

**Chatham County Public Health Department
 Environmental Health Division
 80 East Street/ P.O. Box 130
 Pittsboro, NC 27312**

For Office Use
Subdivision _____
Lot No. _____
Parcel No. _____

**On Site Wastewater System Monitoring
 Registration Form for System Types III(b), IV, V and VI**

Please complete 1-9.

1. **Owner's Name** _____
2. **Street Address** _____
3. **City** _____ 4. **Zipcode** _____
5. **System Address** _____
6. **Phone Number** Day _____ Evening _____
7. **FAX Number** _____ 8. **E-Mail Address** _____
9. **Name of Management Entity (System Types IV, V & VI only)** _____

System Type _____

15A NCAC 18A .1961 (e) states:

“A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity [All Type IV systems installed or repaired after July 1, 1992 and all existing Type V and VI systems per .1961(b)], unless the owner and certified operator are the same. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for a as long as the system is in use, and other requirements for the continued proper performance of the system. It shall be a condition of the Operation Permit that subsequent owners of the system execute such a contract.”

15A NCAC 18A.1961 (b) states that system management shall be in accordance with Tables V (a) and V (b) found on back of this form.

Minimum System Inspection/Maintenance Frequency by Management Entity for system at above address is _____.

Reporting frequency by management entity to Chatham County Environmental Health Division is _____.

15A NCAC 18A .1961(j) states:

“The local health department shall routinely review the performance and operation reports submitted in accordance with Table V(B) of this Rule and shall perform an on-site inspection of the systems as required in Table V (a).” Chatham County Environmental Health Division staff will conduct inspections of your system in accordance with this requirement. Chatham County Environmental Health Inspection Frequency for System at above address is _____.

You will be assessed an annual fee of \$_____, **or** you have the option to pay ___ years at _____ for your system. (Savings of \$____)

Your signature below provides permission for representatives of the department to visit your property for the purpose of inspecting your septic system.

Owner/Legal Representative _____ **Date** _____

Table V(a) (Excerpt)
Local Health Department Responsibilities

System Classification	System Description	Permits Required	Min Sys. Review Freq.
Type III (b)	Septic system with Single effluent pump or siphon	Improvement Permit, Construction Authorization, and Operation Permit	5 yrs.
Type IV	a. Any system with LPP distribution b. System with more than 1 pump or siphon	Improvement Permit, Construction Authorization, and Operation Permit	3 yrs.
Type V	a. Sand filter pretreatment Flow equalization b. Any > 3000-GPD system with a nitrification field designed for > 1500GPD c. ATU d. Other mechanical, biological, or chemical pretreatment plant (<3000GPD)	Improvement Permit, Construction Authorization, and Operation Permit	12 mos.
Type VI	a. Any > 3000GPD system with mechanical, biological, or chemical pretreatment system plant b. Wastewater reuse/recycle	Improvement Permit, Construction Authorization, and Operation Permit	6 mos.

Table V(b) (Excerpt)
MANAGEMENT ENTITY RESPONSIBILITIES

System Classification	Management Entity	Inspection Frequency	Reporting Frequency
Type III	Owner	N/A	N/A
Type IV	Public Management Entity with a Certified Operator or a private Certified Operator	2/yr.	12 months
Type V	Public Management Entity with a Certified Operator or a private Certified Operator	a. 2/yr(0-1500 GPD) 4/yr(1500-3000 GPD) 12/yr(3000-10000 GPD) 1/wk(>10000) GPD) b. 12/yr(3000-10000 GPD) c. 4/yr d. 12/yr	6 months
Type VI	Public Management Entity With a Certified Operator	1/wk(3000-10000) 2/wk(10000-25000)	3 months