ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 245711

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

PIN # 4751-27-6087

APPLICANT/OWNER: Mike Faulkenberry | APPLICANT ADDRESS: 15 Frowein Rd. Center Moriches, NY 11934

SITE ADDRESS: 164 Holly Springs Loop Troutman, NC 28166 | PHONE: 980-722-7370 | ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity Rd → Pilch Rd → Holly Springs Rd → House/Lot on Right | SAP CONTROLLED: ☒ YES ☐ NO

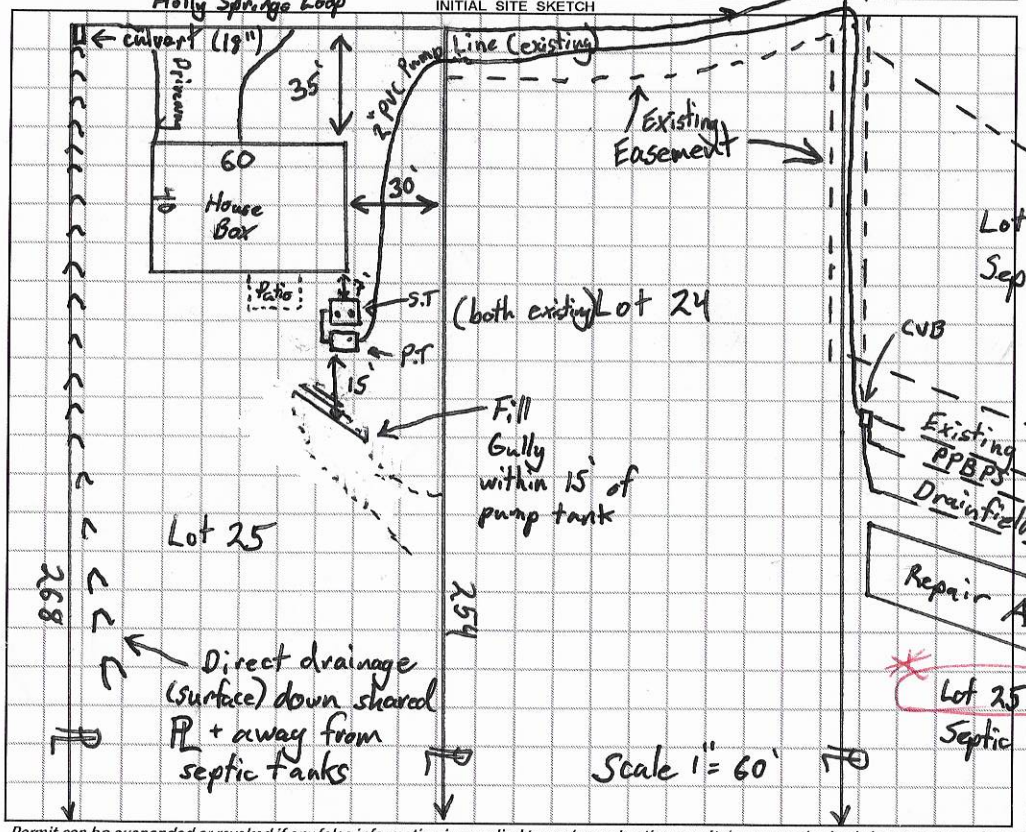
SUBDIVISION: Windstone Crossing | SECTION: — | LOT # 25/25A | LOT AREA: 0.71 acres + offsite | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	760	Date	7-26-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	7-2-19	System Description: LP-PPBPS (50% Reduction)		☐ Business	No. Persons 8	☐ Private
Pump Make		Model		Serial #		Repair System Description: LP-PPBPS (50% Reduction)		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	270'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	24" min	Trench Bottom Depth (Low side)	36"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

