



pennsylvania

DEPARTMENT OF ENVIRONMENTAL
PROTECTION

CHAPTER 109 - SAFE DRINKING WATER ANNUAL FEE

Subchapter N of the PA Safe Drinking Water Regulations (Title 25 Pa. Code Chapter 109) requires public water systems (PWS) to pay an annual fee to the Department based on the PWS population. This annual fee is separate from, and in addition to, the Chapter 302 annual service fee that public water systems are also required to pay for the administration of the Operator Certification Program. Failure to submit the fee by the specified deadline will result in 6% interest being assessed on the entire annual fee amount.

PUBLIC WATER SYSTEM INVOICE

Account ID	Invoice ID	Client ID	PWS ID #	Invoice Date	Invoice Amount	Payment Due Date
886269	1383715	339919	4410415	10/10/2024	\$ 100	12/31/2024

NEW COVENANT ASSEMBLY OF GOD
JAMES PENTZ, PASTOR
1270 PINCHTOWN ROAD
MONTGOMERY, PA 17752

RECEIVED

DEC 17 2024

DEP

New Covenant Assembly of God
Jennifer Ferguson, PASTOR
1270 Pinchtown Road
Montgomery, PA 17752

Based on current information, the PWS population is: 25 for NEW COVENANT KIDS KARE

Payment of the annual fee is due by: 12/31/2024. The current YEAR annual fee and any previous unpaid fees are listed below.

Fee	Prev-Year	Interest	Total
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Current Amount Due (2024 SDW Annual Fee):

\$ 100

100

Total Amount Due:

\$ 100

FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON.

New Covenant Kids Kare

1270 Pinchtown Road
Montgomery, PA 17752-9470
(570)547-2826

Jersey Shore State Bank

Montgomery, PA 17752

60-699/313

11565

12/11/2024

PAY TO THE
ORDER OF

PA Department of Environmental Protection

\$ **100.00

One Hundred and 00/100

DOLLARS

PA Department of Environmental Protection
ATTN: SDW Annual Fee
P.O. Box 8467
Harrisburg, PA 17105-8467

VOID AFTER 90 DAYS

Sharon Hostellay
J. F. Ferguson
AUTHORIZED SIGNATURE

MEMO

PWS ID #4410415; INV#1383715

***** For DEP use only *****

Date Received: _____

Invoice ID: 1383715

Date Entered into eFACTS: _____

Check No: _____

Entered By: _____

Check Amount: _____