ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 | Statesville Office: (704) 878-5305 x3456 | Mooresville Office: (704) 660-3625

BCW BLDR-2023-15179

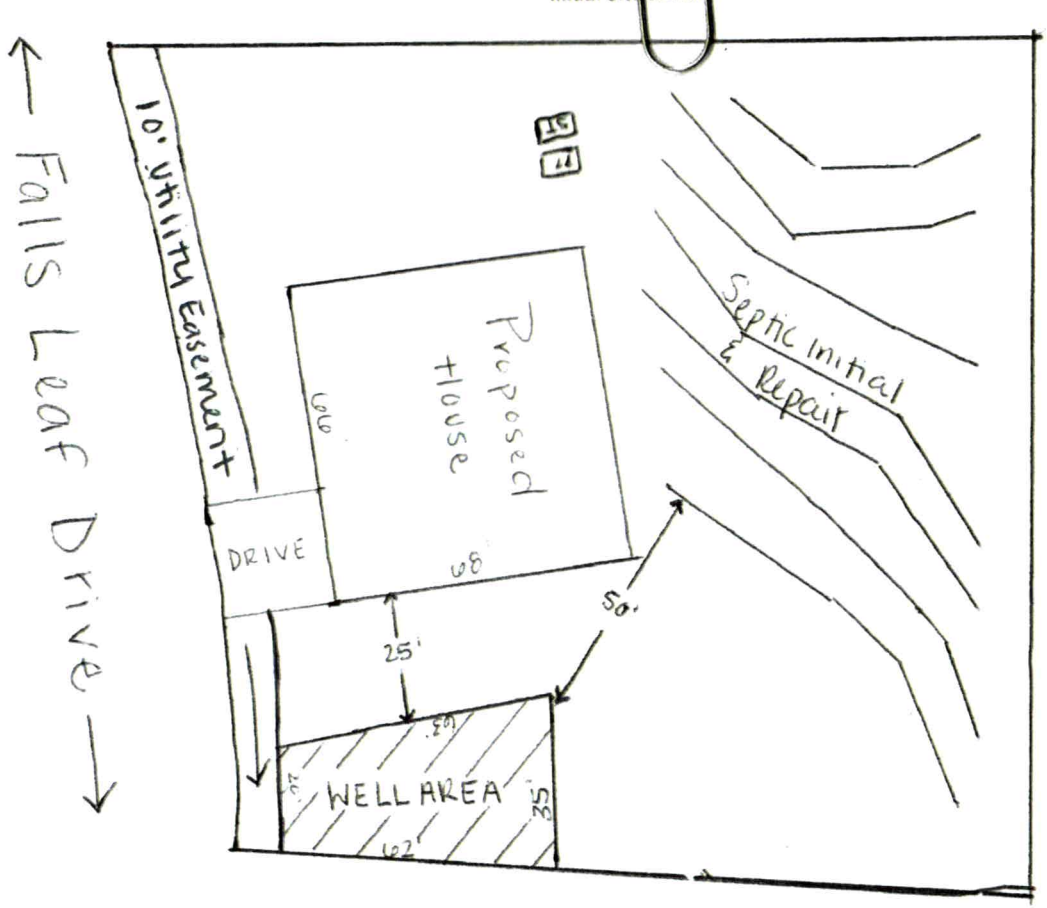
PRIVATE DRINKING WATER WELL PERMIT # OSWP 2023-14434 **PIN #** 4740-19-2847 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Windstone Crossing ADDRESS: 45 Fronein Rd NY 1193 PHONE: 704-528-8450

DIRECTIONS TO SITE: US Hwy 21 - (L) Autumn Leaf - (R) Falls Leaf

SITE ADDRESS: 124 Falls Leaf Dr. Troutman 28166 SUBDIVISION: Windstone@Autumn Leaf SECTION/LOT: - 13

Initial Site Sketch



CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

GROUTING RESULTS

Total Depth Still

Depth of Casing 72'

Yield Drilling

Notes:

NOT SAP Controlled

PERMIT CONDITIONS/COMMENTS: Follow all NC well Rules. Drill in well area.

