



Well Permit

Well Permit Number: 24-1101

Date Expires: 6/5/2029

Tax Parcel #: 09-125-017

Well Location: 815 Archie Lane Worthwood, Lot 110

Owner Information:

Name: Four Corners of Charlotte, LLC

Address: 1612 Seattle Slew Court

Waxhaw, NC 28173

Phone: (h) (704) 713-2602 (w) \_\_\_\_\_

Email: romello03@yahoo.com

Well Type: \*

- New Well
- Replacement Well
- Irrigation Well
- Shared Well (minimum 100' setback)
- Well Repair: Previous Permit #: \_\_\_\_\_ Type of Repair: \_\_\_\_\_
- Well Abandonment: \_\_\_\_\_
- Transient Non-Community: \_\_\_\_\_

Well Site Information:

On-Site Sewage Disposal CA # \_\_\_\_\_

Property Address: 815 Archie Lane, Monroe 28112

Subdivision: Worthwood

Directions to Property: \_\_\_\_\_

Hwy 601 S. TL White Store Road. TL Eva Way. TR Archie Lane. Property on left.

Type of Facility:

- Residential
- Shared Residential
- Farm
- Commercial Type: \_\_\_\_\_

Comments / Conditions/Variance:

**\*Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.**

Owner/Agent: \_\_\_\_\_

Ramona Dwyer

Date: 6/5/24

**Permit may be revoked if any material changes in any fact or circumstance upon which the permit is issued occurs, (moving structures, septic area, etc.).**

1. All well drillers shall be certified by the North Carolina Well Contractors Certification Commission, Department of Health and Human Services.
2. All well drillers shall be registered with the Union County Health Department, Environmental Health Division.
3. The Well Contractor shall have a copy of the well permit on site during the construction of the well.
4. The well shall be constructed, repaired, abandoned, and inspected according to the North Carolina Well Construction Standards 15A NCAC 02C .0100, .0300.
5. A copy of the well construction record shall be provided to the Division of Water Resources and to the Union County Health Department, Environmental Health Division.
6. **If a problem is encountered, contact the Environmental Health Division prior to any drilling! The phone number is (704) 283-3553.**

Inspection Record:

	Date:	Initials:
<input type="checkbox"/> Well Placement	_____	_____
<input type="checkbox"/> Grouting	Date: _____	Initials: _____
<input type="checkbox"/> Contractor Certification (grouf)	Date: _____	Initials: _____
<input type="checkbox"/> GW-1/GW-30	Date: _____	Initials: _____
<input type="checkbox"/> Well Head Completion	Date: _____	Initials: _____
<input type="checkbox"/> Water Sampling	Date: _____	Initials: _____

Contractor: \_\_\_\_\_

Issued By: Ramona Dwyer

Date: 6/5/24

Inspections Completed (EHS): \_\_\_\_\_

Date: \_\_\_\_\_

\*Permit may be revoked if any material changes in any fact or circumstance upon which the permit is issued occurs.

Permit Conditions:

Well must be installed inside of shaded area.

Well Setbacks:

50' ft from any part of septic system

100 ft sewer line

25 ft from building foundation

50 ft from pond

25 ft from creek

Well location: 815 Archie Lane

Well Permit #: A-101

Scale: \_\_\_\_\_ North: \_\_\_\_\_

