



## FAST TRACK SEWER SYSTEM EXTENSION APPLICATION INSTRUCTIONS FOR FORM: FTA 07-25 & SUPPORTING DOCUMENTATION

This application is for sewer extensions involving gravity sewers, pump stations and force mains, or any combination that has been certified by a professional engineer and the applicant that the project meets the requirements of [15A NCAC 02T](#) and the Division's Minimum Design Criteria ([Gravity Sewer](#) & [Pump Stations/Force Mains](#)) and that **plans, specifications and supporting documents have been prepared in accordance with [15A NCAC 02T](#), [15A NCAC 02T .0300](#), Division policies, and [good engineering practices](#).**

While **no upfront engineering design documents are required for submittal**, in accordance with 15A NCAC 02T .0305(b), design documents must be prepared prior to submittal of a fast track permit application to the Division. This would include plans, design calculations, and project specifications referenced in [15A NCAC 02T .0305](#) and the applicable minimum design criteria. These documents shall be immediately available upon request by the Division.

Projects that are deemed permitted (do not require a permit from the Division) are explained in [15A NCAC 02T.0303](#).

Projects not eligible for review via the fast track process (must be submitted for full technical review):

- Projects that do not meet any part of the minimum design criteria (MDC) documents;
- Projects that involve more than one variance from the requirements of 15A NCAC 02T;
- Pressure sewer systems utilizing simplex septic tank-effluent pumps (STEPs) or simplex grinder pumps;
- Simplex STEP or simplex grinder pumps connecting to pressurized systems (e.g. force mains);
- Vacuum sewer systems.

Track your application status by clicking this hyperlink when viewing this page digitally: [Crystal Reports Viewer](#)

**General** – When submitting an application, please use the following instructions as a checklist in order to ensure all required items are submitted. Adherence to these instructions and checking the provided boxes will help produce a quicker review time and reduce the amount of requested additional information. **Failure to submit all required items will necessitate additional processing and review time, and may result in return of the application.** Unless otherwise noted, the Applicant shall submit one original (physical) and one digital copy of the application and supporting documentation.

### A. One Original and One Digital Copy of Application and Supporting Documents

- ☐ Required unless otherwise noted. Signatures on original must be “wet ink” or secure digital signatures. Please do not submit engineering design plans with the application unless specifically requested.
- ☐ Please do not submit this checklist as part of your application.
- ☐ Submission of the Digital Application may be in a singular PDF format. Please contact your applicable Regional Office for further information.

### B. Cover Letter/Narrative Description (Required for All Application Packages):

- ☐ List all items included in the application package, as well as a brief description of the requested permitting action.
  - Be specific as to the system type, number of homes served, flow allocation required, etc.
  - Include the permit number/status of any other required sewer permits (downstream/upstream)
  - If necessary for clarity, include attachments to the application form.
  - If the project is funded by American Rescue Plan Act (ARPA) funds, please include the ARPA project number in the cover letter and in parentheses under Project Name (Section II.1. of the application).

### C. Application Fee (All New and Modification Application Packages):

- ☐ Submit a check or money order dated within 90 days of application submittal and made payable to North Carolina Department of Environmental Quality (NCDEQ). The appropriate fee amount for new and major modification applications may be found at: [Water Quality Permitting Project Fees](#).
- Payable to North Carolina Department of Environmental Quality (NCDEQ)

**D. Fast Track Application (Required for All Application Packages, Form FTA 07-25):**

- ☐ Submit the completed and appropriately executed application.
- If necessary for clarity or due to space restrictions, attachments to the application may be made.
- ☐ If the Applicant Type in Item I.2 is a corporation or company, provide documentation it is registered for business with the [North Carolina Secretary of State](#).
- ☐ If the Applicant Type in Item I.2 is a partnership or d/b/a, enclose a copy of the certificate filed with the Register of Deeds in the county of business.
- ☐ The Project Name in Item II.1 shall be consistent with the project name on the flow acceptance letters, agreements, etc.
- ☐ The Professional Engineer's Certification on Page 5 of the application shall be signed, sealed and dated by a [North Carolina licensed Professional Engineer](#).
- ☐ The Applicant's Certification on Page 5 of the application shall be signed in accordance with [15A NCAC 02T .0106\(b\)](#). Per 15A NCAC 02T .0106(c), an alternate person may be designated as the signing official if a delegation letter is provided from a person who meets the criteria in 15A NCAC 02T .0106(b).