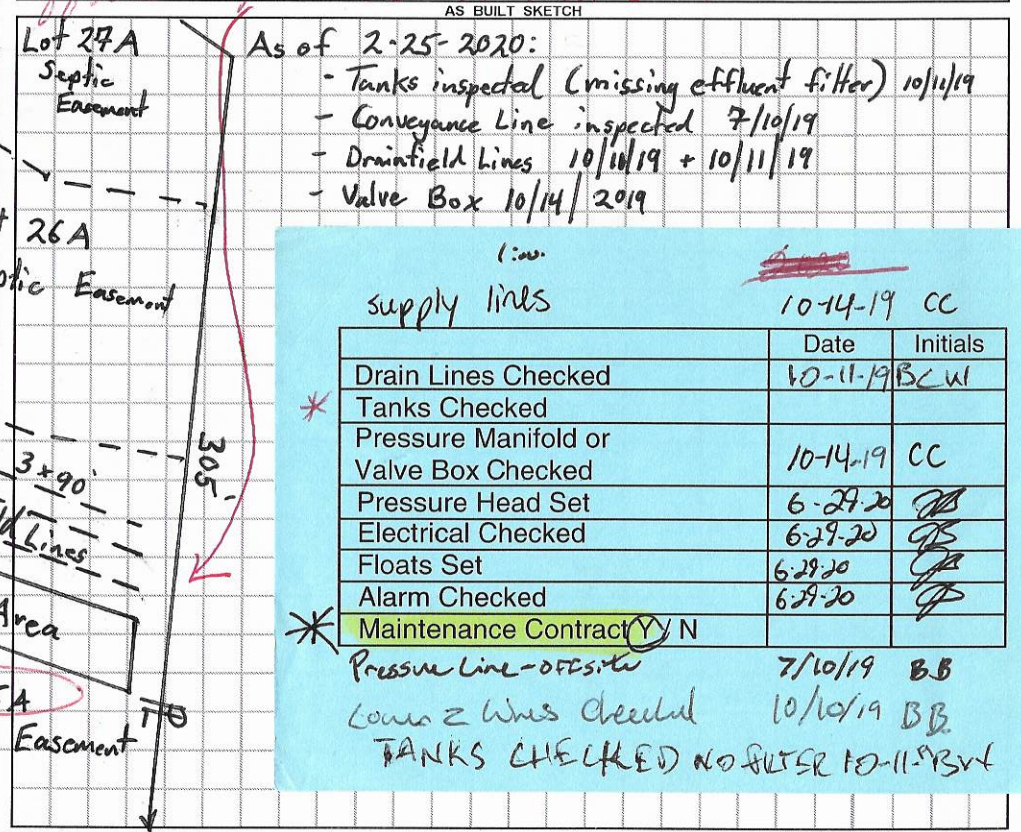
Comments / Conditions: No foundation drains may be installed within 10 feet (upslope) from septic tank. Set control floats to dose septic system 175 gallons per pumping event. Recommend installing an event counter to track pumping events in control panel.

Off-Site Septic on 4751-27-6217 *

INITIAL SITE SKETCH



AS BUILT SKETCH



As of 2-25-2020:
- Tanks inspected (missing effluent filter) 10/11/19
- Conveyance Line inspected 7/10/19
- Drainfield Lines 10/10/19 + 10/11/19
- Valve Box 10/14/2019

1 cw supply lines 10-14-19 CC

	Date	Initials
Drain Lines Checked	10-11-19	BC W
* Tanks Checked		
Pressure Manifold or Valve Box Checked	10-14-19	CC
Pressure Head Set	6-29-20	
Electrical Checked	6-29-20	
Floats Set	6-29-20	
Alarm Checked	6-29-20	
* Maintenance Contract (Y) / N		
Pressure Line-Offsite	7/10/19	BB
Loop 2 Wires Checked	10/10/19	BB

