

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

NON-DISCHARGE WASTEWATER SYSTEM WAIVER

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

I, _____(printed name), certify that I am a deeded owner or an authorized agent 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 the following reduced setbacks:

- Wastewater Irrigation/Infiltration Setback to Property Lines**
The required setback of ____ feet is reduced to ____ feet, thereby allowing wastewater effluent irrigation or infiltration no closer than ____ feet from my property line.
- Wastewater Irrigation/Infiltration Setback to Places of Assembly**
The required setback of ____ feet is reduced to ____ feet, thereby allowing wastewater effluent irrigation or infiltration no closer than ____ feet from my residence(s) or place(s) of assembly.
- Wastewater Treatment and Storage Unit Setback to Property Lines**
The required setback of ____ feet is reduced to ____ feet, thereby allowing the construction of wastewater treatment and storage units no closer than ____ feet from my property line.
- Wastewater Treatment and Storage Unit Setback to Places of Assembly**
The required setback of ____ feet is reduced to ____ feet, thereby allowing the construction of wastewater treatment and storage units no closer than ____ feet from my residence or place of assembly.

Signature: _____ Date: _____

Applicant/Permittee: _____ Permit No.: _____
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
Non-Discharge Branch
1617 Mail Service Center
Raleigh, North Carolina 27699-1617