WELL PERMIT ISSUED BY: Sydney Holland DATE: 2/21/23 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Midsouth CONTRACTOR CERT #: 4579A GROUT INSPECTION BY: Gary White DATE: 4/21/23

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: D. Wieberg DATE: 1/18/24

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☑ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☑

ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: _____ DATE: 1/18/24 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 | Statesville Office: (704) 878-5305 x3456 | Mooresville Office: (704) 660-3625

BCW

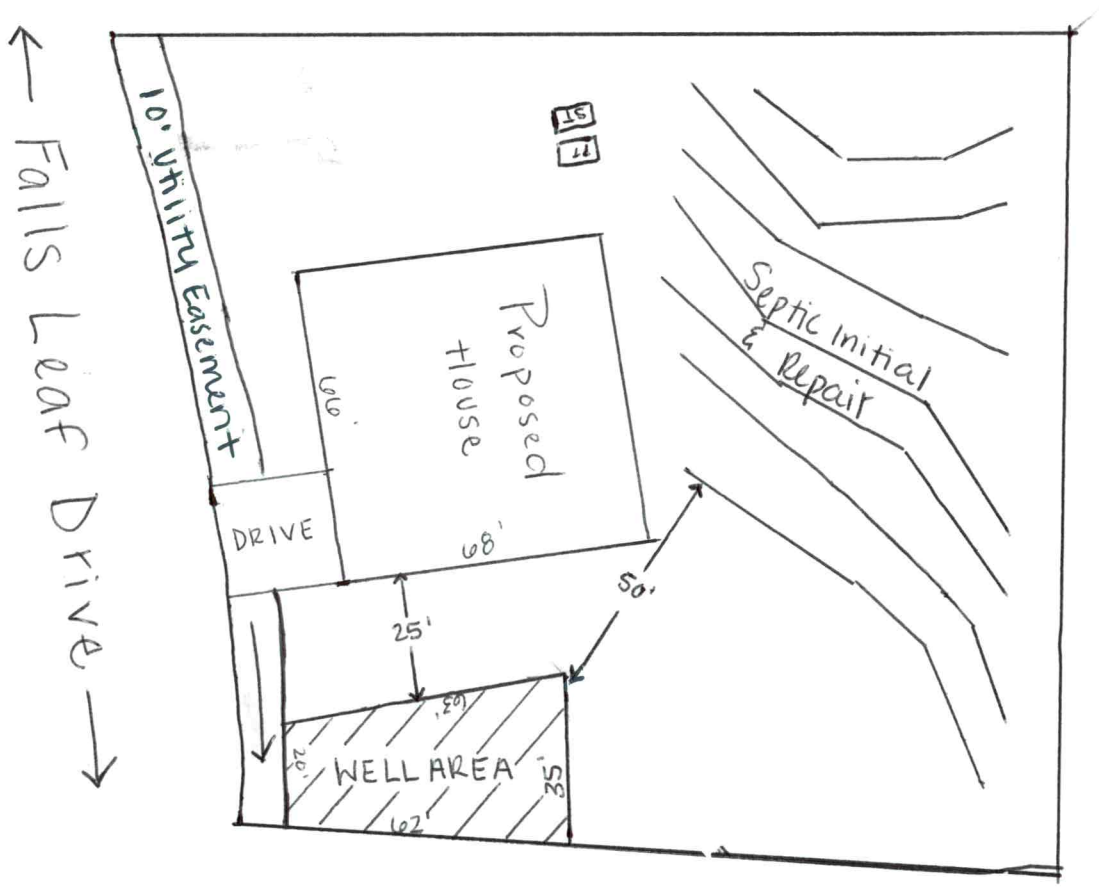
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Well Contractor: Midsouth CONTRACTOR CERT #: 4579A GROUT INSPECTION BY: Cory White DATE: 4/21/23