TANKS CHECKED NO FILTER 10-11-19 BW

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.*

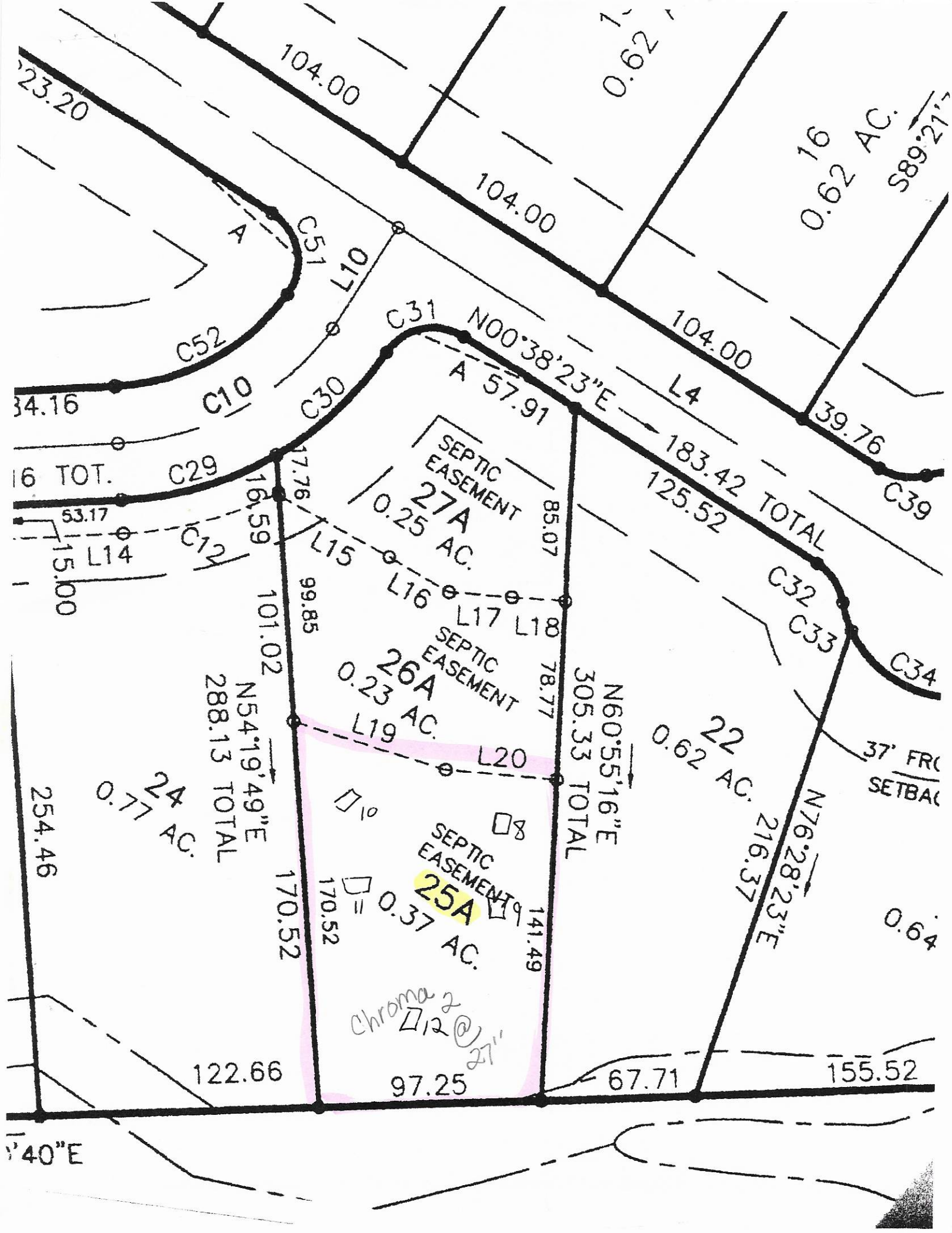
Owner / Applicant Signature: [signature] Date: 6-24-2020 Installed by: Center Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/25/2020 OPERATION PERMIT by: [signature] Date: 6-29-2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/25/2020 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.


C51
L10
C52
C31
N00°38'23"E
A 57.91
L4
183.42
125.52
C10
C30
BM
C29
17.76
SEPTIC EASEMENT
27A
0.25 AC.
85.07
.6 TOT.
53.17
C12
L14
15.00
L15
99.85
L16
L17
L18
L26
12' SEPTIC SUPPLY LINE EASEMENT 6' ON EACH SIDE OF THE PROPERTY LINE
26A
0.23 AC.
SEPTIC EASEMENT
78.77
N60°55'16"E
305.33 TOTAL
22
0.62 AC
L28
L19 TOT.
L20
63.79
B1
Y2
10
8
03
B4
Y5
25A
06
9
141.49
0.37 AC.
170.52
L27
24
0.77 AC.
254.46
170.52
N54°19'49"E
288.13 TOTAL
N54°19'49"E
269.46 TOTAL
25
0.71 AC.
4751-27-6217
122.66
97.25
67.71
115.05
S34°00'40"E
825.00 TOTAL
Scale
1"=50'
N
NOTES:
1) This proper
Right
2) All


104.00
104.00
104.00
0.62 AC.
16
0.62 AC.
S89°21'
23.20
A
C51
L10
C52
C10
C31
N00°38'23"E
L4
183.42 TOTAL
125.52
39.76
C39
C30
A 57.91
34.16
C29
16 TOT.
SEPTIC EASEMENT
27A
0.25 AC.
85.07
17.76
16.59
53.17
C12
L14
15.00
L15
L16
L17
L18
99.85
101.02
SEPTIC EASEMENT
26A
0.23 AC.
78.77
N60°55'16"E
305.33 TOTAL
C32
C33
C34
L19
L20
22
0.62 AC.
37' FRO
SETBAC
N54°19'49"E
288.13 TOTAL
24
0.77 AC.
254.46
10
8
SEPTIC EASEMENT
25A
0.37 AC.
170.52
170.52
141.49
N76°28'23"E
216.37
0.64
Chroma 2
12 @ 27"
122.66
97.25
67.71
155.52
40"E



