



NEW HANOVER COUNTY

HEALTH & HUMAN SERVICES

Environmental Health

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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