**E. Variance or Flow Reduction Approval**

- ☐ If a Variance or Flow Reduction Approval is required for permitting, the application for these must be submitted and approval received BEFORE submission of FTA 07-25. An FTA 07-25 is not considered complete without the inclusion of these approvals and will be returned. **Submission of FTA 07-25 and supporting documents to the regional office is only allowed once the variance or flow reduction has been approved by the Central Office. Submission prior will result in the application being returned.**

**F. Flow Tracking/Acceptance Form (Form: FTSE 03-25) (If Applicable):**

- ☐ Submit the completed and executed FTSE form from the owners of the downstream sewers and treatment facility.
- Multiple forms maybe required where the downstream sewer owner and wastewater treatment facility are different.
- The flow acceptance indicated in form FTSE must not expire prior to permit issuance and must be dated less than one year prior to the application date.
- Submittal of this application and form FTSE indicates that owner has adequate capacity and will not violate [G.S. 143-215.67\(a\)](#).
- Intergovernmental agreements or other contracts will not be accepted in lieu of a project-specific FTSE.

**G. Site Maps (All Application Packages):**

- ☐ Include a color aerial photo-style map showing general project area (such as street names or latitude/longitude) and nearest surface waters so that Division staff can easily locate it in the field. Map should clearly show proposed project area with indication lines or shading.
- General location of the project components (gravity sewer, pump stations, & force main)
- Downstream connection points and permit number (if known) for the receiving sewer
- Indication of full project area marked clearly

**H. Existing Permit (Application Packages for Modifications to an Existing Permit):**

- ☐ Submit a copy of the most recently issued existing permit.
- ☐ **Include a descriptive and clear narrative identifying the previously permitted items to remain in the permit, items to be added, and/or items to be modified** (the application form itself should include only include items to be added/modified). The narrative should also include whether any previously permitted items have been certified.
- ☐ **The narrative should clearly identify the requested permitting action and accurately describe the sewers to be listed in the final permit.**

**I. Power Reliability Plan (Required if portable reliability option utilized for Pump Station):**

- ☐ Per [15A NCAC 02T .0305\(h\)\(1\)](#), submit documentation of power reliability for pumping stations.
- This alternative is only available for average daily flows less than 15,000 gallons per day
- It shall be demonstrated to the Division that the portable source is owned or contracted by the applicant and is compatible with the station. The Division will accept a letter signed by the applicant (see 15A NCAC 02T .0106(b)) or proposed contractor, stating that "the portable power generation unit or portable, independently-powered pumping units, associated appurtenances and personnel are available for distribution and operation of this pump station."
- **If the portable power source or pump is dedicated to multiple pump stations, an evaluation of all the pump stations' storage capacities and the rotation schedule of the portable power source or pump, including travel timeframes, shall be provided in the case of a multiple station power outage. (Required at time of certification)**

**J. Certificate of Public Convenience and Necessity (All Application Packages for Privately-Owned Public Utilities):**

- ☐ Per [15A NCAC 02T .0115\(a\)\(1\)](#) provide the Certificate of Public Convenience and Necessity from the [North Carolina Utilities Commission](#) demonstrating the Applicant is authorized to hold the utility franchise for the area to be served by the sewer extension, or
- ☐ Provide a letter from the [North Carolina Utilities Commission's Water and Sewer Division Public Staff](#) stating an application for a franchise has been received and that the service area is contiguous to an existing franchised area or that franchise approval is expected.