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

Reference: Data Sheet for Paramount Woods Lot 25
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 4/480gpd
Proposed LTAR: 0.3 gpd/ft2
Suggested system type: PPBPS
Distribution: Low Pressure-Central Valve Box
Pressure Head: 2'
Hole Size: 3/16"
Flow Per Tap: 0.59 gpm
System Flow: 37.2 gpm
Dosing Volume: 226.8 gal
Pump Run Time: 6.1 min
Elevation Head: 27.1'
Friction Head: 3.8'
TDH: 32.9'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Blue 1	**90'**	**97'**	**26.1'**
Yellow 2	**90'**	**97'**	**29.0'**
Orange 3	**90'**	**95'**	**31.7'**
Blue 4		*93'*	*34.1'*
Yellow 5		*92'*	*36.8'*
Orange 6		*90'*	*38.8'*

Initial system: 270' (63 panels) ***Repair system:*** *275'*
Pump tank: 35.0' **Benchmark:** 7.9'
House Corner: 33.3'

Comments: Off-site septic system. The benchmark is approximately the highest point in the supply line. The supply line shoule be 3" sch 40.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Para Mount Homes
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: 4 bedrooms PROPOSED DESIGN FLOW (.1949): 480 gpd DATE EVALUATED: _____
LOCATION OF SITE: Windstone Crossing Lot 25 PROPERTY SIZE: _____
WATER SUPPLY: • Private • X Public • X Well • Spring • Other _____ PROPERTY RECORDED: _____
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	
8	SFE LS 15%	0-12	Brscl wsbk	Frsssp	—	43"	F-c Inc ssp / ps	—	ps 0.3 .30K gm
		12-43	Rc sbk	Frsssp					
		43-48	Rysl sgpm	vfrsssp					
9	SFE LS 15%	0-8	Brscl wsbk	Frsssp	—	56"	F-c Inc sap / c-m Inc sp	—	ps 0.3 .30K gm
		8-30	Rc sbk	Frsssp					
		30-45	Rcl wsbk	Frsssp					
		45-56	Rscl wsbk	Frsssp					
10	SFE LS 15%	0-12	Brscl wsbk	Frsssp	—	49"	Few-Many sap Inc / ps	—	ps 0.3 .30K gm
		12-40	Rc sbk	Frsssp					
		40-49	Rscl wsbk	Frsssp					
		49-60	Vel. sl sap	mvfrsssp					
11	SFE 15%	0-12	Brscl wsbk	Frsssp	—	60"	F-c Inc sp	—	ps 0.3 .30K gm
		12-32	Rc Absk	Frsssp					
		32-42	Rcl WAbk	Frsssp					
		42-60	Rscl wsbk	Frsssp					
		42	sl sap	cl inc.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 ft²	540 ft²
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ps
EVALUATED BY: MA + Assoc.
OTHER(S) PRESENT: _____

COMMENTS: _____

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

$320.00 #245711 1-31-2020

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mike Faulkenberry Address: 15 Frowein Rd Suite G-2 Center Moriches, NY Zip: 11934
Applicant Email: wmf2087@windstream.net Phone: 980-722-7370 Alt. Phone: _____
Owner Name: Ed Belanger Address: SAME Zip: _____
Owner Email: edbchomes@aol.com Phone: 631-831-1461 Alt. Phone: _____

Property Information:

Street Address: 164 Holly Springs Loop Troutman, NC
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 25
Driving Directions: I77 S to x45 TL Amity Hill Rd. TL Pitch Rd TR Windstone Dr.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) 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: WM Faulkenberry 1-31-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

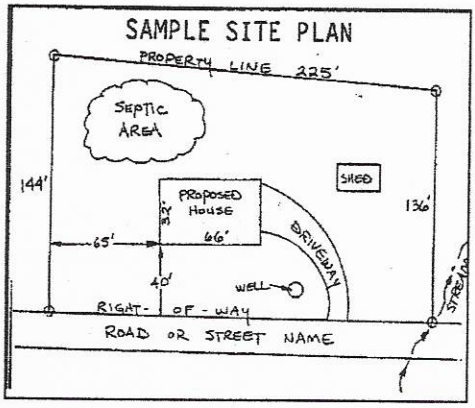
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) 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)

