Site Address: 105 Windstone Drive - Irtn. 0

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~14767~~ 243466 PIN# 4751264478.001 25-0699 DATE 3-11-08

OWNER OR APPLICANT Paramount Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 25 Center Moriches NY 11934 → 105 Windstone Dr - Irtn 28166

LOCATION I 77 S to Exit 45 TL Amity Hill TR Pilch/Pear Tree Rd TR Windstone Dr. on left

SUBDIVISION ~~Paramount Woods~~ BLOCK / SECTION _____ LOT 1 LOT AREA .71 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 7-29-19

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 2590 reduction gravity

Repair System Description: 2590 reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees _____

Water Supply: ☐ Individual ☐ Public ☒ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Maintain minimum 50' from neighbors well - too much grading on lot may result in a pump system!!

Comments/Conditions: Well abandonded 3-30-18 by McCall Bros.

INITIAL SITE SKETCH

See plan from Michael Athanas & Associates

AS BUILT SKETCH

Installed as shown on site plan

Windstone Crossing

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date 3-11-08

Authorization to Construct by: _____ date 4/23/19

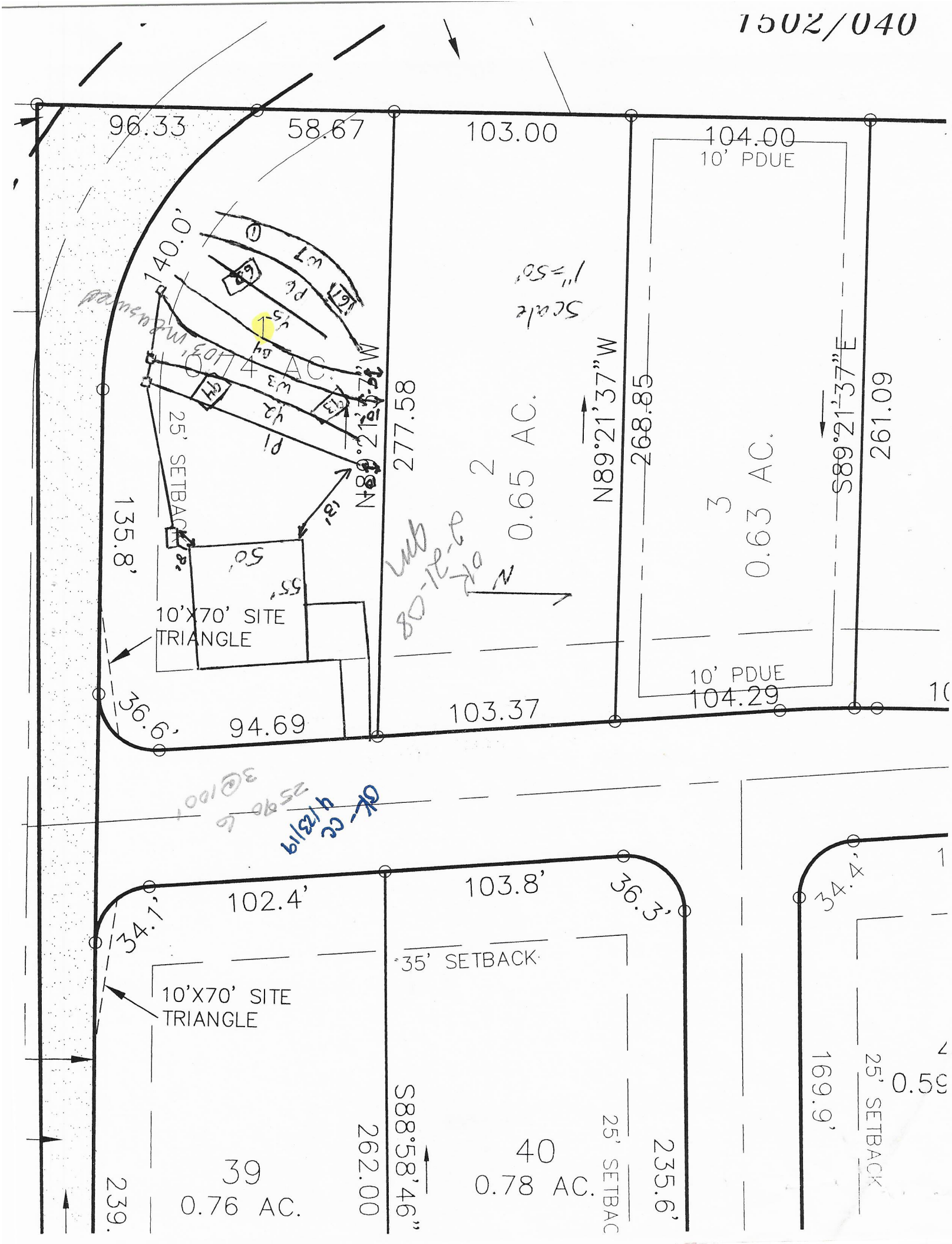
Installed by: Gunter Grading

Operation Permit by: _____ date 10-4-19

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

1502/040


96.33
58.67
103.00
104.00
10' PDUE
140.0'
0.74 AC.
25' SETBACK
135.8'
277.58
N89°21'37"W
268.85
S89°21'37"E
261.09
0.65 AC.
2
0.63 AC.
3
10'X70' SITE TRIANGLE
36.6'
94.69
103.37
10' PDUE
104.29
102.4'
103.8'
36.3'
34.1'
35' SETBACK
10'X70' SITE TRIANGLE
S88°58'46"E
262.00
235.6'
39
0.76 AC.
40
0.78 AC.
25' SETBACK
169.9'
34.4'
25' SETBACK
0.59



