SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: __~~1234B~~ 1233YB / 15688_____

Assigned Inspector: __Heather_____

☐ 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: AB 10/1/25

☐ Release final hold in Winchester: _____

Comments:

12334B/ 15688

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: 01518203
STREET ADDRESS: 7423 MONACO DR
CITY: HUNTERSVILLE
STATE: NC **ZIP:** 28078
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: 1,326
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ○ YES ○ NO
PLEASE LIST TICKET REFERENCE NUMBER: A25263257 VISIT BY DATE: _____

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: KATHLEEN BARTLEY
ADDRESS: 7423 MONACO DRIVE
CITY: HUNTRSVILLE
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (704) 728-1458
FAX: _____
E-MAIL: KATYBARTLEY@YAHOO.COM

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

Owner's Authorization form is required if legal representative is submitting application

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

KB (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.

Kathleen Bartley — 8/14/25

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: $ N/A DATE FEE RECEIVED: 8/15/25

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

APPLICATION PROCESSED BY: MD

GWS FILE NUMBER ASSIGNED: 123348

APPLICATION ID NUMBER ASSIGNED: 15688

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: 123348

PROPOSED PLOT PLAN

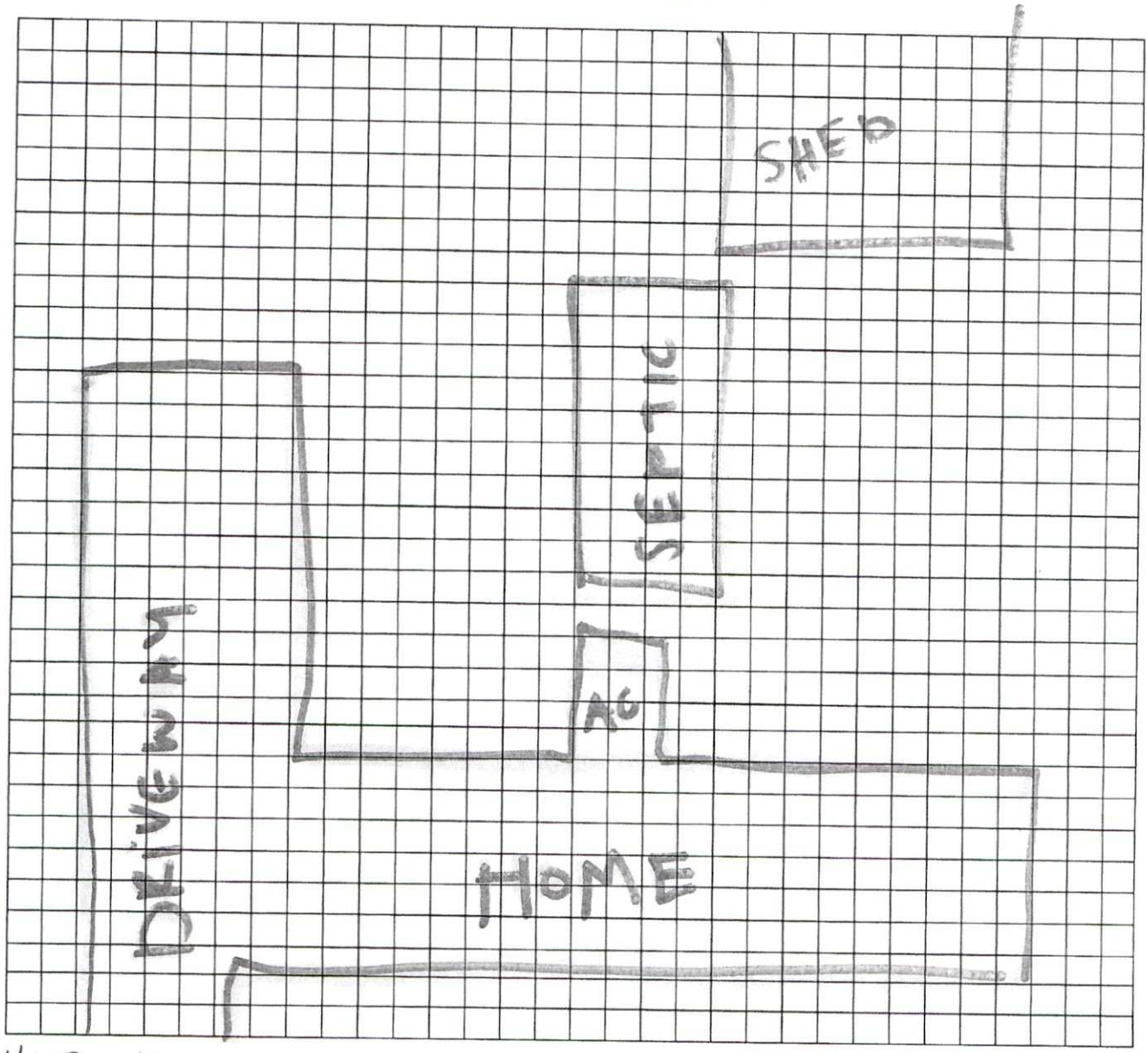
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 1423 MONACO DR

