					
		24-53	R CL WSBK	FR SS SP SXP					
		53-63	VER L SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	678 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #:4751271299
DATE OF EVALUATION:
COUNTY: IREDELL

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 3	LS 8%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	64"	F-C SAP	N/A	PS 0.3-0.35
		7-27	R C SBK	FR SS SP SXP					
		27-64	R CL WSBK	FR SS SP SXP					
PIT 4	LS 8%	0-33	R C SBK	FR SS SP SXP	N/A	64"	F-C SAP	N/A	PS 0.3
		33-64	R CL WSBK	FR SS SP SXP					

COMMENTS:

JB

RECEIVED JUL 1 4 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-308723 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: 165 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 16

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: 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: _____ 7/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

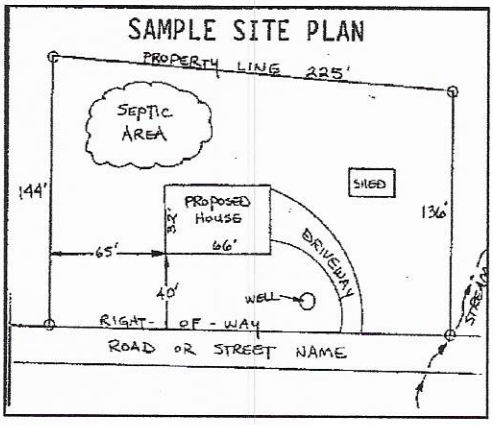
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 7/13/2020

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

Drive
Proposed
House
50'
60'
ST
P1 - 60'
W2 - 80'
O3 - 80'
P4 - 80'
W5 - 96'
O6 - 75'
P7 - 55'
P1
Pit 1
W2
O3
AB 1
P4
Pit 2
W5
O6
Pit 4
P7
AB 2
Pit 3
261.00
261.00
N

Scale
1"=40'

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 165 Windstone Dr Windstone Crossing lot 16, identified as PIN (Parcel Identification Number) 475121299, 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

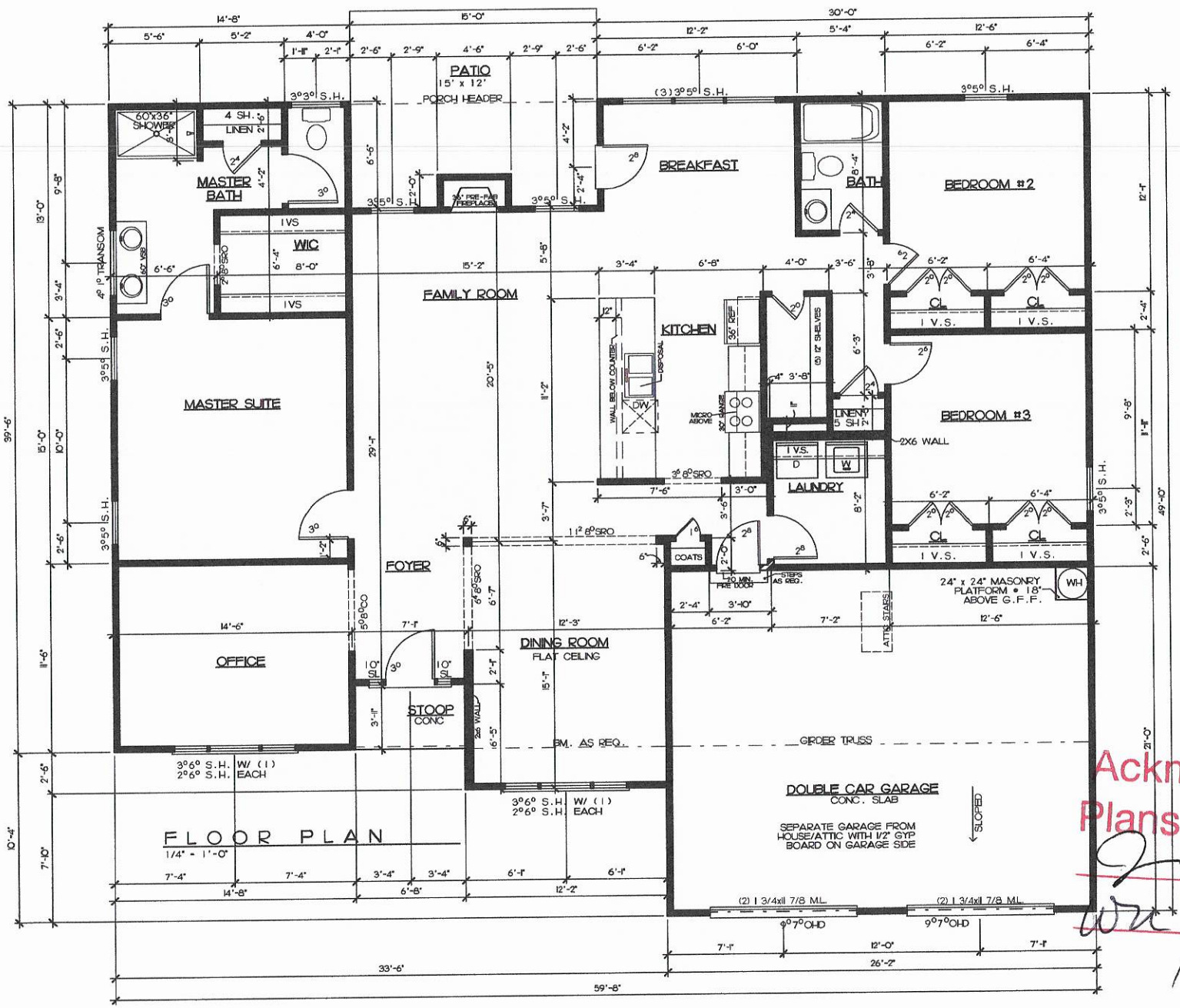
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	7/13/2020		
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



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.

Drafting & Design Inc.
Charlotte N.C.
704-542-9008
COPYRIGHT STATEMENT
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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
Scale	

Acknowledgement Of Plans Submittal ONLY!

Date 8-4-18

Date 8-23-18

GARAGE RIGHT

MEADOW-FP1 REV

Sheet 3

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

APPLICATION NUMBER
308723 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751271299.000	165 WINDSTONE DR	Iredell County

Owner Information	Applicant Information
Name: PILCH ACRES HOLDINGS LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	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

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.

Date: 07/02/2020

Signature of Owner/Contractor

Permit Number	308723	TOTAL FEES:	$77.25