3pm HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 306156

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

PIN # 4751274488

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

SITE ADDRESS: 170 Windstone Dr Troutman NC 28166 | PHONE: 631-831-1461 | ALT. PHONE 704-310-1832 (Gary)

SITE DIRECTIONS: I77S to Exit 45, L on Amity Hill Rd, R on Pilch Rd, R on Windstone Dr, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing | SECTION: — | LOT # 21 | LOT AREA: 0.64 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	2-24-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity PPBPS		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TSII Drip		
# Nitrification Fields	1	# Lines	4	Linear Ft	204'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth ~~(Low side)~~	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install Lines on contour. Do not Drive on, store material, or manipulate data in anyway. All property Lines and corners must be marked by a licensed surveyor during Time of installation and inspection.

INITIAL SITE SKETCH

See Attached and Approved site plan by Michael Athanas and Associates. 4/23/2020

AS BUILT SKETCH

- Lines checked 5-6-20 tank except top line CCW
- Top line checked 5-7-20
- dbox checked 5-7-20
- set speed levelers

*tank 15' from proposed house corner, house not present at time of inspection

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: Acceptance of Permit Rec'd Date: 4.27.2020 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Patrick J Bagley Date: 4/23/2020 OPERATION PERMIT by: Carla C. Nicks Date: 5-7-20

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley Date: 4/23/2020 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

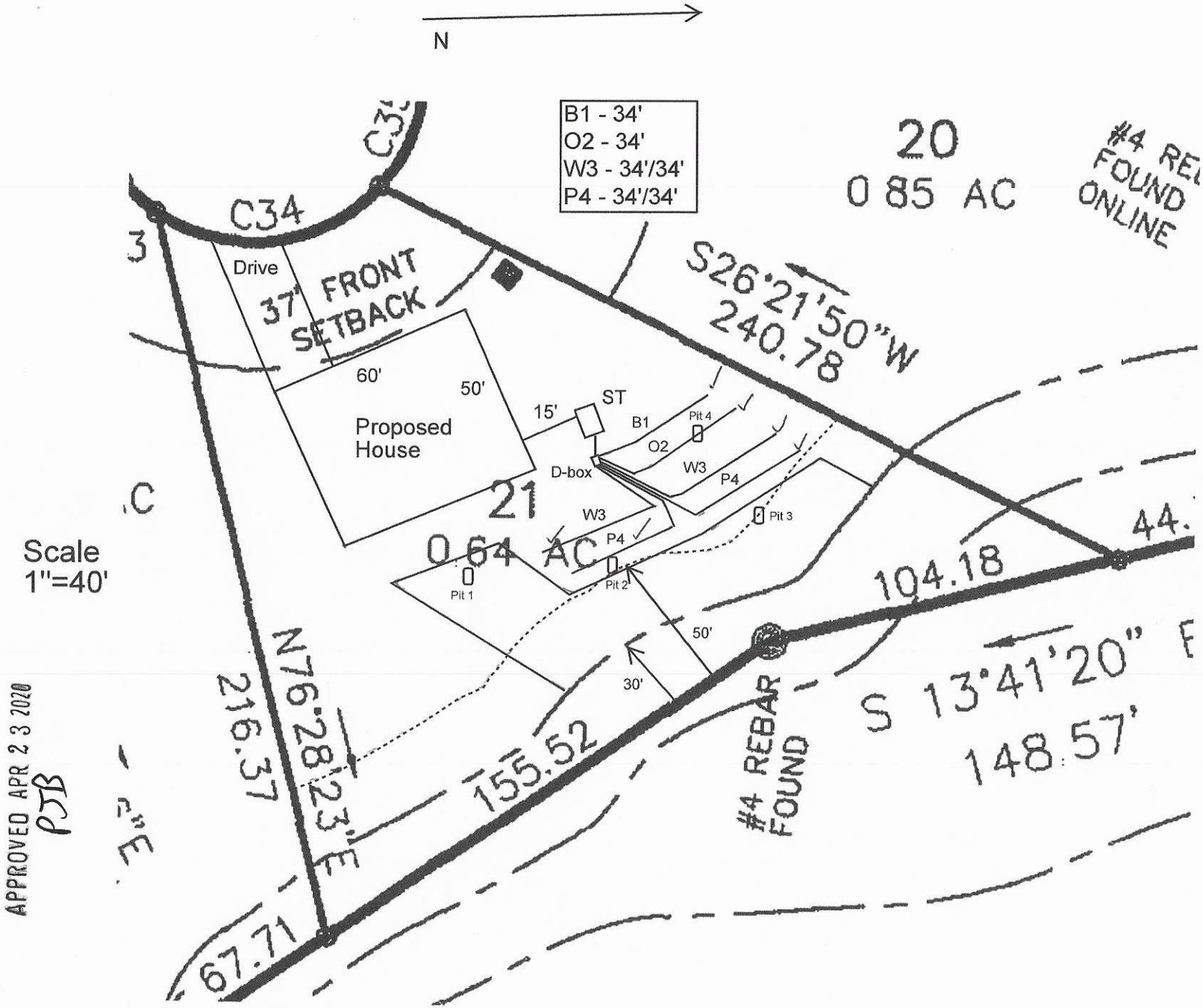
I, Edward Belanger, am the legal owner or the agent of the property located at 170 Winstone Dr., identified as PIN(Parcel Identification Number) 4751127488, located in Iredell County, North Carolina.
Permit # 306156.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner/Authorized Agent Date

