

RE-PERMITTING APPLICATION FOR TYPE V WASTEWATER SYSTEMS

New Hanover County Health Department File Number _____ (if known)

PLEASE PRINT OR TYPE

1. Mailing address of applicant/permittee:

Facility Name _____

Owner Name _____

Facility Contact Person _____

Address _____

City _____ Zip Code _____

Telephone Number (____) _____ Fax Number (____) _____

E-mail Address _____

(HOA's and Utility's shall provide a list of current board officers, include addresses of officers requiring copies of correspondence)

2. Location of facility:

Street Address or State Road _____

City / Zip Code _____

Is the property on which the collection system, lift stations, wastewater treatment system, disposal area under control (easements) or ownership of the Owner listed above? ____Yes ____No

3. Wastewater treatment system:

Design flow of facility: _____ GPD (Residential _____ # bedrooms /Commercial _____ # employees)

Is this an Industrial Process Wastewater System? ____Yes ____No

Are groundwater monitoring wells on site? ____Yes ____No

Wastewater treatment facility currently serves (provide description, i.e. # units with # bedrooms, # employees, shopping center units, # houses with # bedrooms, swimming pool bath house, restaurant and/or lounge (include # seats), or foodstand): _____

Please note any changes that have occurred since last permit was issued: _____

Is there current system construction? ____Yes ____No

Are repairs or new construction proposed? ____Yes ____No; If yes, describe: _____

4. Certified Operator

Name _____

Mailing Address _____ City / Zip Code _____

Phone/ Cell/Pager _____ E-mail _____

Current contract included with application ____Yes ____No

(Copy of a contract with certified operator required prior to permit renewal.)

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing _____ Title _____

Signature of Applicant _____ Date _____