PROPERTY SERVICE CHART

ADDRESS _____ REID # _____

SERVICE	COMMENTS	DATE	REHS
Soil Evaluation	Property approved for a 4 Bedroom/no basement single family residence utilizing a conventional initial and repair system. Property was recorded in a plat prior to January 1, 1983 therefore, it is repair exempt. LTAR=.25 Initial and Repair	12/11/20	JLV
Phone Call	Called property owner since house location on the field didn't match site-plan. He prefers field location for permit.	12/15/20	JLV
Permit	Ip-issued and email to owner	12/16/20	JLV
Layout	Site was somewhat disturbed. Called property owner to let him know to be extra careful when clearing septic area, the front of the was completely damage. Warned property owner to not dig giant holes in the septic area,	3/03/21	JLV
	there was some dagame but nothing significant. Plumb out right side and well to center front.		
Permits	CA+ WELL permit issued	3/04/21	JLV
Site Visit	Flagged top of initial and repair area closest to house in blue flags and right side back of giant pit damage area in pink flags for Billy Clayton.	5/27/21	KCM
WELL GROUT	08/17/21Aqua Drill set68'SDR-21,and Loftin Concrete poured 1 yard Concrete to surface.	8/17/21	DWJ
Septic Final	8/27/21 Aqua Drill set9'off left rearShoaf1000GallonSTB760 7/6/21w/Polylokfilter.Installed 480'IQ4P Chamber.	8/27/21	DWJ
Cover Check	9/17/21Cover over tank6", and drainfield smooth	9/17/21	DWJ
Well Final	9/17/21Wellhead ok. Tags&ROC match ok.	9/17/2021	DWJ
Well COC	Issued	9/17/21	DWJ
OP	Issued	9/17/21	DWJ
Addition	Addition for a 10x14 storage building is approved as marked per inspection by KDW on 12/2/21. Setbacks maintained and adequate repair area in place. No sign of malfunction. (released by NWS per KDW approval)	12/2/21	KDW/ NWS

400 W. Market St.
Greensboro, NC 27401

December 09, 2021

Record Number: 21-11-SAHR-10022

ARNOLD GALLO
705 CASTLE OAKS CT
HIGH POINT NC, 27265

Ref: 705 CASTLE OAKS CT, HIGH POINT, NC 27265
Addition for a 10x14 storage building is approved as marked per inspection by KDW on 12/2/21.
Setbacks maintained and adequate repair area in place. No sign of malfunction.

Dear: ARNOLD GALLO,

On a representative from this office visited your property for the purpose of inspecting a proposed improvement, as referenced above. The inspection verifies that the location of the improvement meets the minimum guidelines set forth in the rules and regulations.

This information has been forwarded to the Guilford County Planning and Development Office. Please contact them to find out when you may pick up your Building Permit.

If you have any questions regarding this matter, please contact this office at 336-641-7613 between the hours of 8:00 A.M. and 9:00 A.M.

Sincerely,

Environmental Health Specialist

CC: Water Quality Unit Manager
Property File

Guilford County Application For Improvement Permit and/or Authorization to Construct

☐ Scaled site plan submitted – (Valid 60 Months)
☐ Unscaled site plan submitted – (Valid 60 months)
☐ Survey plat to scale* submitted – (Valid without expiration)
* scale of 1" = no more than 60'

Septic Check

Building Permit # 21-11-GCRP-09990 Septic Permit # 21-11-SAHR-10022 Well Permit # _____

PROPERTY INFORMATION

Address 705 castleoaks Court City High Point 27265 Parcel REID # 198996
Development Name _____ Section/Phase # _____ Lot # 5 Plat Book # 48 Page # 96
☐ Lot of Record ☐ First Lot Out ☐ Plat Required ☐ >5 acres (5-17-65 to 2-1-74) ☐ >10 acres (2-1-74 to present)
Date Lot Originally Deeded & Recorded _____

ZONING INFORMATION

Zoning: RS40 Conditional Zoning (Describe): _____
Watershed: _____ Watershed Critical Area: _____
Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: 5' Rear: 5'
Comments: 10 x 14 shed (140 SF)

PLANNING DEPARTMENT OFFICIAL: EMH

APPLICANT INFORMATION

Applicant Name: Arnold Gallo Address: 705 Castle Oaks Ct. High Point
Phone 1: 336 653 3132 Phone 2: 336 653 3310 Email: arnoldgallo2001@yahoo.com
Owner Name: _____ Address: _____
Phone 1: _____ Phone 2: _____ Email: _____

DEVELOPMENT INFORMATION

☐ NEW ☒ ACCESSORY ☐ SWMH ☐ MULTIFAMILY/DUPLEX ☐ ADDITION (TYPE) _____
☐ HOUSE ☐ MODULAR ☐ DWMH ☐ RENOVATION ☒ OTHER TYPE Shed / Storage 10 X 14 ft
Residential Specifications: Max # of Bedrooms: ____ MAX. # of Occupants: ____ Total # of Rooms: ____ Size of Structure (sq ft): _____
Basement: ☐ Yes ☐ No Basement Fixtures: ☐ Yes ☐ No
Non-Residential Type: ☐ Commercial ☐ Industrial ☐ Other _____
Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process
MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
Description of Facility: _____
Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____

Water Supply Proposed: ☐ New Well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring
Are there any existing wells, springs, or waterlines on this property? ☐ Yes ☐ No
Sewage Disposal: Please Indicate Desired System Type (see back)
☐ Conventional ☐ Accepted ☐ Modified ☐ Alternative ☐ Other_____ ☐ Any/All

RECEIVED NOV 24 2021 @EH

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

☐ YES	☒ NO	Does the site contain any jurisdictional wetlands?
☐ YES	☒ NO	Does the site contain any existing wastewater systems?
☐ YES	☒ NO	Is any wastewater going to be generated on the site other than domestic sewage?
☐ YES	☒ NO	Is the site subject to approval by any other public agency?
☒ YES	☐ NO	Are there any easements or right of ways on this property? 20 ft easement (rear)

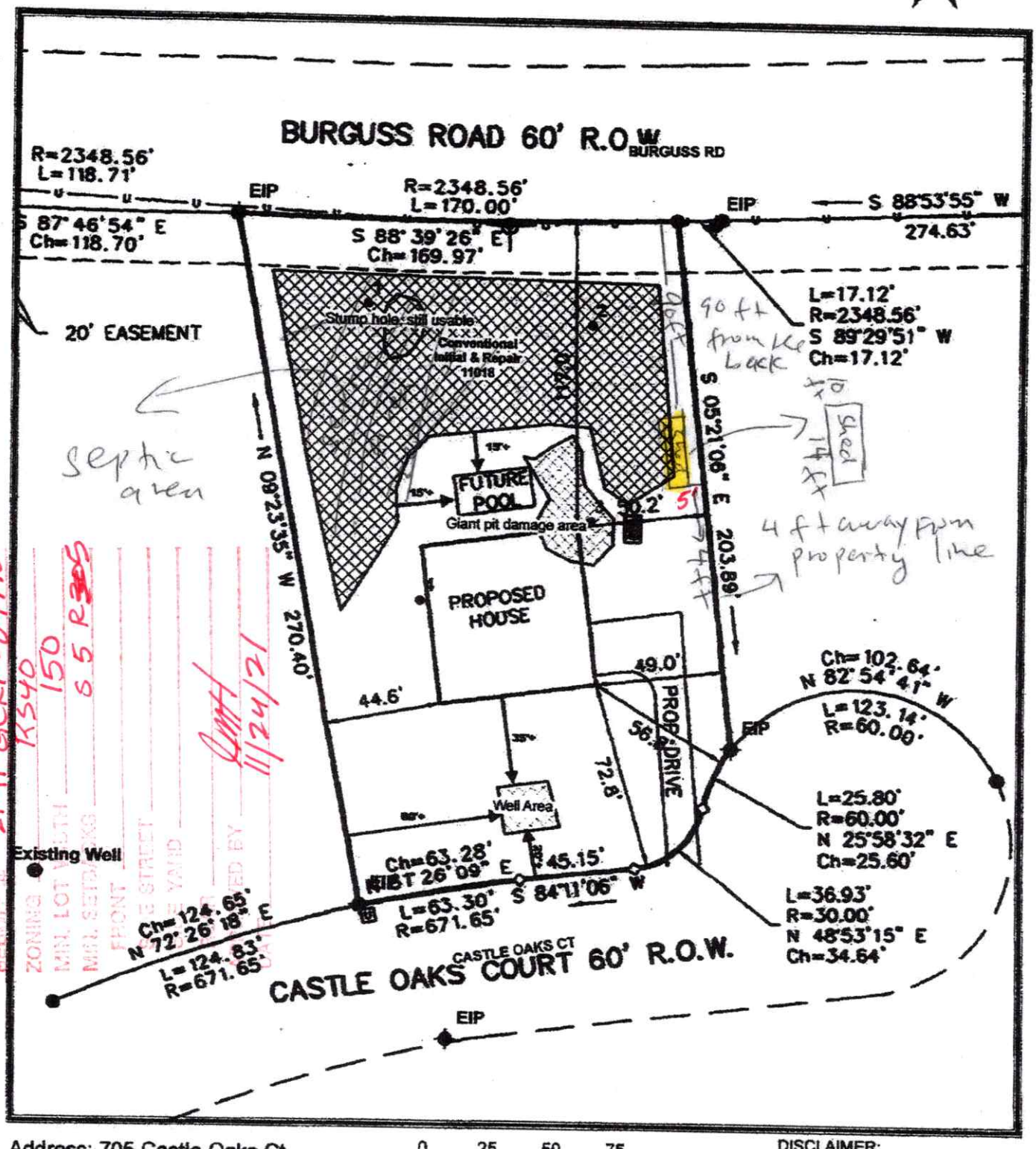
I have read this application and certify that the information provided herein is true, complete and correct and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.
IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID.