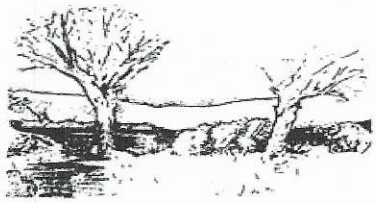
Signature of Witness Date

wmf2087@windstream.net
email


N
B1 - 34'
O2 - 34'
W3 - 34'/34'
P4 - 34'/34'
20
0 85 AC
#4 RE
FOUND
ONLINE
C34
Drive
37' FRONT SETBACK
S26°21'50"W
240.78
60'
50'
Proposed House
15'
ST
B1
Pit 4
O2
W3
P4
D-box
21
0 64 AC
W3
P4
Pit 3
Pit 1
Pit 2
44.
104.18
50'
30'
Scale
1"=40'
N76°28'23"E
216.37
155.52
#4 REBAR FOUND
S 13°41'20" E
148.57'
67.71
APPROVED APR 2 3 2020
PJB

APPROVED APR 2 3 2020

PJB



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
4/8/2020

Reference: Data Sheet for 170 Windstone Dr, Windstone Crossing Lot 21
House Footprint: See attached plan
Building Setbacks: 37' front, 35' rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Blue 1	34'	34'
Orange 2	34'	34'
White 3	34'/34'	75'
Pink 4	34'/34'	75'

Initial System: 204' **Repair System:** 3000 FT^2

Comments:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of
PROPERTY ID #: 475127 4489
COUNTY: Iredell

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

OWNER: Pilch Acres Holding LLC
ADDRESS: 15 Frowein Rd Ste 62 Centermoriches NY 11934
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 170 Windstone Dr

APPLICATION DATE 3/19/2020
DATE EVALUATED: 4/3/2020
PROPERTY SIZE: 0.64 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community well
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	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
1	SS	0-17	SC WSBK	FrSSSPSexP	YBmotts Scattered throughout	56"	Litho inclusions	—	PS.3
		17-36	C SBK	FrSSSPSexP					
		36-56	CL SBK	FrSSSPSexP					
2	SS	0-15	SC WSBK	FrSSSPSexP	YBmotts Throughout	48"	Litho inclusions	—	PS.3
		15-33	C SBK	FrSSSPSexP					
		33-48	CL SBK	FrSSSPSexP					
3	SS	0-12	SC WSBK	FrSSSPSexP	YBmotts	53"	Litho inclusions more common at bottom	Rocks were common	PS.3
		12-30	C SBK	FrSSSPSexP					
		30-53	CL SBK	FrSSSPSexP					
4	SS	0-11	SC SBK	FrSSSPSexP	—	52"	Litho inclusions more common at bottom	—	PS.3
		11-30	C SBK	FrSSSPSexP					
		30-52	CL SBK	FrSSSPSexP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Gary M