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

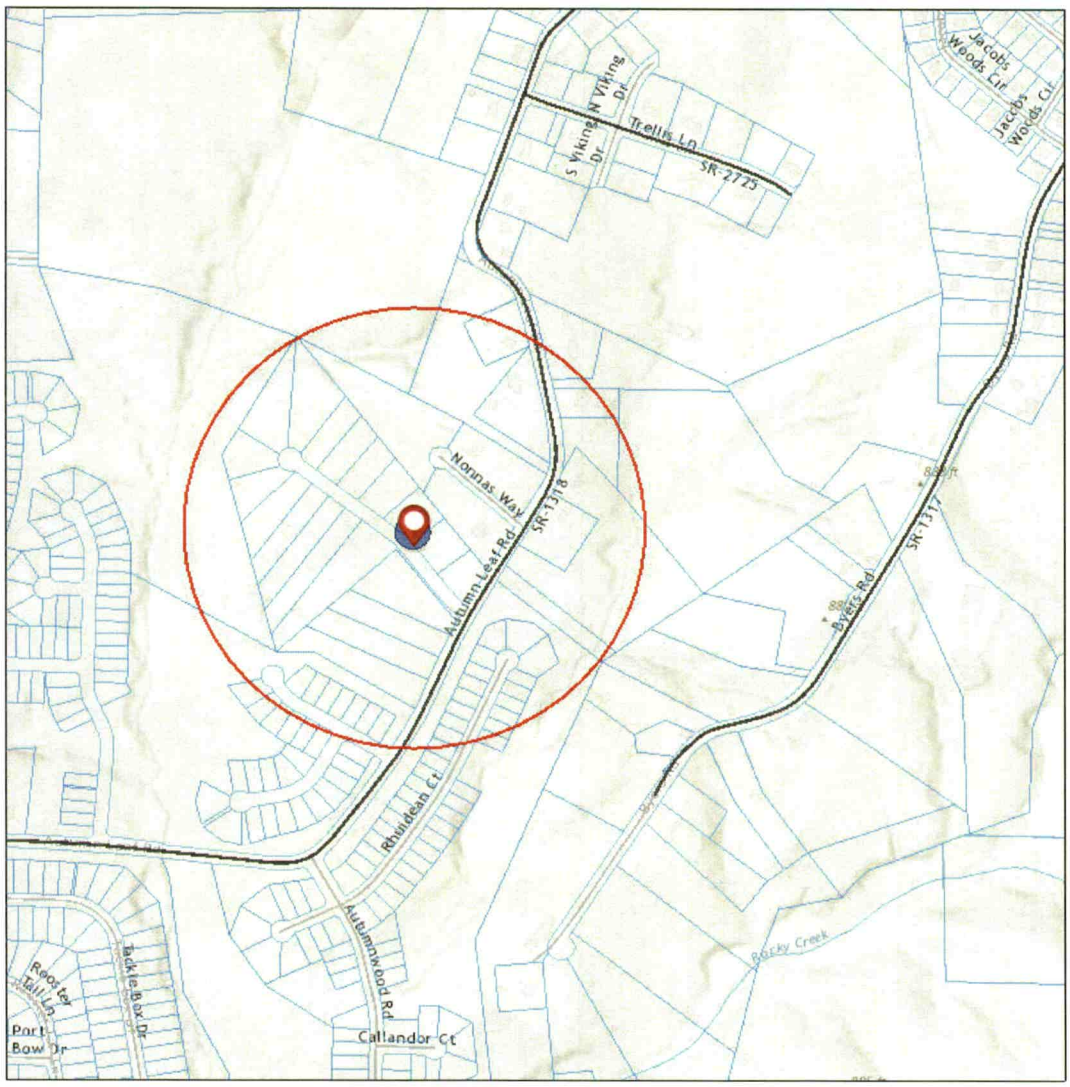
Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

