

3220 WINDROW LN

21526187

5/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3892 DATE: 1/6/95

TC: 215-165-06 ☐ L ☐ CRT

SERIAL № 14396

Name of Owner Hoyle Blalock Juris.:

Address of Property 3220 Windrow Lane, Matthews, NC 28105

Inspection Data:

Tank Material /

Total Length of Drainfield /

Number of Lines 1 @ 110'

Cover Depth 18"

Water Supply Source Well

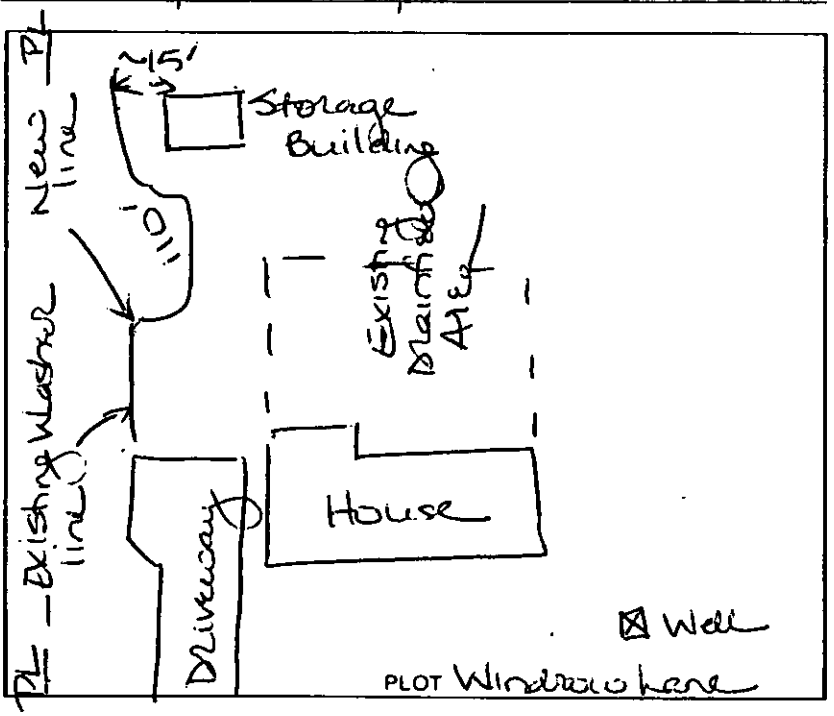
Distance to Water Source >100'

Excavation Inspected 1/6/95

Tank(s) Inspected /

Wash Line Inspected ✓

High Water Alarm Inspected /



Design: 1995 Washerline repair CTR# Randy Bommarito

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ 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 10 NCAC 10A .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.

COMMENTS: 110' new washerline trench tied into existing washerline end

Original System 10/72

Bunny Yorkstone

Lora B. Mialik
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3892 — $50.00 — 4/24/95 — Ck# 7210 — CRY

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-165-06
STREET ADDRESS: 3220 Windsor Ln
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:
NAME: Most (last) Hampton (first) (mi)
ADDRESS: 6042 Lansing Dr PHONE: (__) 367-0375
CITY: Charlotte STATE: N.C ZIPCODE: 28210

PROPERTY OWNER:
NAME: Babel (last) Carol (first) (mi)
ADDRESS: 3220 Windsor Ln PHONE: (__) 847-6595
CITY: STATE: ZIPCODE: 28227

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☒ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) (1) BR Bath
☐ COMMERCIAL OR INDUSTRIAL (H)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 8
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Hampton Most Date: 4-21-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...Use existing system
Addition of Bedroom & Bath

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Larry B. Mouzon, Jr. R.S. 4-25-95
Environmentalist Date