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 1
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 3/360gpd
Proposed LTAR: 0.3 gpd/ft2
Suggested system type: 25% Reduction
Distribution: Gravity-Drop Box/Endcap
Septic tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Length
Pink 1	**100'**
Yellow 2	**100'**
White 3	**100'**
Blue 4	*95'*
Yellow 5	*64'*
Pink 6	*86'*
White 7	*80'*

Initial system: 300' ***Repair system:*** *325'*

Comments:

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- Rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

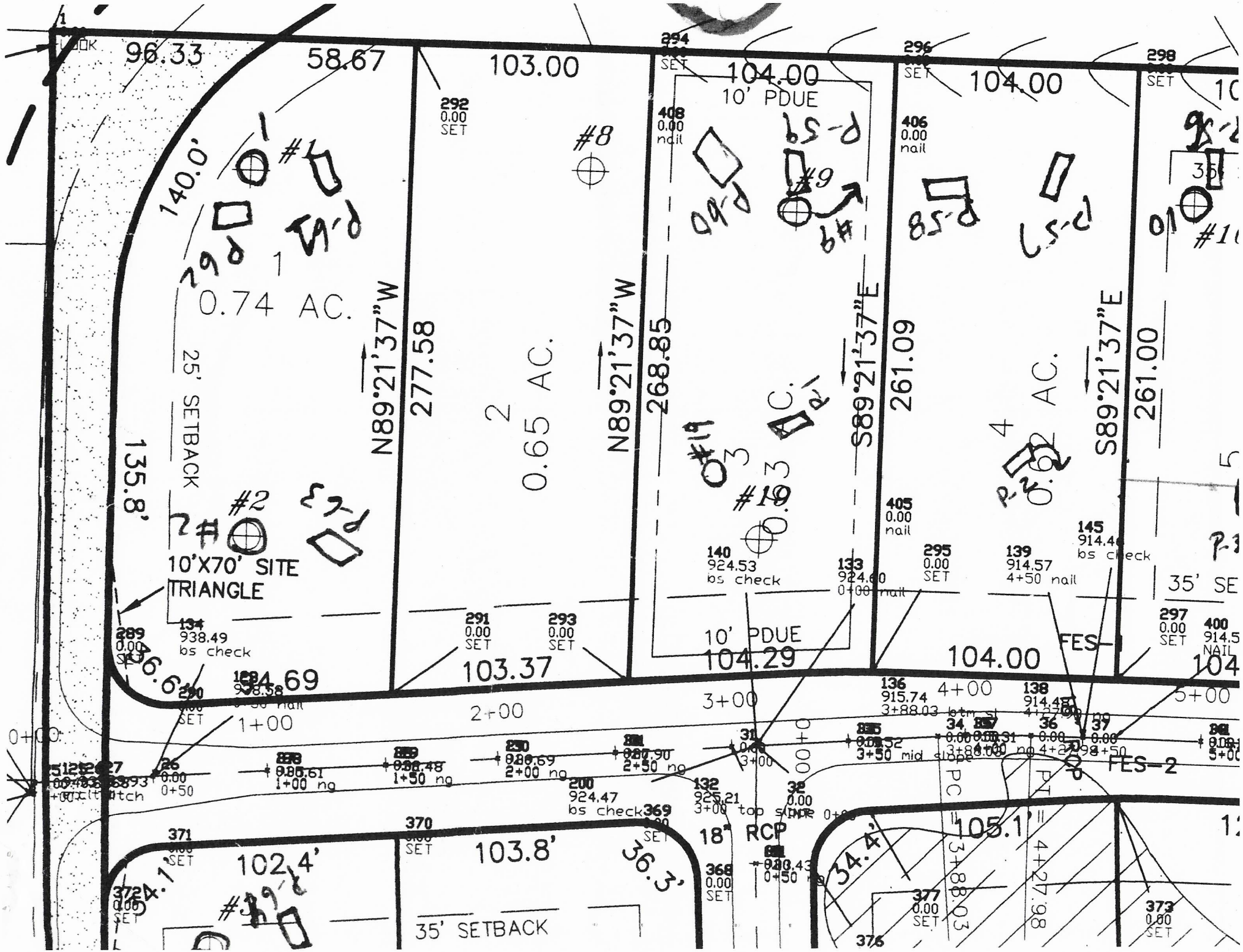
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paramount Homes APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 0.74 AC
LOCATION OF SITE: Paramount Woods #1 PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
61 1	LS 2%	0-4	Brsdl wsbk	Fr ss sp	f-c s sap	48"	—	— OK. 3 gm 1-28-08	PS 0.5
		4-33	Rc sbk	Fr ss sp					
		33-48	Rcl wsbk	Fr ss sp					
60 2	LS 2-3%	0-33	Rc sbk	Fr ss sp	—	48"	Few-C Sap Jnk	gm OK. 3 1-28-08	PS 0.5
		33-48	Rsicl wsbk	Fr ss sp					
63 3	LS 2%	0-4	Brsdl wsbk	Fr ss sp	—	48"	Few Int Sap	—	PS 0.5
		4-37	Rc sbk	Fr ss sp					
		37-48	Rcl wsbk	Fr ss sp					
4									