124 Falls Leaf

Area of Interest (AOI) Information

Area : 3,134,508.74 ft²

Feb 21 2023 13:25:10 Eastern Standard Time



1:9,028

0 0.05 0.1 0.2 mi

0 0.1 0.2 0.4 km

Parcels (Polygons) - Parcels

Non-System Roads

Federal Route

Non-System

Other System Roads

Ramps, Rest Areas, Non-Mainline

Projected Route

Other State Agency Route

Secondary Route

Primary Roads

Interstate

US Route

NC Route

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PERMIT SNAPSHOT REPORT OSWP-2023-14434 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	01/23/2023
Work Class:	EH Private Drinking Water Well New Construction	**District:**	Troutman	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Holland, Sydney	**Approval Expire Date:**	
Description:	single family residence				

Parcel: 4740192847.000 Main	**Address:** 124 Falls Leaf Dr Troutman, NC 28166 Main	**Zone:** RS(Suburban Residential District)

Applicant/Authorized Agent
Windstone Crossing, Inc.
15 Frowein Rd G-2 15
FROWEIN RD STE G-2
CENTER MORICHES, NY 119
Business: (704) 528-8450

Property Owner
Edward Belanger
Home: (631) 831-1461
Mobile: (631) 831-1461

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Is there a designated Wetland on the property	No	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	62'W x 66'D
What are the proposed structures	New Single Family Residence	If other Addition/Structure, please explain		Number of Houses	1
Number of Persons	6	If Replacement Well - Reason for replacement		Water Supply	Single Family Dwelling
Is there a current or permitted system on the prop	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_William_Faulkenberry_1/23/2023.jpg	01/23/2023 14:53	Faulkenberry, William		Uploaded via CSS
Autumn Leaf lot 3 auth to act as agent_v1.pdf	01/23/2023 14:57	Nebel, Barbara	Available Online	Authorize to Act as Agent
Autumn Leaf lot 3 site plan - drawing only_v1.pdf	01/23/2023 14:57	Nebel, Barbara	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-56291	Re-inspection required	OSWP Septic/Well Preliminary Site Visit	01/26/2023			01/26/2023 16:32	01/26/2023 16:32

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-62554	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	02/15/2023			02/15/2023 16:51	02/15/2023 16:51