Aegallo
Property Owner's or Owner's Legal Representative * Signature (Required) Date 11/12/21
* Must provide documentation to support claim as owner's legal representative

Skeet Club Rd, t/r Tanglebrook Rd, t/r Castle Oaks Ct; lot on left near end.

DROP BOX SUBMITTAL
DATE 11.15.21

Diagram



Address: 705 Castle Oaks Ct
Permit #: 20-12-SNHR-08326
Issuer Initials: JLV
Date: 3/04/21

0 25 50 75 Feet

1 inch = 50 feet

DISCLAIMER:
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GUILFORD COUNTY RECEIPT

Planning & Development
400 West Market Street
Greensboro, NC 27402
336-641-3334 - Planning
336-641-3707 - Permitting

Environmental Health
400 West Market Street
Greensboro, NC 27402
336-641-7613

RECEIPT INFO

Receipt #	Receipt Date	Payor	Payment Method	Check/CC #	Receipt Amount
162012	11/29/2021	ARNOLD GALLO	Visa		$100.00

Cashier ID: JBAUMGA

Fee Item Description	Account Code	Amount
Additions	210545 45121	$100.00
	Total	$100.00

APPLICATION INFO

Application #	Application Type	Application Name
21-11-SAHR-10022	Building/Guilford County/Health Residential/Addition Remodel	

PROPERTY INFO

Property Address	Property Owner	Parcel #
705 CASTLE OAKS CT HIGH POINT, NC 27265	Arnold Gallo 705 Castle Oaks Ct High Point, Nc 27265	198996

CONTACT INFO

Contact Name	Contact Type
Arnold Gallo 705 Castle Oaks Ct High Point, Nc 27265	Applicant

---

LICENSED PROFESSIONAL INFO

Primary	License #	License Type	Licensed Prof	Business Name	Lawson #

Guilford County
Environmental Health Division
Water Quality Section
400 W. Market Street
Greensboro, NC 27401
336.641.7613

Operation Permit

Address: 705 CASTLE OAKS CT, HIGH POINT, NC 27265 Permit Number: 20-12-SNHR-08326

Contractor:
AQUA DRILL INC

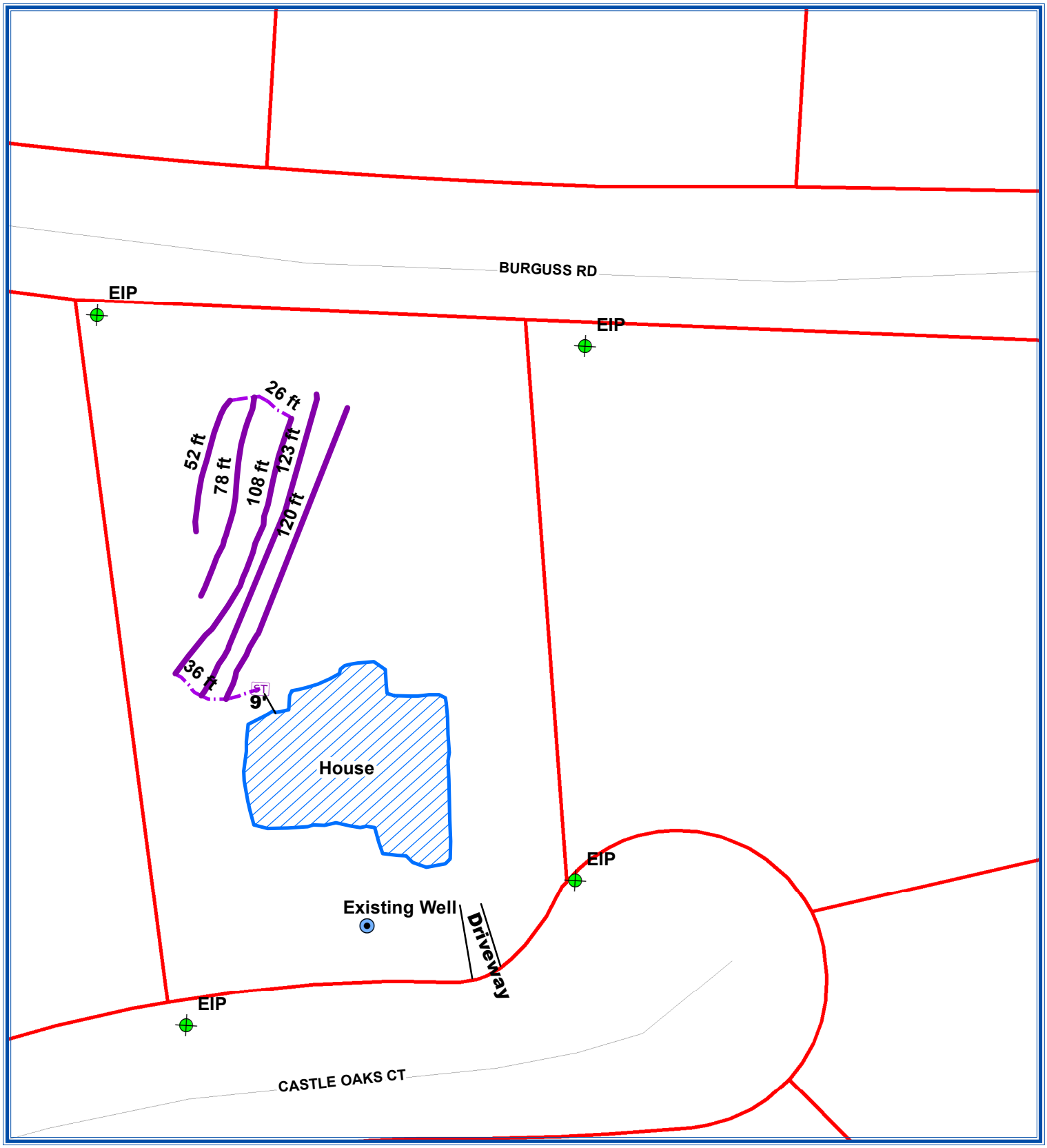
Filter Type	Polylock	Product Name	Gravel
Septic Tank Size	GAL1000	System Type	2a - Conventional
Septic Tank Type	Shoaf STB 760	Trench Length	640 FT
		Trench Width	36 IN
		Wastewater Flow	480 GPD

Comments:
8/27/21Aqua Drill set9'off left rearShoaf1000GallonSTB760 ¿7/6/21w/Polylokfilter.Installed 480'IQ4P Chamber.

Drainfield Approval:	Dillon James, REHS Environmental Health Specialist	Date:	8/27/2021
Tank Approval:	Dillon James, REHS Environmental Health Specialist	Date:	8/27/2021
Supply Line Approval:	Dillon James, REHS Environmental Health Specialist	Date:	8/27/2021
Pump/Alarm Approval:	 Environmental Health Specialist	Date:	
Operational Permit Approval:	Dillon James, REHS Environmental Health Specialist	Date:	9/17/2021

This System is in compliance with Article 11 of G.S. Chapter 130A .1900 "Sewage Treatment and Disposal Systems" and all conditions prescribed by the Authorization for Wastewater System Construction. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.

Diagram



Address: 705 Castle Oaks Court

Permit #:20-12-SNHR-08326

Issuer's Initials: DWJ

Date: 09/17/2021

0 25 50 75

Feet

1 inch = 50 feet

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CONDITIONS:

Initial system and designated repair areas must be protected from traffic, construction, destruction, cultivation, landscaping, erosion, or any other circumstances that may alter site conditions and may cause problems with the initial system or the future system as permitted.

Surface and/or subsurface drainage diversion around the system must be maintained as permitted.

Heavy vegetative growth over drainfields and the root system of many shallow-rooted trees are detrimental to the proper operation of subsurface sewage systems and must be controlled periodically.

All subsurface sewage disposal ssytems must be maintained and operated in a manner that prevents surface discharge or any other potential public health concerns. All public health concerns created by the operation of this system must be addressed immediately (within 48 hours). Required permits to correct the public health concern must be obtained from the Environmental Health Water Quality Unit and corrections to the system are to be completed within 30 days of the date of that permit.

Establish cover over drainlines.

Access to tanks, tank components (pumps, float controls, valves, etc.), drainfields, or other system components must be maintained to allow periodic follow up inspections as required and/or to evaluate system concerns.

To avoid damage to the system, the septic tanks should be pumped out every 3-5 years.

Septic System Installation Inspection Check-List
Guilford County Guilford County Water Quality Unit

Address: 705 Castle Oaks Court **Application #**_____
Contractor/Installer: Aqua Drill **Permit#** 20-12-SNHR-08326
Soil Conditions: ✓ Dry Moist Wet

Septic Tank: N/A

9'off left rear

ST Stamp Information:
Shoaf1000Gallon
STB760
7/6/21

Vent Cracked	✓	
Sanitary Tee	✓	
Filter	✓	Polylok
Outlet Boot	✓	
Tank Integrity	✓	
Tank Sealed	✓	
Riser		

Pump Tank: N/A

PT Stamp Information

Tank Integrity		
Tank Sealed		
Riser		

Pump/ Electrical Control: N/A

Pump and Panel Model:

Check Valve		
Control Valve		
Pressure head set		
Rope/chain		
NEMA 4X		
Alarm		
Required Height		

Supply Line: N/A

Manifold: N/A

Manifold Pipe Diameter		
Control Valve		
Ball Valve		
Manifold Box & Lid		

Distribution Box: N/A

Level		
Equal Distribution		
Water Tight		

Nitrification Lines: N/A

Drainline Material:
IQ4P Chamber.