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

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


96.33
58.67
103.00
104.00
10' PDUE
104.00
104.00
140.0'
0.74 AC.
25' SETBACK
135.8'
N89°21'37"W
277.58
0.65 AC.
N89°21'37"W
268.85
S89°21'37"E
261.09
0.63 AC.
S89°21'37"E
261.00
0.62 AC.
10'X70' SITE TRIANGLE
10' PDUE
104.29
104.00
103.37
104.69
102.4'
103.8'
36.3'
34.4'
105.1'
35' SETBACK
18" RCP
FES-2
FES
PC
PT
292 0.00 SET
294 SET
296 SET
298 SET
408 0.00 nail
406 0.00 nail
405 0.00 nail
295 0.00 SET
297 0.00 SET
289 0.00 SET
291 0.00 SET
293 0.00 SET
134 938.49 bs check
140 924.53 bs check
133 924.60 0+00 nail
139 914.57 4+50 nail
145 914.46 bs check
400 914.5 NAIL
136 915.74 3+88.03 btm sl
138 914.48 4+24.98 ng
200 924.47 bs check
132 925.21 3+00 top slope
369 0.00 SET
370 0.00 SET
371 0.00 SET
372 0.00 SET
368 0.00 SET
377 0.00 SET
373 0.00 SET
376
0+00
1+00
2+00
3+00
4+00
5+00
3+50 mid slope
1+00 ng
2+00 ng
1+50 ng
0+50

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of
PROPERTY ID #:
COUNTY:

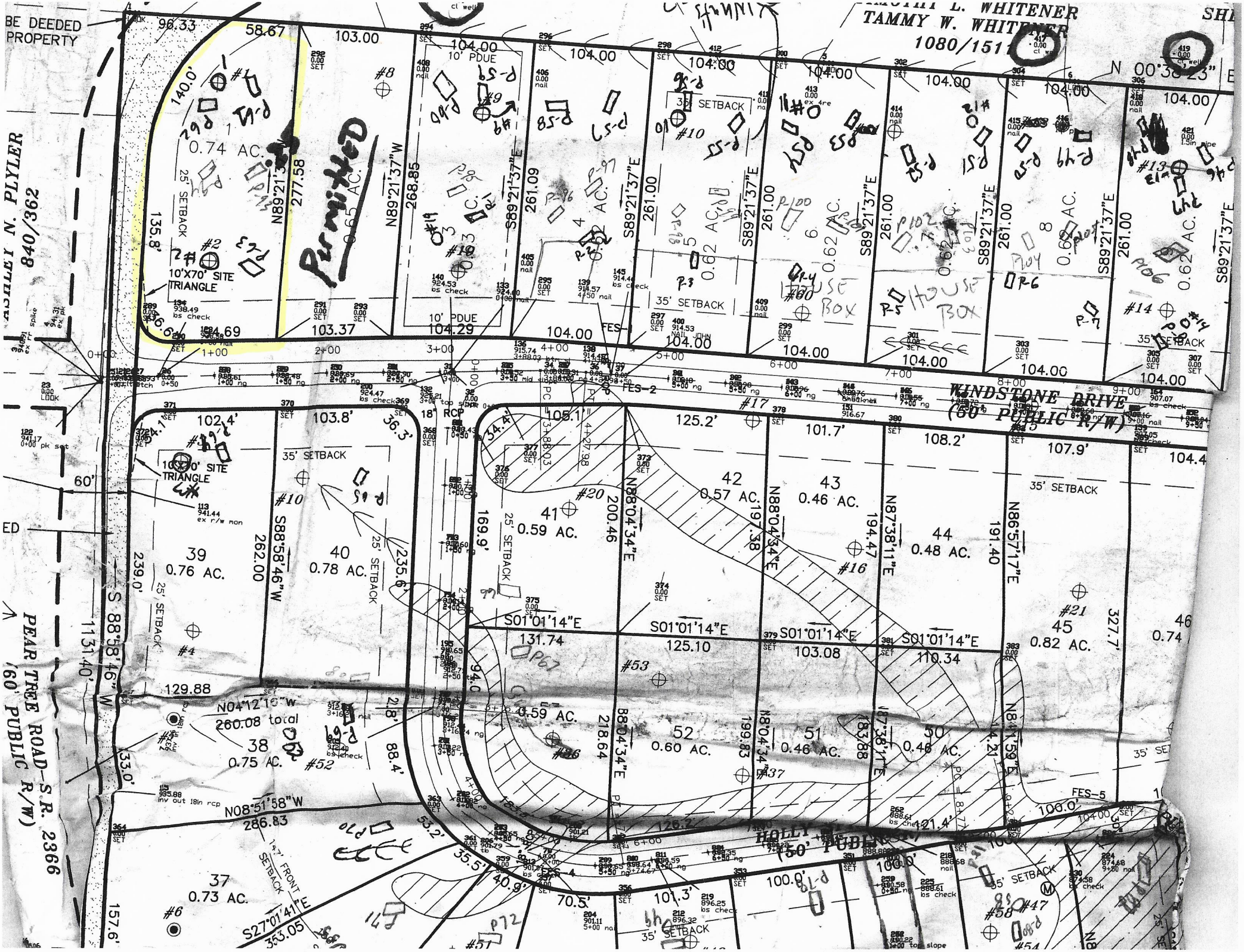
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM Lot 1