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

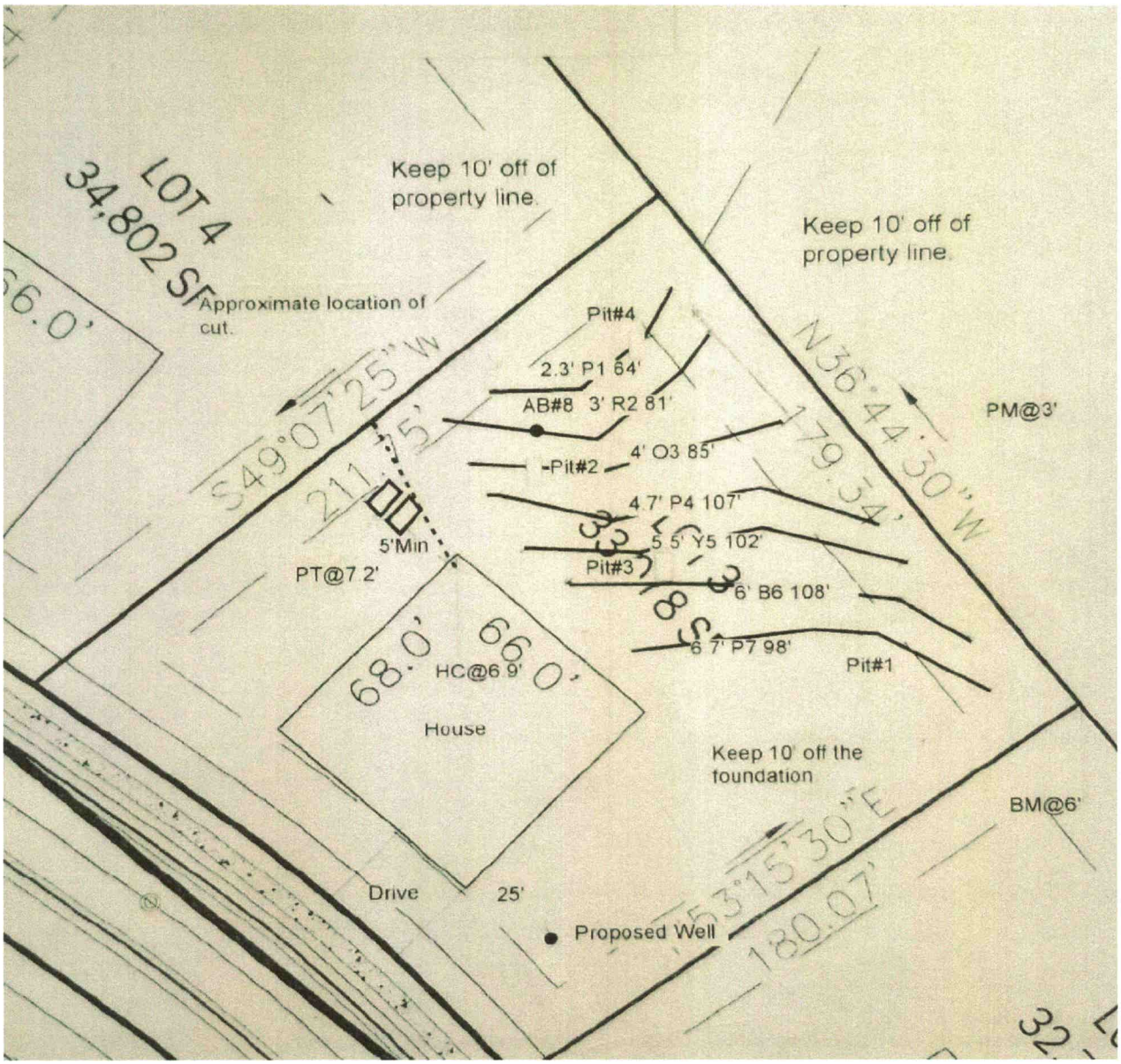
PERMIT SNAPSHOT REPORT (OSWP-2023-14434)

Note	Created By	Date and Time Created
1. 1/25--called ready 1/26--front irons not found or marked; did not look beyond that. Applicant to ensure that all PC irons found, PLs flagged and HB present for revisit.	Teanna Kobuck	02/09/2023 11:05

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00007960	New Well Permit	$550.00	$550.00
	Total for Invoice INV-00007960	$550.00	$550.00
	Grand Total for Permit	**$550.00**	**$550.00**