Tax Parcel #: 01518203

Subdivision Name: _____

Lot #: _____



K. Batt

Property Owner's or Owner's Legal Representative Signature

8/15/2025

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17




9:09
5G E 69
3D
7423 Monaco Dr
7423 Monaco Dr
78°
AQI 19
7423 Monaco Dr
Marked Location · 14 mi away

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Property ID: 01518203
Lot #: NA
File #: 12334B
AppID: 15688

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Kathleen Bartley
Address: 7423 Monaco Dr
Proposed Facility: 3 Bedroom House
Design Flow (.1949): 240 GPD
Location: 7423 Monaco Dr, Huntersville, NC 28078
Water Supply: [] Public [ ] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant:
Date Evaluated: 8/18/2025
Property Size: 0.35 ac
Property Recorded:
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring 1	LS 1%	0 - 5	gr /sbk SCL	SS SP FR SEXP	>48"	24	NA	NA		**US**	**NA**
		6 - 17	sbk CL	SS P FR SEXP							
		17 - 24	sbk/mass C	S VP VFI EXP							
		24 - 48	mass C	EXP							
Boring 2	LS 1%	0 - 4	gr CL	SS SP FR SEXP	>48"	22	US	NA		**US**	**NA**
		4 - 22	sbk C	S VP VFI EXP							
		22 - 48	mass C	EXP C inclusions							

Description	Initial System	Repair System
Available Space (.1945)		**US**
System Type(s)		NA
Site LTAR (gpd/sq ft)		**0**

Other Factors (.1946): NA
Soil Evaluation By: Heather ray
Others Present:
Site Classification (.1948): Unsuitable
Site Evaluation By: Heather Ray
Others Present:

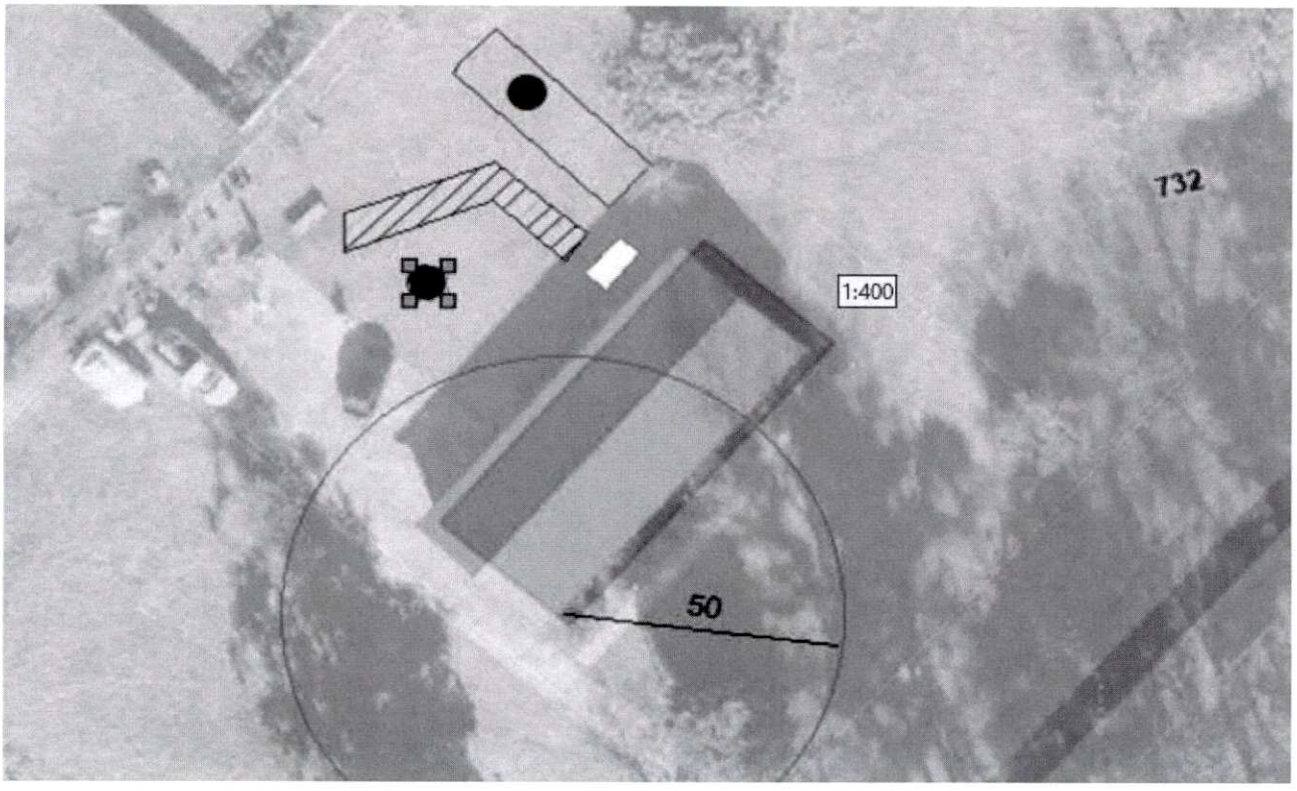
COMMENTS:

File #: 12334B
AppID: 15688

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
		SiCL-Silty Clay Loam		
CV-Convex Slope				pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
				s-strong f-fine
				m-medium
		Silt		c-coarse
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12334B/15688

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 01518203

Owner: Kathleen Bartley Applicant: Owner

Property Location: 7423 Monaco Dr

Facility Type: Single Family Residence

Number of bedrooms: 3 Number of Occupants: 2 Other:

☐ New ☐ Expansion ☒ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Type of Wastewater System* _____ (Initial) IIB (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 40 feet Trench/Bed Spacing: 12 feet on center

Trench/Bed Width: 30 inches LTAR: US gpd/ft² Usable Depth to LC (Initial)ˣ: NA ˣ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depthǂ: 36 inches ǂ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): na gallons Requires more than one pump? ☐ Yes ☑ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☐ Serial ☑ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No Pre-Construction Conference Required: Yes ☐ No ☑

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

Conditions: Soil is US. Applying NCAC 18E .1306 Using best professional judgement to develop a repair that should enable system to funciton. Use existing system as over flow

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Heather Ray Expiration Date: 8/19/2030

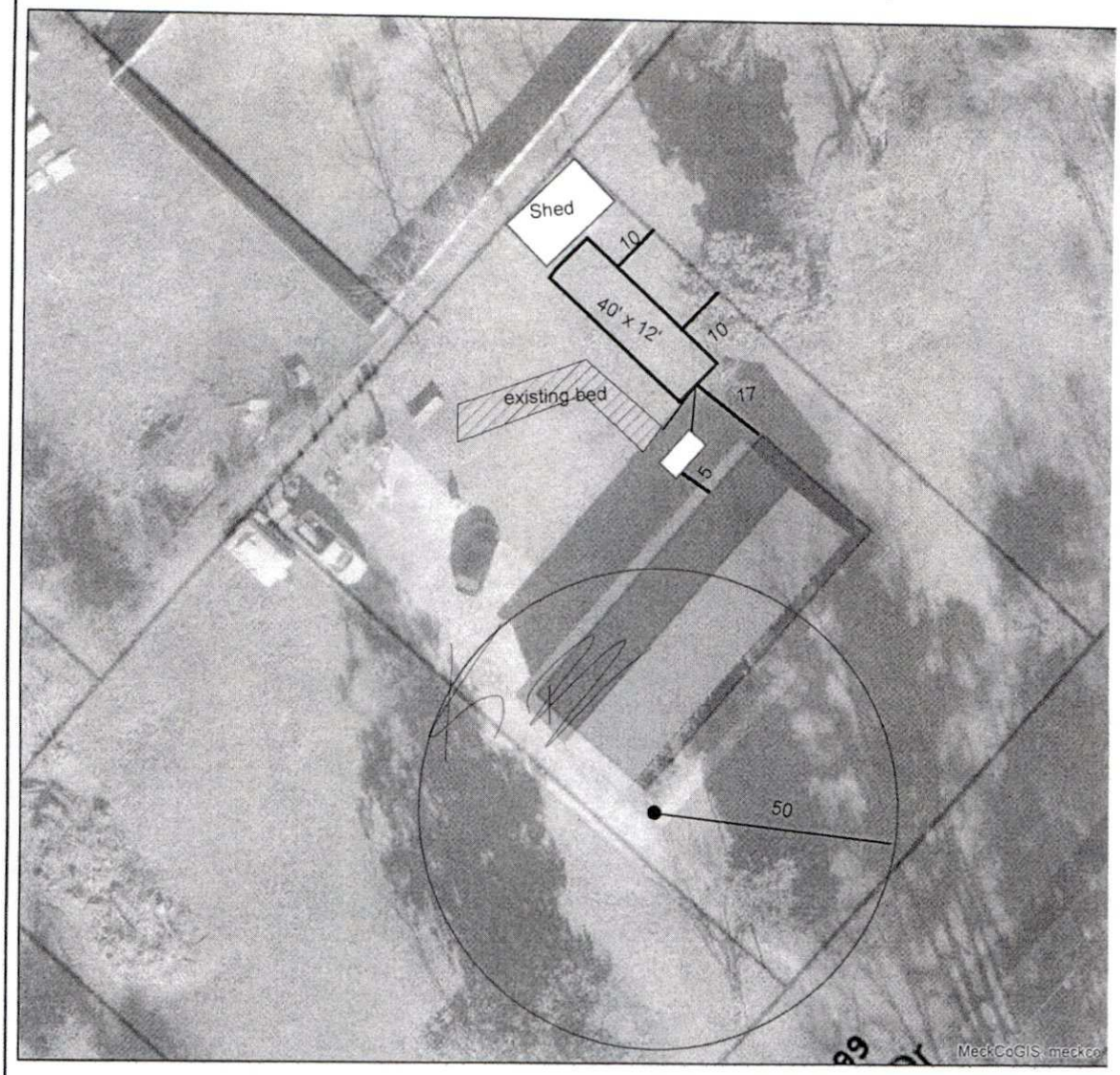
Authorized Agent's Signature: Heather Ray Date: 08/19/2024