OWNER: PARAMOUNT Pilch Rd APPLICANT:
ADDRESS: APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
#93 1 Lot 1	LS 0-2% 70/0	0-13	Bk. scl w SBK	Fri SS/SP SSTP	Fw V-Bs	52"	-	OK .25 gm 2-6-08	PS .25
		13-34	R Cly ABK	Fri SS/SP SSTP					
		34-52	R Cly W SBK	Fri SS/SP SSTP					
#94 2 Lot 1	LS 0-2%	0-30	R Cly M SBK	Fri SS/SP SSTP	-	48"	-	.275 gm 2-6-08	PS 3
		30-48	R CL clay W SBK	Fri SS/SP					
#95 3 Lot 3	LS 0-2%	0-30	R Cly M SBK	Fri SS/SP	-	48"	Fw SAP Incl	-	PS 3
		30-48	R CL clay W SBK	Fri SS/SP					
#96 4 Lot 4	LS 0-2%	0-41	R Cly M SBK	Fri SS/SP	-	52	Fw SAP Incl	-	PS 3
		41-52	R Cl clay W SBK	Fri SS/SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:


BE DEEDED PROPERTY
TAMMY W. WHITENER
1080/1511
N 00°38'23" E
ANGELL N. PLYLER 840/362
Permitted
0.74 AC.
0.65 AC.
0.62 AC.
10'X70' SITE TRIANGLE
25' SETBACK
35' SETBACK
10' PDUE
WINDSTONE DRIVE (60' PUBLIC R/W)
PEAR TREE ROAD-S.R. 2366 (60' PUBLIC R/W)
HOLLY (50' PUBLIC
39 0.76 AC.
40 0.78 AC.
41 0.59 AC.
42 0.57 AC.
43 0.46 AC.
44 0.48 AC.
45 0.82 AC.
38 0.75 AC.
37 0.73 AC.
52 0.60 AC.
51 0.46 AC.
50 0.46 AC.
S 88°58'46" W 1131.40'
N04°12'10"W 260.08 total
N08°51'58"W 286.83
S27°01'41"E 353.05
S01°01'14"E 131.74
S01°01'14"E 125.10
S01°01'14"E 103.08
S01°01'14"E 110.34
N88°04'34"E 200.46
N88°04'34"E 197.38
N87°38'11"E 194.47
N86°57'17"E 191.40
N84°41'59"E 214.21
N89°21'37"W 277.58
N89°21'37"W 268.85
S89°21'37"E 261.09
S89°21'37"E 261.00
18" RCP
FES-2
FES-5
HOUSE BOX

RECEIVED APR 4 - 2019

RECEIVED APR 4 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AC w/ Inspection # 243466

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: (✓) 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: Mike Faulkenberry Address: 15 Froewin Rd. G-2 Center Moriches, NY Zip: 11934
Applicant Email: wmf2087@windstream.net Phone: 980-722-7370 Alt. Phone:
Owner Name: Ed Belanger Address: 15 Froewin Rd G-2 Center Moriches, NY Zip: 11934
Owner Email: edbcbhomes@aol.com Phone: 631-831-1461 Alt. Phone:

Property Information:

Street Address: 105 Windstone Drive Troutman, NC
Subdivision Name: Windstone Crossing Section/Phase: 1 Lot Number: 1
Driving Directions: I77 S take exit 45 TL Amity Hill Rd. TL Rich Rd TR Windstone Dr.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — (X) 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 (X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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 4-4-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Paramount Homes	PO Box 25 Center Moriches NY 11934		
Same			
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Paramount Woods	Lot 1

Driving Directions: 1155, TL Oswalt Amity, TL Pilch, straight to Windstone, on Lt

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4 3 MA.
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional (1) Innovative (2) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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.