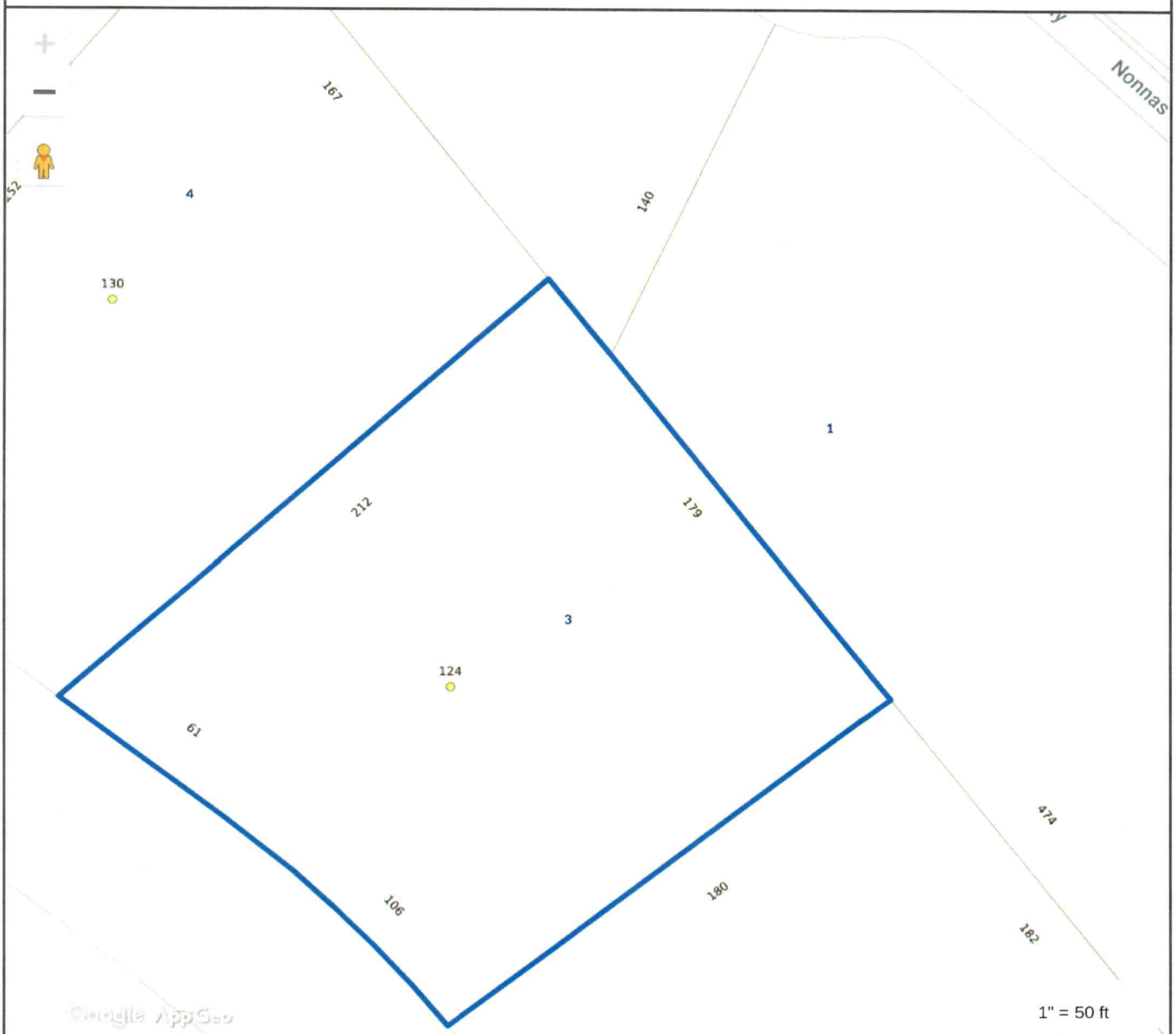
Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/23/2023 14:57	01/23/2023 14:58
Confirm application complete v.1	Generic Action		01/23/2023 14:58
Fees v.1		01/23/2023 14:58	01/25/2023 9:24
Issue Invoice v.1	Generic Action		01/23/2023 14:58
Fees Paid v.1	Generic Action		01/25/2023 9:24
~~**Zoning Review v.1**~~			01/23/2023 14:57
~~Troutman Zoning Approval v.1~~	Task		01/23/2023 14:57
~~Issue Invoice v.1~~	Generic Action		01/23/2023 14:57
~~Fees Paid v.1~~	Generic Action		01/23/2023 14:57
Lot Readiness Verification v.1		01/26/2023 16:31	
OSWP Septic Preliminary Site Visit v.1	Inspection	01/26/2023 16:31	01/26/2023 16:32
OSWP Septic Preliminary Site Visit v.2	Inspection	02/15/2023 16:51	02/15/2023 16:52
OSWP Site Evaluation v.1	Inspection		
Permit Ready v.1			
Issue Permit v.1			
Issue Permit v.1	Generic Action		
Environment Health Inspections v.1			
Well Grouting Inspection v.1	Inspection		
GW-1 Inspection v.1	Inspection		
Well Head Inspection v.1	Inspection		
Issue Certificate of Completion v.1			
Issue Certificate of Completion v.1	Generic Action		
Water Sample v.1			
Water Sample v.1	Inspection		
Result Case v.1	Generic Action		


