



Innovative Product Owner Authorization of Use Certification

Permit # _____
Building Permit # _____
Address: _____
PIN: _____

I, _____ 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

<u>Generic Name</u>	<u>Proprietary Name</u>	<u>Innovative Approval #</u>
<input type="checkbox"/> Perc-Rite Drip	American Perc-Rite Subsurface Drip System, Anaerobic	IWWS-1993-1-R7A
<input type="checkbox"/> Perc-Rite Drip	American Perc-Rite Subsurface Drip System, Aerobic	IWWS-93-1-R6B
<input type="checkbox"/> Delta Drip	Delta Subsurface Drip System	IWWS-2001-1
<input type="checkbox"/> E-Z Drip	E-Z Drip Subsurface Wastewater Drip System	IWWS-2007-1-R2
<input type="checkbox"/> Geoflow Drip	Geoflow's Subsurface Drip System	IWWS-2000-2R

Treatment Level: Anaerobic
 NSF40
 TS-I
 TS-II
 Reuse