**K. Operational Agreements (Applications from HOA/POA and Developers for lots to be sold):**

- ☐ Home/Property Owners' Associations
  - ☐ Per [15A NCAC 02T .0115\(c\)](#), submit the properly executed [Operational Agreement \(FORM: HOA\)](#).
  - ☐ Per 15A NCAC 02T .0115(c), submit a copy of the Articles of Incorporation, Declarations and By-laws.
- ☐ Developers of lots to be sold
  - ☐ Per [15A NCAC 02T .0115\(b\)](#), submit the properly executed [Operational Agreement \(FORM: DEV\)](#).

*For more information, visit the Division's collection systems [website](#)*

**THE COMPLETED APPLICATION PACKAGE INCLUDING ALL SUPPORTING INFORMATION AND MATERIALS, SHOULD BE SENT TO THE [APPROPRIATE REGIONAL OFFICE](#):**

<b>REGIONAL OFFICE</b>	<b>ADDRESS</b>	<b>COUNTIES SERVED</b>
<a href="#"><u>Asheville Regional Office Water Quality Section</u></a>	2090 US Highway 70 Swannanoa, North Carolina 28778-8211 (828) 296-4500 (828) 299-7043 Fax	Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
<a href="#"><u>Fayetteville Regional Office Water Quality Section</u></a>	225 Green Street Suite 714 Fayetteville, North Carolina 28301-5095 (910) 433-3300 (910) 486-0707 Fax	Anson, Bladen, Cumberland, Harnett, Hoke, Montgomery, Moore, Robeson, Richmond, Sampson, Scotland
<a href="#"><u>Mooresville Regional Office Water Quality Section</u></a>	610 E. Center Avenue Mooresville, North Carolina 28115 (704) 663-1699 (704) 663-6040 Fax	Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union
<a href="#"><u>Raleigh Regional Office Water Quality Section</u></a>	3800 Barrett Drive Raleigh, North Carolina 27609 (919) 791-4200 (919) 571-4718 Fax	Chatham, Durham, Edgecombe, Franklin, Granville, Halifax, Johnston, Lee, Nash, Northampton, Orange, Person, Vance, Wake, Warren, Wilson
<a href="#"><u>Washington Regional Office Water Quality Section</u></a>	943 Washington Square Mall Washington, North Carolina 27889 (252) 946-6481 (252) 975-3716 Fax	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Greene, Hertford, Hyde, Jones, Lenoir, Martin, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne
<a href="#"><u>Wilmington Regional Office Water Quality Section</u></a>	127 Cardinal Drive Extension Wilmington, North Carolina 28405 (910) 796-7215 (910) 350-2004 Fax	Brunswick, Carteret, Columbus, Duplin, New Hanover, Onslow, Pender
<a href="#"><u>Winston-Salem Regional Office Water Quality Section</u></a>	450 W. Hanes Mill Road Suite 300 Winston-Salem, North Carolina 27105 (336) 776-9800 (336) 776-9797 Fax	Alamance, Alleghany, Ashe, Caswell, Davidson, Davie, Forsyth, Guilford, Rockingham, Randolph, Stokes, Surry, Watauga, Wilkes, Yadkin



FAST TRACK SEWER SYSTEM EXTENSION APPLICATION  
FTA 07-25 & SUPPORTING DOCUMENTATION

Application Number: \_\_\_\_\_ (to be completed by DWR)

**All items must be completed with all applicable information, or the application will be returned**

**DO NOT SEND ENGINEERING PLANS UNLESS REQUESTED**

**I. APPLICANT INFORMATION:**

1. Applicant's name: Town of Holly Springs (company, municipality, HOA, utility, etc.)
2. Applicant type: ☐ Individual ☐ Corporation ☐ General Partnership ☐ Privately-Owned Public Utility  
☐ Federal ☐ State/County ☒ Municipal ☐ Other
3. Signature authority's name: Kendra D. Parrish, PE per 15A NCAC 02T .0106(b) Title: Executive Director of Utilities & Infrastructure
4. Applicant's mailing address: 128 S. Main Street, PO Box 8 City: Holly Springs State: NC Zip: 27540-  
\_\_\_\_\_
5. Applicant's contact information: Phone number: (919) 557-2933 Email Address: kendra.parrish@hollyspringsnc.gov;  
hsutilitypermits@hollyspringsnc.gov

