**Innovative Product Owner Authorization of Use Certification**

D# Wastewater Permit Number

Building Permit # Building Permit Number

Address: Property Address Of Project

PIN: Pin Number

I, Owners Name Printed hereby request the innovative wastewater

drip system marked below to be used in my wastewater treatment and dispersal system for my property located at the above address and PIN number, and permitted under the above Wake County Wastewater System Permit number. If Advanced Treatment is Required, the level of treatment is also marked below, and a separate innovate authorization letter will be filled out, if required, for that product.

 Owner Signature Date

**Generic Name** **Proprietary Name Innovative Approval #**

[ ]  Perc-Rite Drip American Perc-Rite Subsurface Drip System, Anaerobic IWWS-1993-1-R7A

[ ]  Perc-Rite Drip American Perc-Rite Subsurface Drip System, Aerobic IWWS-93-1-R6B

[ ]  Delta Drip Delta Subsurface Drip System IWWS-2001-1

[ ]  E-Z Drip E-Z Drip Subsurface Wastewater Drip System IWWS-2007-1-R2

[ ]  Geoflow Drip Geoflow’s Subsurface Drip System IWWS-2000-2R

Treament Level: [ ]  Anaerobic

 [ ]  NSF40

 [ ]  TS-I

 [ ]  TS-II

 [ ]  Reuse