R Walker for A. Daniel 5/10/95
Director or Authorized Section Head Date

Lawrence Wakefield / Kelly Rankin

WATER : 122 91

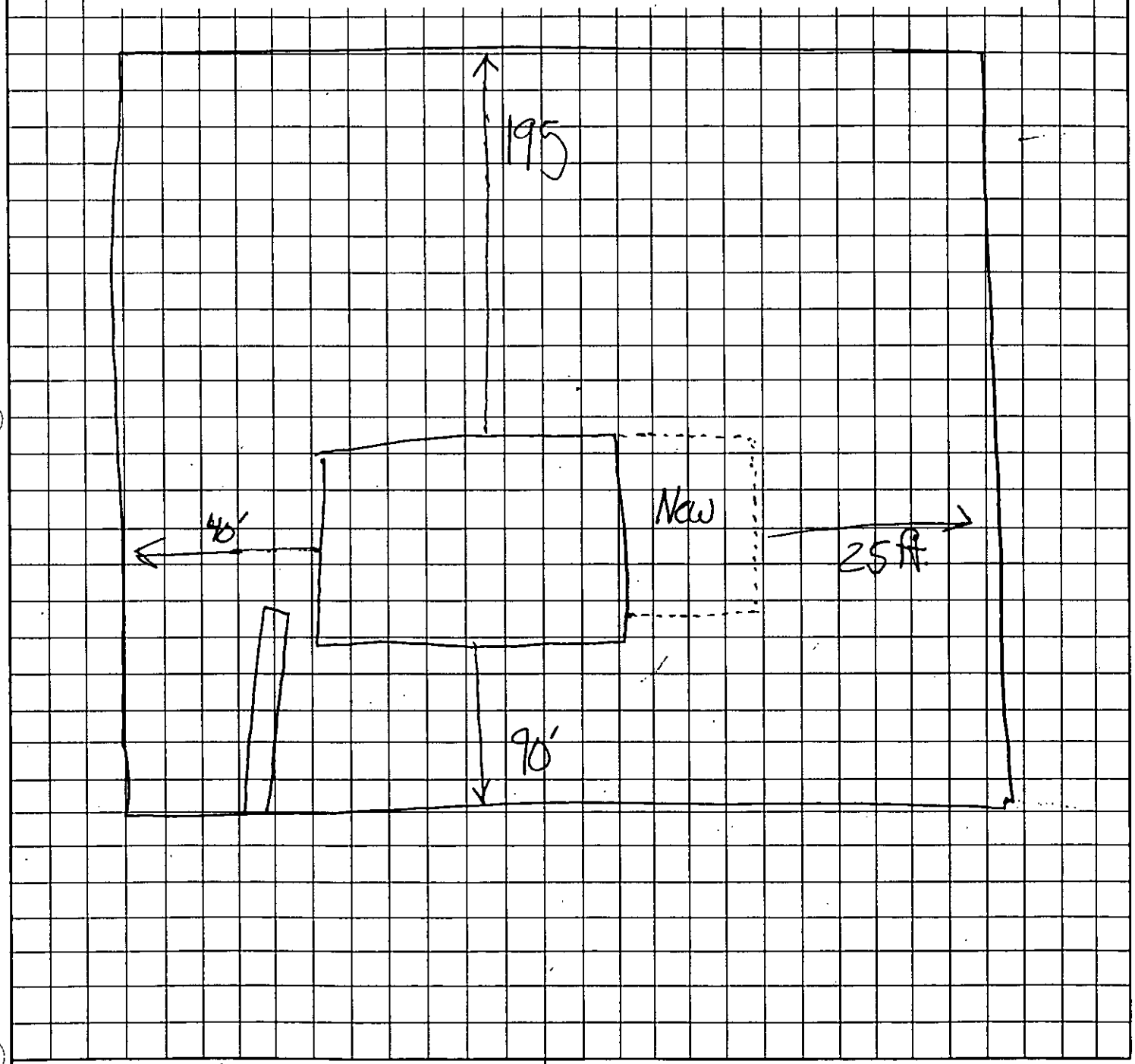
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3892

TC: 215-165-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 4-21-95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

C-15CD

DATE 4/21/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Matt

215-165-06
PARCEL NUMBER

3220 Windrim Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

UA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	___APPROVED	___NOT APPROVED
2. FLOODWAY REGULATIONS	___APPROVED	___NOT APPROVED
3. WATERSHED PROTECTION	___APPROVED	___NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___APPROVED	___NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___PRESENT	___NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___YES	___NO
7. DRIVEWAY PERMIT REQUIRED	___YES	___NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___YES	___NO

REMARKS: Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

SIGNED: [signature]

