



Well Permit

Well Permit Number: 24-229

Date Expires: 7/30/2029

Tax Parcel #: 02-248-035

Well Location: 4218 Old Monroe Marshville Rd

Owner Information:

Name: Four Corners of Charlotte, LLC

Address: 1612 Seattle Slew Court

Waxhaw, NC 28173

Phone: (h) (704) 701-0418 (w) \_\_\_\_\_

Email: vb.mredman@gmail.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 # UCEOP 24-35

Property Address: 4218 Old Monroe Marshville Road

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot #: 7

Directions to Property:

Hwy 601 South. TL White Store Road. Keep straight onto Old Monroe Marshville Road  
Veer left onto Old Monroe Marshville Road. Property on right.

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: Amber Date: 8/14/24

**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:

- Well Placement Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Grouting Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Contractor Certification (grout) Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- GW-1/GW-30 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Well Head Completion Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Water Sampling Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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

Issued By: Ramona Dunphy 7/24 Date: 7/30/24

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

Drainfield > 50'  
2901 Filby Rd

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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

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Scale: 1" = 60' North: \_\_\_\_\_