COMMENTS:

Pat

RECEIVED MAR 2 0 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-306156 Paid $500.00

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:** Eddie-631-831-1461 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 170 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 21

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: _____

CHECK FOUNDATION TYPE
( ) 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: _____ 3/19/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

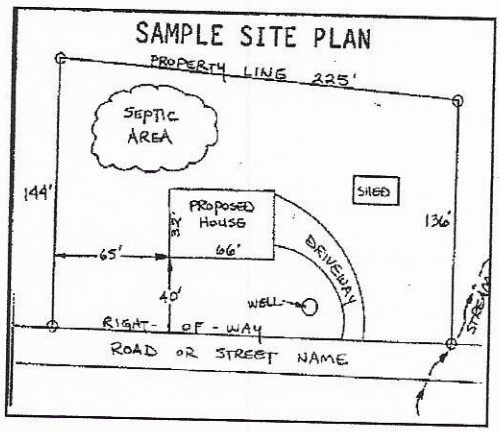
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

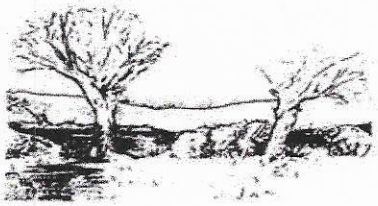
See attached plan

Signature: _____

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

3/19/2020

DATE



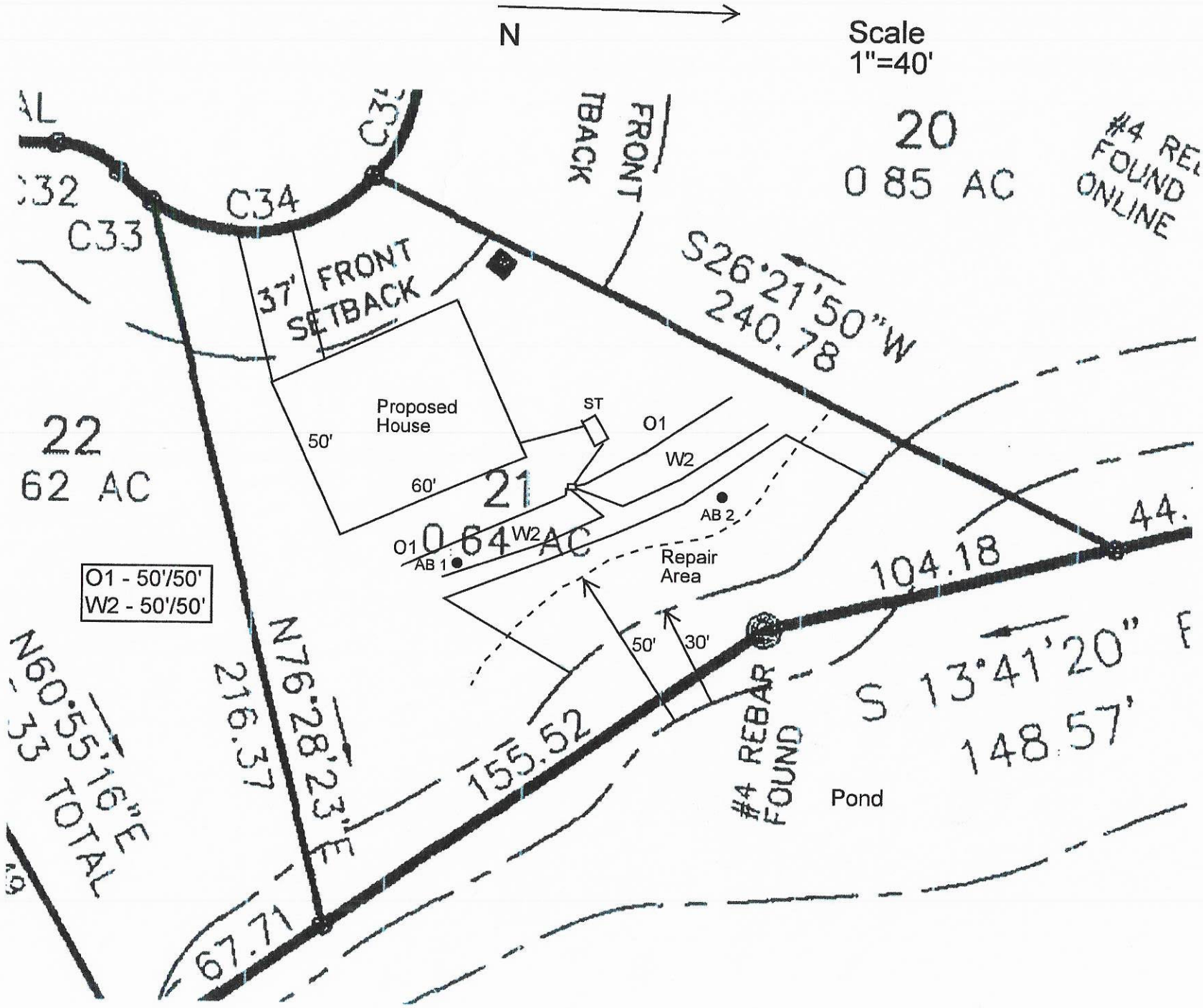
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LICENSED SOIL SCIENTIST
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3/17/2020

