ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308725

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

PIN # 4751-27-2663

APPLICANT/OWNER: Pilch Acres Holding LLC | APPLICANT ADDRESS: 15 Frowein Rd ste G2 Center Moriches NY 11934

SITE ADDRESS: 173 Windstone Drive Taylorsville NC 28681 | PHONE: 980-722-7370 | ALT. PHONE –

SITE DIRECTIONS: Ostwalt Amity Ln on Pilch Road Continue to Windstone Dr Lot at end on Rt

SUBDIVISION: Windstone Crossing | SAP CONTROLLED: ☐ YES ☒ NO

SECTION: – | LOT # 19 | LOT AREA: 0.81 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	01-15-2020	☒ 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:	360	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth ~~(Low 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

LINE 4 6" OUT OF CONTOUR ~~BUT FIRST~~ INSTALLED AS SHOWN

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.

1.

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**

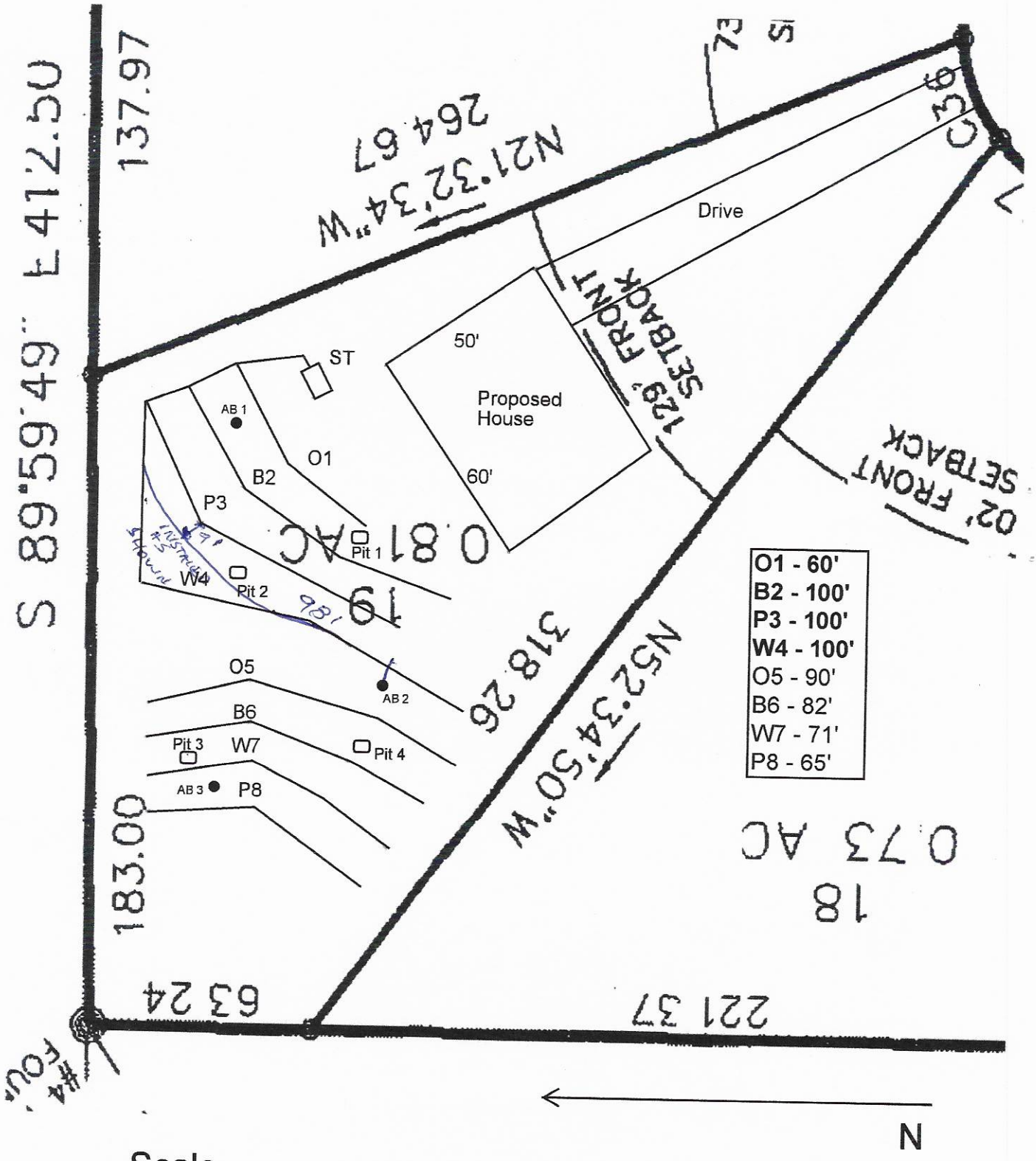
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 8-5-20 Installed by: GUNTERS