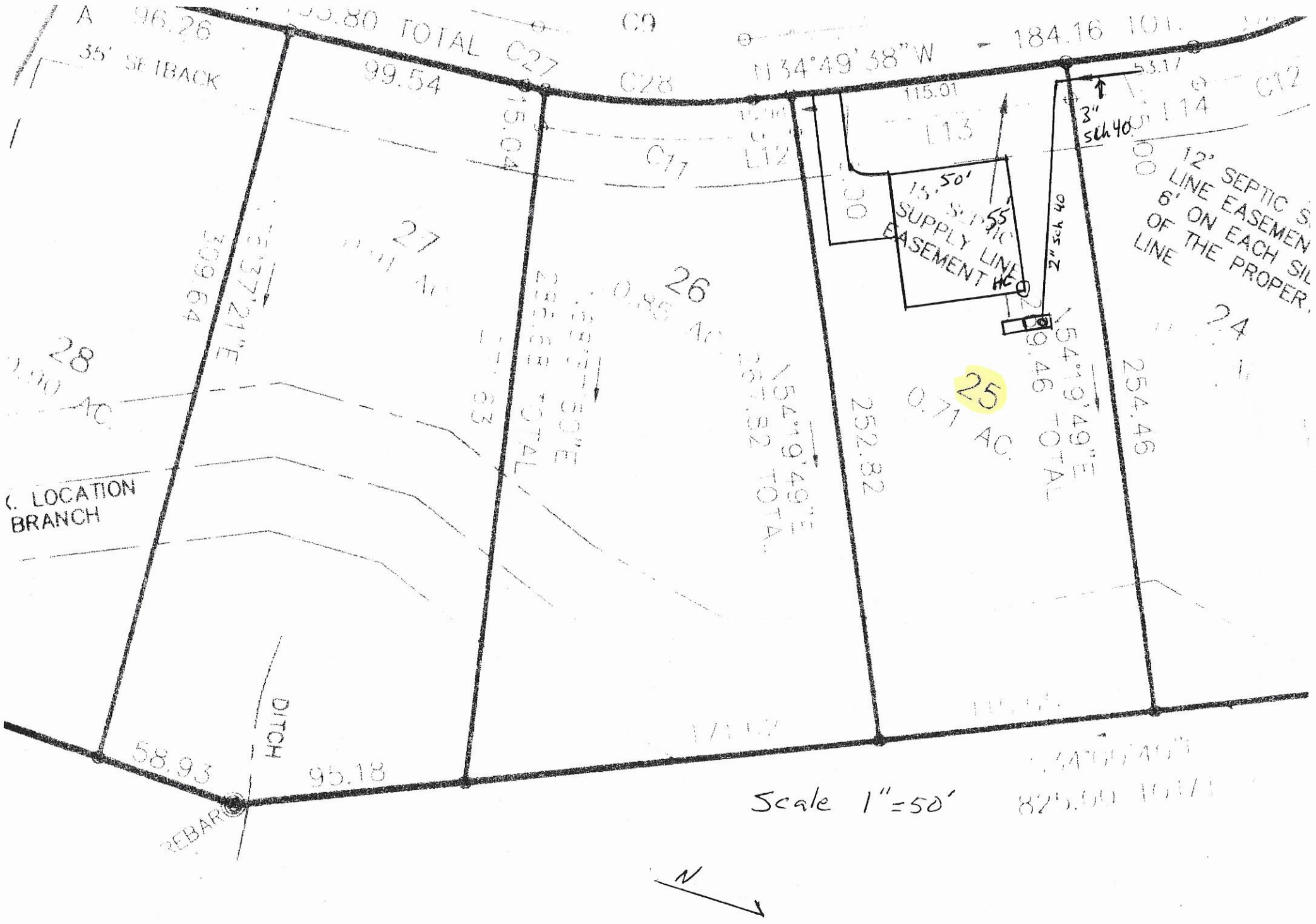
USE THIS SPACE TO DRAW YOUR SITE PLAN