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Proposed Repair System Type: TSII Drip Dispersal
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Orange 1	50'/50'	106'
White 2	50'/50'	106'

Initial System: 200' **Repair System:** 3000 FT^2

Comments:


N
Scale
1"=40'
C32
C33
C34
C35
37' FRONT SETBACK
FRONT SETBACK
20
0 85 AC
#4 REBAR FOUND ONLINE
S26°21'50"W
240.78
Proposed House
50'
60'
ST
O1
W2
21
0.64 AC
AB 1
AB 2
Repair Area
22
62 AC
O1 - 50'/50'
W2 - 50'/50'
104.18
44.
50'
30'
N76°28'23"E
216.37
155.52
#4 REBAR FOUND
S 13°41'20" E
148.57'
Pond
N60°55'16"E
33 TOTAL
67.71

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 170 Windstone Dr Windstone Crossing Lot 21, identified as PIN (Parcel Identification Number) 4751274488, 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

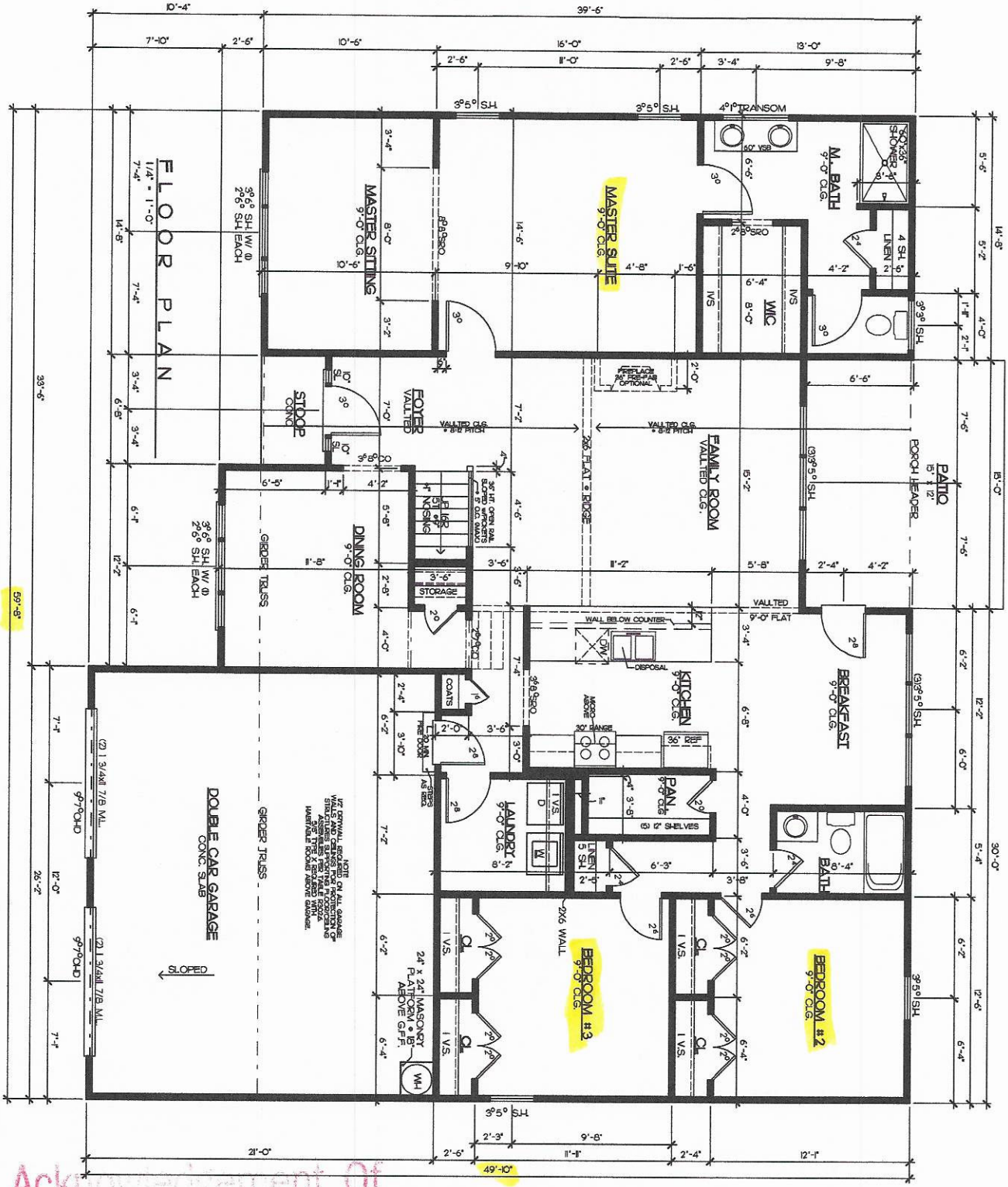
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	3/19/2020		
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



