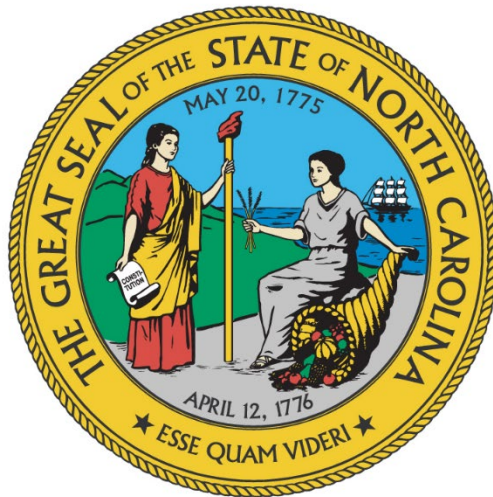


# **Onsite Wastewater Delegation of Authority Procedures**

## **Original Set**

**(Please discard all previous forms and procedures)**

*Revised May 2024*



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

# Onsite Wastewater Authorization Procedures

## Environmental Health Section, Onsite Water Protection Branch

### PRELIMINARY ACTIVITIES *(to be completed by both the applicant and applicant's supervisor)*

Initial/Date Completed

- \_\_\_\_\_ 1. The applicant has successfully completed Centralized Intern Training, Onsite Wastewater Module and General EH Module, by the Environmental Health Section, DHHS.
- \_\_\_\_\_ 2. The supervisor has ensured that the applicant has learned applicable fieldwork procedures to conduct site/soil evaluations and inspect onsite wastewater systems.
- \_\_\_\_\_ 3. The supervisor has provided the applicant with the necessary equipment to enforce the onsite wastewater laws and rules and has familiarized the applicant with the use of all equipment. Equipment shall include, at a minimum, laser level/transit, clinometer, Munsell soil color chart, auger, probe, measuring devices, engineer/architect scale, and water bottle.
- \_\_\_\_\_ 4. The supervisor has ensured that the applicant has practiced skills and knowledge in the following specific areas:

Onsite wastewater laws, rules, & forms  
Site/soil evaluation  
Septic system design, including pump design

Final inspection of septic systems  
Septic system failure analysis & repair  
Septic system existing system inspections

### FIELD PRACTICE & REVIEW *(to be completed by both the applicant and applicant's supervisor)(may vary for authorization transfers)*

Initial/Date Completed

- \_\_\_\_\_ 1. Tier IV training with regional soil scientist. Choose which option was completed below:
  - ☐ **Option 1:** Tier IV training with the regional soil scientist upon completion of Centralized Intern Training;
  - OR
  - ☐ **Option 2:** The applicant began the independent evaluations upon completion of Centralized Intern Training and all activities required for Centralized Intern Training. Up to five (5) soil/site evaluations were performed independently prior to Tier IV training. These evaluations were sent to the regional soil scientist for review. The applicant did not proceed with additional soil/site evaluations until Tier IV training was completed with the regional soil scientist.
- \_\_\_\_\_ 2. The applicant ***independently*** evaluated sites with varying soil/site conditions and completed:
  - Twenty (20) Soil/Site Evaluations, and
  - Twenty (20) mock Improvement Permit(s) (IP) and Construction Authorizations (CA), and at least one (1) mock letter of denial written out of the 20 sites evaluated, but no more than 3 mock letters of denial. Permits for repairs shall not be counted towards the requirement of 20 permits.

The mock IPs and the CAs all include a detailed site sketch with measurements depicting the property with the wastewater system location and design as well as appurtenances such as driveways, pools, decks, etc. ***REHA applicants submit mock IPs and CAs for Type II and III systems only.***
- \_\_\_\_\_ 3. With an authorized onsite wastewater environmental health specialist present, the applicant conducted at least ten inspections of wastewater system installations. One of the ten is for the repair of an existing sewage system. The applicant completed a mock Operation Permit for each installation inspected. The authorized environmental health specialist completed and signed the separate, official Operation Permit for each installation. The supervisor reviewed both Operation Permits from each installation and resolved any differences. A copy of these documents has been forwarded to the regional soil scientist. ***REHA applicants submit mock OPs for Type II and III systems only.***
- \_\_\_\_\_ 4. With an authorized onsite wastewater environmental health specialist present, the applicant conducted at least three (3) Existing System Inspections for reconnections or no-flow property additions. The applicant completed a mock Existing System Approval (ESA) for each inspection. No more than one of these

inspections can be a denial. **REHA applicants submit mock ESAs for Type II and III systems only.**

\_\_\_\_ 5. For each site evaluation, system installation inspection, and existing system inspection, the following file was developed for review and comments made by the supervisor. The applicant shall forward this file to the regional soil scientist when the request for delegation of authority is made:

- A. Plat and/or site plan
- B. Application
- C. Soil/site Evaluation form completed by the applicant
- D. Mock IP, CA, ESA, or denial letter completed by the applicant. (If no applications are denied the file shall include at least one mock letter of denial.)
- E. Mock OP completed by the applicant.
- F. Items A - E as completed by the authorized environmental health specialist

\_\_\_\_ 6. The applicant's supervisor has carefully reviewed the file in step #5 above, and the supervisor has provided feedback and guidance to applicant on this review.

