IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246463

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

PIN # 4751272327

APPLICANT/OWNER: PILCH ACRES HOLDING, LLC. APPLICANT ADDRESS: 15 FROWEIN ROAD, SUITE G2, MORICHES, N.Y. 11934

SITE ADDRESS: 169 WINDSTONE DRIVE, TROUTMAN, N.C. 28166 PHONE: 980-722-7370 ALT. PHONE 704-310-1832

SITE DIRECTIONS: (S) ON 77, (L) ON AMITY HILL, (R) ON PILCH, (R) ON WINDSTONE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: WINDSTONE CROSSING SECTION: — LOT # 17 LOT AREA: 0.6 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	8/10/19	☑ 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:	50% REDUCTION PPBPS			
# Nitrification Fields	1	# Lines	5		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN		Gravel Depth		☑ GRAVITY	☐ PRESSURE			

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL NON-SHARED WELLS, SITE PLAN MUST REMAIN ATTACHED TO PERMIT OR PERMIT IS INVALID

INITIAL SITE SKETCH

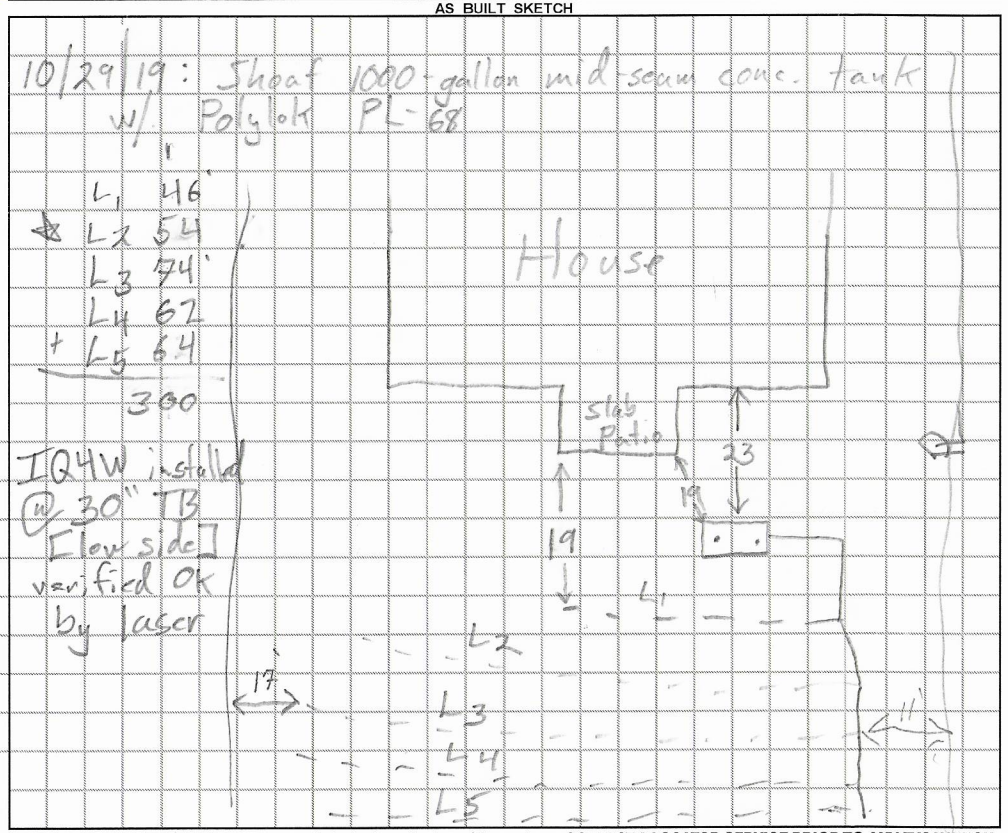
PLEASE SEE ATTACHED SITE PLAN BY:

MICHAEL ATHANAS AND ASSOCIATES

LICENSED SOIL SCIENTIST

LSS #1252

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

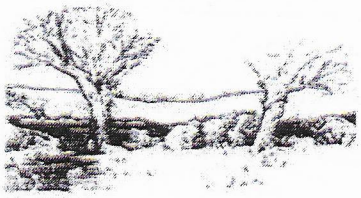
Owner / Applicant Signature: _____ Date: 8-28-19 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Burkett C. White Date: 8-19-2019 OPERATION PERMIT by: Tom Shuck Date: 10/29/19

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 8-19-2019 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.