9. Signature: _____ 1/4/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

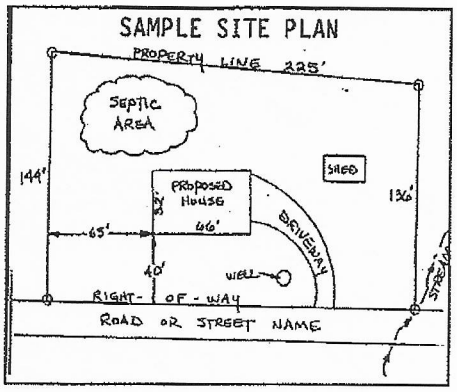
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

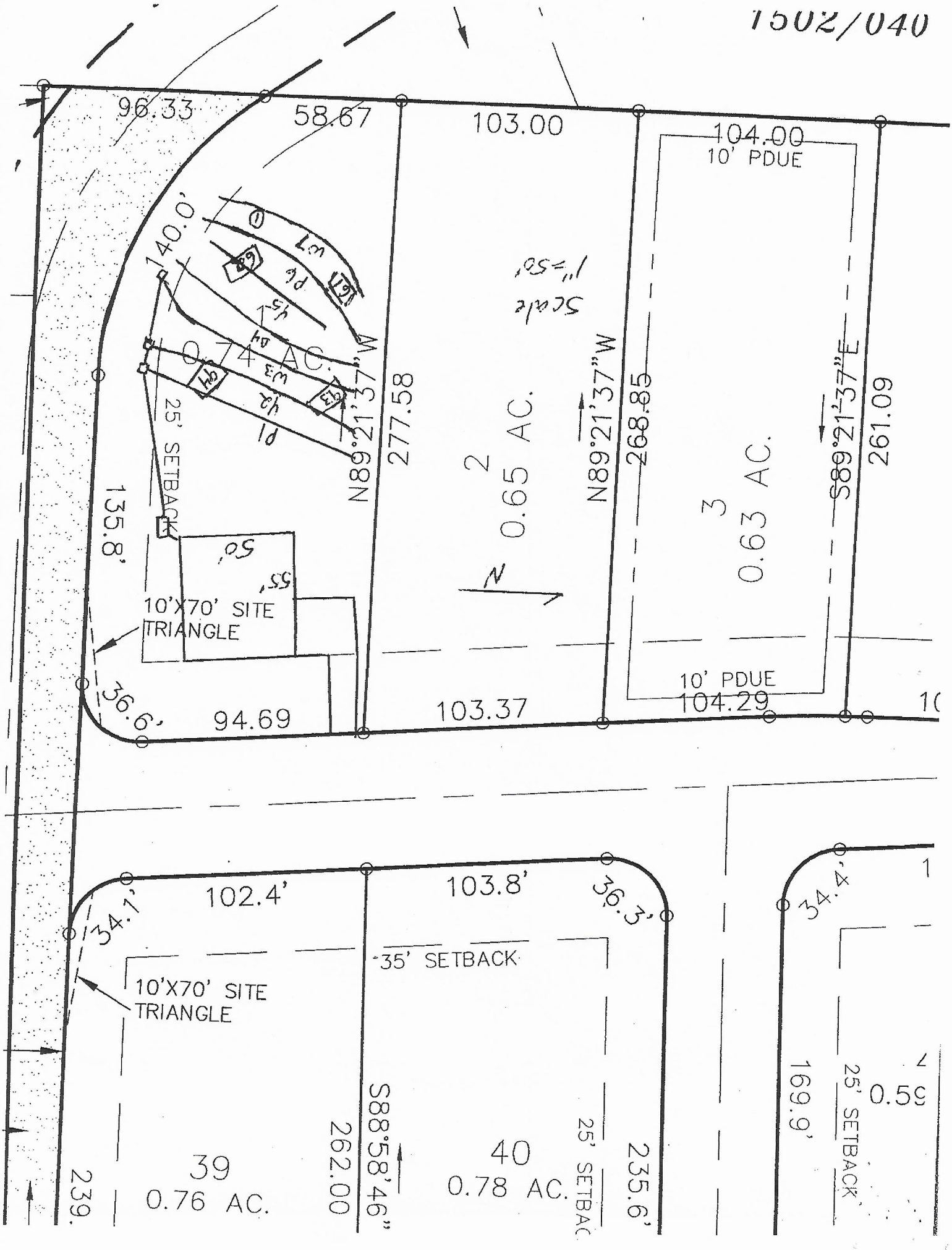
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see attached proposal from Michael Athanis and Assoc.

Signature: _____ 4-4-19

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

1502/040


96.33
58.67
103.00
104.00
10' PDUE
140.0'
0.74 AC.
25' SETBACK
135.8'
277.58
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103.37
10' PDUE
104.29
102.4'
103.8'
36.3'
34.4'
35' SETBACK
10'X70' SITE TRIANGLE
S88°58'46"
262.00
39
0.76 AC.
40
0.78 AC.
235.6'
25' SETBACK
169.9'
25' SETBACK
0.59

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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 105 Windstone Dr Troutman NC, identified as PIN (Parcel Identification Number) 4751264478.001, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	8/10/18		8/10/18

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

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:
Randy Howie
Well Contractor Name (or well owner personally abandoning well on his/her property)

2223 a
NC Well Contractor Certification Number

McCall Brothers
Company Name

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

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	●Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 3/30/2018

5a. Well location:
Windstorm Crossing
Facility/Owner Name

Facility ID# (if applicable)

Holly Springs Loop
Physical Address, City, and Zip

Troutman, N.C.
County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35.704272 N 80.844052 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: na

6b. Total well depth: 285 (ft.)

