CCN 2:00

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5205 Mooresville Office (704) 660-3625 PERMIT # 308985

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

PIN # 4751 - 27 - 5307

APPLICANT/OWNER: Pilch Acres Holding LLC APPLICANT ADDRESS: 15 Frowein Rd STE 62 Center Moriches NY 11934

SITE ADDRESS: 166 Windstone Drive Troutman NC 28166 PHONE: 980-722-7370 ALT. PHONE -

SITE DIRECTIONS: Ostwalt Ferry Road L on Pilch Road Continue Straight onto Windstone on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: - LOT # 22 LOT AREA: 0.62 DESIGN FLOW: 360gpd L.T.A.R.: 3

Septic Tank	1000	(gal)	STB 1012.	Date 4-18-20.	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 50% PP B PS				☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #	Repair System Description: PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft: 210	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	36"	Trench Bottom Depth	36"	Gravel Depth -	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Oramlines on contour of land and use Distribution Box

INITIAL SITE SKETCH

Please See Attached Site Plan With 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.

SEE NOTE
INSTALLED
AS PERMITTED

- Upper Line: 2 inches out of Contour
- Reset D-Box.
- Line W6 12 inches to deep Need to shave off Top.

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**

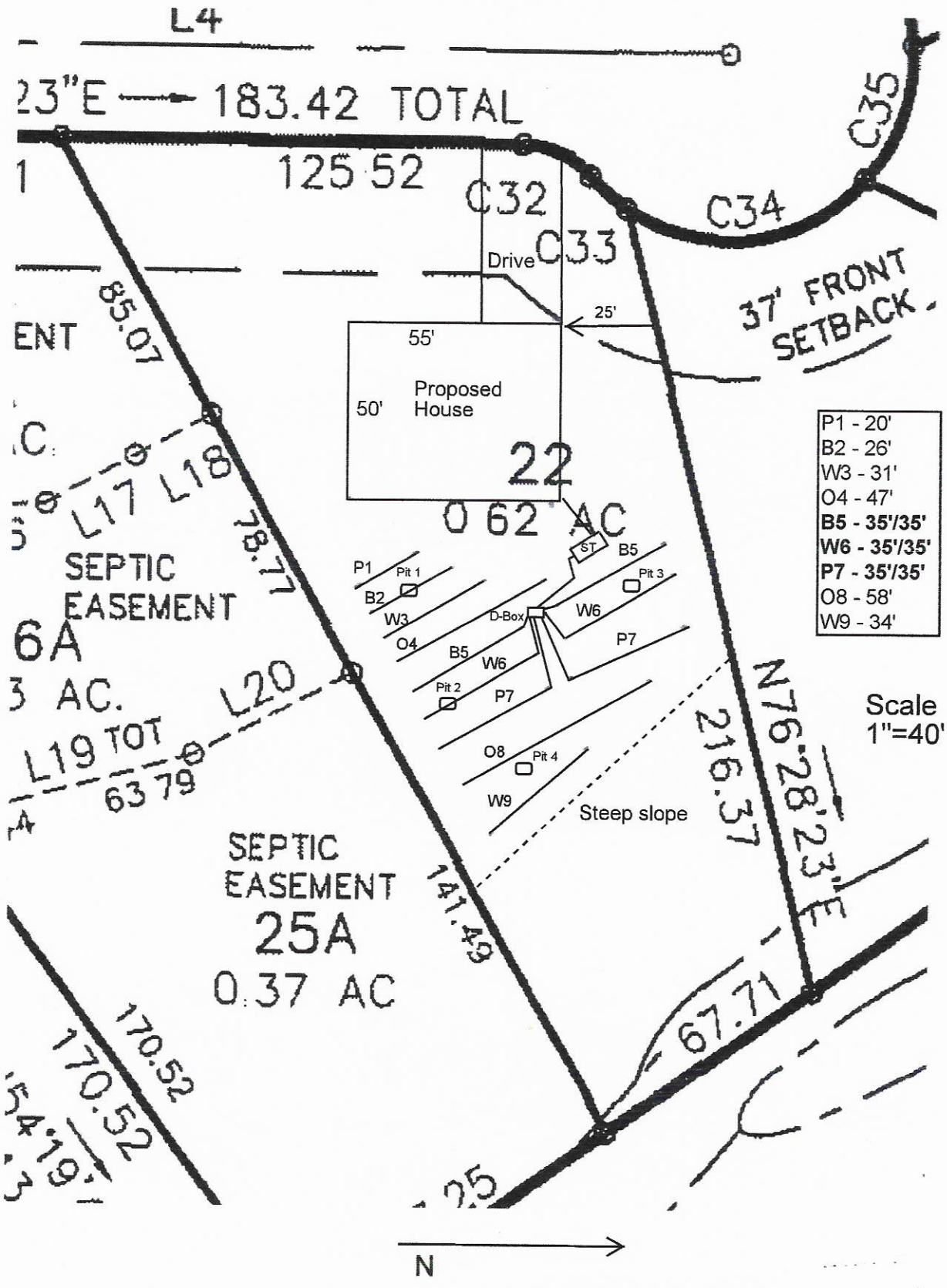
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