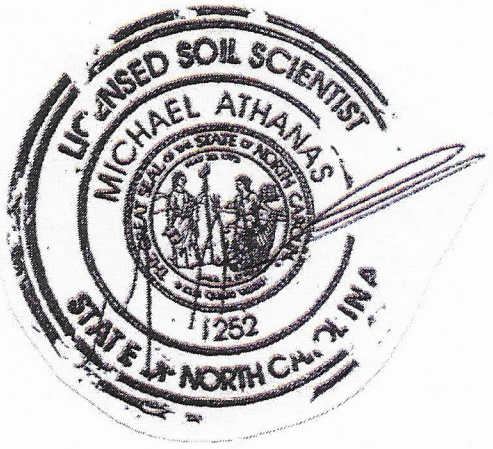
#4 REBAR FOUND
96 14
7.86
O8-77'
B7-78'
R6-76'
W5-60'
O4-60'
B3-80'
R2-55'
W1-45'
Slight Gully
ST
Fill
261.00
S89°21'37"E
236.70
N
Scale 1"=30'
102' FRC SETBACK
17
0.90 AC.
House
50'
60'
Drive
C38
C37
C36
C39
39.76
APPROVED AUG 28 2019



APPROVED AUG 2 8 2019

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
8/13/19

Reference: Data Sheet for 169 Windstone Dr, Windstone Crossing Lot 17
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: PPBPS
Distribution: Gravity-End cap/Drop box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length
White 1	**45'**	**48'**
Red 2	**55'**	**56'**
Blue 3	**80'**	**93'**
Orange 4	**60'**	**70'**
White 5	**60'**	**70'**
Red 6		76'
Blue 7		78'
Orange 8		77'

Initial System: 300' **Repair System:** 231'

Comments:
A new lay out was performed due to fill covering a portion of the original proposed lines.