Acknowledgement Of Plans Submittal ONLY

Patrick J Bygett Date 4/23/2020

Date 4-27-2020

GARAGE LEFT

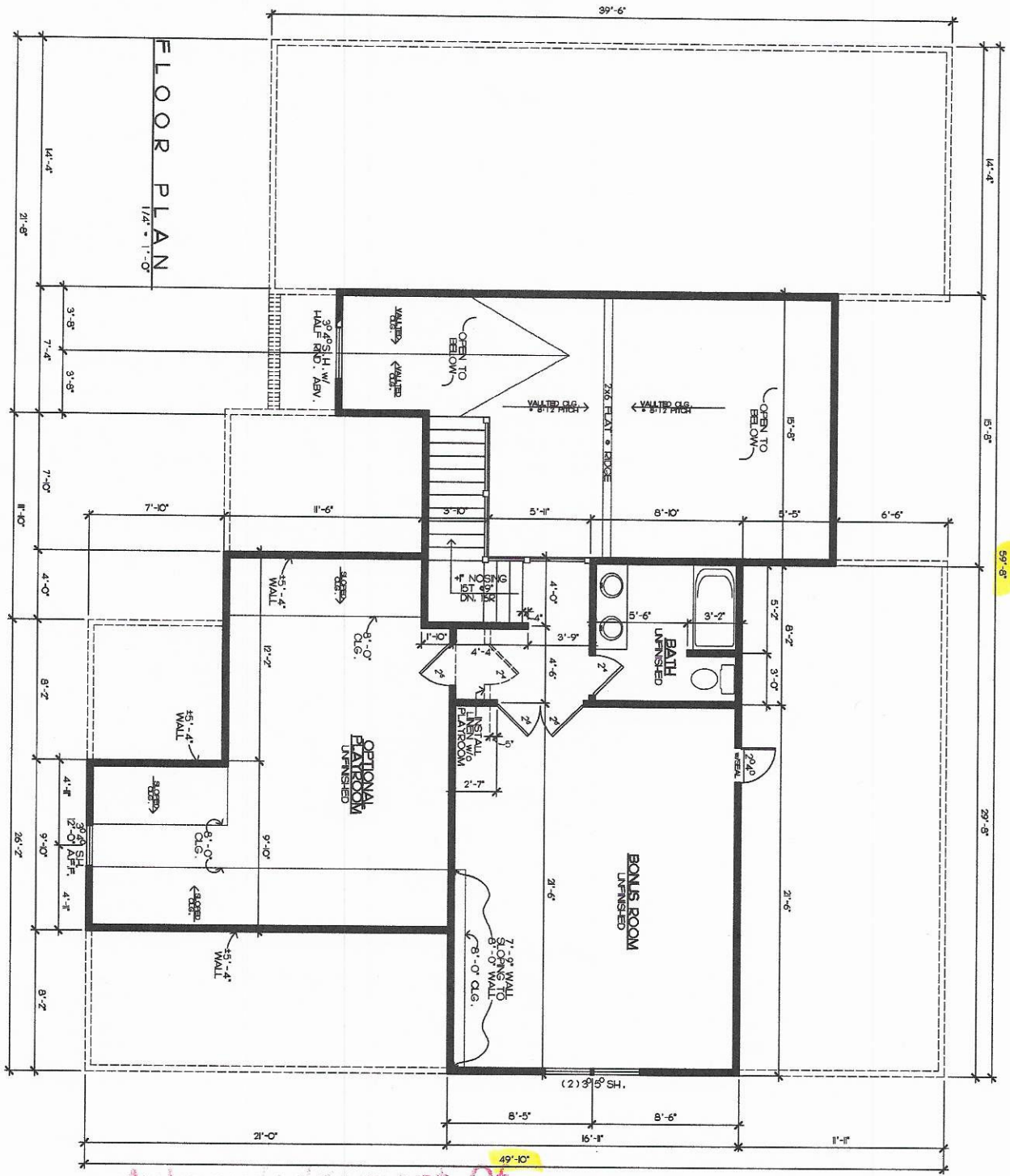
NOTE: ALL CEILINGS ARE 9'-0" UNLESS OTHERWISE SPECIFIED.

SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL I/F=	2682 sq ft

Sheet	3a
	BROOKVILLE-FL
Site	
DR. BY:	J. BOONAR
Date	05-15-18
REV:	
Project	THE BROOKVILLE
Sheet Title	1ST FLOOR (2-STORY)

WINDSTONE ESTATES

Drawing No.



Acknowledgement Of
Plans Submittal ONLY
Patricia Byrne III Date 4/23/2020

Date 4-27-2020

SQUARE FOOTAGES	
OPT. BONUS ROOM	492 sq ft
BATH	
OPT. PLAYROOM	361 sq ft
TOTAL 2F	853 sq ft

GARAGE RIGHT

Sheet 3b

BROOKVILLE-2FL

Site

DR. BY: J. BOGNAR

Date 05-15-18

REV:

Project
THE BROOKVILLE

Sheet Title
2ND FLOOR OPTION

WINDSTONE ESTATES

Drawing No. 2FS

Opening No.

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
306156 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751274488.000	170 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
0.64	35	35	15	15		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.