**NOTE:** If upon reviewing the file, the regional soil scientist finds that the applicant needs additional practice after completing the field practice activities, the evaluation for delegation of authority may be postponed until that practice has taken place. To make best use of everyone's time, it is the supervisor's/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

## SCHEDULING THE EVALUATION FOR AUTHORIZATION

*(to be completed by both the applicant and applicant's supervisor)*

Initial/Date Completed

\_\_\_\_ 1. The applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, or for transfers the applicant has contacted the regional soil scientist for necessary field practice, and has provided the following to the Environmental Health Section:

- A properly completed *Onsite Wastewater Delegation of Authority Procedures* **AND** the *Application for Delegation of Authority*. Forward these forms **only** to [ehs.authorization@dhhs.nc.gov](mailto:ehs.authorization@dhhs.nc.gov).

\_\_\_\_ 2. The applicant has supplied FIELD PRACTICE & REVIEW documentation to the regional soil scientist.

## EVALUATION PROCEDURES

The regional soil scientist shall spend a minimum of 3 days to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional soil scientist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.
2. The regional soil scientist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must score at least 70% on the written examination prior to the field evaluation by the regional soil scientist. If the applicant fails to achieve this score, the applicant will be denied authorization. The regional soil scientist shall discuss the test results along with the incorrect answers with the applicant prior to continuing the evaluation. The written exam may be retaken by the applicant after 30 calendar days. After 3 attempts, it is recommended that the applicant reattend Centralized Intern Training before retesting.
3. The regional soil scientist shall observe the applicant's knowledge, skills, and ability to properly inspect the installation of at least one, but no more than three subsurface wastewater systems. The inspection shall include the issuance of Operation Permits or denials of issuance with reasons cited for the denials.
4. The regional soil scientist shall observe the applicant's knowledge, skills, and ability to properly evaluate at least four sites with applications for IPs which have been previously evaluated by the LHD. If an IP or the CA cannot be issued due to site suitability, the regional soil scientist will review the documentation involved with the denial.
5. The regional soil scientist shall observe the applicant's evaluation of at least one lot which has not been previously evaluated by the LHD. An IP and CA must be completed and submitted to the regional soil scientist for review.
6. A conference will be held with the Onsite Wastewater supervisor, or designee, to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section, DHHS.
7. The regional soil scientist shall recommend granting or denying the applicant the authority to enforce specific laws

and rules by completing a recommendation form and forwarding it to the Environmental Health Section within 2 business days. If the regional soil scientist cannot recommend delegation be granted after the inspections have been conducted in Steps 3-5 of this section, the recommendation shall be to deny the authorization. If delegation of authority is denied, the specific reasons for denial with recommendations for improvements shall be included. The applicant and applicant's supervisor may request the regional soil scientist return for evaluation a minimum of 30 calendar days after the previous denial of delegation of authority by resubmitting a new Application for Delegation of Authority.

## **DELEGATION OF AUTHORITY**

1. Upon receipt of the recommendation from the regional soil scientist, a letter from the State Environmental Health Director, or designee, will be sent to the applicant approving or denying the request for authorization.
2. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

## **CHANGE OF EMPLOYMENT/ADDITIONAL EMPLOYMENT**

1. If an authorized agent becomes employed in another local health department, the individual must apply for Delegation of Authority to enforce laws and rules. The following steps must be completed:
  - PRELIMINARY ACTIVITIES, Step 2 and Step 4
  - SCHEDULING THE EVALUATION FOR AUTHORIZATION
2. When an authorized agent requests authorization at another local health department, the regional soil scientist shall assess the need for additional training, which may include attending Centralized Intern Training at the expense of the employing health department, evaluating additional sites, and/or inspecting system installations.

## **CONTRACT EMPLOYMENT**

If an authorized agent opts to contract with another local health department, the agent shall either be an employee of a local health department or an employee of the N.C. Alliance of Public Health Agencies. The employee shall [notify the Department](#) and provide a [copy of the contract to the Department](#) prior to beginning contract employment.

***\*ALL INDIVIDUALS WISHING TO RECEIVE AUTHORIZATION SHALL COMPLY WITH [15A NCAC 01O .0100](#) or NCGS 90A-53.1.***

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
**APPLICATION FOR DELEGATION OF AUTHORITY**

☐ New      ☐ Transfer      REHS/REHA NUMBER \_\_\_\_\_

**\*PLEASE PRINT CLEARLY AND COMPLETE ALL LINE ITEMS\***

DATE OF EMPLOYMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

CURRENT COUNTY OF EMPLOYMENT: \_\_\_\_\_

CURRENT COUNTY ADDRESS: \_\_\_\_\_

HEALTH DIRECTOR NAME & EMAIL: \_\_\_\_\_

SUPERVISOR NAME & EMAIL: \_\_\_\_\_

PREVIOUS COUNTY OF EMPLOYMENT: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

CIT TRAINING: LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

PREVIOUS AUTHORIZATION:      (   ) REHS                              (   ) REHA  
(   ) CCSS                              (   ) FLI; Migrant Housing                              (   ) POOLS                              (   ) WELLS  
(   ) CLPP                              (   ) OSWP; Migrant Housing                              (   ) TATTOO

TYPE OF AUTHORIZATION REQUESTED: (   ) REHS                              (   ) REHA  
(   ) CCSS                              (   ) FLI; Migrant Housing                              (   ) POOLS                              (   ) WELLS  
(   ) CLPP                              (   ) OSWP; Migrant Housing                              (   ) TATTOO

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**STATEMENT OF APPLICANT**

I hereby request that I be authorized to enforce state laws and rules.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**STATEMENT OF SUPERVISOR**

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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**INSTRUCTIONS:**

Purpose: To request authority to be delegated to an environmental health specialist/associate to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed. Forms with missing information will not be processed.

Distribution: 1. Original to: [ehs.authorization@dhhs.nc.gov](mailto:ehs.authorization@dhhs.nc.gov) - CIT and Authorizations  
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.