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

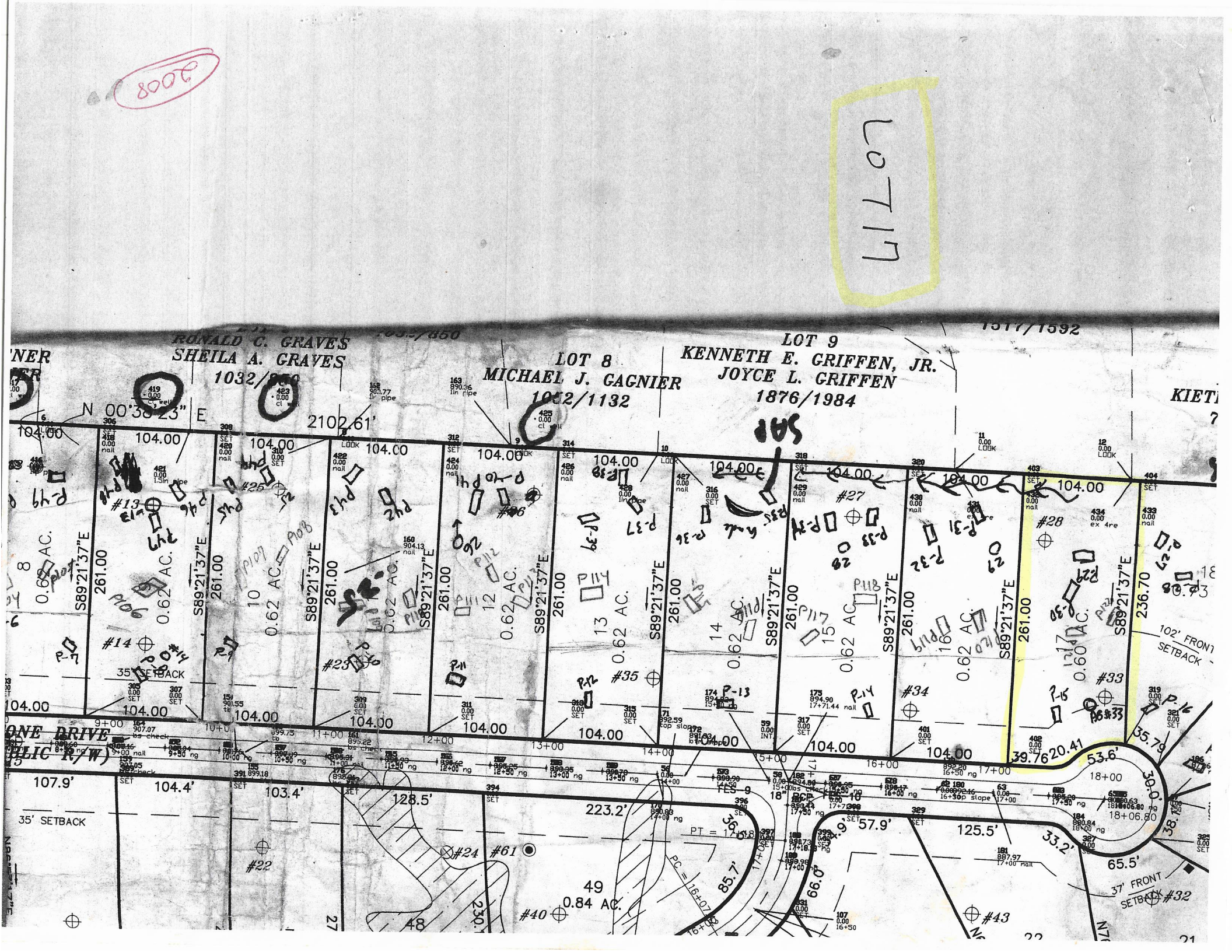
Paramount Woods S.D Lot 17

Number of Bedrooms: **3/360gpd**
Proposed LTAR: **.3gpd/ft2**
Water Source: **Community Well**
Building Footprint: **50'x55'**
Proposed Initial System Type: **Innovative / 25% Reduction (300'+)**
Proposed Repair System: LP PPBPS (231')
Distribution Method: **Gravity to Drop Boxes**

Line	Length	Elevation
Orange1	37'	3.8
Blue2	55'	4.9
Yellow3	**81'**	**5.6**
Orange4	**60'**	**6.4**
Blue5	**60'**	**7.2**
Orange6	**78'**	**8.6**
Yellow7	**40'**	**10.0**
Orange8	41'	11.2
Pink9	48'	12.8
Yellow10	50'	14.1

House Corner: **3.0**
Septic Tank: **2.4**
Bench Mark: **19.1**
Initial System: **Yellow3-Yellow7, 319'**
Repair System: Orange1-Blue2, Orange8-Yellow10, 231'

2008


LOT 17
RONALD C. GRAVES
SHEILA A. GRAVES
LOT 8
MICHAEL J. GAGNIER
LOT 9
KENNETH E. GRIFFEN, JR.
JOYCE L. GRIFFEN
1876/1984
N 00°38'23" E
2102.61'
104.00
261.00
S89°21'37"E
0.62 AC.
35' SETBACK
102' FRONT SETBACK
37' FRONT SETBACK
ONE DRIVE
PUBLIC R/W
107.9'
104.4'
103.4'
128.5'
223.2'
57.9'
125.5'
65.5'
49
0.84 AC.
48
PT = 17+18.18
PC = 16+07.18
18+06.80

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 # 119 Lot 16	LS 12%	0-29	R Cly M SBK	Fri SS/SP	–	50	Common Incl	–	PS .3
		29-50	R Clay w SBK	Fri SS/SP					
P # 120 Lot 16	LS 7%	0-29	R Cly M SBK	Fri SS/SP	–	48	Common Incl	–	PS .3
		29-48	R Clay w SBK	Fri SS/SP					
P # 121 Lot 17	LS 6%	0-30	R Cly M SBK	Fri SS/SP	–	51"	Common Incl	OK .3 gm 2-6-08	PS .3
		30-51	R Clay w SBK	Fri SS/SP					
P # 122 Lot 17	LS 7%	0-6	Br SCL w SBK	Fri SS/SP	–	48"	–	OK .3 gm 2-6-08	PS .3
		6-36	R Cly M SBK	Fri SS/SP					
		36-48	R Clay w SBK	Fri SS/SP					
	2008								

