



CABARRUS HEALTH ALLIANCE

300 Mooresville Rd, Kannapolis, NC 28081  
Office: 704-920-1207 fax: 704 933-3379  
Email: [EHApps@cabarrushealth.org](mailto:EHApps@cabarrushealth.org)

# CABARRUS HEALTH ALLIANCE

## WELL PERMIT

CHA-WE-2023-00196

WELL PERMIT NUMBER: \_\_\_\_\_

DATE ISSUED 1 / 9 / 2024

WELL OWNER: CHASE DRM LLC

PHONE NUMBER: 704 - 701 - 3189

EMAIL: vb.mredman@gmail.com

WELL SITE ADDRESS: 744 WYOMING DR NW

CITY: CONCORD ZIP: 28027

**NEW WELL**

COMMENTS: \_\_\_\_\_

**REPAIR** OF AN EXISTING WELL

COMMENTS: \_\_\_\_\_

**ABANDONMENT** OF AN EXISTING WELL

COMMENTS: \_\_\_\_\_

See back of permit for approved well location. Call 704-920-1207 if well cannot be located in the proposed area.  
Email: [EHApps@cabarrushealth.org](mailto:EHApps@cabarrushealth.org)

*Tyler Robertson*  
Authorized REHS.

1-9-24  
Date Issued

1-9-29  
Expiration Date

**ALL REQUESTS FOR GROUT INSPECTIONS MUST BE CALLED IN 24 HOURS IN ADVANCE**  
**HOTLINE # - 704-920-1237**