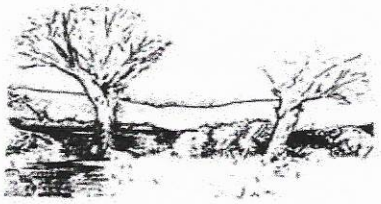
IMPROVEMENT PERMIT by: _____ Date: 8-4-2020 OPERATION PERMIT by: Burton C. White Date: 11-10-2020

AUTHORIZATION TO CONSTRUCT by: _____ 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
Proposed House
50'
60'
ST
AB 1
AB 2
AB 3
Pit 1
Pit 2
Pit 3
Pit 4
O1
B2
P3
W4
O5
B6
W7
P8
O1 - 60'
B2 - 100'
P3 - 100'
W4 - 100'
O5 - 90'
B6 - 82'
W7 - 71'
P8 - 65'
0.81 AC
19
318.26
N52.34'50"W
183.00
63 24
221 37
0 73 AC
18
137.97
S 89°59'49" E 412.50
N21°32'34"W
264.67
129' FRONT SETBACK
02' FRONT SETBACK
N

Scale
1"=40'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
4/23/2020

Reference: Data Sheet for 173 Windstone Dr, Windstone Crossing Lot 19
House Footprint: See attached plan
Building Setbacks: 129' front, 35' rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.25 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Orange 1	**60'**	**60'**
Blue 2	**100'**	**100'**
Pink 3	**100'**	**106'**
White 4	**100'**	**106'**
Orange 5		90'
Blue 6		82'
White 7		71'
Pink 8		65'

Initial System: 360' **Repair System:** 308'

Comments:



PROPERTY ID #: 4751212663
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres Holdings LLC
ADDRESS: 15 Frowein Rd, BLDG G2, Center Moriches, NY 11934 APPLICATION DATE
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 GPD DATE EVALUATED: 5/2020
LOCATION OF SITE: 173 Windstone Dr, Windstone Crossings Lot 19 PROPERTY SIZE: 0.81 AC
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other PROPERTY RECORDED:
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 6%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		3-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-3	Br SCL WSBK	FR SS SP SXP	Few Mn Few YB @ 36"	48"	N/A	N/A	PS 0.25
		3-48	R C SBK	FR SS SP SXP					
AB 3	LS 6%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP					
PIT 1	LS 5%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	63"	Few SAP	N/A	PS 0.3
		7-33	R C SBK	FR SS SP SXP					
		33-63	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1080 FT^2	924 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4751272663
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 2	LS 5%	0-15	Br SCL WSBK	FR SS SP SXP	N/A	58"	F-C SAP	N/A	PS 0.3
		15-38	R C SBK	FR SS SP SXP					
		38-58	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	65"	F-C SAP	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SXP					
		28-65	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					

COMMENTS:

JB

RECEIVED JUL 1 4 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP- 308725 Paid $350.00

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) 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:
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: 173 Windstone Dr
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 19
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: _____ 7/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

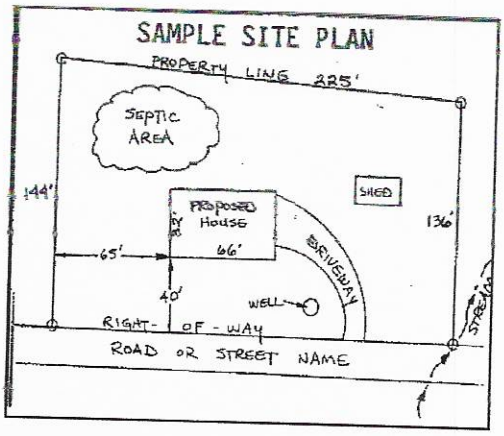
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____

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

7/13/2020

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 173 Windstone Dr Windstone Crossing lot 19, identified as PIN (Parcel Identification Number) 4751272663, 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