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: 0.66 ac
LOCATION OF SITE: Paramount Woods # 17 — 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	PROFIL CLASS & LTAR
15 1	LS 2%	0-5	Br scl wsbk	Fr ss sp	—	48"	Few fnc Sap	—	PS 0.3
		5-30	Rc sbk	Fr ss sp					
		30-48	Rc/cl Abk/wsbk	Fr ss sp					
29 2	LS 8%	0-7	Br scl wsbk	vfr ss sp	—	48"	Few Sap Inc	.3 OK gm 1-28-08	PS 0.3
		7-38	Rc sbk	Fr ss sp					
		38-48	Rcl wsbk	Fr ss sp					
		52"	sl sap gm						
30 3	LS 6% 100%	0-9	Br scl wsbk	Fr ss sp	—	48"	—	.3 OK 1-28-08	PS 0.3
		9-32	Rc sbk	Fr ss sp					
		32-48	Rcl wsbk	Fr ss sp					
4	2008								

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: ___

ON-SITE WASTEWATER SECTION

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

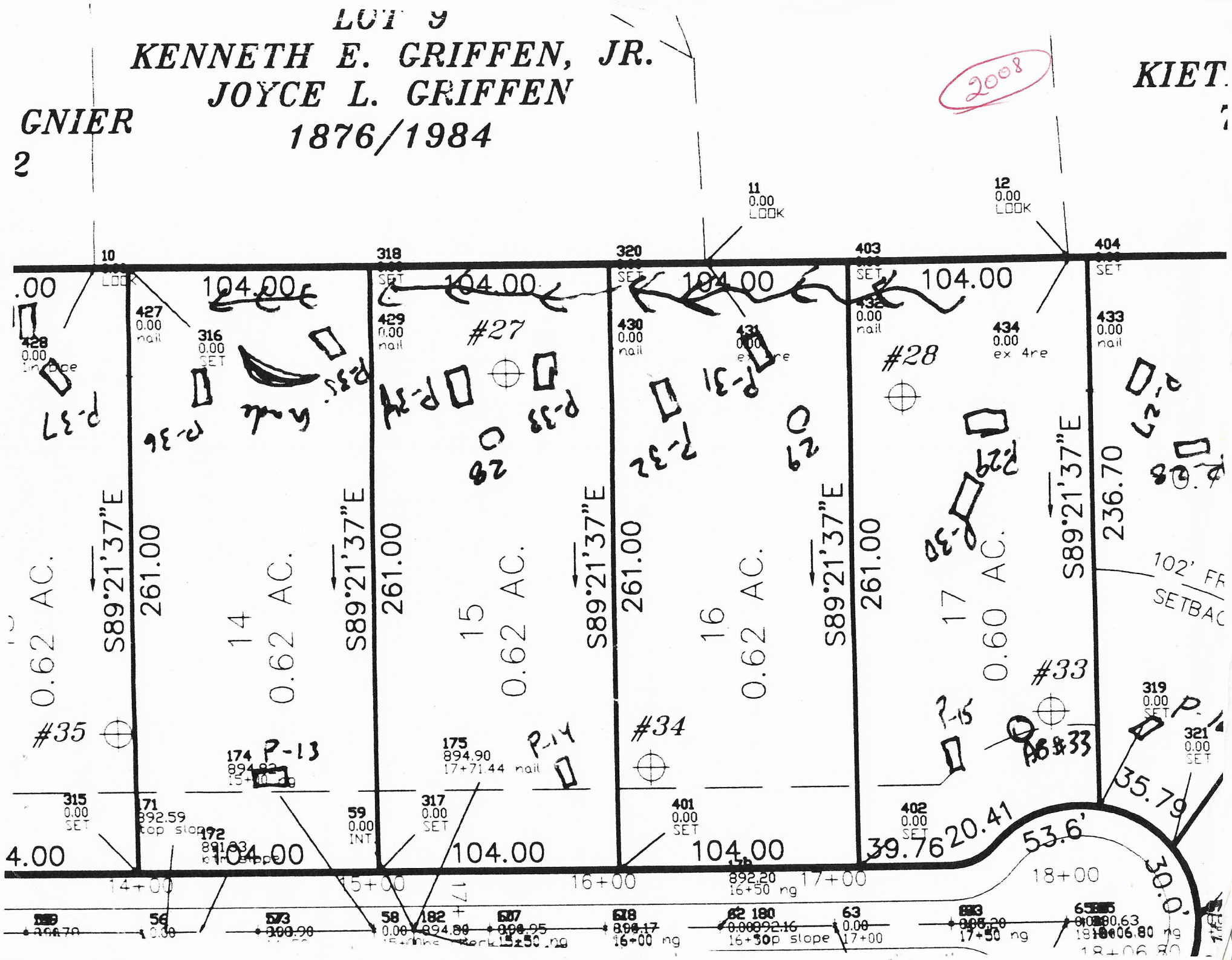
OWNER: PARAMOUNT
ADDRESS: ___ APPLICANT: ___
PROPOSED FACILITY: ___ APPLICATION DATE: ___ DATE EVALUATED: ___
LOCATION OF SITE: LOT 17 PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LAND-SCAPE 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
A B #1 2B	LS 0-8%	0-28 28-48	R Cl SBK R Clay w/BK	Fri SS/SP Fri SS/SP	—	48"	—	—	P.S. .3
2									
3									
4	2008								