**II. PROJECT INFORMATION:**

1. Project name: \_\_\_\_\_
2. Application/Project status: ☐ Proposed (New Permit) ☐ Existing Permit/Project ☐ ARPA funded ☐ S.L. 2023-134 funded
3. If a modification, provide the existing permit number: WQ00\_\_\_\_\_ and issued date: \_\_\_\_\_,  
**For modifications, also attach a detailed narrative description and copy of original permit as described in Item G of the checklist.**  
If new construction, but part of a master plan, provide the existing permit number: WQ00\_\_\_\_\_  
If ARPA or S.L. 2023-134 funded, provide the project number: \_\_\_\_\_
4. County where project is located: Wake
5. Approximate Coordinates (Decimal Degrees): Latitude: \_\_\_\_° Longitude: - \_\_\_\_°
6. Parcel ID (if applicable): \_\_\_\_\_ (or Parcel ID to closest downstream sewer)

**III. CONSULTANT INFORMATION:**

1. Professional Engineer: \_\_\_\_\_ License Number: \_\_\_\_\_ Firm: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_-\_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

**IV. WASTEWATER TREATMENT FACILITY (WWTF) INFORMATION:**

1. Facility Name: Utey Creek Water Reclamation Facility Permit Number: NC0063096  
Owner Name: Town of Holly Springs

**V. RECEIVING DOWNSTREAM SEWER INFORMATION:**

1. Permit Number(s): WQ\_\_\_\_\_
2. Downstream (Receiving) Sewer Information: \_\_\_\_\_ inch ☐ Gravity ☐ Force Main

3. System Wide Collection System Permit Number(s) (if applicable): WQCS00192  
Owner Name(s): Town of Holly Springs

## VI. GENERAL REQUIREMENTS

1. If the Applicant is a Privately-Owned Public Utility, has a Certificate of Public Convenience and Necessity been attached?  
☐ Yes ☐ No ☒ N/A
2. If the Applicant is a Developer of lots to be sold, has a [Developer's Operational Agreement \(FORM: DEV\)](#) been attached?  
☐ Yes ☐ No ☒ N/A
3. If the Applicant is a Home/Property Owners' Association, has an [HOA/POA Operational Agreement \(FORM: HOA\)](#) and supplementary documentation as required by 15A NCAC 02T.0115(c) been attached?  
☐ Yes ☐ No ☒ N/A

4. Origin of wastewater: (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Residential (Individually Owned) | <input type="checkbox"/> Retail (stores, centers, malls)          | <input type="checkbox"/> Car Wash                      |
| <input type="checkbox"/> Residential (Leased)             | <input type="checkbox"/> Retail with food preparation/service     | <input type="checkbox"/> Hotel and/or Motels           |
| <input type="checkbox"/> School / preschool / day care    | <input type="checkbox"/> Medical / dental / veterinary facilities | <input type="checkbox"/> Swimming Pool/Clubhouse       |
| <input type="checkbox"/> Food and drink facilities        | <input type="checkbox"/> Church                                   | <input type="checkbox"/> Swimming Pool/Filter Backwash |
| <input type="checkbox"/> Businesses / offices / factories | <input type="checkbox"/> Nursing Home                             | <input type="checkbox"/> Other (Explain in Attachment) |

5. Nature of wastewater : \_\_\_\_\_% Domestic \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial ([See 15A NCAC 02T .0103\(20\)](#))  
If Industrial, is there a Pretreatment Program in effect? ☐ Yes ☐ No
6. Has a flow reduction been approved under [15A NCAC 02T .0114\(f\)](#)? ☐ Yes ☐ No  
➤ **If yes, provide a copy of flow reduction approval letter with this application**
7. Summarize wastewater generated by project (per [15A NCAC 02T .0114](#) and G.S. 143-215.1):

