State of North Carolina
Department of Environmental Quality
Division of Water Resources

NON-DISCHARGE WASTWATER SYSTEM WAIVER

AGREEMENT TO WAIVE SETBACKS AS REQUIRED BY
15A NCAC 02T .0506(a), .0506(b), .0606(a), .0706(a) AND .1006(a)

I, _____, certify that I am a deeded owner of the property located at:

Address: _____ Parcel No.: _____

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

Furthermore, I certify that I am authorized to make decisions regarding this property, and that I do hereby agree that the setback distances cited below be granted to the Applicant/Permittee listed on the following page.

☐ **I understand the setback requirements set forth in 15A NCAC 02T. For the parcel identified above, I consent to a reduced setback from _____ feet to _____ feet, thereby allowing the application of wastewater effluent as near as _____ feet from my property line.**

☐ **I understand the setback requirements set forth in 15A NCAC 02T. For the parcel identified above, I consent to a reduced setback from _____ feet to _____ feet, thereby allowing the application of wastewater effluent as near as _____ feet from my residence.**

☐ **I understand the setback requirements set forth in 15A NCAC 02T. For the parcel identified above, I consent to a reduced setback from ____ feet to ____ feet, thereby allowing the construction of wastewater treatment and storage units as near as ___ feet from my property line.**

☐ **I understand the setback requirements set forth in 15A NCAC 02T. For the parcel identified above, I consent to a reduced setback from _____ feet to _____ feet, thereby allowing the construction of wastewater treatment and storage units as near as _____ feet from my residence.**

Signature: _____ Date: _____

Applicant/Permittee: _____

Address: _____ Parcel No.: _____

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

NORTH CAROLINA, _____ COUNTY

I, _____, a Notary Public for _____ County, North Carolina,

do hereby certify that _____ personally appeared before me this day

and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, _____.

SEAL

_____

Signature of Notary Public

My commission expires _____

Once notarized, this form shall be recorded at the Register of Deeds in the county or counties in which the described properties are located. A copy of the recorded waiver shall be sent to the following address:

Division of Water Resources
Water Quality Permitting Section
1617 Mail Service Center
Raleigh, North Carolina 27699-1617