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

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

S89°21'37"E
261.00
104.00
S89°21'37"E
236.70
221.37
63.24
183.00
229.50
S 89°59'49" E 412.50'
MEI
NAI
D/W
39.76
20.41
53.6'
30.0'
35.79
38.1'
65.5'
37' FRONT SETBACK
25.5'
50'x22'
3.0
98'
30'
17
0.60 AC.
18
0.73 AC.
19
0.81 AC.
20
0.85 AC.
102' FRONT SETBACK
129' FRONT SETBACK
73' FRONT SETBACK
N52°34'50"W
318.26
N21°32'34"W
264.67
S26°21'50"W
240.79
N
1" = 50'


LOT 9
KENNETH E. GRIFFEN, JR.
JOYCE L. GRIFFEN
1876/1984
2008
GNIER
2
KIET
10
LOOK
11
0.00
LOOK
12
0.00
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
#27
430
0.00
nail
431
ex 4re
#28
432
0.00
nail
434
0.00
ex 4re
433
0.00
nail
428
0.00
in place
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
0.62 AC.
0.62 AC.
0.62 AC.
0.62 AC.
0.60 AC.
14
15
16
17
#35
#34
#33
102' FR
SETBAC
174
894.82
15+10 ng
P-13
175
894.90
17+71.44 nail
P-14
P-15
319
0.00
SET
321
0.00
SET
315
0.00
SET
171
892.59
top slope
172
891.83
bot slope
59
0.00
INT
317
0.00
SET
401
0.00
SET
402
0.00
SET
176
892.20
16+50 ng
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
56
0.00
58
0.00
182
894.80
16+00 ng
180
892.16
16+50 p slope
63
0.00
17+00
17+50 ng
18+06.80 ng
18+06.80

RECEIVED AUG - 8 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#246463

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:
Place an (X) beside whichever is submitted if applicable
(✓) Survey Plat, scaled no more than 1 inch = 60 feet
( ) 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: 169 Windstone Dr
Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 17
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:
Square Footage of Building: _____ Type of Business: _____ 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: _____ 8/2/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

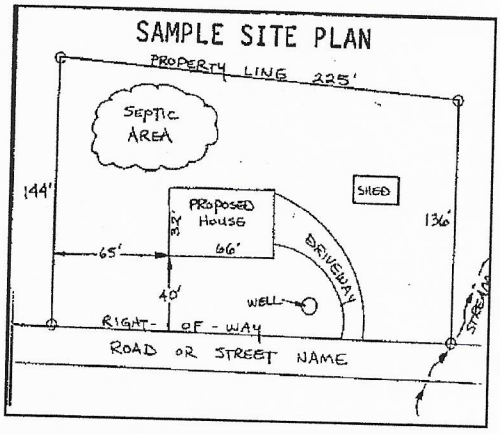
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