Aggregate Depth/Size

Trench Depth	18"	30"
Trench Width	36"	
Trench Length	480'	
Trench Spacing	9'	
Trench Grade	0	1/4"

Cover: N/A

Soil cap Thicknesss		
5ft extension		
Soil Group		

Water Drainage/ Diversion: N/A

Set Backs		
Surface Drainage		
Subsurface Artificial Drainage		
Depth of Cover		
Finish Grade		

Other:

Design flow, GPD:
480

Comments:
8/27/21 Friday Aqua Drill set9'off left rearShoaf1000GallonSTB760
7/6/21w/Polylokfilter.Installed 480'IQ4P Chamber.

Environmental Health Division
Water Quality Section
400 W Market St.
Greensboro, NC 27401
(336) 641-7613

Water Well Certificate of Completion

Address of Well:	705 CASTLE OAKS CT	X:
Well Permit:	21-03-WNHR-01739	Y:
Well Contractor:	AQUA DRILL INC.	

Construction or repair has been completed, a Record of Construction, Repair or Abandonment of a Well has been submitted, and the inspection has been completed in accordance with the Guilford County Well Rules. This Operation Permit is subject to suspension or revocation if the stated conditions are not met.

Certification By: Dillon James, REHS Date Issued: 09/17/2021
Environmental Health Specialist

Diagram

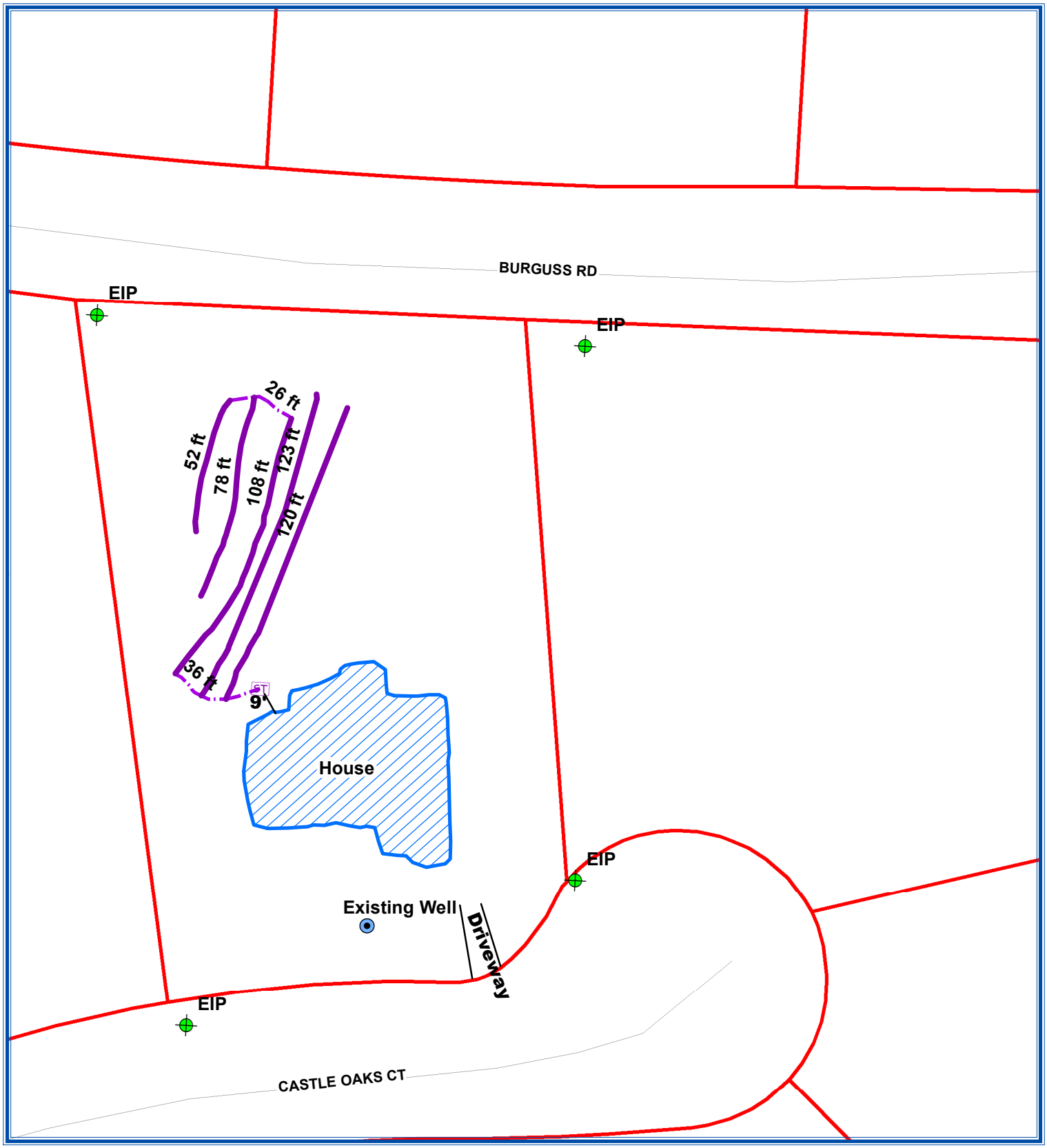
SEE PAGE 2

Well Information:

Casing Depth: 68 ft. Total Well Depth: 185 ft. Well Yield: 50 gpm
Pump Depth: 60 ft. Pump Size: 00.50 HP hp.

Well Usage: One Single Family Dwelling

Diagram



Address: 705 Castle Oaks Court

Permit #:21-03-WNHR-01739

Issuer's Initials: DWJ

Date: 09/17/2021

0 25 50 75 Feet

1 inch = 50 feet

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CONSTRUCTION RECORD (GW-1)

Print Form

For Internal Use Only:

1. Well Contractor Information:

David L. Hardy, Jr.
Well Contractor Name

2906-A
NC Well Contractor Certification Number

Aqua Drill, Inc.
Company Name

2. Well Construction Permit #: 21-03-WNHR-01739
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
- ☒ 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: 8-13-21 Well ID#

5a. Well Location:

Facility/Owner Name | Facility ID# (if applicable)

105 Castle Oaks Ct. High Point NC 27265
Physical Address, City, and Zip

Guilford
County | Parcel Identification No. (PIN)

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

36.028820 N -80.040385 W

6. Is(are) the well(s): ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ 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:

9. Total well depth below land surface: 185 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 60 (ft.)
If water level is above casing, use "+"

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

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 50 Method of test: sight

13b. Disinfection type: HTH Amount: 16 oz

14. WATER ZONES

FROM	TO	DESCRIPTION
90 ft.	95 ft.	Fracture 5 GPM
160 ft.	165 ft.	Fracture 45 GPM

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	78 ft.	6" in.	SDR 21	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
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	40 ft.	Cement	Truck
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.	15 ft.	Dirt
15 ft.	22 ft.	Mud
22 ft.	60 ft.	Sand Rock
60 ft.	185 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor | Date 8-13-21

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.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health, Water Quality Unit
400 W. Market St., Suite 300, Greensboro, NC 27401

Record of Construction, Repair, or Abandonment of a Well

Address of Well: 705 Castle Oaks Ct, High Point LATITUDE 3___ ___ ___.___

Well Permit Number: 21-03-WNHR-01739 LONGITUDE ___ ___ ___.___

Well Contractor Company: Aqua Drill, Inc Completion Date: 8/13/21

Total Well Depth: 185 ft. Well Yield: 50 gpm Static Water Level: 60 ft.

Outer Casing Material: SDR21 PVC
Casing Diameter: 6"& in. Casing Depth: 78 ft.

Inner Casing Material: _____
Casing Diameter: _____ in. Casing Depth: _____ ft.

Grout

Depth		Material	Method
From: 0 ft.	To: 20 ft.	Cement	Truck
From: ____ ft.	To: ____ ft.		
From: ____ ft.	To: ____ ft.		

Formation Log

Depth		Description
From: 0 ft.	To: 15 ft.	dirt
From: 15 ft.	To: 22 ft.	mud
From: 22 ft.	To: 60 ft.	Sandrock
From: 60 ft.	To: 185 ft.	Granite
From: ____ ft.	To: ____ ft.	
From: ____ ft.	To: ____ ft.	
From: ____ ft.	To: ____ ft.	
From: ____ ft.	To: ____ ft.	
From: ____ ft.	To: ____ ft.	

Water Production Zones

Depth:	90-95 ft.	160-165 ft.	____ ft.	____ ft.	____ ft.	____ ft.	____ ft.
Yield:	5 gpm	45 gpm	____ gpm	____ gpm	____ gpm	____ gpm	____ gpm

Method of Repair: _____

Method of Abandonment: _____

I hereby certify that this well was constructed, repaired, or abandoned according to the Guilford County Well Rules in effect on this date and that a copy of this record has been provided to the well owner.

Well Contractor: [signature] Certification #: 2906A Date: 8-13-21

Record of Pump Installation

Pump Installation Company: Aqua Drill, Inc. Completion Date: 8/18/21

Pump Depth: 60 ft. Static Water Level: 40 ft.

