ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # AP306157

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

PIN # 4751274613

APPLICANT/OWNER: Pilch Acres Holding LLC

APPLICANT ADDRESS: 15 Frowein Rd, STE G2, Center Moriches NY 11934

SITE ADDRESS: 174 Windstone Dr Troutman NC 28166

PHONE: 631-831-1461

ALT. PHONE 704-310-1832 (Gary)

SITE DIRECTIONS: I 77 S to Exit 45, L on Amity Hill Rd, R on Pilch, R on Windstone Dr, Lot at the end

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Windstone Crossing

SECTION: — LOT# 20 LOT AREA: 0.85 acres

DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	4-18-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing	No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space	☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	L-PPPBPS			
# Nitrification Fields	1	# Lines		3	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO			
Trench Width	36"	Trench Bottom Depth(Low side)		36"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE			

Comments / Conditions: Install Lines on contour. Do not Drive on, store material or manipulate drainfield in anyway. Any fill from slab or area must be removed from drainfield before installation. All Property Lines, and property corners must be marked by licensed Surveyor during time of installation and inspection

4/23/2020 Reviewed floor plans

INITIAL SITE SKETCH

See Attached and Approved Site plan by Michael Athanasand Associates on 4/6/2020

AS BUILT SKETCH

Installed as Drawn

Line lengths 75, 105, 126

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 Recvd Date: 4.22.2020 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 4/6/2020 OPERATION PERMIT by: Date: 6-24-20

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/23/20 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 174 Windstone Dr. Troutman, NC, identified as PIN(Parcel Identification Number) 4751274613, located in Iredell County, North Carolina.
Permit # AP 306157.

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

4-14-20
Signature of Owner/Authorized Agent Date

4-14-20
Signature of Witness Date

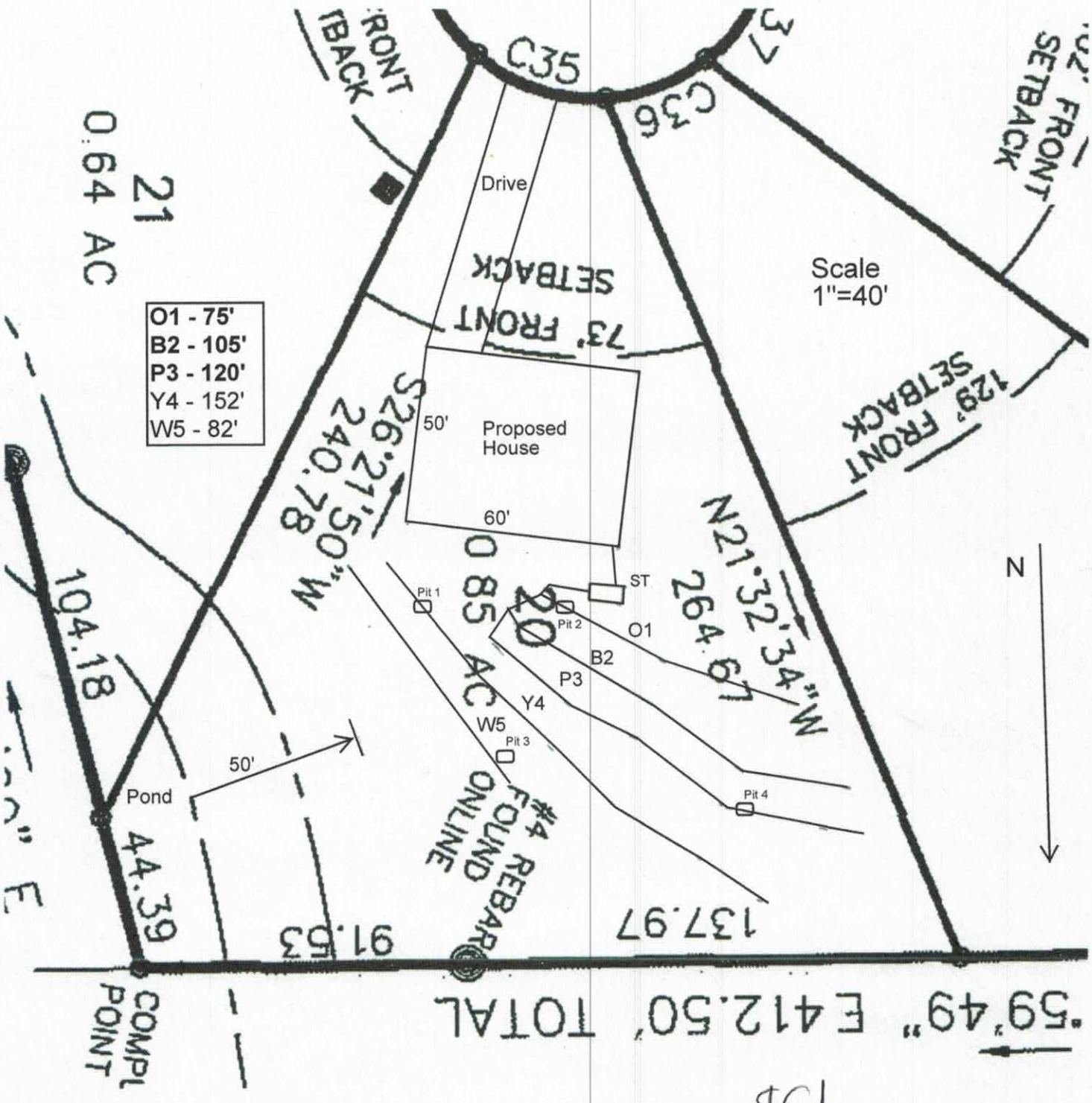
edbcbhomes@aol.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/



APPROVED APR 06 2020



APPROVED APR 0 6 2020

PJB

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
3/17/2020

Reference: Data Sheet for 174 Windstone Dr, Windstone Crossing Lot 20
House Footprint: See attached plan
Building Setbacks: 73' front, 35' 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-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Orange 1	**75'**	**88'**
Blue 2	**105'**	**120'**
Pink 3	**120'**	**147'**
Yellow 4		152'
White 5		82'

Initial System: 300' **Repair System:** 234'

Comments:

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

Sheet 1 of 2
PROPERTY ID #: 475127463l
COUNTY: Iredell

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

OWNER: Pilch Acres Holding LLC
APPLICATION DATE 3/19/2020
ADDRESS: 15 Frowein Rd Steb 2 Centermoriches NY 11934
DATE EVALUATED: 4/21/2020
PROPOSED FACILITY: New Single family PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.85 acres
LOCATION OF SITE: 174 windstone Dr
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-7	SCL WSBk	Fr SS SP SexP	YBMottles	48"	Litho inclusions more common at bottom	—	PS, 3
		7-31	C SBK/ABK	Fr SS SP SexP					
		31-48	CL SBK	Fr SS SP SexP					
2	SS	0-10	SCL SBk	Fr SS SP SexP	YBmottles	55"	Litho inclusions common at bottom	—	PS.3
		10-32	C strong SBK	Fr SS SP SexP					
		32-55	CL SBK	Fr SS SP SexP					
3	SS	0-6	SCL WSBk	Fr SS SexP	—	45"	Litho inclusions + till sap at 45"	—	PS.3
		6-34	C SBK	Fr SS SP SexP					
		34-45	CL SBK	Fr SS SP SexP					
		45-60	Loamy Sap Mass	Fr					
4	SS	0-6	SCL WSBk	Fr SS SP SexP	—	40"	Litho inclusions	—	PS.3
		6-29	C SBK/ABK	Fr SS SP SexP					
		29-40	CL SBK/ABK	Fr SS SP SexP					
		40-60	Loamy Sap/Mass	VFr SS SP SexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.3	.3

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

Paid $500.00 AP-306157

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: 174 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 20

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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

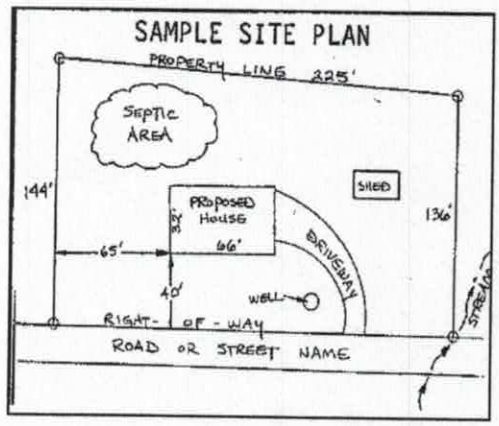
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 3/19/2020

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

C35
C36
C37
Drive
Scale
1"=40'
O1 - 75'
B2 - 105'
P3 - 120'
Y4 - 152'
W5 - 82'
Proposed
House
50'
60'
ST
Pit 1
Pit 2
Pit 3
Pit 4
O1
B2
P3
Y4
W5
Pond
50'
N
21
0.64 AC
0.85 AC
104.18
44.39
91.53
137.97
#4 REBAR FOUND ONLINE
COMPL POINT
TOTAL E412.50'
APPROVED APR 06 2020

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 174 Windstone Dr Windstone Crossing Lot 20, identified as PIN (Parcel Identification Number) 4751274613, 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

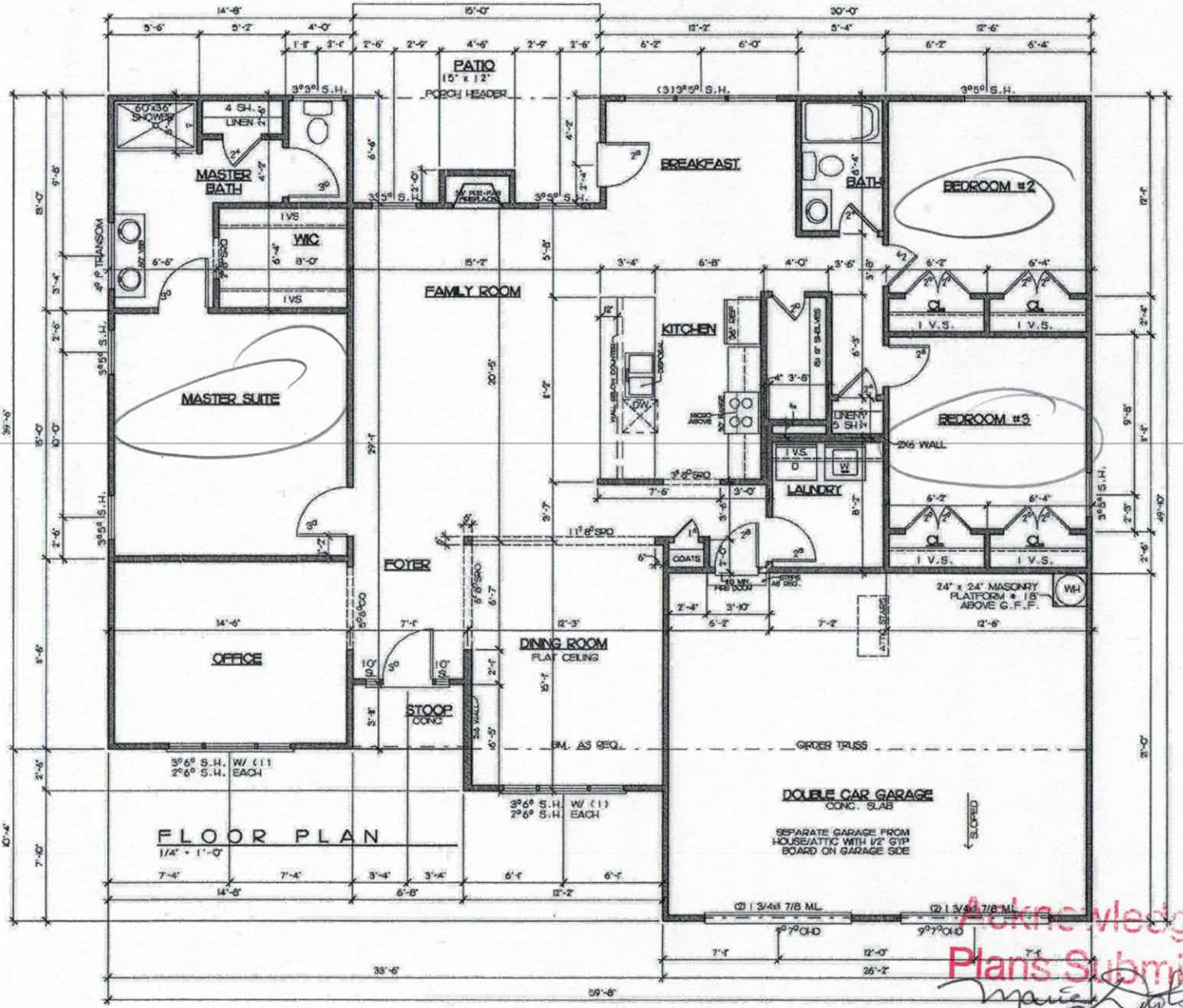
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	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



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	76 sq ft
TOTAL IF=	2682 sq ft

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

49

60

Acknowledgement of Plans Submittal ONLY

Marie Dolan 4/23/2020

Wm Fulkerson 9/16/20

Date

GARAGE RIGHT

WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

Dr. By: BRIAN G.

