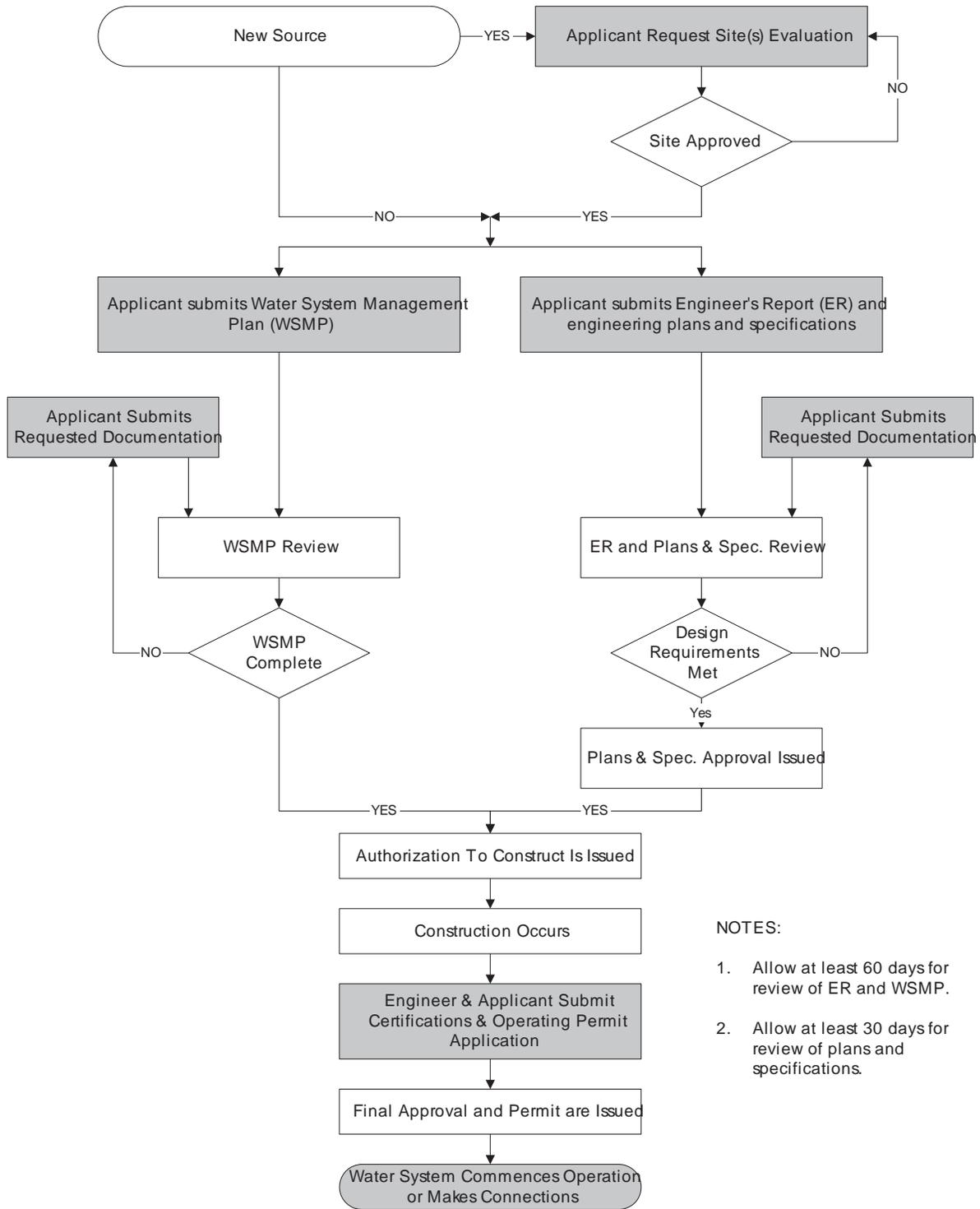


APPROVAL PROCESS FLOW CHART





**STATE OF NORTH CAROLINA
Department of Environmental Quality
APPLICANT CERTIFICATION FORM**

In accordance with 15A NCAC 18C .0303 (c), a signed applicant certification must be submitted to the Department, stating that the Operation and Maintenance (O&M) Plan and the Emergency Management Plan requirements have been satisfied and that the system will have a certified operator as required by Section .1300. No construction, alteration, or expansion of a community or non-transient, non-community public water system shall be placed into final service or made available for human consumption until the applicant has submitted the certification and has received Final Approval from the Department.

