



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**JOSH STEIN • Governor**

**DEVPUTTA SANGVAI • Secretary**

**KELLY KIMPLE • Acting Director, Public Health**

On-Site Water Protection Branch  
Local Health Department Request for Project Review

In accordance with 15A NCAC 18E, the local health department may request the State to review and approve plans and specifications as specified by the local health department. The information below must accompany any request for State review and be submitted by the local health department, along with a copy of the application, as applicable or if available, be included with the project submittal. Please contact your regional engineer or soil scientist with any questions.

The \_\_\_\_\_ Health Department requests that the engineering staff of the On-Site Water Protection Branch review the attached submittal.

Applicant Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Consultant Name (If applicable and not shown on the application): \_\_\_\_\_

Type of Review Requested:

- ☐ Design Flow
- ☐ Design Plans and Specifications
- ☐ Rule .0509(c) Submittal
- ☐ Determination of Industrial Process Wastewater Status
- ☐ Proposed flow reduction based on Rule .0403
- ☐ Other (specify): \_\_\_\_\_

Type of Project:

- ☐ New
- ☐ Expansion/Modification/Change of Use
- ☐ Repair

Potential Wastewater Strength/Type:

- ☐ Domestic
- ☐ High Strength
- ☐ Industrial Process Wastewater
- ☐ Unknown

☐ Copy of Application included

☐ Copy of previously issued Permit(s) included (if applicable)

\_\_\_\_\_  
Signature of local health department contact

\_\_\_\_\_  
Date

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

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