6c. Borehole diameter: 6.25 (in.)

6d. Water level below ground surface: 5 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: hth

7d. Amount of disinfectant used: 12oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	● Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
● Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:
4000lbs. bentonite chips
200lbs concrete mix

7g. Provide a brief description of the abandonment procedure:
slowly poured chips in well. mixed and poured concrete cap 3. feet below grade

8. Certification:
Randy Howie
Signature of Certified Well Contractor or Well Owner

3/30/2018
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

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

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

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

10c. 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 abandonment to the county health department of the county where abandoned.

McCALL BROTHERS INC.
Founded 1938

PO BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • FAX (704) 398-2605

LETTER OF TRANSMITTAL

TO: Iredell County
Department of Health
610 E. Center Ave.
Mooresville, NC 28115

DATE: 04/2/2018

REFERENCE: Well Construction Records (WCR)
Well Abandonment Records (WAR)

GENTLEMEN:

We are sending you the following:

__X__ Attached
_____ Under Separate Cover By

_____ Other Well Construction Records - Well Abandonment Records

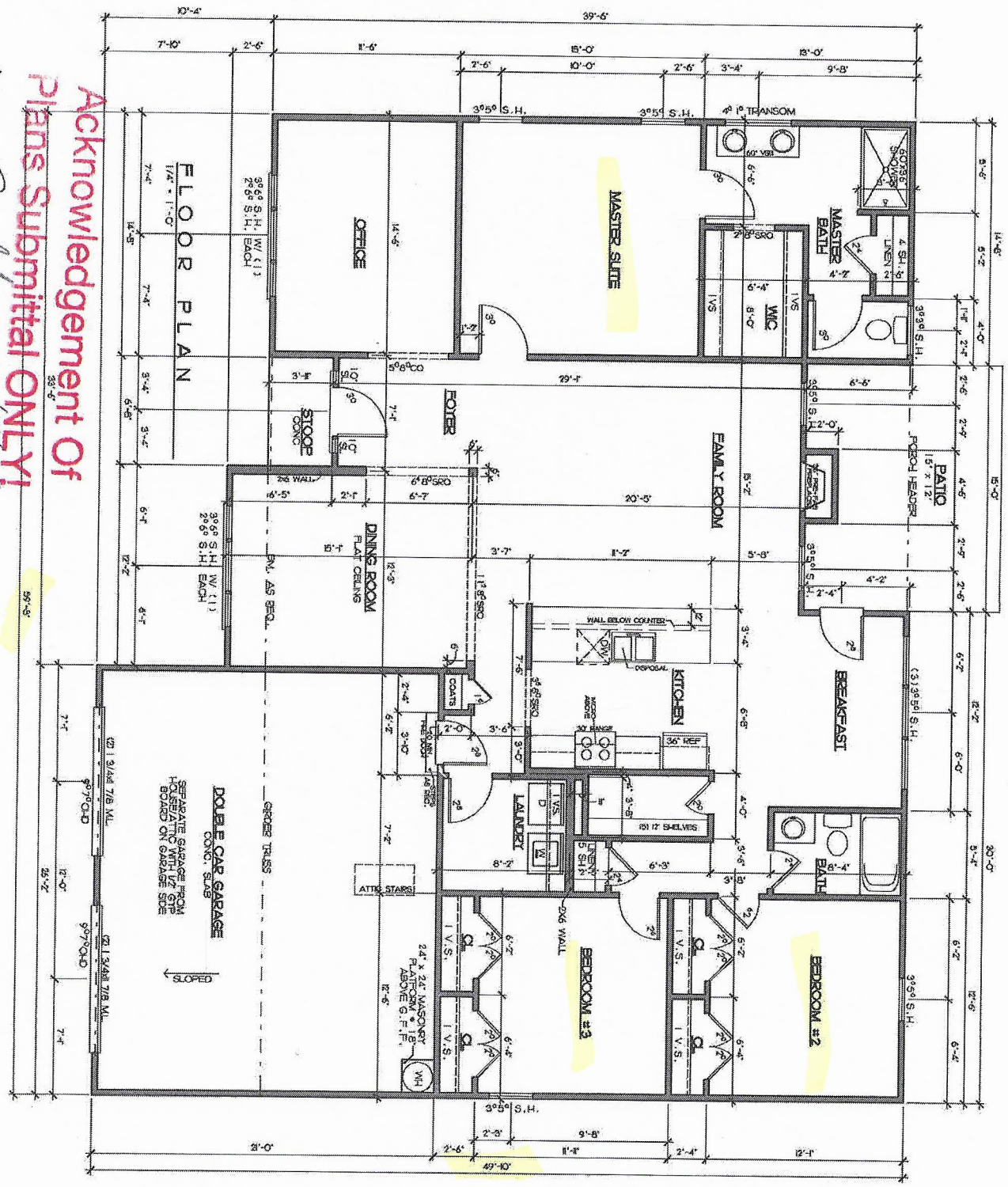
QTY	WCR/ WAR	CITY	COUNTY	ADDRESS	CUSTOMER
1	WAR	Troutman	Iredell	Holly Springs Loop	Windstorm Crossing Wind Stone