Establishment Type (see 02T.0114(f))	Daily Design Flow <sup>a,b</sup>	No. of Units	Flow
	gal/		GPD
	gal/		GPD
	gal/		GPD
	gal/		GPD
	gal/		GPD
	gal/		GPD
		Total	GPD

- Do not include future flows or previously permitted allocations

- a See [15A NCAC 02T .0114\(b\), \(d\), \(e\)\(1\) and \(e\)\(2\)](#) for caveats to wastewater design flow rates (i.e. proposed unknown non-residential development uses; public access facilities located near high public use areas; and residential property located south or east of the Atlantic Intracoastal Waterway to be used as vacation rentals as defined in [G.S. 42A-4](#)).
- b Per 15A NCAC 02T .0114(c), design flow rates for establishments not identified [in table [15A NCAC 02T.0114](#)] shall be determined using available flow data, water using fixtures, occupancy or operation patterns, and other measured data.

**If permitted flow is zero, please indicate why:**

- ☐ Pump Station/Force Main or Gravity Sewer where flow will be permitted in subsequent permits that connect to this line. Please provide supplementary information indicating the approximate timeframe for permitting upstream sewers with flow.
- ☐ Flow has already been allocated in Permit Number: \_\_\_\_\_ Issuance Date: \_\_\_\_\_
- ☐ Rehabilitation or replacement of existing sewers with no new flow expected
- ☐ Other (Explain): \_\_\_\_\_

**A Flow Tracking/Acceptance Form is still required for scenarios where the permitted flow is zero to assure downstream capacity for future flow. For any cases that may arise where the permitted flow is zero, please contact your Regional Office for further instruction prior to submittal of the application to minimize delay of review and approval.**

**VII. GRAVITY SEWER DESIGN CRITERIA (If Applicable) - [02T .0305](#) & [MDC \(Gravity Sewers\)](#):**

1. Summarize gravity sewer to be permitted:

Size (inches)	Length (feet)	Material

- Section II & III of the MDC for Permitting of Gravity Sewers contains information related to design criteria
- Section III contains information related to minimum slopes for gravity sewer(s)
- **Oversizing lines to meet minimum slope requirements is not allowed and a violation of the MDC**

**VIII. PUMP STATION DESIGN CRITERIA (If Applicable) - [02T .0305](#) & [MDC \(Pump Stations/Force Mains\)](#):**

PROVIDE A SEPARATE COPY OF THIS PAGE FOR EACH ADDITIONAL PUMP STATION INCLUDED IN THIS PROJECT

1. Pump station number or name: \_\_\_\_\_
2. Approximate Coordinates (Decimal Degrees): Latitude: \_\_\_\_° Longitude: - \_\_\_\_°
3. Total number of pumps at the pump station: \_\_\_\_\_
4. Design flow of the pump station: \_\_\_\_\_ millions gallons per day (firm capacity)
  - This should reflect the total GPM for the pump station with the largest pump out of service.
5. Operational point(s) per pump(s): \_\_\_\_\_ gallons per minute (GPM) at \_\_\_\_\_ feet total dynamic head (TDH)
6. Summarize the force main to be permitted (for this Pump Station):

Size (inches)	Length (feet)	Material

If any portion of the force main is less than 4-inches in diameter, please identify the method of solids reduction per MDCPSFM Section 2.01C.1.b. ☐ Grinder Pump ☐ Mechanical Bar Screen ☐ Other (please specify) \_\_\_\_\_

7. Power reliability in accordance with [15A NCAC 02T .0305\(h\)\(1\)](#):

☐ Standby power source or ☐ Standby pump

- Must have automatic activation and telemetry - [15A NCAC 02T.0305\(h\)\(1\)\(B\)](#):
- Required for all pump stations with an average daily flow greater than or equal to 15,000 gallons per day
- **Must be permanent to facility** and may not be portable

Or if the pump station has an average daily flow less than 15,000 gallons per day [15A NCAC 02T.0305\(h\)\(1\)\(C\)](#):

☐ Portable power source with manual activation, quick-connection receptacle and telemetry -

or

☐ Portable pumping unit with plugged emergency pump connection and telemetry:

- Include documentation that the portable source is owned or contracted by the applicant and is compatible with the station.
- If the portable power source or pump is dedicated to multiple pump stations, an evaluation of all the pump stations' storage capacities and the rotation schedule of the portable power source or pump, including travel timeframes, shall be provided as part of this permit application in the case of a multiple station power outage.

