



**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**

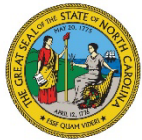
**AOWE/PE SIGNATURE (if applicable)**

\_\_\_\_\_  
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.*