SIGNATURE: _____
Deanna Pope

Acknowledgement Of Plans Submittal ONLY!

Date 4-23-19

Date 4/23/19



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 SQ FT
GARAGE=	396 SQ FT
REAR PORCH=	26 SQ FT
FRONT PORCH=	26 SQ FT
TOTAL SF=	2,592 SQ FT

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

GARAGE RIGHT

Sheet 3	MEADOW-FP_REV	Site	Rev. By: BRIAN G. Date: C5-06-08 C2-22-16 C3-07-16 C3-20-16	Project: THE MEADOW Sheet Title: FIRST FLOOR PLAN	WINDSTONE ESTATES

IREDELL COUNTY

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

APPLICATION NUMBER
243466
Issue Date: 04/04/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751250699.000	105 WINDSTONE DRIVE, 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
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	35.00	35.00	15.00	25.00	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	173052	TOTAL FEES:	$ 77.25

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	147672ZO	Subdivision:	Paramount Woods
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 WINDSTONE DR TROUTMAN NC 28166		
Parcel #:	4751264478.001	Zoning:	RA
Lot #:	1 Size: 0.71	Flood Plain:	No Watershed: None
Applicant:	PARAMOUNT HOMES	Owner:	Pilch Acres holding, LLC
Address:	P.O. BOX 25 CENTER MORICHES NY 11934	Address:	4992 Expressway Dr, South Rowkonkoma, NY 11799
Phone:		Phone:	828-478-2012
Property Recorded:	No	Site Plan Reviewed:	Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 25 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

mike - silver toyota pickup

Directions:

I77S TO AMITY HILL RD EXIT - TURN LFT, RT ON PILCH - RUNS INTO PEAR TREE RT, SUBDIVSION ON RT

oswalt Amity TL ↑ ↓ deadends

Paramount Builders

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

RECEIVED JAN 15 2008 BY

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

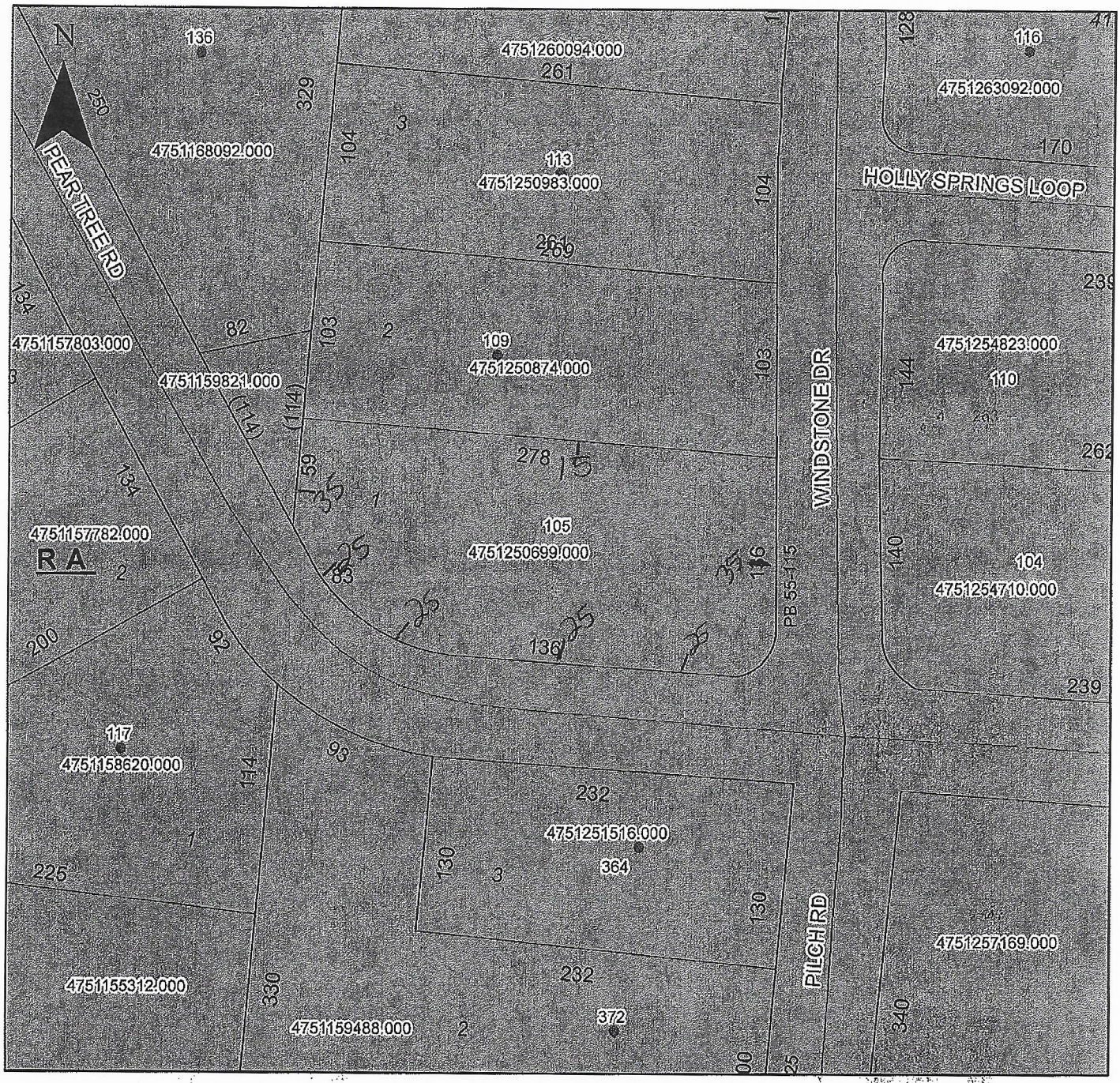
Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 12/31/2007