Certification must be provided by the following individual or their duly authorized representative:

1. For a corporation, limited liability company, home owner association or non-profit organization: *a president, vice president, secretary, or treasurer.*
2. For a partnership or sole proprietorship: *by a general partner or the proprietor.*
3. For a municipality, State, Federal or other agency: *by either a principal executive officer or ranking elected official.*

By the signature below I certify, under penalty of law:

1. The following actions have been completed for the construction, alteration, or expansion of the water system, as defined in the project documents;
 - I, or personnel under my direct supervision, have completed an O&M Plan, and
 - an Emergency Management Plan in accordance with 15A NCAC 18C .0307(d) and (e). Based on my evaluation of the plans, or my inquiry of the person or persons directly responsible for preparing the O&M Plan and Emergency Management Plan, the information contained in the plans is, to the best of my knowledge and belief, true, accurate, and complete.

2. The following actions will be completed before the construction, alteration, or expansion of the water system, as defined in the project documents is placed into final service or made available for human consumption;
 - In accordance with 15A NCAC 18C .0307(d), the O&M Plan will be made accessible to the system operator on duty at all times and available to the Department upon request.
 - In accordance with 15A NCAC 18C .0307(e) the Emergency Management Plan will be made accessible to the system operator on duty at all times and available to the Department upon request.
 - In accordance with 15A NCAC 18C .0303(c), the system will have a certified operator as required by 15A NCAC 18C .1300.

Signature: _____	Name(Print): _____
Title: _____	Date: _____
Project Name: _____	System Name: _____
Serial No: _____	PWS I.D. No: _____

**MAIL TO: Capacity Development Engineer, Public Water Supply Section
1634 Mail Service Center, Raleigh, North Carolina 27699-1634**



**STATE OF NORTH CAROLINA
Department of Environmental Quality**

**APPLICANT CERTIFICATION FORM
For Water Main Extensions not Owned by the Supplier of Water**

No construction, alteration, expansion, or interconnection of a community or non-transient, non-community public water system shall be placed into final service or made available for human consumption until the applicant has submitted this certification and have received Final Approval from the Department.

Certification must be provided by the following individual or their duly authorized representative:

1. For a corporation, limited liability company, home owner association or non-profit organization: *a president, vice president, secretary, or treasurer.*
2. For a partnership or sole proprietorship: *by a general partner or the proprietor.*
3. For a municipality, State, Federal or other agency: *by either a principal executive officer or ranking elected official.*

By the signature below I certify that:

- The referenced project is a water main extension connected to a Public Water System, however the line extension is not owned by the Supplier of Water (i.e., the owner or operator of a Public Water System) and will not be operated as a Public Water System. If this project becomes a Public Water System as defined by the N.C. General Statutes 130A-313, I will notify the appropriate Regional Engineer of the Public Water Supply Section immediately.
- I acknowledge that the Supplier of Water is not responsible for operation, maintenance, and repair of the below referenced project.

Signature: _____	Name(Print): _____
Title: _____	Date: _____
Project Name: _____	Serial No.: _____



STATE OF NORTH CAROLINA
 Department of Environmental Quality

WATER SYSTEM MANAGEMENT PLAN CERTIFICATION

Water Resources
 ENVIRONMENTAL QUALITY

All persons, including units of local government, intending to construct, alter, or expand a community water systems or new non-transient, non-community water systems must develop and submit a Water System Management Plan (WSMP) completed in accordance with North Carolina Rules 15A NCAC 18C .0307(c). The WSMP must include certification that the information in the WSMP is true, accurate, and complete. No construction may be undertaken and no contract for construction, alteration or installation may be entered into until the Department issues an Authorization to Construct letter. This authorization requires the completion and submittal of the Engineer’s Report and Water System Management Plan and approval of the engineering plans and specification by the Department.

The signature below will certify that a WSMP has been completed in accordance with 15A NCAC 18C .0307(c), and that the information in the WSMP is true, accurate, and complete.

Certification must be provided by the following individual or their duly authorized representative:

1. For a corporation, limited liability company, home owner association or non-profit organization: *a president, vice president, secretary, or treasurer.*
2. For a partnership or sole proprietorship: *by a general partner or the proprietor.*
3. For a municipality, State, Federal or other agency: *by either a principal executive officer or ranking elected official.*

I certify, under penalty of law, that I, or personnel under my direction or supervision, have completed a WSMP in accordance with 15A NCAC 18C .0307(c). Based on my evaluation of the plan, or my inquiry of the person or persons directly responsible for preparing the WSMP, the information contained in the WSMP is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: _____	Name(Print): _____
Title: _____	Date: _____
Project Name: _____	System Name: _____
Serial No: _____	PWS I.D. No: _____