REVISED 1/01

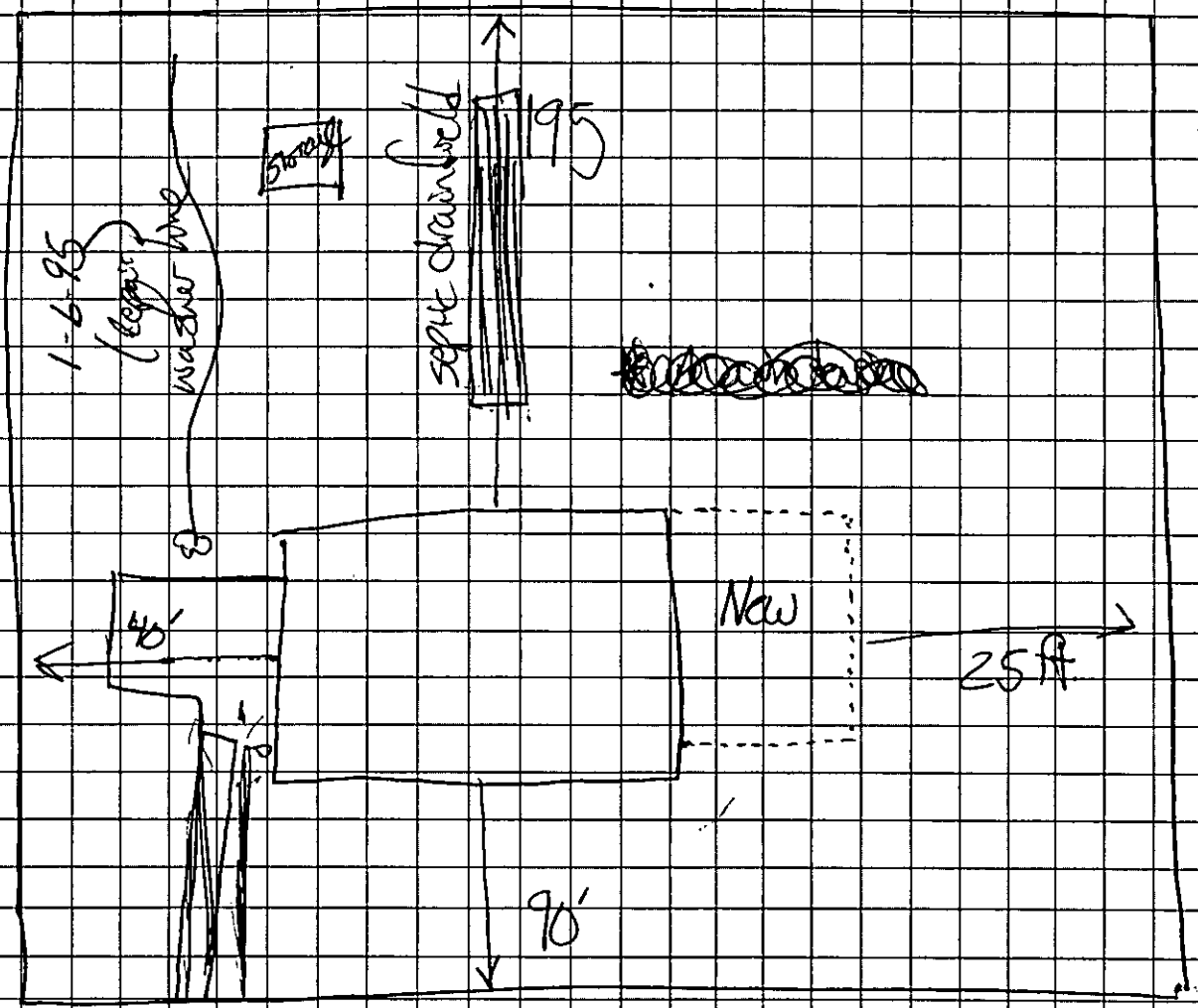
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3892

TC: 215-165-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



* Use existing septic system
* For future reference — builder must mark proposed addition and then contact Health Department to advise that this has been performed.