ZONING DISCLAIMER



Property Address 105 Windstone Drive

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

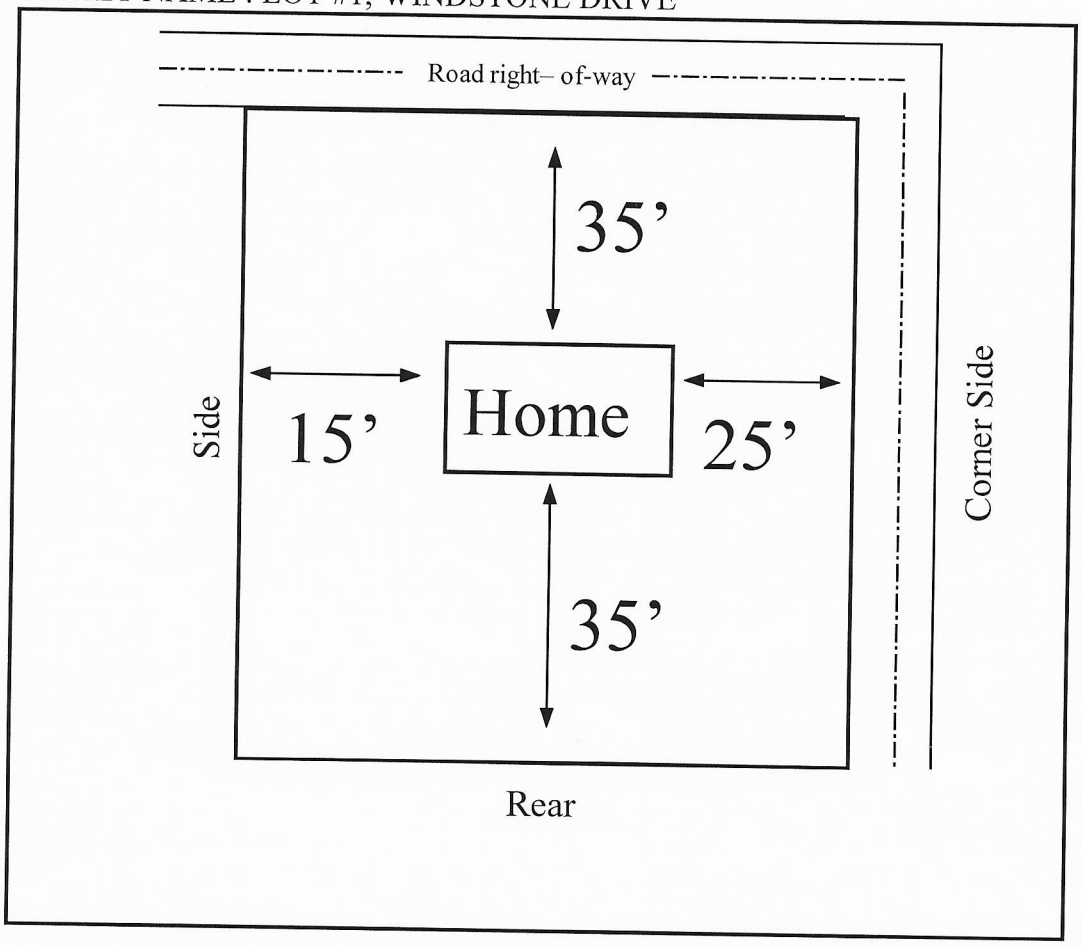
4-4-19
Date

ZONING DISCLAIMER

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Applicant _____ Date _____

STREET NAME : LOT #1, WINDSTONE DRIVE



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.