SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☑ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 3191

Assigned Inspector: Brian

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☒ Septic file complete: 3/12/25

☐ Release final hold in Winchester: _____

Comments: Tank Replacement Only

3191 / 15281

18 FEB '25 AM 11:15

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ⊗ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 21526194
STREET ADDRESS: 13628 Idlewild Rd
CITY: MATTHEWS
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):

TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
⊗ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊗ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
⊗ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

6. **WATER SUPPLY:** ○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. **RANK:**

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ⊗ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊗ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ⊗ NO	JURISDICTIONAL WETLANDS	○ YES ⊗ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ⊗ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊗ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊗ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊗ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ⊗ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊗ NO
WASTE STORAGE	○ YES ⊗ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊗ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ☐ N/A

12. **PROPERTY OWNER:**

NAME: John Vogel
ADDRESS: 496 Great Camp Trail
CITY: Banner Elk
STATE: NC ZIP: 28604
WORK PHONE:
MOBILE PHONE: 704-880-4325
FAX:
E-MAIL: JohnVogel99@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

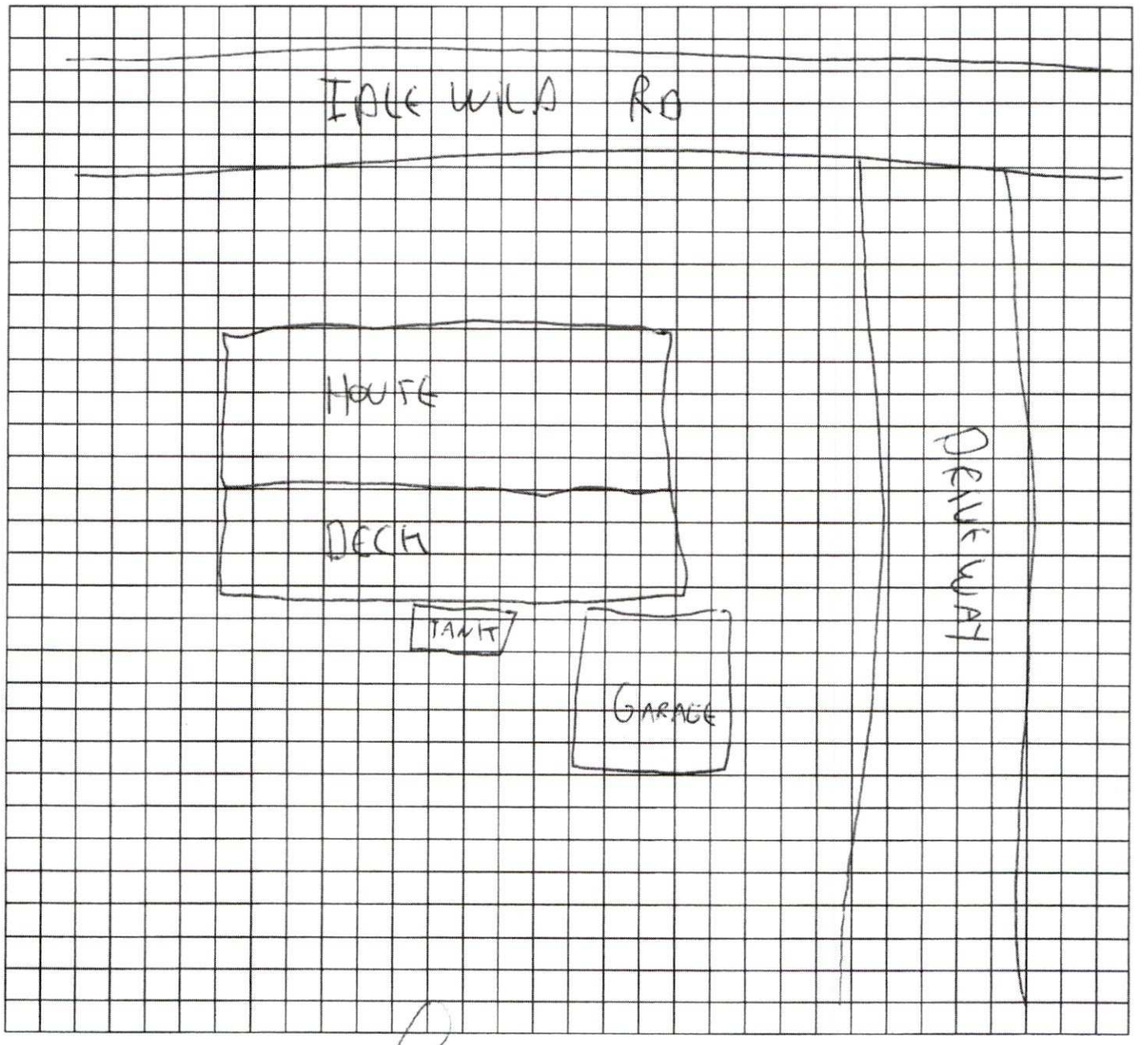
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 13678 IDLEWILD RD Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

2-17-2015
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 980-314-1680. FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. 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 and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. 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 and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 2-17-2025

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Does system have pump tank? ☐ yes (complete blanks below) ☒ no

_____ ft from house or structure
_____ ft from well or spring if applicable
_____ ft from water line if applicable
_____ ft. from property line if property lines are known
_____ ft from septic tank
_____ Distance from finished grade to top of tank or access riser
_____ Access risers in place ☐ yes ☐ no
_____ Describe type of access risers: _____
_____ Describe condition of tank lids _____
Location of control panel: _____
Condition of control panel: _____
_____ Audible and visible alarms (as applicable) work
_____ Pump turns on and effluent is delivered to next component
_____ Unable to operate pump due to lack of electricity at site at time of inspection

washer line goes elsewhere - unknown

2 in PVC goes out (2) side of crawl if facing from road

Dispersal field: Type of system: ☒ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled
Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type 26 - 1500 gal concrete precast small lid tank → gravel trenches
_____ ft. from property line if property lines are known
10 ft from septic/pump tank
3 # of lines
70 length of lines
no Evidence of past or current surfacing at time of inspection
Briefly describe: _____
Yes Evidence of traffic over the dispersal field
_____ Vegetation, grading and drainage noted that may affect the condition of the system or system components
_____ Effluent is reaching the dispersal field

some under asphalt behind garage ←

☒ Conditions present that prevented or hindered the inspection Cant access tank under deck / and no camera access

☒ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: Under deck - leaking sewage into ground around tank walls.

Consequences of the adverse condition: _____

Client should contact Meck County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: See Video - explains everything in detail and shows tank leaking sewage / Replace septic or hook to sewer if available - either deck gets cut off in our work area or tank gets filled w/ concrete - Requires permit by meck co environ. health dept.

Inspector Name: Lowery Plumbing and Septic INC Certification # 5853 I

Address 3409 Parkwood School rd Monroe NC 28112

Phone 704-320-5949

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: _____ Date 12-4-24

1972 - Septic + well systems ⊕ FHA water testing

On-site Wastewater Inspection

☐ **Pre-Inspection Contract, signed by Client is attached to Inspection**

Property Address 13628 Hewild Rd
Street
Matthews NC 28105
City St Zip

Client Name: nicole@advantageclosings.com

Current owner of Record _____

Date of Inspection: 12-4-24

3 **Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative**

360 **Gallons per day for designed system size or number of bedrooms as stated in available local health department information**

☒ **Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit**

☐ **Copy of Operations permit from** _____ **County Environmental Health Attached**

☒ **Operations permit not available**

☐ **System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44**

Current Operator's Name _____

Most recent performance, operation and maintenance reports are ☐ **attached** ☐ **not available**

Type of water supply ☒ **Well** ☐ **Public Water** ☐ **Community Water** ☐ **Spring**

Location of Septic Tank and septic tank details:

- 5 **ft from house or structure**
- 85 **ft from well if applicable** – approx
- _____ **ft from water line if applicable and readily visible**
- _____ **ft. from property line if said property lines are known**
- 16 **distance from finished grade to top of tank or access riser**
- _____ **Access riser(s)** ☐ **yes** ☒ **no Describe** _____
- _____ **Tank lids intact** ☒ **yes** ☐ **no**
- _____ **Tank has baffle wall** ☒ **yes** ☐ **no Describe condition of baffle wall:** _____
- (*) cant access
  - _____ **Inflow to tank is noted as sufficient**
  - _____ **Inflow to tank is noted as insufficient or blocked**
  - _____ **Water level in tank is relative to tank outlet**
  - _____ **Outlet T is present** ☐ **yes** ☐ **no Describe condition of Outlet T:** _____
  - _____ **Outlet has filter** ☐ **yes** ☐ **no Describe condition of filter:** _____
  - _____ **Effluent leaves the outlet** ☐ **yes** ☐ **no**
  - _____ **Roots present in tank** ☐ **yes** ☐ **no Describe extent of roots:** _____
- Yes **Evidence of tank leakage Describe:** _____
- NO **Evidence of non-permitted connections, such as downspouts or sump pumps**
- cant access
  - _____ **Connection present from house to tank**
  - _____ **Connection present from tank to next component**
  - _____ **Percentage of solids in tank**
  - _____ **Unable to locate tank. System inspection cannot be completed until tank is located**

Date tank was last pumped NOT SINCE Deck was built – ☒ **unknown**

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ **Date** 7-17-25

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15281
PID #: 215-261-94
File #: 3191

Authorized Agent: Bryan Davenport Date: 2/25/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for
REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3191 Permit #: 15281 Tax Parcel #: 215-261-94

Property Owner: Joao Vogel

Job Location Address: 13628 Idlewild Rd

City: Matthews State: NC Zip Code: 28105

Improvement Permit Issuance Date: 2/26/25 **Construction Authorization Issuance Date:** _____

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: existing GPD
Site LTAR: existing GPD/ft²
Liquid Capacity of Septic Tank: 1000 gallons
Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☑ N/A
Trench Depth: _____ inches
Trench Width: _____ feet
Line Spacing: _____ feet (O.C.)
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☐ Municipal ☑ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: 5 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attach.

Comments: System Classification & Type: Tank only

Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Owner Signature: _____ Date: 2-27-2025

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15281
PID #: 215-261-94
File #: 3191

Authorized Agent: Bryan Davenport Date: 2/25/25

Owner/ Legal Agent: [signature] Date: 2-27-2025

1 inch = 30

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3191 Permit #: 15281 Tax Parcel #: 215-261-94

Property Owner: Joao Vogel

Job Location Address: 13628 Idlewild Rd

City: Matthews State: NC Zip Code: 28105

Improvement Permit Issuance Date: 2/26/25 **Construction Authorization Issuance Date:** _____

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: existing GPD

Site LTAR: existing GPD/ft^2

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attach:

Comments: System Classification & Type: Tank only

Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Owner Signature: _____ Date: _____

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 3191 App# 15281 Tax Parcel# 215-261-94

Property Owner: _____

Job Location Address: 13628 Idlewild Rd

City: Matthews State: NC Zip Code: 28105

1. Does System design match facility, flow & wastewater characteristics?

   ☑ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☑ YES ☐ NO

   Comments: _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☑ YES ☐ NO

   Comments: Benntonite will be added in front of tank with new d-Box. 6 lines drainfield

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Bryan Davenport — Authorized Agent

3/3/25 — Date

Lowery Septic — Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3191 Permit #: 15281 Tax Parcel #: 215-261-94

Property Owner: Joao Vogel

Job Location Address: 13628 Idlewild Rd

City: Matthews State: NC Zip Code: 28105

Operation Permit Issuance Date: 3/7/25 Contractor Name: Jimmy Lowery

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: / gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Infiltrator Effluent Pump Model: /

Drainfield Installation ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

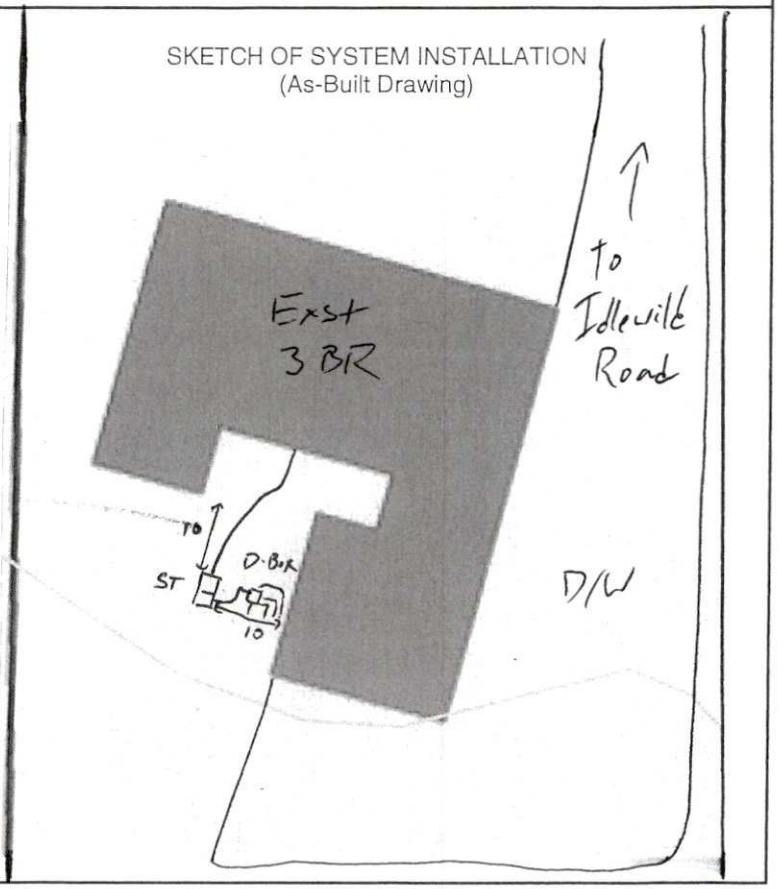
Inspection Dates

Tank(s) Inspected: 3/6/25

Excavation Inspected: /

Pump & Controls Inspected: /

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Septic Tank only

DENR Authorized Agent: Troy King Signature: Ty