Pump Brand: Flowise T2m52P10505 Pump Size and Rating: 1/2 hp 10 gpm

I hereby certify that this pump was installed and wellhead completed according to the Guilford County Well Rules in effect on this date and that a copy of this record has been provided to the well owner.

Well Contractor: [signature] Certification #: 2906A Date: 8/18/21

Revised: January 1, 2009

Environmental Health Division
Water Quality Section
400 W Market St.
Greensboro, NC 27401
(336) 641-7613

Authorization for Wastewater System Construction

Address: 705 CASTLE OAKS CT, HIGH POINT, NC 27265 Permit Number: 20-12-SNHR-08326

This Construction Authorization shall be valid for five years from the issue date of the Improvement Permit. The area designated for a Subsurface Sewage Treatment and Disposal System shall not be graded and appropriate measures shall be taken to prevent vehicular traffic, erosion, or any other disturbance to the site. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this Authorization.

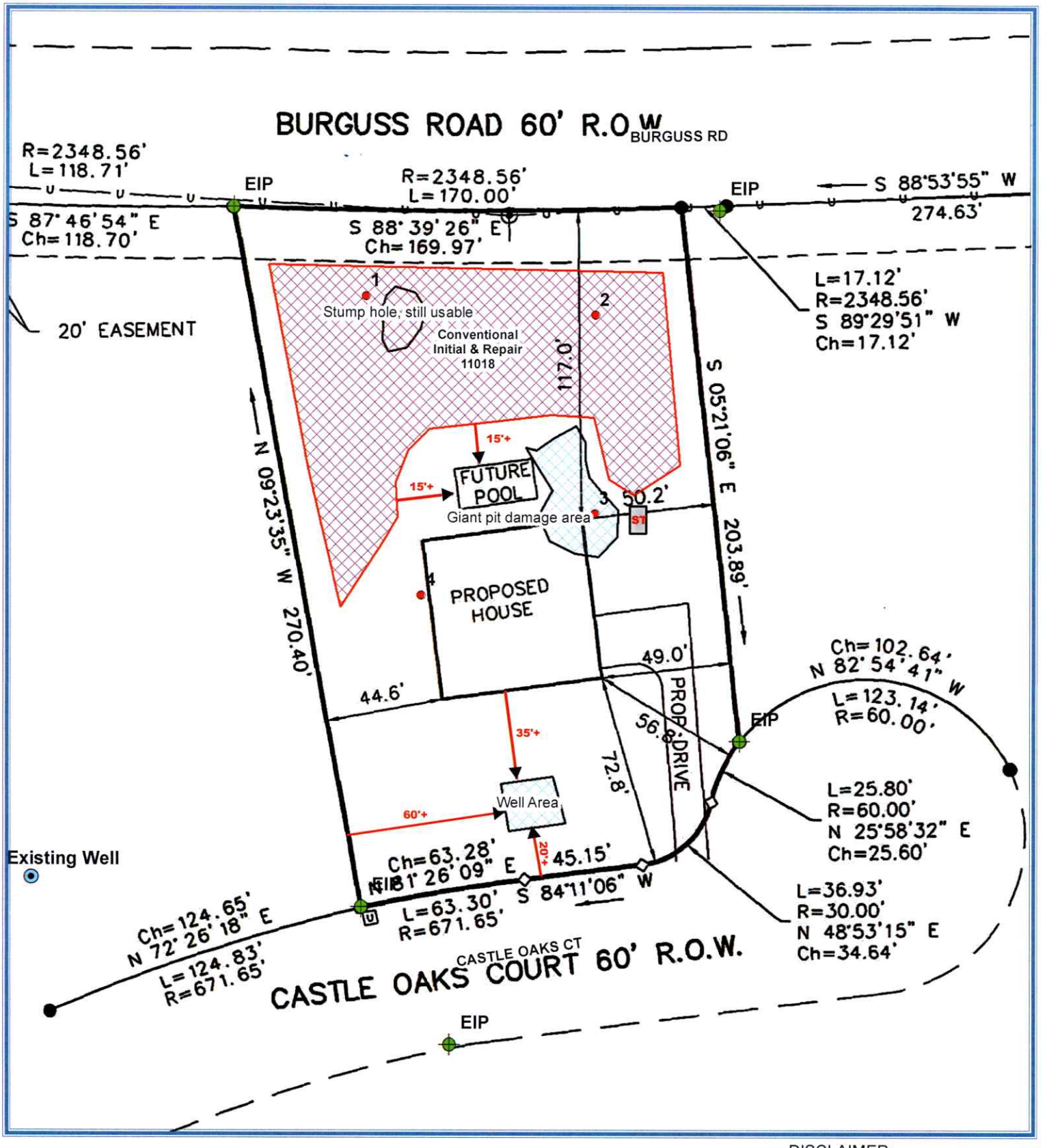
System Type:	2a - Conventional				Wastewater Flow:	480	GPD
Repair System Type:	2a - Conventional				Facility Type:	Residence	
Trench Length:	640	ft			Bedrooms:	4	
Trench Depth:	18	in to	30	in			
Trench Width:	36	in			Site Requirements:		
Gravel Depth:	12	in			Setback:	72.8	ft off of the Front
Trench Separation:	9	ft On-Center			Offset:	49	ft off of the Right
Soil Cover:	6	in to	18	in	Setup:	117	ft off of the rear
Septic Tank Size:	1000	gal			Basement:	N	
Pump Tank Size:		gal			Well Site:	Center Front	
Dosing Volume:		gal to		gal	Repair Area Maintained:	N	

Authorization Issued: _____ Date Issued: 3-04-21
Environmental Health Specialist

Owner or Authorized Agent: _____ Date: 3/22/21
Owner or Authorized Agent

Comments: Plumb out right side of single-family residence to septic tank. Install nitrification field on contour in approved area as shown on permit keeping the nitrification trench bottoms level and maintaining a constant trench depth in each line. Do not grade or fill septic approved areas. Maintain minimum setbacks. Property lines must be clearly flagged at time of septic installation.

Diagram



Address: 705 Castle Oaks Ct
Permit #: 20-12-SNHR-08326
Issuer Initials: JLV
Date: 3/04/21

0 25 50 75 Feet

1 inch = 50 feet

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Environmental Health Division
Water Quality Section
400 W. Market St.
Greensboro, NC 27401
(336) 641-7613

Permit to Construct a Well

Address: 705 CASTLE OAKS CT, HIGH POINT, NC 27265 Permit Number: 21-03-WNHR-01739

Comments/Specifications:

Well shall be located and constructed according to North Carolina and to Guilford County rules.
Well site must meet minimum separation distances.

Above Information Certified By: _____ Date: 3/22/21
Owner or Authorized Agent

Permit Issued: _____ Date Issued: 3-04-21
Environmental Health Specialist

I certify that a grout inspection was completed and is in compliance with Guilford County Well Rules.

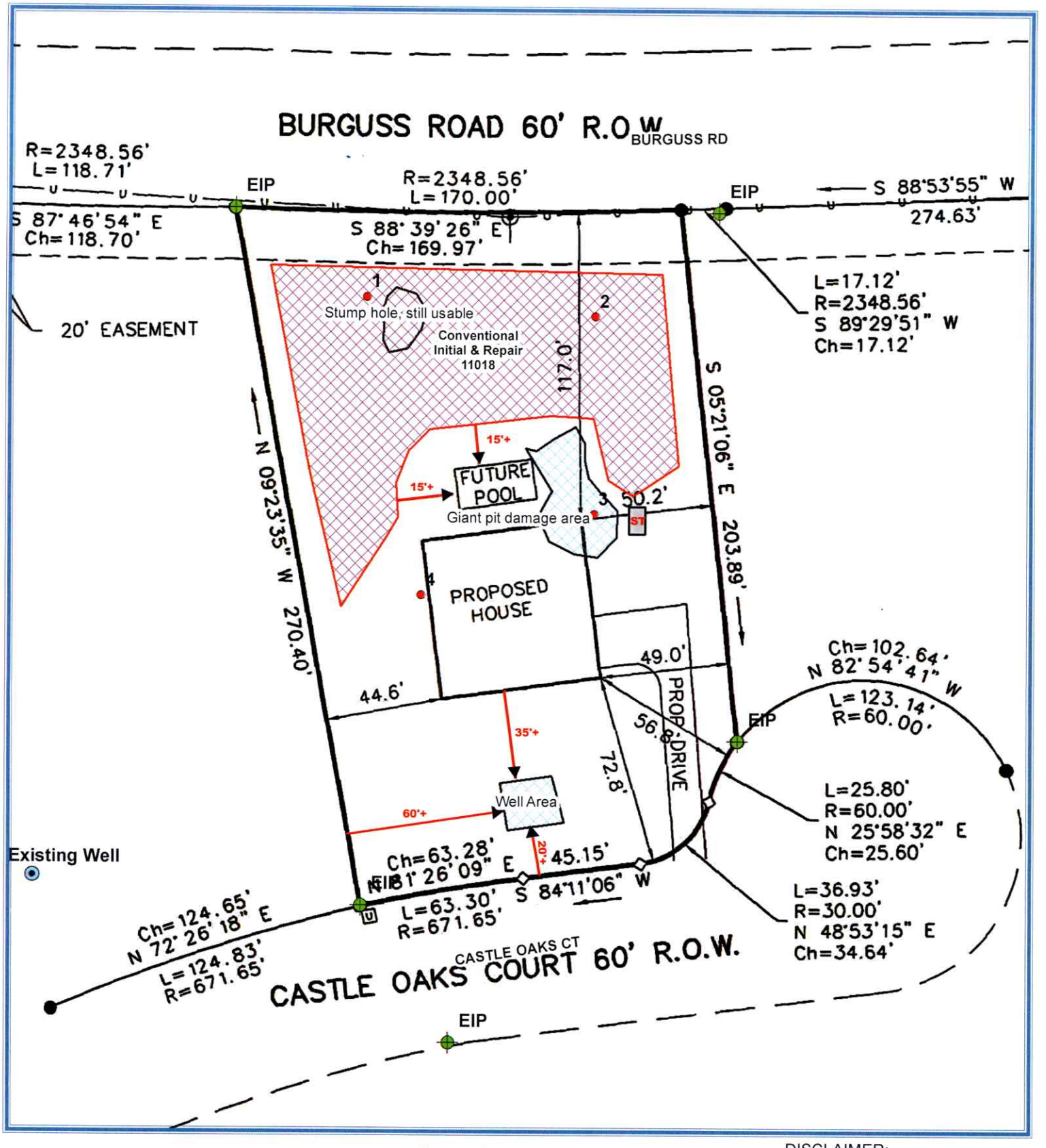
Partial Grout Inspection: _____ Date: _____
Environmental Health Specialist

Final Grout Inspection: _____ Date: _____
Environmental Health Specialist

Permits for the Construction of New Wells shall expire one year from date of issuance.