OWNER/AGENT SIGNATURE

DATE 4-21-95

APPROVAL DATE 4.25.95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3892 DATE: 1/6/95

TC: 213-165-06 ☐ L ☐ CRT

SERIAL Nº 14396

Name of Owner Hoyle Blalock Juris.:

Address of Property 3220 Windrow Lane, Matthews, NC 28105

Inspection Data:

Tank Material /

Total Length of Drainfield /

Number of Lines 1 @ 110'

Cover Depth 18"

Water Supply Source Well

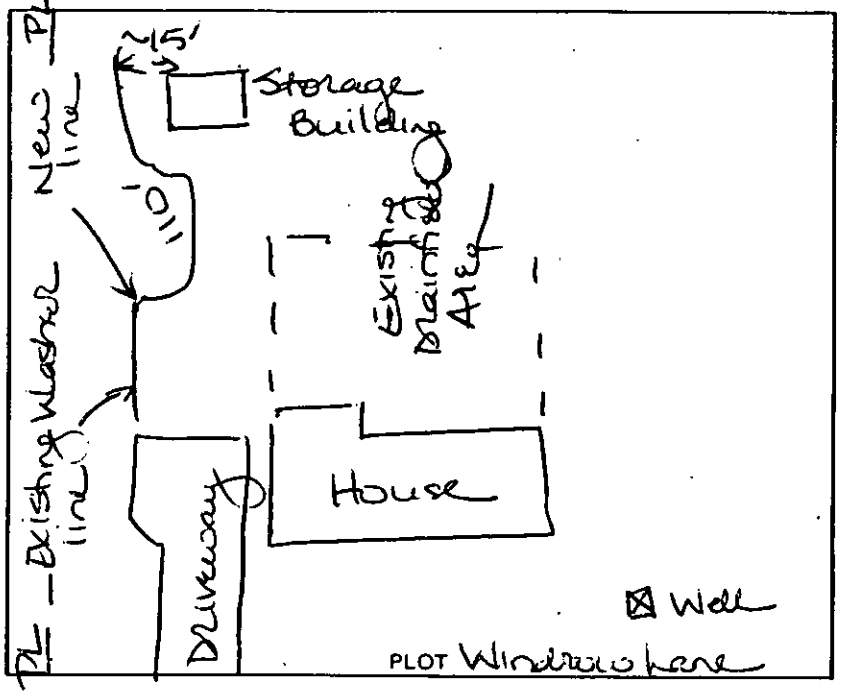
Distance to Water Source 7100'

Excavation Inspected 1/6/95

Tank(s) Inspected /

Wash Line Inspected ✓

High Water Alarm Inspected /



Design: 1995 Washer line repair CTR# Randy Simmons

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ 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 10 NCAC 10A .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.

COMMENTS: 110' new washer line trench tied into existing washer line end

Original System 10/72

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

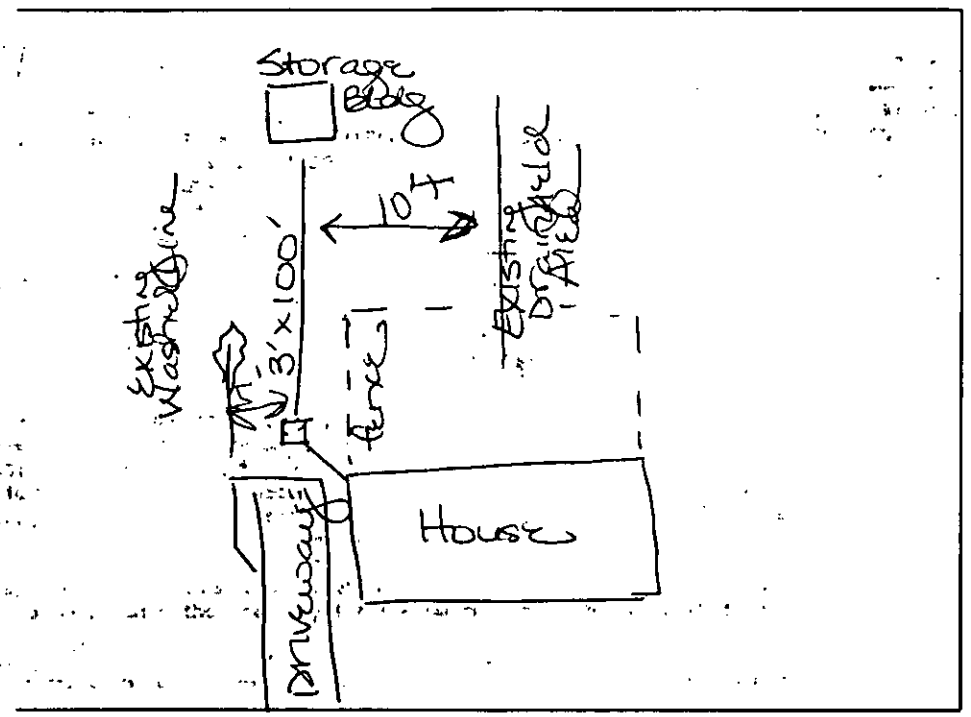
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3892 DATE: 1/3/95

