



BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

**This page to be completed by LHD or private licensed professional*

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- | | |
|---|--|
| <input type="checkbox"/> Rule .0502 – Topography & Landscape Position | <input type="checkbox"/> Rule .0506 – Saprolite |
| <input type="checkbox"/> Rule .0503 – Soil Morphology | <input type="checkbox"/> Rule .0507 – Restrictive Horizons |
| <input type="checkbox"/> Rule .0504 – Soil Wetness Condition | <input type="checkbox"/> Rule .0508 – Available Space |
| <input type="checkbox"/> Rule .0505 – Soil Depth | <input type="checkbox"/> Other Rule(s) (please specify): _____ |

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:

(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Signature of Authorized Agent

Date

OR

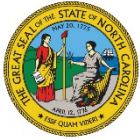
AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE

License Number

Date

**This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*



OWNER REQUEST
for
BEST PROFESSIONAL JUDGMENT

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

for the repair of
WASTEWATER TREATMENT AND DISPERSAL SYSTEMS
IN ACCORDANCE WITH 15A NCAC 18E .1306

**This page to be completed by owner of property or owner's legal representative*

DATE: _____, 20_____

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____

Physical Address (if different than mailing address): _____

City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X _____, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

**This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*