## LINCOLN COUNTY HEALTH DEPARTMENT

115 West Main Street - LINCOLNTON, N.C. 28092 - PHONE: (704) 736-8426 - FAX: (704) 736-8427

Permit #: EHW24-01349

Parcel Id #: 75039

**Owner: FOUR CORNERS OF CHARLOTTE** 

Phone:

Address: 1612 SEATTLE SLEW COURT

**Address: 3960 TRINITY CHURCH RD** 

City: WAXHAW

State: NC

Zip: 28173

Applicant: HAMILTON DANIEL

Phone: (704)701-0418

City: CONCORD

State: NC

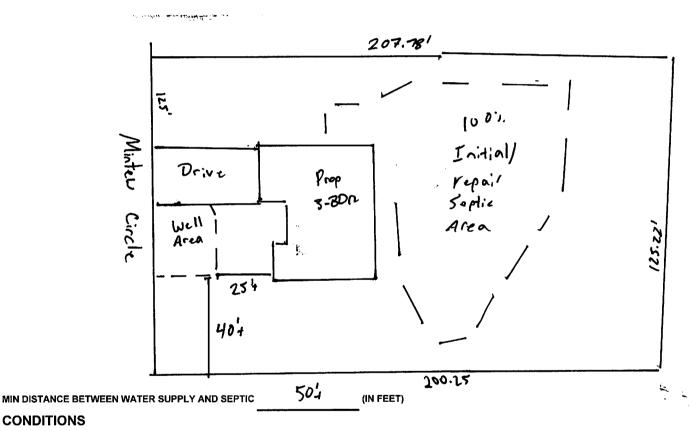
Zip: 28027

**Location MINTEW CIR** 

**Sub: LINCOLN GREENS** 

Lot#: 27

## WELL CONSTRUCTION PERMIT



**CONDITIONS** 

Well shall maintain 25+ from all structures and 50'+ from all components of septic system

**AUTHORIZED** AGENT'S SIGNATURES:

Carroll

DATE:

4/4/2024

IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, AND WELL CONSTRUCTION PERMIT: EACH THE IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, AND WELL CONSTRUCTION PERMIT ARE SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE ARE CHANGED FROM THOSE SHOWN ON THESE PERMITS. CHANGES FROM THE ABOVE PERMITS REQUIRE ENVIRONMENTAL HEALTH APPROVAL. THE INSTALLERS SHALL BE REQUIRED TO HAVE AN IMPROVEMENT PERMIT, CONSTRUCTION AUTHORIZATION (BOTH VALID FOR 60 MONTHS FROM DATE IMPROVEMENT PERMIT IS ISSUED), AND WELL PERMIT IF APPLICABLE BEFORE INSTALLING THE ABOVE SITE PLAN.