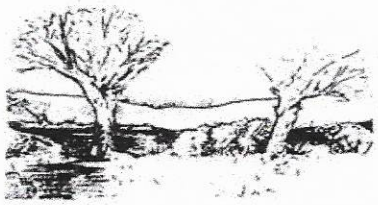
Owner / Applicant Signature: [signature] 8-5- Date: 8-5-20 Installed by: GUNTERS

IMPROVEMENT PERMIT by: [signature] Date: 8-4-2020 OPERATION PERMIT by: [signature] Date: 11-10-2020

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.


L4
23"E
183.42 TOTAL
125.52
C32
C33
C34
C35
Drive
25'
55'
50'
Proposed House
37' FRONT SETBACK
85.07
ENT
L17
L18
78.77
SEPTIC EASEMENT
6A
3 AC.
L19 TOT
63.79
L20
22
0.62 AC
ST
B5
P1
Pit 1
B2
W3
O4
D-Box
W6
P7
Pit 2
Pit 3
O8
Pit 4
W9
Steep slope
P1 - 20'
B2 - 26'
W3 - 31'
O4 - 47'
B5 - 35'/35'
W6 - 35'/35'
P7 - 35'/35'
O8 - 58'
W9 - 34'
Scale 1"=40'
N76°28'23"E
216.37
141.49
SEPTIC EASEMENT
25A
0.37 AC
170.52
170.52
67.71
25
N



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
00/00/00

Reference: Data Sheet for 166 Windstone Dr, Windstone Crossing Lot 22
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: PPBPS
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		20'
Blue 2		26'
White 3		31'
Orange 4		47'
Blue 5	**35'/35'**	**80'**
White 6	**35'/35'**	**78'**
Pink 7	**35'/35'**	**75'**
Orange 8		58'
White 9		34'

Initial System: 210' **Repair System:** 216'

Comments:



PROPERTY ID #: 4751275307_
COUNTY: __Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres Holdings LLC_____ APPLICATION DATE_____
ADDRESS: 15 Frowein Rd, Bldg G2, Center Moriches, NY 11934_____ DATE EVALUATED: _____
PROPOSED FACILITY: __3 bdrm_____ PROPOSED DESIGN FLOW (.1949): __360 GPD__ PROPERTY SIZE: __0.62 AC_____
LOCATION OF SITE: 166 Windstone Dr, Windstone Crossing Lot 22_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private X Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	
PIT 1	LS 12%	0-6	Br CL WSBK	FR SS SP SXP	N/A	60"	F-C SAP PS	N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-60	R CL WSBK	FR SS SP SXP					
		60-73	VER SL SAP M	VFR SS SP SXP					
PIT 2	LS 12%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	61"	F-C SAP PS	N/A	PS 0.3
		12-34	R C SBK	FR SS SP SXP					
		34-61	R CL WSBK	FR SS SP SXP					
		61-70	VER SL SAP M	VFR SS SP SXP					
PIT 3	LS 12%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	63"	F-C SAP	N/A	PS 0.3
		12-40	R C SBK	FR SS SP SXP					
		40-63	R CL WSBK	FR SS SP SXP					
PIT 4	LS 12%	0-9	Br CL WSBK	FR SS SP SXP	N/A	65"	F-C SAP	N/A	PS 0.3
		9-34	R C SBK	FR SS SP SXP					
		34-65	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	420 FT^2	432 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

JB

RECEIVED JUL 1 4 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 308985 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: 166 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 22

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: _____

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

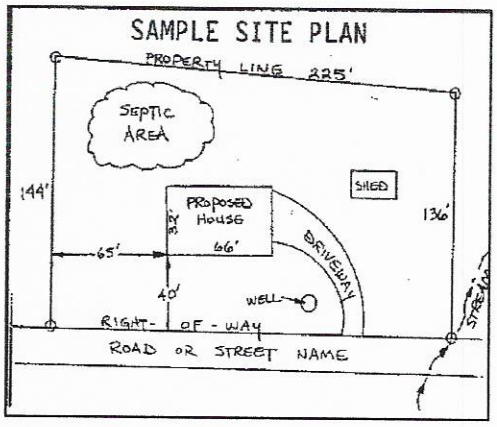
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