**IX. SETBACKS & SEPARATIONS – (02B .0200 & 15A NCAC 02T .0305(f)):**

15A NCAC 02T.0305(f) contains minimum separations that shall be provided for sewer systems:

<b>Setback Parameter*</b>	<b>Separation Required</b>
Storm sewers and other utilities not listed below (vertical)	18 inches
<sup>2</sup> Water mains (vertical - water over sewer preferred, including in benched trenches)	18 inches
<sup>2</sup> Water mains (horizontal)	10 feet
Reclaimed water lines (vertical - reclaimed over sewer)	18 inches
Reclaimed water lines (horizontal - reclaimed over sewer)	2 feet
**Any private or public water supply source, including any wells, WS-I waters of Class I or Class II impounded reservoirs used as a source of drinking water, and associated wetlands.	100 feet
**Waters classified WS (except WS-I or WS-V), B, SA, ORW, HQW, or SB from normal high water (or tide elevation) and wetlands associated with these waters (see item IX.2)	50 feet
**Any other stream, lake, impoundment, or ground water lowering and surface drainage ditches, as well as wetlands associated with these waters or classified as WL.	10 feet
Any building foundation (horizontal)	5 feet
Any basement (horizontal)	10 feet
Top slope of embankment or cuts of 2 feet or more vertical height	10 feet
Drainage systems and interceptor drains	5 feet
Any swimming pools	10 feet
Final earth grade (vertical)	36 inches

➤ If noncompliance with [02T.0305\(f\) or \(g\)](#), see Section X.1 of this application

\*[15A NCAC 02T.0305\(g\)](#) contains alternatives where separations in [02T.0305\(f\)](#) cannot be achieved. Please check “yes” below if these alternatives are used and provide narrative information to explain.

\*\*Stream classifications can be identified using the Division’s [NC Surface Water Classifications webpage](#)

- Does the project comply with all separations/alternatives found in [15A NCAC 02T .0305\(f\) & \(g\)](#)? ☐ Yes ☐ No
- Does this project comply with the minimum separation requirements for water mains? ☐ Yes ☐ No ☐ N/A
  - If no, please refer to 15A NCAC 18C.0906(f) for documentation requirements and submit a separate document, signed/sealed by an NC licensed PE, verifying the criteria outlined in that Rule.
- Does the project comply with separation requirements for wetlands? ☐ Yes ☐ No ☐ N/A
  - Please provide supplementary information identifying the areas of non-conformance.
  - See the Division’s [draft separation requirements](#) for situations where separation cannot be met.
  - No variance is required if the alternative design criteria specified is utilized in design and construction.
- Is the project located in a river basin subject to any State buffer rules or Trout Buffered Streams per [15A NCAC 2B.0202](#)? ☐ Yes Basin name: \_\_\_\_\_ ☐ No  
 If yes, does the project comply with setbacks found in the river basin rules per [15A NCAC 02B .0200](#)? ☐ Yes ☐ No
- Does the project require coverage/authorization under a 404 Nationwide/individual permits or 401 Water Quality Certifications? ☐ Yes ☐ No
  - Please provide the permit number/permitting status in the cover letter if coverage/authorization is required.
- Does project comply with [15A NCAC 02T.0105\(c\)\(6\)](#) (additional permits/certifications)? ☐ Yes ☐ No  
 Per [15A NCAC 02T.0105\(c\)\(6\)](#), directly related environmental permits or certification applications must be being prepared, have been applied for, or have been obtained. Issuance of this permit is contingent on issuance of dependent permits (erosion and sedimentation control plans, stormwater management plans, etc.).
- Does this project include any sewer collection lines that are deemed “high-priority?” ☐ Yes ☐ No  
 Per [15A NCAC 02T.0402](#), “high-priority sewer” means any aerial sewer, sewer contacting surface waters, siphon, or sewers positioned parallel to streambanks that are subject to erosion that undermines or deteriorates the sewer.  
**Siphons and sewers suspended through interference/conflict boxes require a variance approval.**
  - If yes, include an attachment with details for each line, including type (aerial line, size, material, and location).