TC: 215-165-06 ☐ L

SERIAL Nº 16057

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 1/3/95. All work shall be completed on or before 2/3/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM Windrow

Liquid Capacity of Septic Tank ✓ gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction ✓

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 100 feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

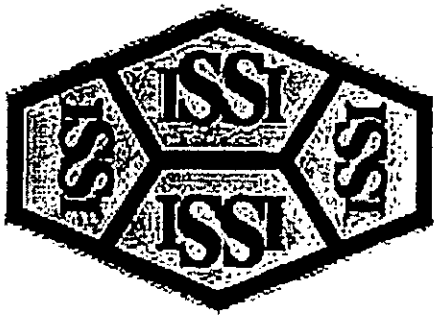
NAME OF OWNER Hoyle ~~Bullock~~ Blalock

LOCATION OF PROPERTY 3220 Windrow Lane, Matthews, NC 28105

Comments: Install D-Box (if necessary), 1 single trench 3' x 100' x 12" stone for washer line

Lisa B. Mialik
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY



Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

Serial No. 3134

Date Issued 11-21-72

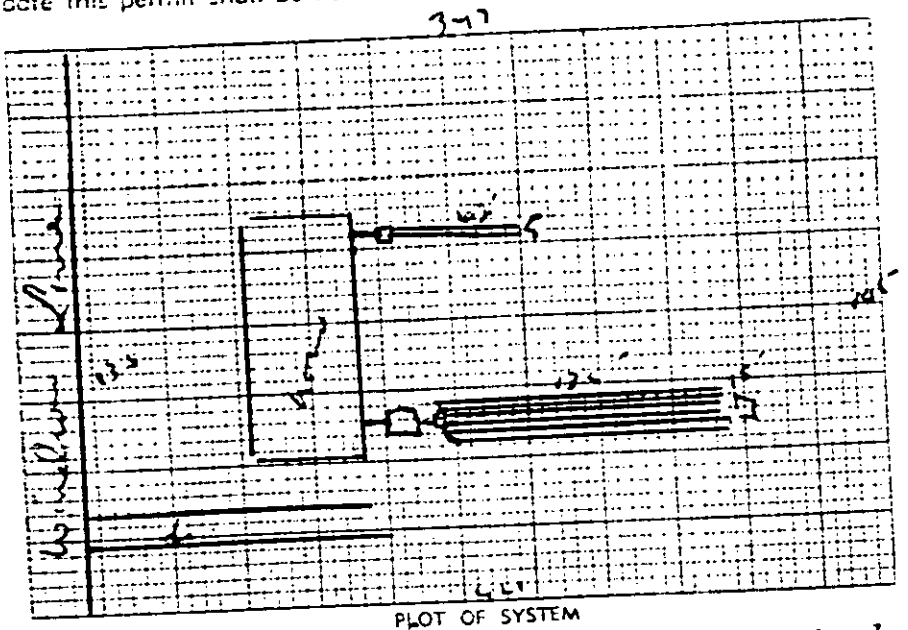
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ___ Alter or Repair the individual septic tank sewage or water treatment system with subsurface, soil absorption, effluent discharge as described herein to serve the described location. This permit is granted based upon the information supplied in application dated 9-1-72 and this permit shall be void and of no effect if the information contained therein is not true or is erroneous. All work shall be completed on or before 12-1-72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gals.

Tank Construction Pre-cast conc.

Absorption and/or Distribution Lines

Total Line Length 795'

Number of Lines 6

Distance from House 10'

Distance from Property Line 15'

Distance from Well 100'

NAME OF OWNER Ralph Squires Const. Co.