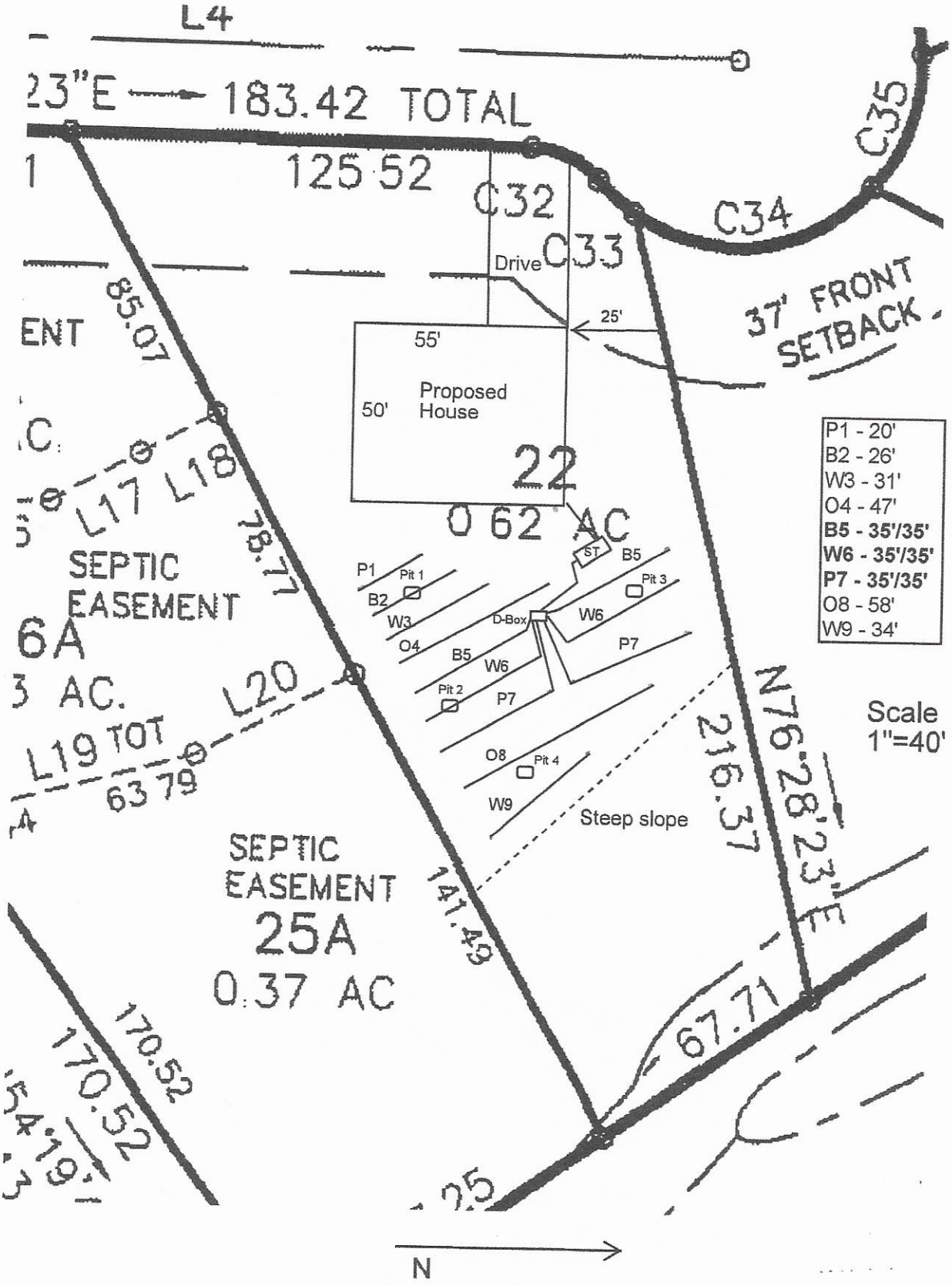
USE THIS SPACE TO DRAW YOUR SITE PLAN

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**


L4
23"E
183.42 TOTAL
125.52
C32
C33
C34
C35
Drive
25'
55'
50'
Proposed House
37' FRONT SETBACK
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6A
3 AC.
L19 TOT
63.79
L20
22
0.62 AC
ST
B5
P1
Pit 1
B2
W3
O4
D-Box
W6
P7
Pit 2
Pit 3
Pit 4
O8
W9
Steep slope
P1 - 20'
B2 - 26'
W3 - 31'
O4 - 47'
B5 - 35'/35'
W6 - 35'/35'
P7 - 35'/35'
O8 - 58'
W9 - 34'
Scale 1"=40'
N76.28'23"E
216.37
141.49
SEPTIC EASEMENT
25A
0.37 AC
170.52
67.71
N

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 166 Windstone Dr Windstone Crossing lot 22, identified as PIN (Parcel Identification Number) 4751275307, 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