- **All property lines and corners shall be clearly flagged prior to construction of the well.**
- **All proposed structures shall be clearly flagged prior to construction of the well.**

Diagram



Address: 705 Castle Oaks Ct
Permit #: 21-03-WNHR-01739
Issuer Initials: JLV
Date: 3/04/21

0 25 50 75 Feet

1 inch = 50 feet

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GUILFORD COUNTY RECEIPT

Planning & Development
400 West Market Street
Greensboro, NC 27402
336-641-3334 - Planning
336-641-3707 - Permitting

Environmental Health
400 West Market Street
Greensboro, NC 27402
336-641-7613

RECEIPT INFO

Receipt #	Receipt Date	Payor	Payment Method	Check/CC #	Receipt Amount
154334	03/22/2021	America's Home Place	Check	040675	$100.00

Cashier ID: JBAUMGA

Fee Item Description	Account Code	Amount
Conventional System Permit	210545 43217	$100.00
	Total	$100.00

APPLICATION INFO

Application #	Application Type	Application Name
20-12-SNHR-08326	Building/Guilford County/Health Residential/Soil Evaluations New	

PROPERTY INFO

Property Address	Property Owner	Parcel #
705 CASTLE OAKS CT HIGH POINT, NC 27265	Arnold & Maria Gallo 4541 Saddlewood Club Dr High Point, Nc 27265	198996

CONTACT INFO

Contact Name	Contact Type
Lindsay Callahan 2604-C Horse Pen Creek Rd Greensboro, Nc 27410	Applicant

---

LICENSED PROFESSIONAL INFO

Primary	License #	License Type	Licensed Prof	Business Name	Lawson #

GUILFORD COUNTY RECEIPT

Planning & Development
400 West Market Street
Greensboro, NC 27402
336-641-3334 - Planning
336-641-3707 - Permitting

Environmental Health
400 West Market Street
Greensboro, NC 27402
336-641-7613

RECEIPT INFO

Receipt #	Receipt Date	Payor	Payment Method	Check/CC #	Receipt Amount
154335	03/22/2021	America's Home Place	Check	040675	$450.00

Cashier ID: JBAUMGA

Fee Item Description	Account Code	Amount
Well Permit	210545 43218	$450.00
	Total	$450.00

APPLICATION INFO

Application #	Application Type	Application Name
21-03-WNHR-01739	Building/Guilford County/Health Residential/New Well	

PROPERTY INFO

Property Address	Property Owner	Parcel #
705 CASTLE OAKS CT HIGH POINT, NC 27265	Arnold & Maria Gallo 4541 Saddlewood Club Dr High Point, Nc 27265	198996

CONTACT INFO

Contact Name	Contact Type
Lindsay Callahan 2604-C Horse Pen Creek Rd Greensboro, Nc 27410	Applicant

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LICENSED PROFESSIONAL INFO

Primary	License #	License Type	Licensed Prof	Business Name	Lawson #

GUILFORD COUNTY
PLANNING AND DEVELOPMENT

~~Improvement Permit~~ Layout
~~Application~~ & well permit

Building Permit # 21-02-GCRP-01596 Septic # 20-12-SNHR-08336 Well # 21-03-GWHR-0173

Property Information

Address 705 Castle Oaks Court City High Point State NC Zip 27265

Tax Parcel # 1989961 Township: High Point

Development Name: _____

Section/Phase: _____ Lot #: 5 Deed Book: 8336 Page: 0284 Plat Book: 48 Page: 45

☐ Lot of Record ☐ First Lot Out ☐ Plat Required ☐ > 5 Acres (5-17-65 to 2-1-74) ☐ > 10Acres (2-1-74 to Present)

Located in recorded roadway corridor, do not permit. Contact NCDOT

Zoning Information

Zoning: RS 40 Conditional Zoning (Describe): _____

Overlay (Check): ☐ MH ☐ SR ☐ HD ☐ AR ☐ FH

Watershed: _____ Watershed Critical Area: _____

Building Setbacks (Zoning): Front Street: 72.8 Side Street: 49.0 Side Yard: 44.6' Rear: 117'

Comments: _____

PLANNING DEPARTMENT OFFICIAL: _____

Applicant Information

America's Home Place *Applicant Name*	3700-C Horse Pen Creek Rd. *Address* Greensboro, NC 27410	336-553-0860 *Phone*	lcallahan@ *Email*	americashome
Arnold Ladd *Owner Name*	4541 Saddlewood Club Drive *Address* High Point, NC 27265	336-653-3132 *Phone*	place.com *Email*	

Development Information

☑ NEW ☐ ACCESSORY ☐ SWMH ☐ MULTIFAMILY/DUPLEX ☐ ADDITION (TYPE) _____

☑ HOUSE ☐ MODULAR ☐ DBMH ☐ RENOVATION OTHER TYPE: _____

Residential Specifications: 4 # of Bedrooms 4 Total # of Rooms 2 # of Occupants

0 Basement (Y or N) 1 Basement Fixtures 1 # of Stories _____ Size of Structure (sq ft) 4,886

Non Residential Type: ☐ **Commercial** ☐ **Industrial** ☐ **Other** _____

_____ # of Employees _____ # of Fixtures _____ Plumbing _____ # of Stories

_____ Size of Structure (sq ft) Restaurant # of seats: _____ Church w/kitchen _____

Water Information: ☑ **New Well** ☐ **Existing Well** ☐ **Public** ☐ **Community Well** _____

Sewage Disposal: ☑ Conventional ☐ Chamber Trench ☐ Polystyrene Aggregate ☐ Low Pressure Pipe

☐ Lg. Diameter Pipe ☐ PTI Multi-pipe ☐ Drip Irrigation ☐ PPBPS ☐ Pre-Treatment

Other (specify) _____

Directions: I-73N, Exit 110 NC-68S, TR Thorndike Rd, TR Gallimore Dairy Rd, TL Sandy Ridge Rd, Cont. Johnson St, TR Skeet Club Rd, TR Tanglebrook Rd, TR Castle Oaks Court.

A Plat or Plot Plan must accompany this application. Clearly stake and flag all property lines, corners and the corners of all structures.

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge, and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. The owner/applicant is solely responsible for compliance with the applicable governing regulations.

Owner/Applicant Signature _____ Date 2/17/21

RECEIVED @EH FEB 24 2021 DROP BOX SUBMITTAL DATE 2.19.21

Environmental Health Division
Water Quality Section
400 W. Market St.
Greensboro, NC 27401
(336) 641-7613

Improvement Permit

Address: 705 CASTLE OAKS CT, HIGH POINT, NC 27265

Permit Number: 20-12-SNHR-08326

This Improvement Permit shall be valid for 5 Years from the date issued upon a satisfactory showing to the health department that the site and soil conditions are unaltered, that the facility, design wastewater flow, and wastewater characteristics are not increased, and that the wastewater system can be installed to meet the following requirements that were in effect on the date the Improvement Permit was issued.

Design Flow: 480

Facility Type: Residence

Bedrooms: 4

Conditions: Property approved for a 4 Bedroom/no basement single family residence utilizing a conventional initial and repair system. Property was recorded in a plat prior to January 1, 1983 therefore, it is repair exempt.