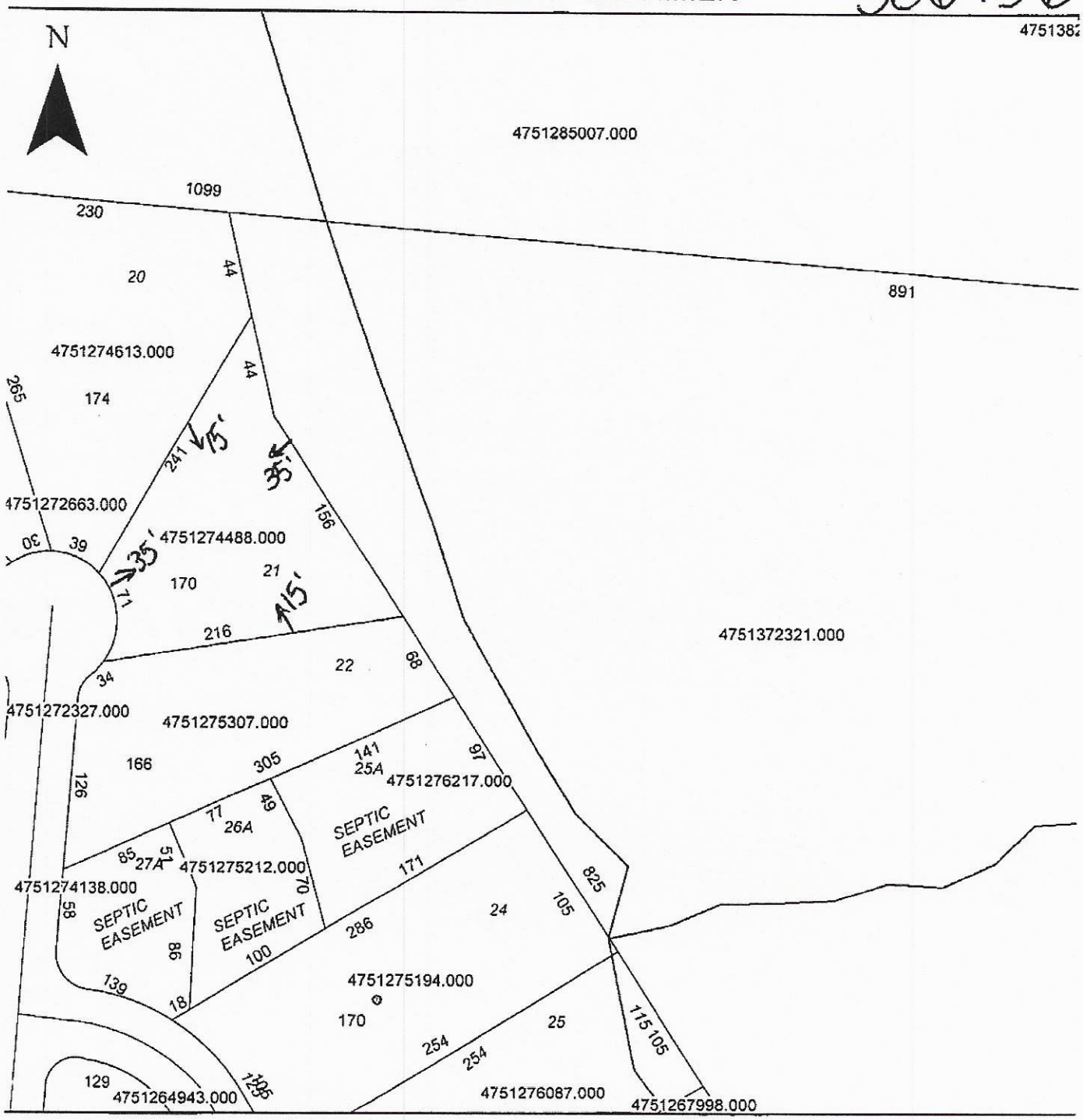
Signature of Owner/Contractor

Date: 03/19/2020

Permit Number	306156

TOTAL FEES:	$77.25

ZONING DISCLAIMER 306156



Property Address 170 Windstone Dr

The applicant certifies that there are no deed restrictions, contractual agreements or governm regulations of any kind that interfere with or prohibit the use of the property or the use for whicl permit is requested. Applicant further acknowledges that the enforcement of deed restrictions conditions, and other contractual agreements will not be undertaken by Iredell County and is the responsibility of the affected parties.

3/20/20