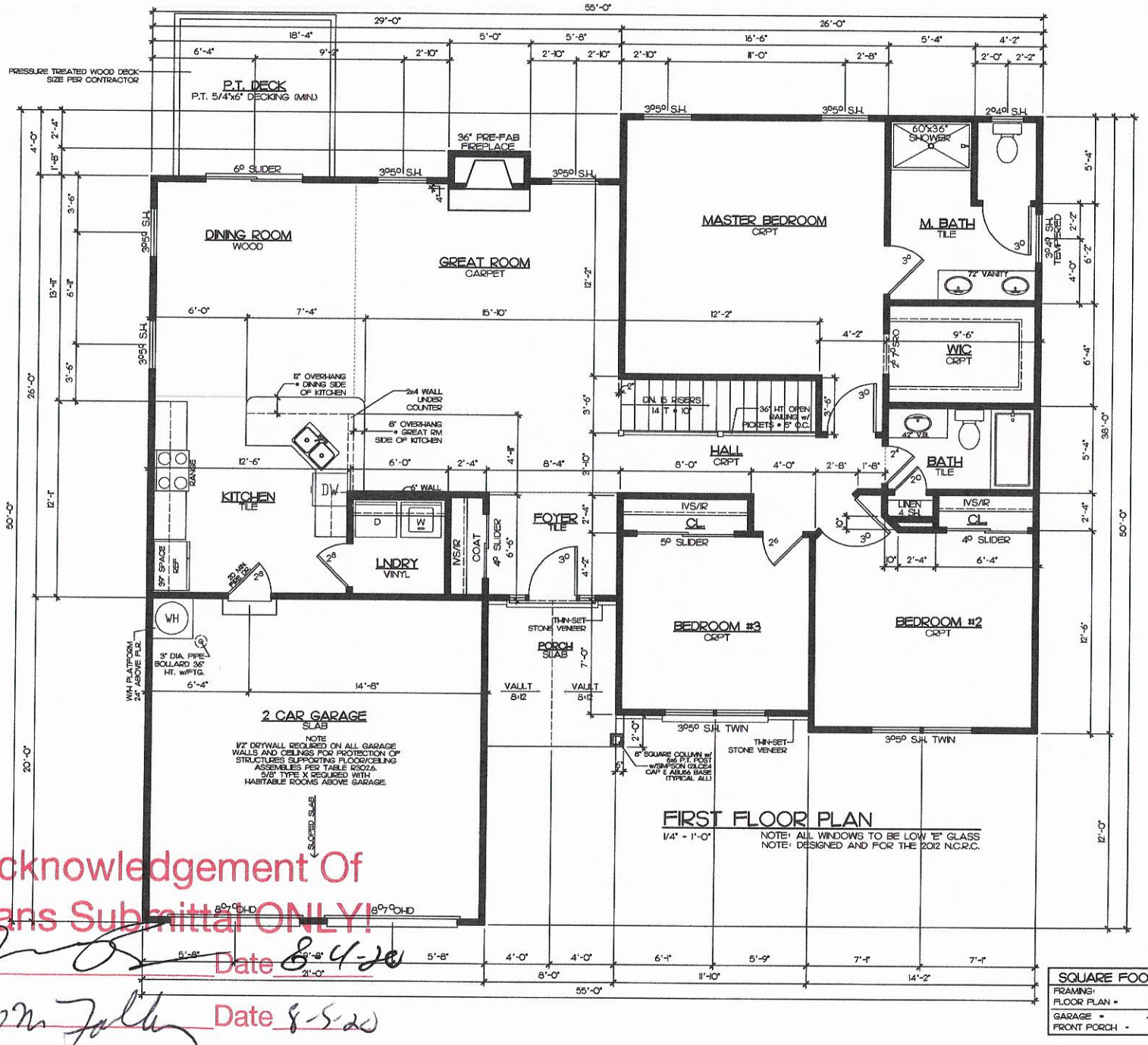
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	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



FIRST FLOOR PLAN

1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND FOR THE 2012 N.C.R.C.

SQUARE FOOTAGES	
FRAMING:	
FLOOR PLAN =	1,740 SQ FT
GARAGE =	420 SQ FT
FRONT PORCH =	73 SQ FT

GARAGE LEFT

Acknowledgement Of
Plans Submittal ONLY!

Date 8-4-20

Date 8-5-20

Drafting Designs Inc.
Charlotte N.C.
704-563-3888

COPYRIGHT STATEMENT
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WINDSTONE ESTATES

Project: THE BAYPORT

Sheet Title: FLOOR PLAN W/BASEMENT

DR. BY: J. BODNAR
Date 08-17-17
REV: 05-16-18

WS-BAYFL_BSMNT_GL

Sheet 3a

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308985 Issue Date: 07/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751275307.000	166 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
0.62	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.

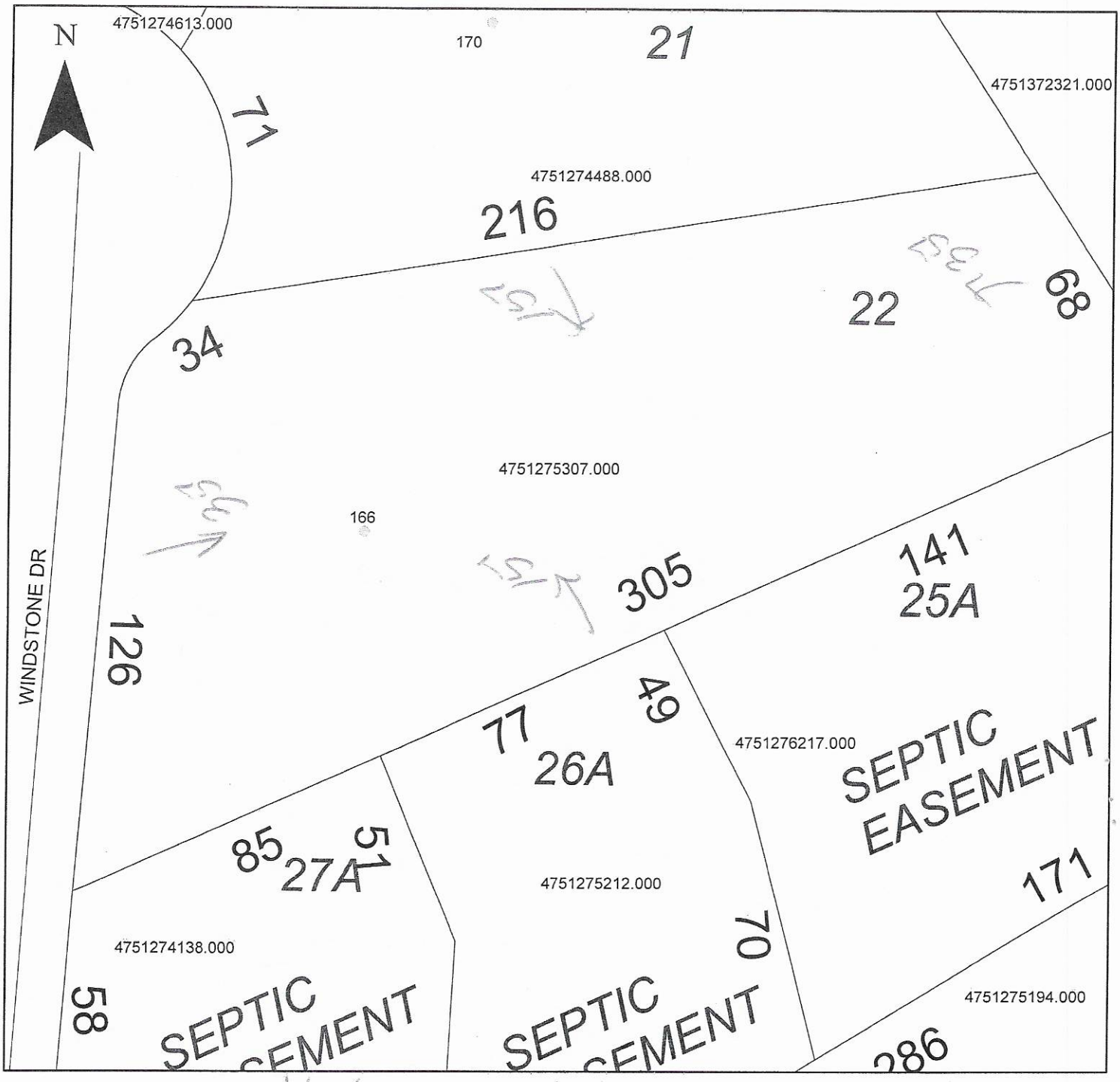
Date: 07/10/2020

Signature of Owner/Contractor

Permit Number	308985	TOTAL FEES:	$77.25

RA .62
WS - ND
FL - ND

ZONING DISCLAIMER



Property Address 1616 Windstone

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

7/10/2020
Date