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15663
PID #: 015182O3
File #: 1233413

Authorized Agent: _____ Date: 8-18-25

Owner/ Legal Agent: _____ Date: 08-19-2025

1 inch = 30 fee

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

*Repair

Septic System Pre-Construction Meeting Checklist

File # 12334B App# 15688 Tax Parcel# 01518203

Property Owner: Kathleen Bartley

Job Location Address: 7423 Monaco Dr.

City: Huntersville State: NC Zip Code:

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: Repair (Bed required)

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

☒ YES ☐ NO

Comments: BPJ form signed. Plumbing outlet from house roughly 24" deep. Therefore Bed will need to be deeper. 30" gravel 6" sand in Bed trench

*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.**

Braedon Shelton — Authorized Agent

9/3/25 — Date

Patriot 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 #: 12334B Permit #: 15688 Tax Parcel #: 0158203

Property Owner: Katheen Burtley

Job Location Address: 7423 Monaco Dr

City: Huntersville State: NC Zip Code: _____

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Matthew Hall Date: 9/4/25

Signature: Matt Hall

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 #: 12334B Permit #: 15688 Tax Parcel #: 01518203

Property Owner: Kathleen Burtley

Job Location Address: 7423 Monaco

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/4/25 Contractor Name: Patriot Septic

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

Liquid Capacity of Septic Tank: Existing gallons Tank Manufacture Existing Effluent Pump Model: NA