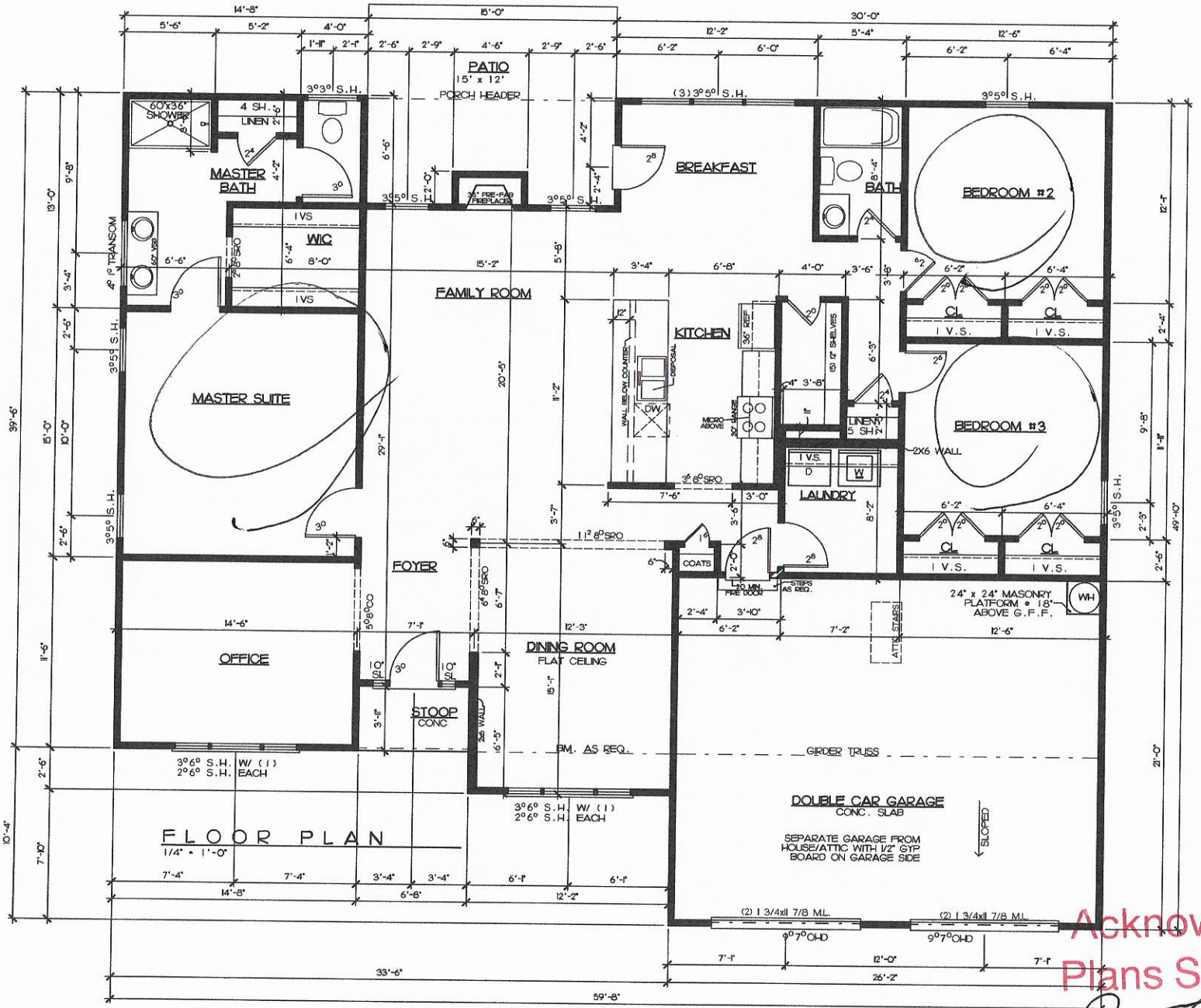
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____	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



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

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!
Date 8-4-23
Date 8-

Drafting & Design Inc.
Charlotte, NC
704-545-0887

COPYRIGHT STATEMENT
DRAFTING & DESIGN, Inc. accepts no responsibility, liability or part of any legal action related to documentation, supplied by the owner/contractor for preparing the drawing, that may be copyrighted by another party. All materials used to produce the drawing are considered to have been researched by the owner/contractor for any copyright, and, as required by law, the owner/contractor has obtained approval from any originating copyright owner(s), known or unknown by DRAFTING & DESIGN, Inc.