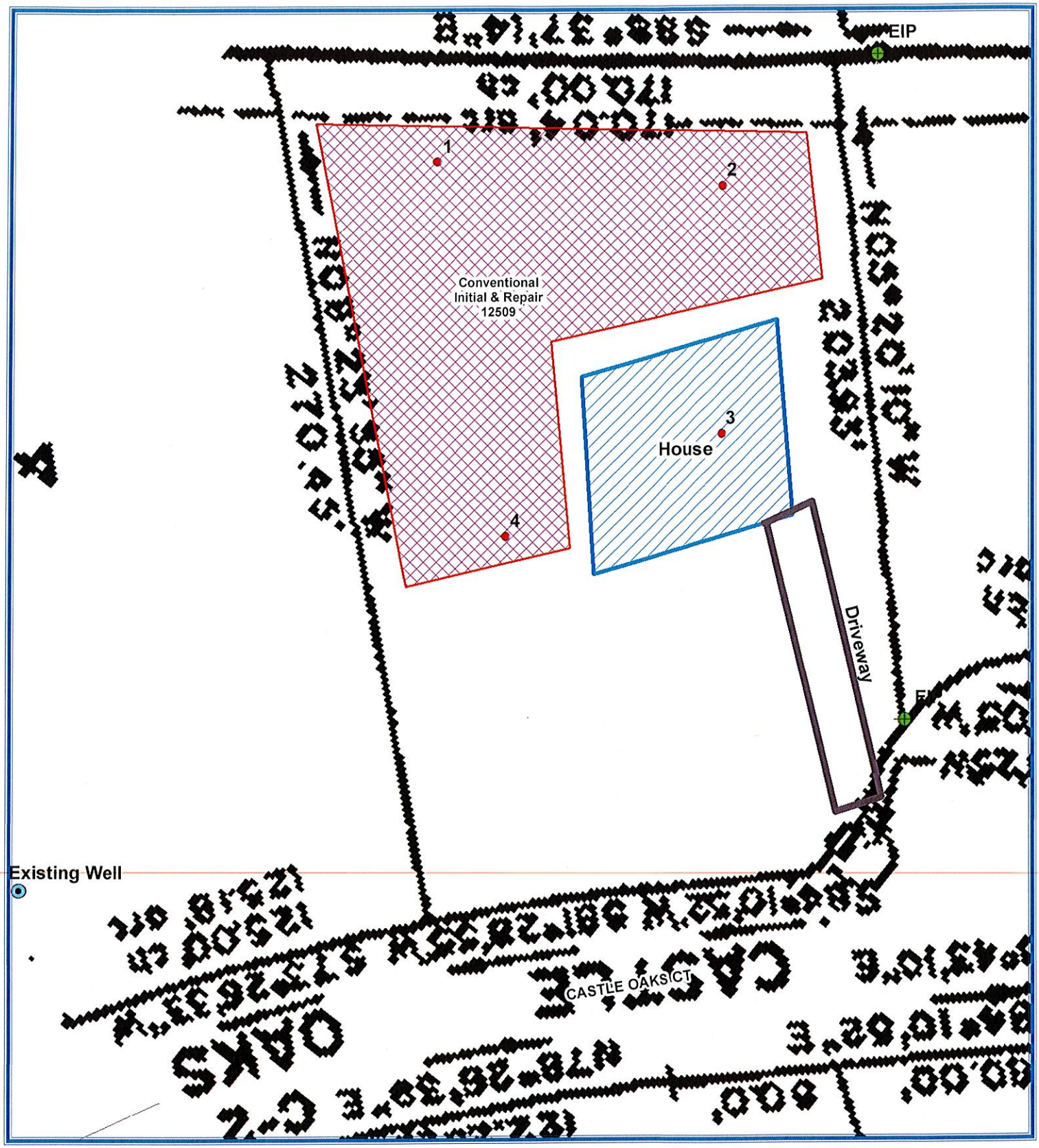
LTAR=.25 Initial and Repair

Do not grade or disturb the approved area. Disturbance of this area, change of site plan, or change of intended use could result in the suspension or revocation of this permit. This is not an Authorization to Construct a Wastewater System. The authorization for wastewater system construction with system specifications must be completed before any building permits or system installation can commence.

Permit Issued: _____ Date Issued: 12-16-20

Environmental Health Specialist

Diagram



Address: 705 Castle Oaks Ct

20-12-SNHR-08326

Issuer's Initials: JLV

Date: 12/16/2020

0 20 40 60 Feet

1 inch = 40 feet

DISCLAIMER:
The data shown in this map is for public use. Guilford County makes no warranty to its accuracy; all data sets and maps are for geographical representation only.

#	1	2	3	4
landscp	L	L	L	L
slope	4	5	4	5
H1_depth	0 - 10	0 - 10	0 - 10	0 - 11
H1_text	CL	CL	CL	CL
H1_consist	Fr	Fr	Fr	Fr
H1_strct	WBK	WBK	WBK	WBK
H1_minrl	SEXP	SEXP	SEXP	SEXP
H2_depth	10 - 27	10 - 28	10 - 48	11 - 32
H2_text	Clay	Clay	Clay	Clay
H2_consist	Fi	Fi	Fi	Fi
H2_strct	BK	BK	BK	BK
H2_minrl	SEXP	SEXP	SEXP	SEXP
H3_depth	27 - 45	28 - 48		32 - 48
H3_text	CL (BC)	CL (BC)		CL (BC)
H3_consist	Fi	Fi		Fi
H3_strct	WBK	WBK		WBK
H3_minrl	SEXP	SEXP		SEXP
H4_depth				
H4_text				
H4_consist				
H4_strct				
H4_minrl				
soil_wet		44		
saprolite				
class	PS	PS	PS	PS
ltar	0.25	0.25	0.3	0.275
notes	lots of mg at 27-48	color+mg		
eval_by	JVL	JVL	JVL	JVL
eval_date	12/11/20	12/11/20	12/11/20	12/11/20
Initial/Repair LTAR	0.25	0.25		
Initial/Repair System Type	Conv	Conv		
Comments	705 Castle Oaks			

For Improvement Permit and/or Authorization to Construct

☐ Unscaled site plan submitted – (Valid 60 months)
☐ Survey plat to scale* submitted – (Valid without expiration)
* scale of 1" = no more than 60'

soil (XP)

Building Permit # _____ Septic Permit # 20-12-SNHR-08326 Well Permit # _____

PROPERTY INFORMATION

Address 705 Castle Oaks Court City High Point 27265 Parcel REID # 198996
Development Name _____ Section/Phase # _____ Lot # 5 Plat Book # 48-45 Page # _____
☐ Lot of Record ☐ First Lot Out ☐ Plat Required ☐ >5 acres (5-17-65 to 2-1-74) ☐ >10 acres (2-1-74 to present)
Date Lot Originally Deeded & Recorded _____

ZONING INFORMATION

Zoning: RS 40 Conditional Zoning (Describe): _____
Watershed: _____ Watershed Critical Area: _____
Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: _____ Rear: 20ft. easement
Comments: _____

PLANNING DEPARTMENT OFFICIAL: _____

APPLICANT INFORMATION

Applicant Name: Arnold Gallo Address: 4541 Saddlewood Club drive, High Point NC
Phone 1: 336-653132 Phone 2: _____ Email: Arnoldgallo2001@yahoo.com
Owner Name: Arnold Gallo Address: 4541 Saddlewood Club drive, High Point NC
Phone 1: 336-653132 Phone 2: _____ Email: Arnoldgallo2001@yahoo.com

DEVELOPMENT INFORMATION

☑ NEW ☐ ACCESSORY ☐ SWMH ☐ MULTIFAMILY/DUPLEX ☐ ADDITION (TYPE) _____
☑ HOUSE ☐ MODULAR ☐ DWMH ☐ RENOVATION ☐ OTHER TYPE _____
Residential Specifications: Max # of Bedrooms: 4 MAX. # of Occupants: _____ Total # of Rooms: 4 Size of Structure (sq ft): _____
Basement: ☐ Yes ☑ No Basement Fixtures: ☐ Yes ☑ No
Non-Residential Type: ☐ **Commercial** ☐ **Industrial** ☐ **Other** _____
Wastewater Strength: ☐ **Domestic** ☐ **High Strength** ☐ **Industrial Process**
MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
Description of Facility: _____
Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____
Water Supply Proposed: ☑ New Well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring
Are there any existing wells, springs, or waterlines on this property? ☐ Yes ☐ No
Sewage Disposal: Please Indicate Desired System Type (see back)
☑ Conventional ☐ Accepted ☐ Modified ☐ Alternative ☐ Other_____ ☐ Any/All

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

☐ YES	☑ NO	**Does the site contain any jurisdictional wetlands?**
☐ YES	☑ NO	**Does the site contain any existing wastewater systems?**
☐ YES	☑ NO	**Is any wastewater going to be generated on the site other than domestic sewage?**
☑ YES	☑ NO	**Is the site subject to approval by any other public agency?**
☑ YES	☐ NO	**Are there any easements or right of ways on this property?**

I have read this application and certify that the information provided herein is true, complete and correct and is given in good faith. 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, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID.

Arnold Gallo 12/09/20

Skeet Club Rd, t/R Tanglebrook Rd, t/R Castle Oaks Ct; lot on left (almost to cdl inc)

GUILFORD COUNTY RECEIPT

Planning & Development
400 West Market Street
Greensboro, NC 27402
336-641-3334 - Planning
336-641-3707 - Permitting

Environmental Health
400 West Market Street
Greensboro, NC 27402
336-641-7613

RECEIPT INFO

Receipt #	Receipt Date	Payor	Payment Method	Check/CC #	Receipt Amount
151286	12/10/2020	ARNOLD GALLO	Check	193	$400.00

Cashier ID: JBAUMGA

Fee Item Description	Account Code	Amount
Residential Soil Evaluation	210545 45122	$400.00
	Total	$400.00

APPLICATION INFO

Application #	Application Type	Application Name
20-12-SNHR-08326	Building/Guilford County/Health Residential/Soil Evaluations New	