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: 40 inches

Bed Width: 12 feet

Total line length: 40 feet

# of Lines: 4 @ 40 feet

Depth of Media: 34 inches (Type) crushed stone

Depth of Cover: 6 inches

Distribution Device: D-Box

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

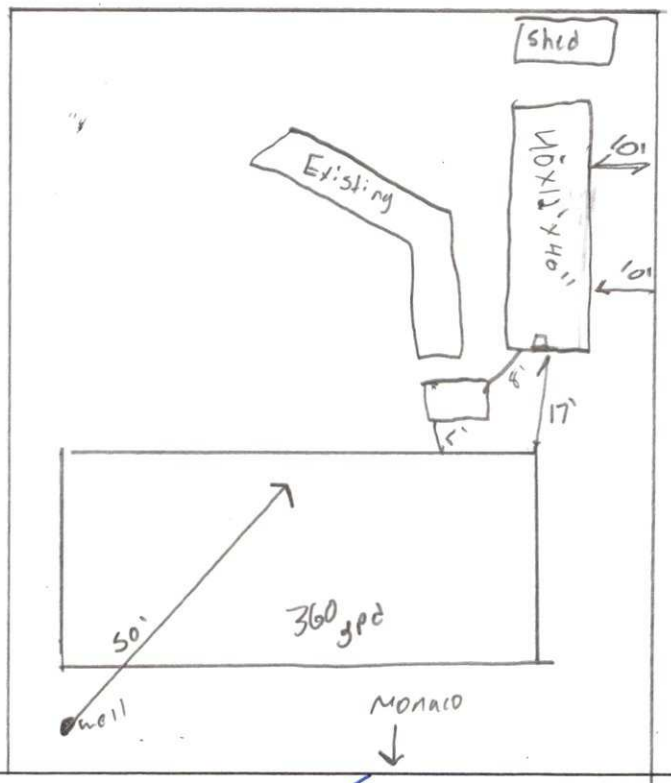
Inspection Dates

Tank(s) Inspected: N/A

Excavation Inspected: 9/4/25

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



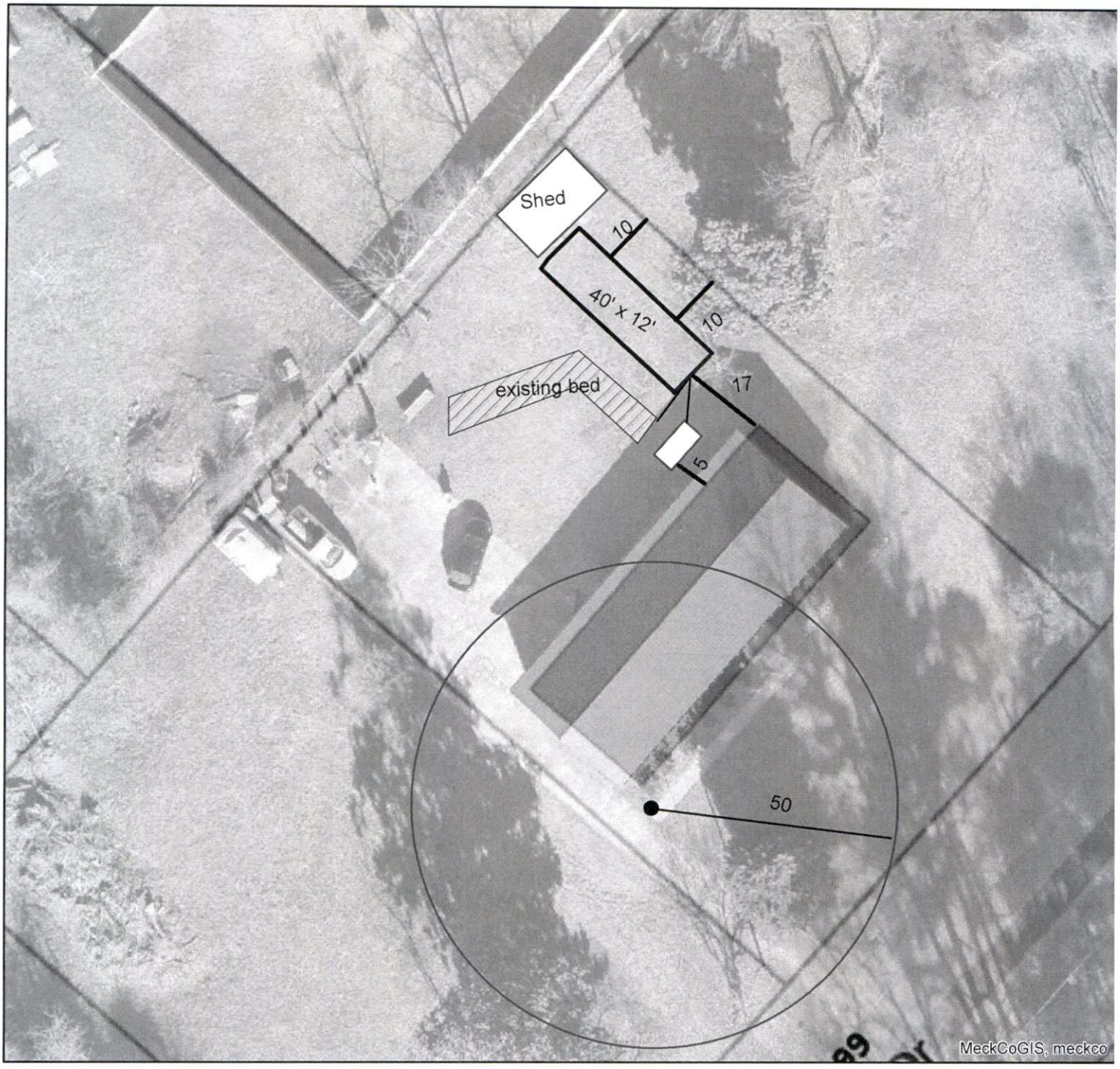
The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" 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: II a / gravity fed conventional bed system / NA / NP

DENR Authorized Agent: Matt Hall Signature: Matt Hall

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15688
PID #: 015,18203
File #: 123343

Authorized Agent: _____ Date: 6-16-25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee