

DHHS-DPH-OSWP SUBSURFACE WASTEWATER SYSTEM DESIGN FLOW REDUCTION REVIEW TRANSMITTAL CHECK-LIST

Not

Done Applicable A. Application information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application has been submitted to LHD. |
| <input type="checkbox"/> | <input type="checkbox"/> | Name, address, phone, Fax, E-Mail Numbers for owner, agent, consultant are attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Project proposed is described, including whether new, repair, expansion, replacement, modification of existing, or combination. |
| <input type="checkbox"/> | <input type="checkbox"/> | Facilities are described (existing and proposed) which are to be served by proposed system, including occupancy and projected use patterns. |
| <input type="checkbox"/> | <input type="checkbox"/> | List provided of all wastewater sources and water use fixtures (points of wastewater entry into system). |
| <input type="checkbox"/> | <input type="checkbox"/> | Projected wastewater characteristics (e.g. including wastewater quality data for any non-domestic sources) and flow patterns are described. |
| <input type="checkbox"/> | <input type="checkbox"/> | Wastewater system components are described (existing and proposed). |

B. Design Flow Information

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Proposed adjusted design flow attached for sizing each system component (e.g. pretreatment units, and drainfields). |
| <input type="checkbox"/> | <input type="checkbox"/> | Basis, including calculations, for determining adjusted design flows provided. |
| | | If reduction proposed is based on flow data: |
| <input type="checkbox"/> | <input type="checkbox"/> | Comparable facility has been fully described, including comparative occupancy, hours of operation, location, size, floor plans, water use fixtures and water use practices. For food service facility, documentation on comparable dining area size and use of multi- vs. single-service utensils and plates has been provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | Flow meter(s) location(s) has been specified and measurement units have been field confirmed, with documentation attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Flow data provided include at least 12 previous consecutive monthly consumption readings and 30 days of consecutive daily flow readings from an average or above average month. |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupancy/use data have also been collected at least during this 30 day period. |
| <input type="checkbox"/> | <input type="checkbox"/> | If system includes food service wastewater, at least two effluent samples during hours of operation have been taken from the comparable facility and analyzed for BOD or COD, total suspended solids and grease + oil. |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional wastewater quality data provided as requested for any other non-domestic sources. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pretreatment measures have been proposed to off-set any high strength characteristics of the wastewater from the proposed facility (description attached). |

Done Not
Applicable

If reduction proposed is based on using water-conserving fixtures:

- Manufacturer's cut sheets are attached for proposed plumbing fixtures, including water consumption per use.
- Provisions are described for wastewater minimization and for diverting extraneous waters from the wastewater system (eg: cooling system condensate discharges)
- If reduction is based on flow equalization, anticipated flow pattern, basis for sizing dosing tank and drainfields, and method of equalizing flows are fully described.

C. Concurring Signature, that the applicant has, to the best of his/her abilities and belief, provided complete and factual representations of the information requested above:

Applicant or Applicant's Agent Date

D. Health Department's Concurrence that Application has been submitted, requested information appears complete and State review is requested:

Local Health Department Environmental Health Specialist Date

* **Note to all interested persons.** This transmittal check list and necessary accompanying information shall be submitted with a request for evaluation of a proposed design flow rate reduction in accordance with 15A NCAC 18A .1949(c) to the On-Site Water Protection Branch, Environmental Health Section, Division of Public Health, 1642 Mail Service Center, Raleigh, NC 27699-1642 (Phone: 919-707-5874).