PROPERTY INFO

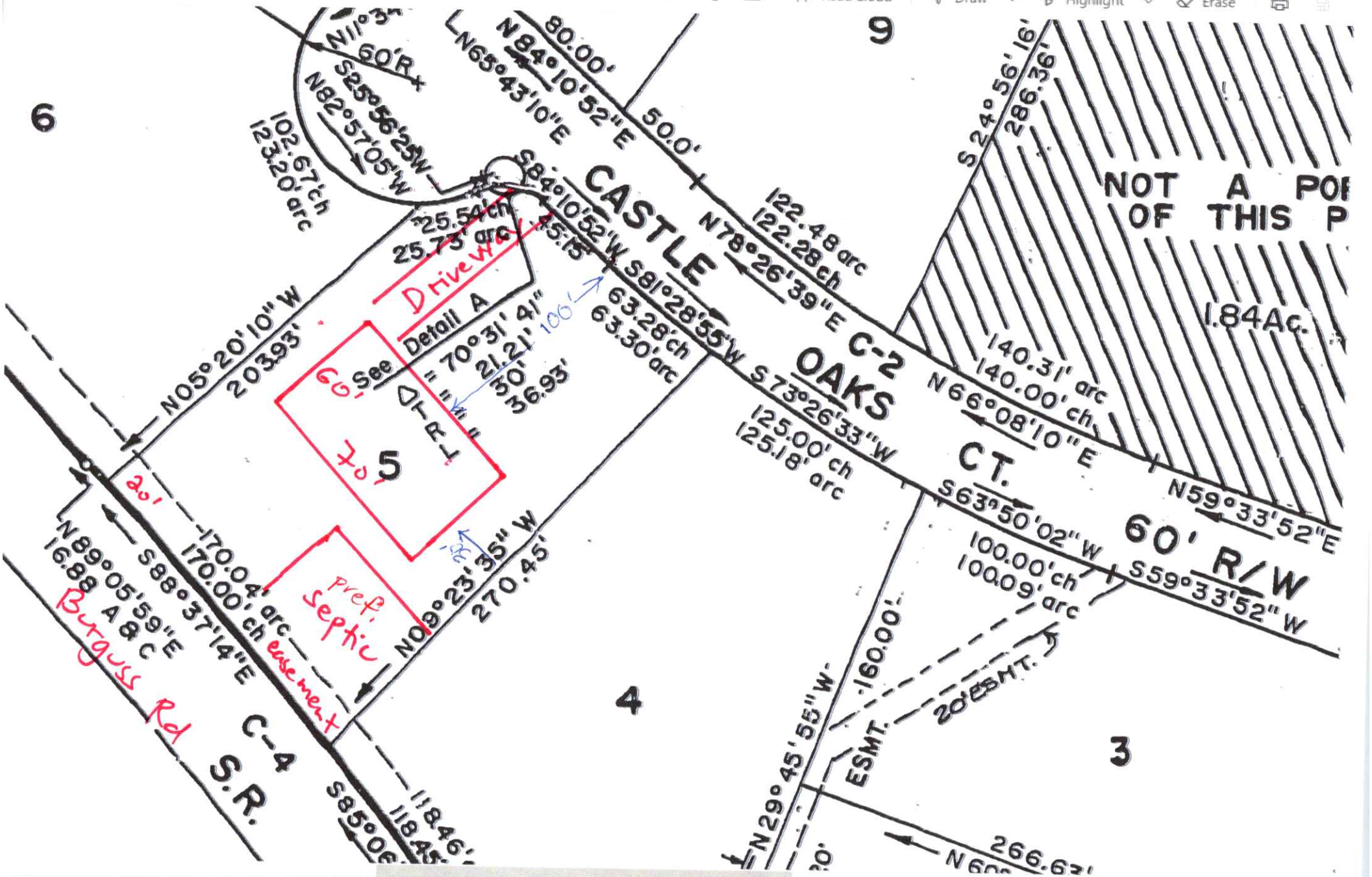
Property Address	Property Owner	Parcel #
705 CASTLE OAKS CT HIGH POINT, NC 27265	Arnold & Maria Gallo 4541 Saddlewood Club Dr High Point, Nc 27265	198996

CONTACT INFO

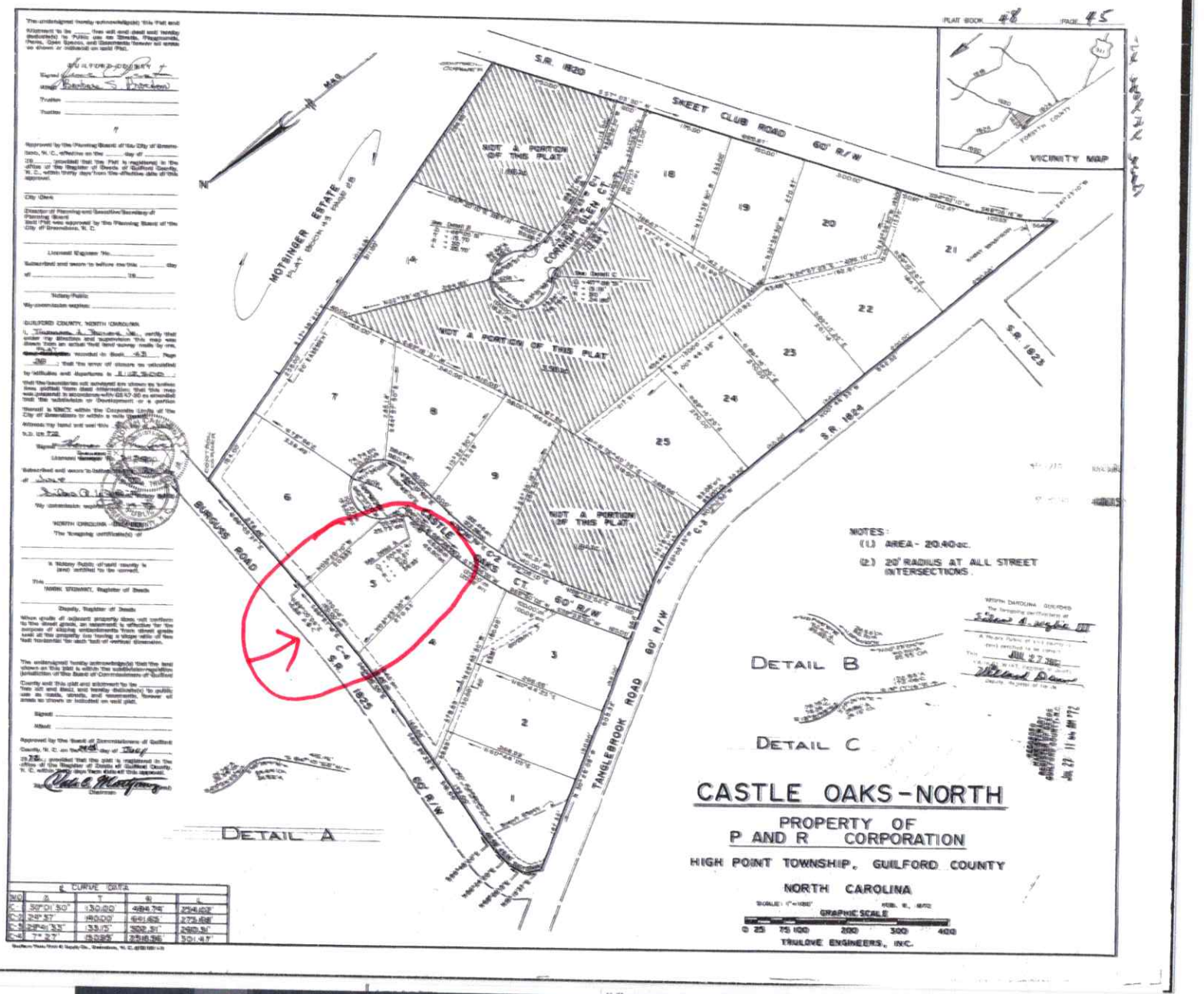
Contact Name	Contact Type
Arnold Gallo 4541 Saddlewood Club Dr High Point, Nc 27265	Applicant

LICENSED PROFESSIONAL INFO

Primary	License #	License Type	Licensed Prof	Business Name	Lawson #


Data Viewer | Gu
GIS Data Viewer
gmUJaAkM
plat.pdf
gm2ph0HF
Property Report
File C:/Users/arnol/OneDrive/Desktop/plat.pdf
Read aloud
Draw
Highlight
Erase
6
9
5
4
3
CASTLE OAKS CT.
C-2
C-4
S.R.
60' R/W
NOT A POR
OF THIS P
1.84Ac.
Driveway
Detail A
60' See Detail
Pref. septic
easement
Burgess Rd
20' ESMT.
ESMT.
N84°10'52"E 80.00'
N65°43'10"E
S84°10'52"W
S81°28'55"W
S73°26'33"W
N78°26'39"E
N66°08'10"E
S63°50'02"W
S59°33'52"W
N59°33'52"E
N05°20'10"W 203.93'
N09°23'35"W 270.45'
S88°37'14"E 170.00' ch 170.04' arc
N89°05'59"E 16.88
N29°45'55"W 160.00'
S85°0E 118.46'
N60 266.63'
S24°56'16" 286.36'
122.48 arc 122.28 ch
140.31' arc 140.00' ch
125.00' ch 125.18' arc
100.00' ch 100.09' arc
63.28' ch 63.30' arc
25.54' ch 25.73' arc
102.67' ch 123.20' arc
70°31'41" 21.21' 30' 36.93'
45.15'
N11°3E 60' R
S25°56'25"W
N82°57'05"W
100'
20'
A & C

Application_In | Soil Evaluatio | Access GIS Da | GIS Data View | gmUJaAkM | plat.pdf | gm2ph0HF | Property Repo
File | C:/Users/amol/OneDrive/Desktop/plat.pdf
Read aloud | Draw | Highlight | Erase



pe here to search

BK: R 8336
PG: 234 - 235
RECORDED:
09/21/2020
03:24:33 PM
DEPUTY-GB
BY: SABRINA MILLSAPS

2020058567
GUILFORD COUNTY, NC
JEFF L. THIGPEN
REGISTER OF DEEDS

NC FEE $26.00
STATE OF NC
REAL ESTATE
EXTX $80.00

NORTH CAROLINA
GENERAL WARRANTY DEED

Excise Tax: **$80.00**

Recording Time, Book and Page:

Tax Map No.