Scale 1"=40'
NORTH
Scaled 1"=40
252.24'
LOT 4
34,802 SF
Keep 10' off of property line.
Keep 10' off of property line.
66.0'
Approximate location of cut.
Pit#4
2.3' P1 64'
AB#8 3' R2 81'
S49°07'25"W
211.75'
N36°44'30"W
179.54'
PM@3'
Pit#2
4' O3 85'
4.7' P4 107'
5.5' Y5 102'
5'Min
PT@7.2'
Pit#3
6' B6 108'
6.7' P7 98'
Pit#1
68.0'
66.0'
HC@6.9'
House
Keep 10' off the foundation.
BM@6'
Drive
25'
Proposed Well
S53°15'30"E
180.07'


LOT 4
34,802 SF
Keep 10' off of property line.
Keep 10' off of property line.
Approximate location of cut.
Pit#4
2.3' P1 64'
AB#8 3' R2 81'
PM@3'
S49°07'25"W
211.75'
N36°44'30"W
179.34'
Pit#2
4' O3 85'
4.7' P4 107'
5' Min
5 5' Y5 102'
PT@7.2'
Pit#3
6' B6 108'
6.7' P7 98'
Pit#1
68.0'
66.0'
HC@6.9'
House
Keep 10' off the foundation
BM@6'
Drive
25'
Proposed Well
S53°15'30"E
180.07'

Iredell County, North Carolina

February 20, 2023



Tax Map Information

• PIN	4740192847.000
• Address	124 FALLS LEAF DR
• Account #	Acct 80055034
• Tax Owner	WINDSTONE CROSSING INC
• Mailing Address	15 FROWEIN RD BLDG G2
•	CTR MORICHES, NY 11934
• GIS Owner	WINDSTONE CROSSING INC
• Deed Info	2738 / 418 - WD - 20200928
• Tax Acres	0.76 AC
• Lot #	3
• Description	WINDSTONE AT AUTUMN LEAF PB77-140
• Zoning	RS
• Old Parcel #	1503H00000B032
• Bldg Value	$0
• OBXF Value	$0
• Land Value	$40,000
• Total Value	$40,000
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL COUNTY, NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 02/16/2023
Data updated 02/16/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

WELL CONSTRUCTION RECORD (GW-1)

Entered.

Print Form

For Internal Use Only: Windstone Autumn Leaf Lot # 3

1. Well Contractor Information:
Brad Julian
Well Contractor Name
A-4579
NC Well Contractor Certification Number
Mid South Well & Pump Company, LLC
Company Name

2. Well Construction Permit #: 14434
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- [ ] Agricultural
- [ ] Geothermal (Heating/Cooling Supply)
- [ ] Industrial/Commercial
- [ ] Irrigation
- [ ] Municipal/Public
- [x] Residential Water Supply (single)
- [ ] Residential Water Supply (shared)

Non-Water Supply Well:
- [ ] Monitoring
- [ ] Recovery

Injection Well:
- [ ] Aquifer Recharge
- [ ] Aquifer Storage and Recovery
- [ ] Aquifer Test
- [ ] Experimental Technology
- [ ] Geothermal (Closed Loop)
- [ ] Geothermal (Heating/Cooling Return)
- [ ] Groundwater Remediation
- [ ] Salinity Barrier
- [ ] Stormwater Drainage
- [ ] Subsidence Control
- [ ] Tracer
- [ ] Other (explain under #21 Remarks)