**High priority lines shall be inspected by the permittee or its representative at least once every six-months and inspections documented per 15A NCAC 02T.0403(a)(5) or the permittee’s individual System-Wide Collection permit.**

**X. CERTIFICATIONS:**

1. Does the submitted system comply with [15A NCAC 02T](#), the [Minimum Design Criteria for the Permitting of Pump Stations and Force Mains \(latest version\)](#), and the [Gravity Sewer Minimum Design Criteria \(latest version\)](#) as applicable?

☐ Yes

☐ No

If no, you must provide the application number of the variance pending approval in order to proceed with this application. Variance No. WQSV\_\_\_\_\_. The Variance/Alternative Sewer Application form is available on the [Sewer Extension Permitting](#) website. **Projects requiring two or more variances, or a variance determined by the Division to be a significant portion of the project, may be required to submit the project for a full technical review.**

2. Professional Engineer's Certification:

I, \_\_\_\_\_, attest that this application for \_\_\_\_\_  
(Professional Engineer's name from Application Item III.1.) (Project Name from Application Item II.1)

**has been reviewed by me and is accurate, complete and consistent with the information supplied in the plans, specifications, engineering calculations, and all other supporting documentation to the best of my knowledge.** I further attest that to the best of my knowledge the proposed design has been prepared in accordance with the applicable regulations, [Minimum Design Criteria for Gravity Sewers \(latest version\)](#), and the [Minimum Design Criteria for the Fast-Track Permitting of Pump Stations and Force Mains \(latest version\)](#). Although other professionals may have developed certain portions of this submittal package, inclusion of these materials under my signature and seal signifies that I have reviewed this material and have judged it to be consistent with the proposed design.

NOTE – In accordance with General Statutes 143-215.6A and 143-215.6B, any person who knowingly makes any false statement, representation, or certification in any application package shall be guilty of a Class 2 misdemeanor, which may include a fine not to exceed \$10,000, as well as civil penalties up to \$25,000 per violation. Misrepresentation of the application information, including failure to disclose any design non-compliance with the applicable Rules and design criteria, may subject the North Carolina-licensed Professional Engineer to referral to the licensing board. (21 NCAC 56.0701)

**North Carolina Professional Engineer's seal, signature, and date:**



3. Applicant's Certification per 15A NCAC 02T .0106(b):

I, \_\_\_\_\_, attest that this application for \_\_\_\_\_  
(Signature Authority Name from Application Item I.3.) (Project Name from Application Item II.1)

**attest that this application has been reviewed by me and is accurate and complete to the best of my knowledge.** I understand that if all required parts of this application are not completed and that if all required supporting documentation and attachments are not included, this application package is subject to being returned as incomplete. I understand that any discharge of wastewater from this non-discharge system to surface waters or the land will result in an immediate enforcement action that may include civil penalties, injunctive relief, and/or criminal prosecution. I will make no claim against the Division of Water Resources should a condition of this permit be violated. I also understand that if all required parts of this application package are not completed and that if all required supporting information and attachments are not included, this application package will be returned to me as incomplete.

**NOTE** – In accordance with General Statutes [143-215.6A](#) and [143-215.6B](#), any person who knowingly makes any false statement, representation, or certification in any application package shall be guilty of a Class 2 misdemeanor, which may include a fine not to exceed \$10,000 as well as civil penalties up to \$25,000 per violation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_