Parcel Identifier No: **198996**

Mail after recording to: **MARK L. McGUIRE , 2 WEST MAIN STREET, THOMASVILLE, NC 27360**

This instrument was prepared by: **MARK L. McGUIRE , Attorney at Law**

THIS DEED made this 21st day of September , 2020 by and between

GRANTOR

HAZEL A. BOWEN, Widow

Mailing Address: 1004 Dalewood Avenue, High Point, NC 27265

GRANTEE

ARNOLD GALLO and wife, MARIA CHARIE GALLO
Property Address: 705 Castle Oaks Court, High Point, NC 27265

Mailing Address: 4541 Saddlewood Club Drive, High Point, NC 27265

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land and more particularly described as follows:

BEING ALL OF LOT NO. 5 OF CASTLE OAKS-NORTH SUBDIVISION, A PLAT OF WHICH IS DULY RECORDED IN PLAT BOOK 48, AT PAGE 45, IN THE OFFICE OF THE REGISTER OF DEEDS FOR GUILFORD COUNTY, NORTH CAROLINA.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2738 , Page 546 , Guilford County Registry.

A map showing the above described property is recorded in Plat Book 48 , Page 45 , and referenced within this instrument.

Does the above described property include the primary residence (yes/no) ? ***No***

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

Submitted electronically by "Mark L. McGuire, P.A."
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Guilford County Register of Deeds.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

Power, telephone and utility easements of record or those visible upon the ground, if any.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

_____ (Entity Name)

Hazel A. Bowen (SEAL)
HAZEL A. BOWEN, Widow

By: _____

Title: _____

_____ (SEAL)

By: _____

Title: _____

_____ (SEAL)

_____

_____ (SEAL)

NORTH CAROLINA Guilford COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: HAZEL A. BOWEN, Widow. Witness my hand and official stamp or seal, this the 21st day of September, 2020

My Commission Expires: 6-9-2025

Elizabeth C Bennett
Notary Public

Print Notary Name: Elizabeth C Bennett

ELIZABETH C. BENNETT
NOTARY PUBLIC
RANDOLPH COUNTY, NC
My Commission Expires 6-9-2025

NORTH CAROLINA _____ COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____, _____. Witness my hand and official stamp or seal, this the _____ day of _____, _____

My Commission Expires: _____

_____
Notary Public

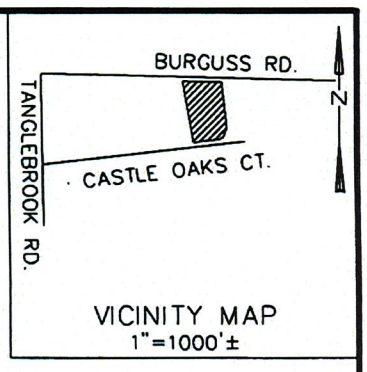
Print Notary Name: _____

NOTE: THIS SURVEY BASED ON EXISTING IRON PINS FOUND AS SHOWN.

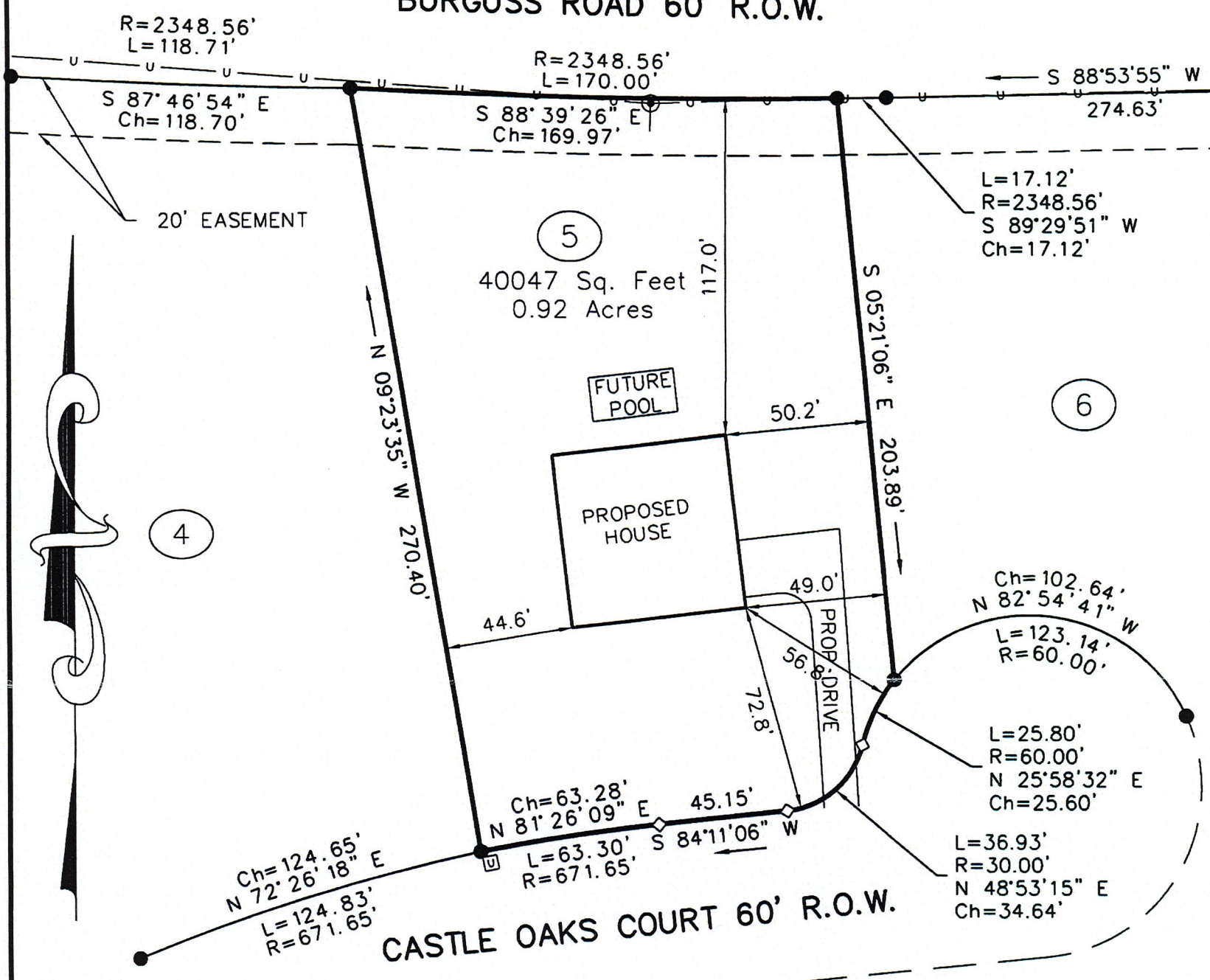
THIS PLAT IS SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL & ACCURATE TITLE SEARCH.

THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD PRIOR TO DATE OF THIS MAP.

LEGEND:
- ● = EXISTING IRON PIN
- o = NEW IRON PIN
- ◇ = COMPUTED POINT
- ⦿ = UTILITY POLE
- Ⓤ = UTILITY BOX
- R.O.W. = RIGHT-OF-WAY
- MBL = MINIMUM BUILDING LINE
- PB = PLAT BOOK REFERENCE
- DB = DEED BOOK REFERENCE
- —U— = OVERHEAD UTILITY LINE



VICINITY MAP
1"=1000'±



REFERENCE:
LOT 5, "CASTLE OAKS - NORTH", PB 48, Pg. 45
DB 8336, Pg. 234, PARCEL 198996.

I, THOMAS L. THOMAS II, PLS, CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL FIELD SURVEY, AND THAT AREA, IF SHOWN, WAS COMPUTED FROM COORDINATE GEOMETRY.

I ALSO CERTIFY THAT THIS IS A SURVEY OF AN EXISTING PARCEL OF LAND.

WITNESS MY HAND AND SEAL THIS 31 DAY OF DEC, 2020.

THOMAS L. THOMAS, II, PLS L-3769

NORTH CAROLINA PROFESSIONAL SEAL L-3769 LAND SURVEYOR THOMAS L. THOMAS, II

*** THIS DRAWING DOES NOT COMPLY WITH N.C.G.S. 47-30 ***
** THIS PLAT NOT PREPARED FOR RECORDATION **

MARK TERRY & ASSOCIATES
PROFESSIONAL LAND SURVEYOR
3611 Luck Drive
Archdale, NC 27263
Phone: (336) 431-2114
EMAIL: MTERRYINC@AOL.COM

COPYRIGHT © 2020

SURVEYED BY: TOM DRAWN BY: TLT

SURVEY FOR
ARNOLD GALLO & MARIA CHARIE GALLO
705 CASTLE OAKS COURT
HIGH POINT TOWNSHIP
GUILFORD COUNTY, NORTH CAROLINA
15 DECEMBER 2020

60 0 60 120
1 inch = 60 ft.

JOB NO.: 11219

GUILFORD COUNTY PLANNING & DEV
PERMIT # 21-GCRP-01596
ZONING RS-40
MIN. LOT WIDTH
MIN. SETBACKS
FRONT 40'
SIDE STREET 45'
SIDE YARD 15'
REAR 30'
2/24/21