4. Date Well(s) Completed: 4-21-23 Well ID#

5a. Well Location:
Windstone Crossing
Facility/Owner Name
Facility ID# (if applicable)
124 falls leaf Dr Fountman NC
Physical Address, City, and Zip
Iredell
County
4740-19-2847
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
N W

6. Is(are) the well(s): [x] Permanent or [ ] Temporary

7. Is this a repair to an existing well: [ ] Yes or [x] No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 1

9. Total well depth below land surface: 205 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 1/4 (in.)

12. Well construction method: Air Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm): 15 Method of test: Air
13b. Disinfection type: Granular Amount: 602

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	72 ft.	6 1/4 in.	SDR21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Poured 18bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	36 ft.	Clay
36 ft.	67 ft.	weathered Rock
67 ft.	205 ft.	& granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Brad Julian
Signature of Certified Well Contractor
4-27-23
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 [Statesville Office: (704) 878-5305 x3456] Mooresville Office: (704) 660-3625

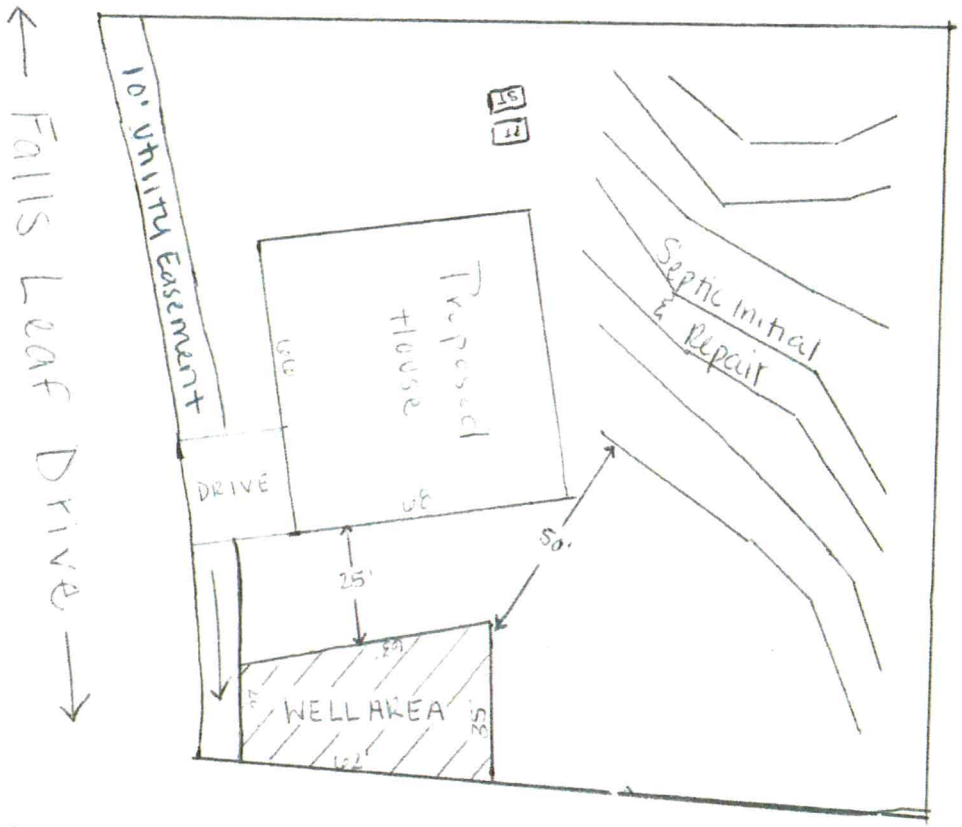
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APPLICANT/OWNER NAME: Windstone Crossing ADDRESS: 15 Fruehmd Rd NY 1193 PHONE: 704-528-FASC

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Depth of Casing 72

Yield 15

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Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT ☐ VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am