Date: 05-06-08

Rev: 02-22-16, 02-25-16, 03-07-16, 03-20-16

Site:

MEADOW-FP_REV

Sheet 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306157 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751274613.000	174 WINDSTONE DR	Iredell County

Owner Information	Applicant Information
Name: WINDSTONE CROSSING INC	Name: MICHAEL ATHANAS & ASSOCIATES
Address: 15 FROWEIN RD BLDG G2	Address: 561 ENNIS RD
CENTER MORICHES, NY 11934	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
0.85	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

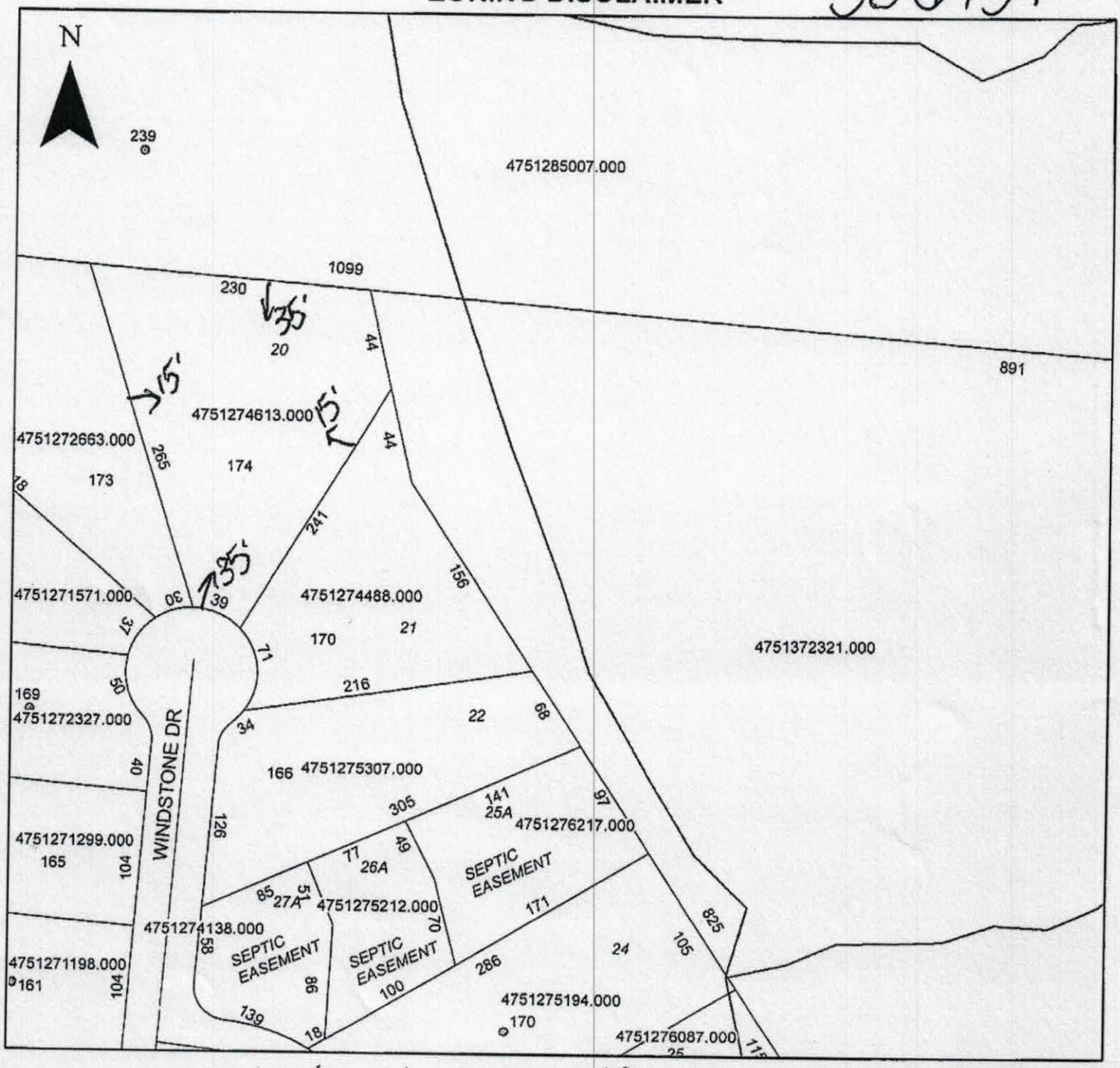
Date: 03/19/2020

Permit Number	306157

TOTAL FEES:	$77.25

ZONING DISCLAIMER

306157



Property Address 174 Windstone Dr

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

3/20/2020

Date