



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
KELLY KIMPLE • Acting Director, Division of Public Health

**AFFIDAVIT OF ON-SITE WASTEWATER SYSTEM RECONNECTION TO
TEMPORARY HOUSING
PURSUANT TO SESSION LAW 2024-57**

(This form is only required if a homeowner is requesting an exemption as allowed by Session Law 2024-57)

STATE OF NORTH CAROLINA

COUNTY OF _____

PHYSICAL ADDRESS OF PROPERTY WHERE RECONNECTION IS NEEDED: _____

I, _____
(Print Full Name)

the owner of the property referenced above, hereby affirm, under penalty of perjury, that the proposed temporary housing will comply with all applicable local and state setback requirements for on-site wastewater systems as outlined in N.C.G.S. § 130A-335. Furthermore, I affirm that the proposed housing will not result in an increase in wastewater strength or the design daily flow rate of the existing wastewater system, which is calculated based on occupancy at a rate of 60 gallons per person per day, in accordance with its original design specifications.

By signing this affidavit, I acknowledge and accept full responsibility for any damage that may occur to the existing wastewater system as a result of bypassing the approval process established under Session Law 2023-77, Section 6; Session Law 2023-90, Sections 3 and 4; Session Law 2024-49, Section 4.15; and as codified in 15A NCAC 18E .0206. I further understand that the N.C. Department of Health and Human Services retains the authority to inspect the property referenced in this affidavit after reconnection to verify compliance with this affidavit and may take enforcement action as deemed necessary. I acknowledge that signing this affidavit allows me to temporarily connect to the existing wastewater system for up to 12 months or until permanent housing is established, whichever occurs first.

I acknowledge that I have the discretion to consult with a certified on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board, or with an inspector as defined under N.C.G.S. § 90A-71(5), to verify the location of the existing on-site wastewater system and to confirm compliance with applicable setback requirements prior to submitting this affidavit.

Signature of Affiant Date

Sworn to (or affirmed) and Subscribed before me this the _____ day of _____, 20____

Signature of Notary Public Printed Name of Notary Public

My Commission Expires: _____ (Notary Stamp or Seal)