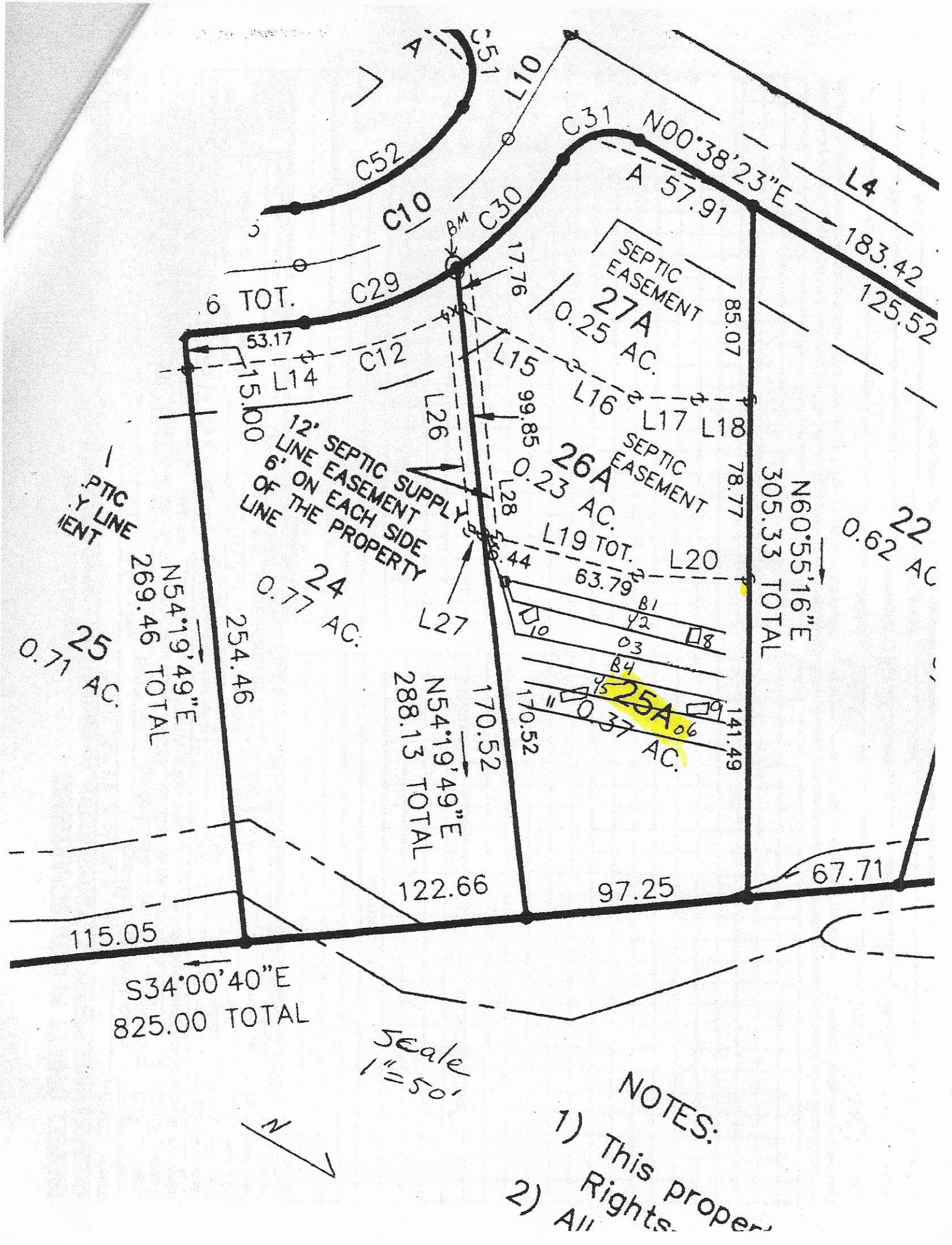
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

