



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
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610-970-5040
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Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
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Best Technical Guidance Individual Water Supply System Recording Statement

KNOW ALL MEN by these presents that _____, owner of a certain property located at _____ Township of _____, Montgomery County, PA being Parcel # _____, being more fully described in Deed Book # _____, Page # _____, wishes to install an individual water supply system with encroachment on the isolation distance of _____ feet to, contrary to requirements set forth in the Montgomery County Public Health Code (MCPHC) Section 17-7. The Montgomery County Health Department (MCHD) Environmental Health Specialist/Sewage Enforcement Officer may issue a permit using "Best Technical Guidance" as referenced in the MCPHC Chapter 17-6.5.

WHEREAS, the individual water supply system as designed and installed has a reasonable probability of providing an adequate water supply; and WHEREAS, OWNER is aware that his/her repair permit is an attempt to resolve existing site deficiencies and does not preclude completely the possibility of future contamination of said system; THEREFORE, in order to promote proper functioning of said system, OWNER will practice regular maintenance of the water supply and disinfection treatment unit as well as practice reasonable water conservation.

IN WITNESS WHEREOF, I, WE, hereunto place our hand(s) and seal(s).

Signature/Property Owner

Signature/Property Owner

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

On the _____ day of _____, A.D., 20____, before me, the undersigned Officer, personally appeared _____ known to me (satisfactorily proven) to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Witness my hand and Notarial Seal, the day and year aforesaid.

**THIS FORM MUST BE NOTARIZED
AND HAVE A COMPLETE ACKNOWLEDGMENT**

MCHD-WW-006 03/01