



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Reclassification of an Existing Advanced Pretreatment System in Accordance with 15A NCAC 18E .0508(i)

Owner:
Mailing Address:
City: State: Zip:
Phone #: Email:
Site Address for Reclassification:
Facility Type (House, Office, etc):

Name and model number of advanced pretreatment system:
Does the advanced pretreatment system have NSF/ANSI Standard 350 certification for the above listed model?
If yes, please include a current copy of the listing from the NSF webpage.
If no, has documentation from a two-year field demonstration been provided showing compliance with NSF/ANSI Standard 350?
Has the advanced pretreatment system been approved to meet TS-II in accordance with Table XXV in 15A NCAC 18E .1201 for the above listed model?
If no, please include documentation showing compliance with the Total Nitrogen standard in Table XXV in 15A NCAC 18E .1201 for the above listed model.
A statement from a North Carolina Professional Engineer is attached stating that the design and installation of the above-referenced advanced pretreatment system is the same as the model number certified by NSF as meeting Standard 350.
New/updated contract with a certified subsurface operator for a Type VIb system which requires monthly visits pursuant to 15A NCAC 18E .1301 is attached.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules, if applicable. I understand that I am applying for a Type VIb system which requires monthly visits by a certified subsurface operator. I understand that if the information in the application is falsified then the Operation Permit shall be invalid.

Owner's signature (required) Date

For Local Health Department Use only

Wastewater system is installed in Group I Soils:
Facility type generates domestic strength wastewater as defined in 15A NCAC 18E .0402 and is not listed in 15A NCAC 18E .0401 Table II as having the potential to generate high strength wastewater:
All information required above is attached and included.

Authorized Agent's Signature: Date:

Please send this application and all attached information to the State for review and approval.