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 · NC

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

APPLICATION NUMBER
308725 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751272663.000	173 WINDSTONE DR	Iredell County

Owner Information	Applicant Information
Name: PILCH ACRES HOLDINGS LLC Address: , Phone:	Name: MICHAEL ATHANAS & ASSOCIATES Address: 561 ENNIS RD WEDDINGTON, NC 28173 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 LOT MUST BE 100 FEET WIDE WHERE HOUSE BEGINS

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: 07/02/2020

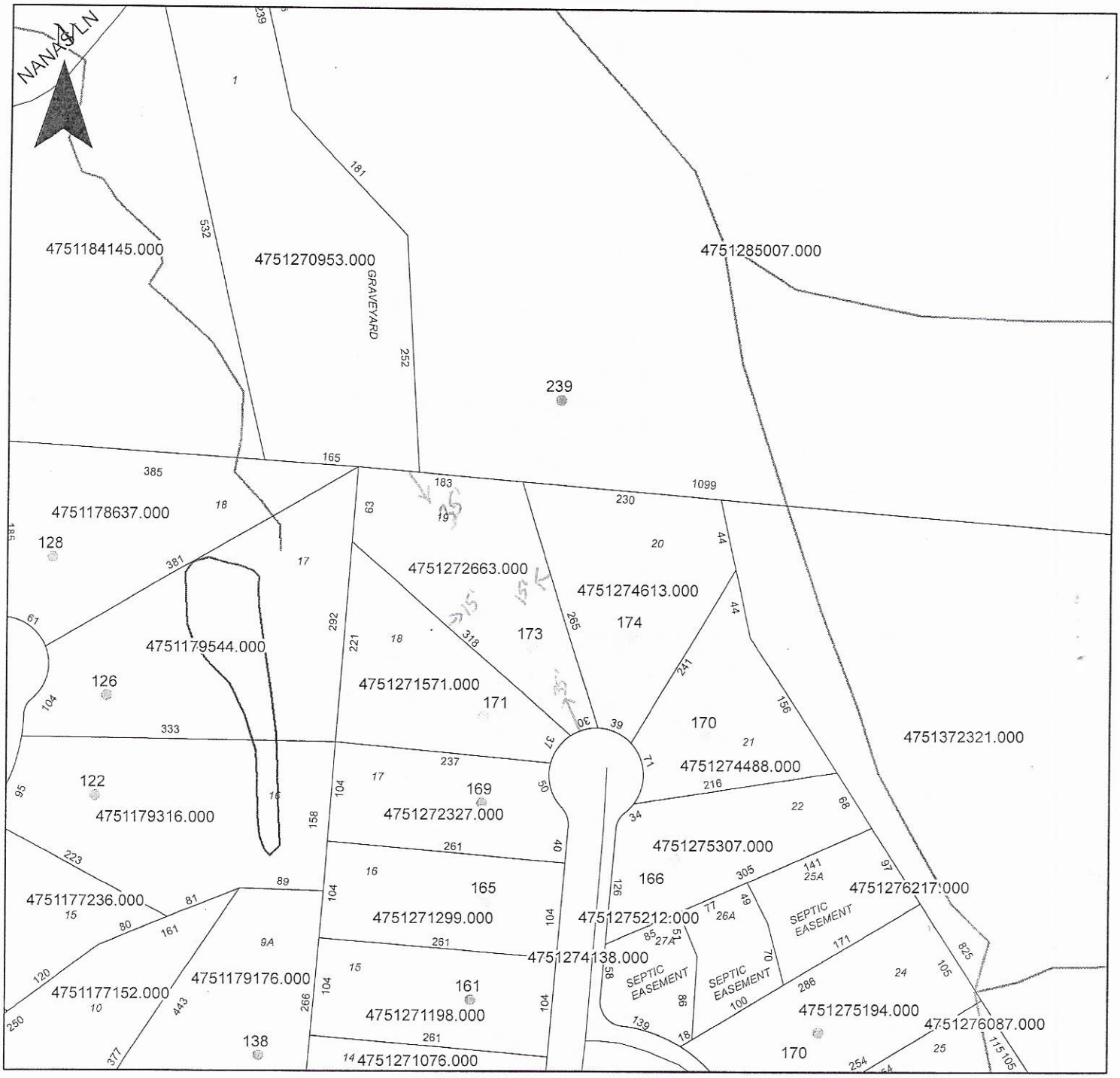
Permit Number	308725	TOTAL FEES:	

308125

KA
WS - NO
FL - NO

.81 AC

ZONING DISCLAIMER



Property Address 173 Windstone Dr.

Lot must be 100 feet wide at beginning of building.

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

7/24/2020

Date