



**MECKLENBURG COUNTY**  
Health Department

Gibbie Harris, MSPH, BSN  
Director

(980) 314-9020

Addendum to Application for  
New Well or Septic System Installation  
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that \_\_\_\_\_ is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

\_\_\_\_\_  
Number          Street          Town  
(Or Parcel Number)

\_\_\_\_\_  
Property Owner (print name)

\_\_\_\_\_  
Property Owner (signature)

\_\_\_\_\_  
Date