LOCATION OF PROPERTY 3230 Winslow Lane (26-13)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: 15 x 133' - aeration pit 7 x 2½ x 4'

Wash 5 x 10 x 10' pit

Thomas R. Dowd
Environmentalist

District Sanitary Sewer Head

If this permit is for the installation or construction of a new system, it must be signed by the division or district head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. 8-5-4-71

APPLICANT'S COPY

Cert A (s) No. 3892

Serial No. 2873

T C No. 3/5

Date Issued 12-5-72

Map Date 5-5-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Ralph Squire Const. Co. (LAST, FIRST, MIDDLE)

Location of Property 3206 Winslow Lane

Application Number 3892 Permit Number 3892

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material Cast Conc.

Total Length of Drain Tile 795' Number of Lines 6

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 12-5-72 (DATE) Tank Inspected 12-5-72 (DATE)

Nitrification Field Inspected 12-5-72 (DATE)

Washing Machine Line Inspected, If Applicable 12-5-72 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: Installed by County Septic Tank Service

Thomas R. Ward
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

12
135
15
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

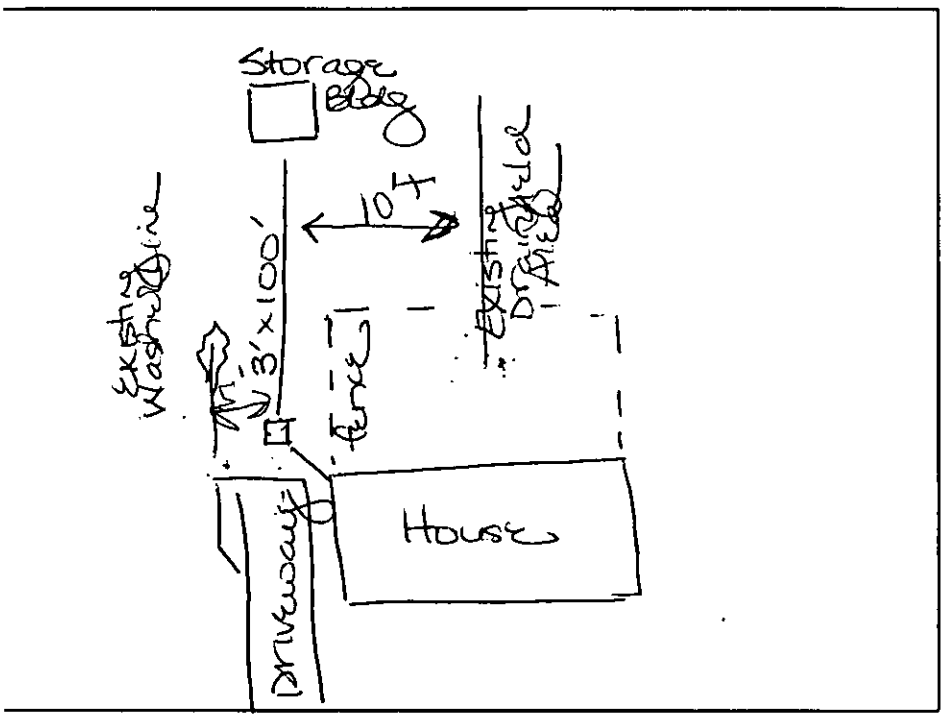
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3892 DATE: 1/3/95

TC: 215-165-06 ☐ L

SERIAL Nº 16057

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 1/3/95. All work shall be completed on or before 2/3/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM Windrow

Liquid Capacity of Septic Tank ✓ gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction ✓

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 100 feet

Number of Lines 1

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Hoyle ~~Bullock~~ Blalock

LOCATION OF PROPERTY 3220 Windrow Lane, Matthews, NC 28105

Comments: Install D-Box (if necessary), 1 single trench - 3' x 100' x 12" stone for washer line

Lisa B. Mialik
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

File #3892 Q4 400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Baylock (last) Noyle (first) (mi)

ADDRESS: 3220 Window LN PHONE: (704) 847-6595

CITY: Matthews STATE: NC ZIPCODE: 28105

Date: JAN. 3 1995

PROPERTY OWNER:

NAME: SAME AS ABOVE (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-165-06

STREET ADDRESS: _____

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: Windcrest Sub.

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☒ 5 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R) Washer Line

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION: Conv.

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☒ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 1-3-95 signed by Randy Bannister

NOTICE: CSI Environmental as agent for Baylocks

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791