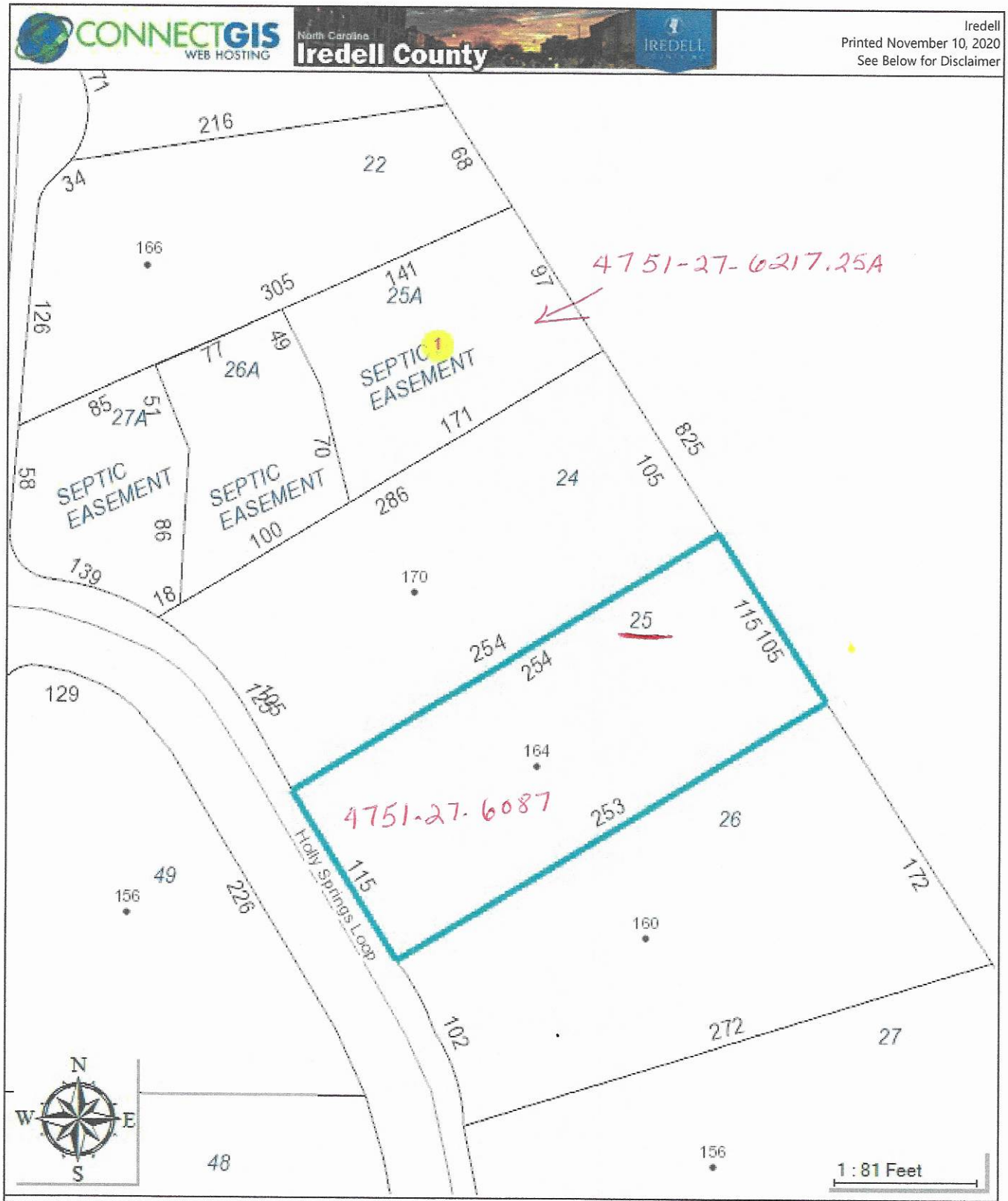
see attached proposal from Michael Athanis and Assoc.

Signature: _____ 1-31-20

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


35' SETBACK
99.54
TOTAL C27
C28
N34°49'38"W - 184.16
115.01
L13
3" sch 40
53.17
L14
C12
C11
L12
15.50'
SUPPLY LINE EASEMENT
2" sch 40
12' SEPTIC S
LINE EASEMEN
6' ON EACH SI
OF THE PROPER
LINE
27
1.11 AC
26
0.86 AC
28
2.30 AC
25
0.71 AC.
24
254.46
252.82
54°49'49"E
TOTAL
LOCATION
BRANCH
DITCH
58.93
95.18
REBAR
Scale 1"=50'
N


C51
L10
C52
C31
N00°38'23"E
A 57.91
L4
183.42
125.52
C10
C30
BM
C29
17.76
SEPTIC EASEMENT
27A
0.25 AC.
85.07
.6 TOT.
53.17
C12
L14
15.00
L15
99.85
L16
L17
L18
L26
12' SEPTIC SUPPLY LINE EASEMENT 6' ON EACH SIDE OF THE PROPERTY LINE
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N60°55'16"E
305.33 TOTAL
L28
L19 TOT.
L20
63.79
B1
Y2
10
8
03
B4
Y5
25A
06
9
0.37 AC.
141.49
170.52
L27
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288.13 TOTAL
122.66
97.25
67.71
115.05
S34°00'40"E
825.00 TOTAL
Scale
1"=50'
N
NOTES:
1) This proper
Rights
2) All



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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 164 Holly Springs Loop Troutman, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Faulkenberry, 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

