

ALTERNATIVE SEWAGE DISPOSAL SYSTEM MAINTENANCE SCHEDULE

To Be Recorded In The Register Of Deed's Office In Wake County.

Owner/Grantor _____ Deedbook and Page _____
 PIN No. _____ Date Installed _____
 Subdivision Name _____ Lot No. _____
 System Designed by _____ Installer _____

AN ALTERNATIVE OR NON-TRADITIONAL SEWAGE DISPOSAL SYSTEM HAS BEEN INSTALLED ON THIS PROPERTY. The design specifications and locations for alternative sewage disposal systems are specified or authorized in Regulations Governing Wastewater Treatment and Dispersal in Wake County effective November 21, 1988, amended effective October 27, 2011.

As A Condition Of Issuance Of This Improvements/Operation Permit, The Property Owner Hereby Grants The Wake County Department Of Environmental Services A Right Of Access To The System During Regular Working Hours For Purposes Of Monitoring Compliance With State And Local Regulations, Recorded Maintenance Agreements And Certified Operator Compliance.

This permit requires the use of **pre-treatment and a mode of subsurface wastewater dispersal for the repair system**, which will require a contract with a Certified Operator to perform maintenance on the system as described in the above referenced regulations. **Due to this requirement, the initial system must be inspected by a certified inspector or operator at a frequency of at least once every five years and a report submitted.** Experience and study have shown that pre-treatment systems require routine maintenance in order to function satisfactorily. In as much as each system must be individually designed and sited, special maintenance requirements may apply to a specific installation; however, the following maintenance schedule is applicable to all pre-treatment systems. For additional information, technical assistance or if a malfunction of the system occurs, contact the Wake County Department of Environmental Services, Telephone: (919) 856-7400.

<u>System Component</u>	<u>Frequency</u>	<u>Maintenance</u>
1. Septic Tank	6-12 months	Check riser condition (must be accessible from ground surface), excess in/exfiltration, entry of water at riser, and solids accumulation.
	1-3 years	Pump septage.
2. Pump/Dosing Tank	6-12 months	Check riser conditions (must be accessible from ground surface), excess in/exfiltration, entry of water at riser, and solids accumulation. Pump sludge accumulation as required and when septic tank is pumped. Check pump(s), controls, floats, electrical connections, and alarm for proper operation. Wash (hose) sludge accumulation from pump housing.
3. Supply lines	6-12 months	Check for settling, pipe exposure and leakage. Includes Manifold(s).
4. Drain Field(s)	1-4 weeks	Maintain vegetative cover (mow grass and remove weeds and brush).
	6-12 months	Check for settling, erosion and surfacing of effluent. Repair any broken lateral turn-ups and make certain they are accessible from ground surface and are filled with screw-on type caps. Check and reset pressure head and flush sludge from lateral lines (any discharge sludge and effluent is to be treated with a chlorine solution). Check site drainage, eliminate low or settled areas and divert surface or shallow groundwater movement around fields.
5. General	At all times	Prohibit vehicular or equipment traffic on ground absorption field. Prohibit tillage (gardening) or other soil disturbance over ground absorption field. Practice water conservation to reduce waste water load on system. Do no permit entry or grease and non-domestic waste to system. Use of a garbage disposal is <u>prohibited</u> . Addition of chemical or biological additives has <u>not</u> been demonstrated to be necessary to maintain proper system function. Prevention of root intervention on lateral lines and trenches may be necessary on certain sites. Surface and groundwater diversion structures must be maintained.
6. Pre-Treatment	6-12 months	Check for settling, erosion and surfacing of effluent. Perform all other inspections and sampling as required in the approval of the pre-treatment device.

Initial system must be inspected by a certified inspector or operator at a frequency of at least once every five years and a report submitted. A certified operator is required for the life of the system, **once repair system is installed.**

Signature of Property Owner

Date

NORTH CAROLINA _____ County. I, a Notary Public of the County and State aforesaid, certify that _____ Owner, Personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this ____ day of _____ 20____.

My commission expires _____ Notary Public _____