8/2/2019

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 169 Windstone Dr Windstone Crossing Lot 17, identified as PIN (Parcel Identification Number) 4751272327, 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

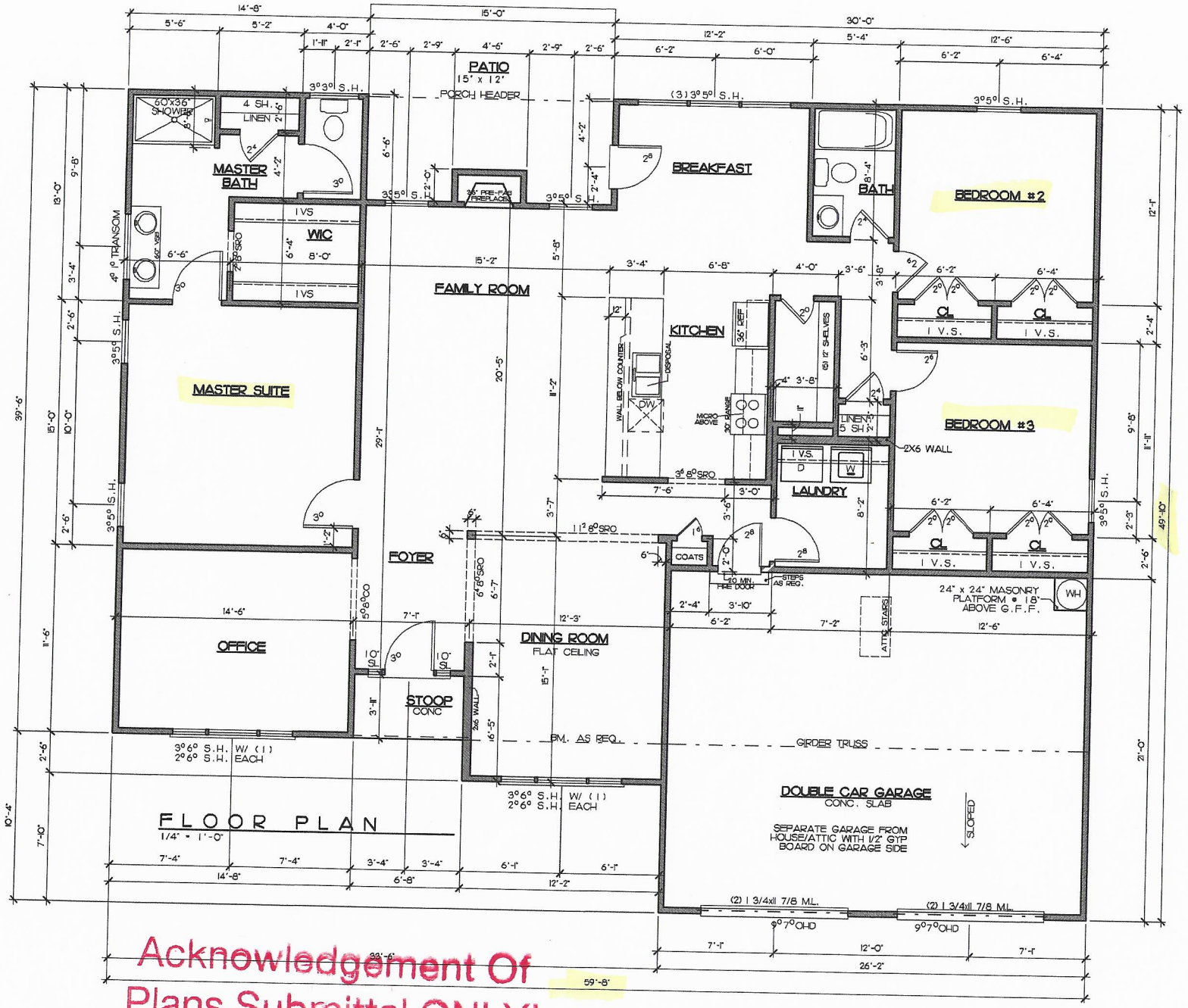
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	8/2/2019		

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=	80 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!

Builder Date 7-9-19

Builder Date 8-19-2019

GARAGE RIGHT

Drafting & Design, Inc.
Charlotte, N.C.
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