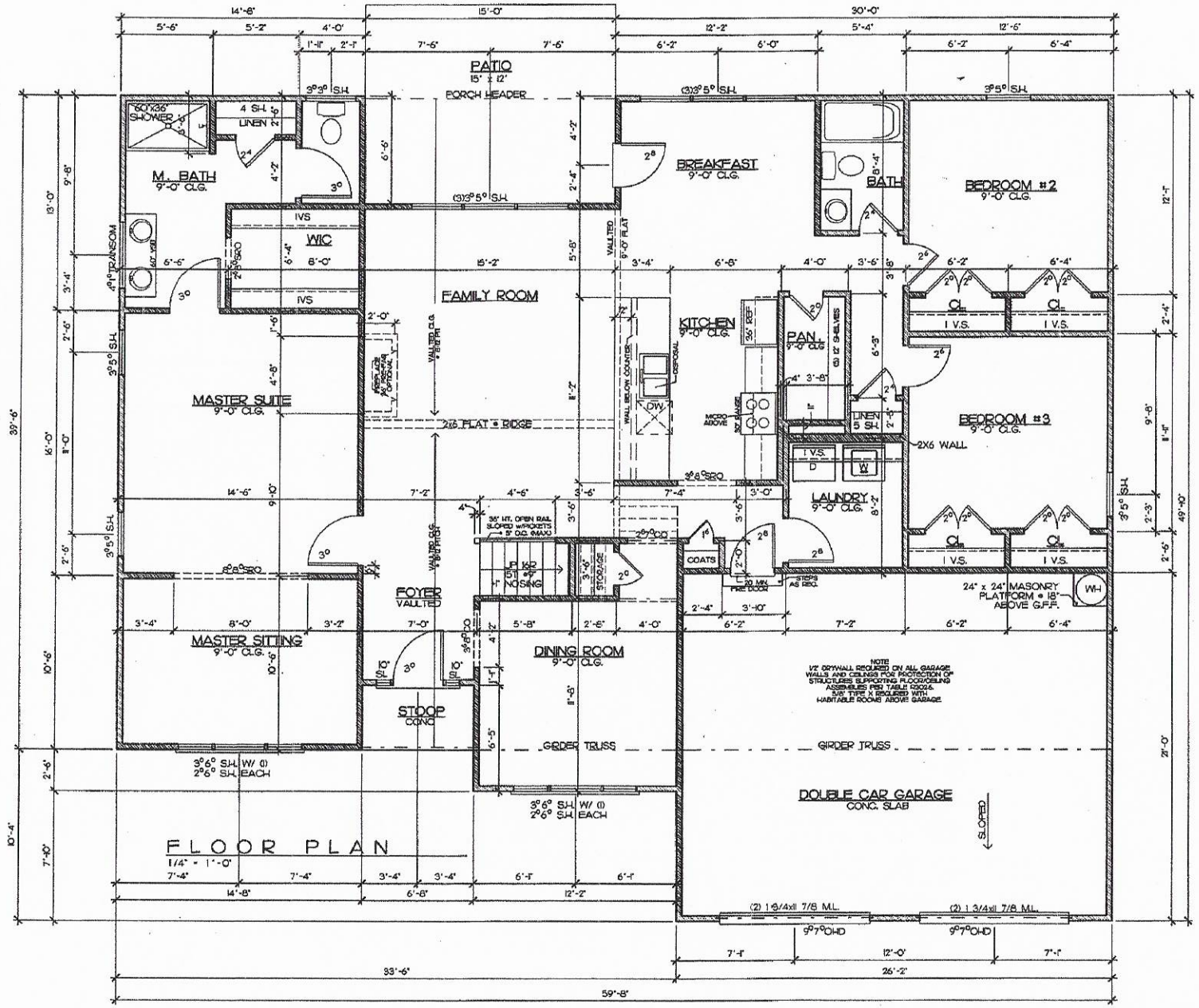
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

	8/10/18		8/10/18
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=	26 sq ft
TOTAL 1F=	2682 sq ft

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

GARAGE LEFT

Drafting Design Inc
Drawing No.
701-542-3666

COPYRIGHT STATEMENT
DRAFTING & DESIGN, Inc. accepts no responsibility, liability or, any legal responsibility to any person or, incident by the owner/contractor for property the drawn, that may be construed by another party. All materials used to produce this drawing are considered to have been researched by the owner/contractor for any copyright, and as required by him, the owner/contractor has obtained approval from any originating copyright owners known or unknown by DRAFTING & DESIGN, Inc.

WINDSTONE ESTATES

Project: THE MEADOW

Sheet Title: FIRST FLOOR PLAN

DR. BY: J. BODNAR
Date: 05-15-18
REV.
Site

BROOKVILLE-IFL

Sheet 3a

THE MEADOW w/BASEMENT no FIREPLACE

9225

IREDELL COUNTY

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

APPLICATION NUMBER
245711
Issue Date: 06/14/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751276087.000	164 HOLLY SPRINGS LOOP, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: WINDSTONE CROSSING INC
Address: 423	Address: 15 FROWEIN RD STE G-2
IREDELL CO, NC 28625	CENTER MORICHES, NY 11934
Phone:	Phone: 704-528-8450

Use Requested	Zone Code
STICK BUILT SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	181404	TOTAL FEES:	$ 77.25