## Notice to Homeowner Declaring Exemption from Article 5 Chapter 90A

| HARVEH Environmental Health Department has received   |              |
|---|--------------|
|   |              |
| notification that Wayne Gardner shall be declaring the exemption                                    |              |
| as Homeowner under N.C. General Statute 90A-72(b)(2) to install and/or repair an on-site was        | staviator    |
| system. In order to protect the environment, the Environmental Health Department advises if         |              |
| does not have prior experience in on-site installation and/or repair that a person certified by the |              |
| Carolina On-Site Wastewater Contractors Inspectors Certification Board (NCOWCICB) be his            |              |
| this service. Please be advised that Environmental Health Department reserves the right to be       | present for  |
| any and/or all parts of the installation and/or repair process including excavation and cover-up    |              |
| In order to declare the exemption all of the following requirements must be met:                    |              |
| System must be a single septic tank   |              |
| System must be gravity fed  |              |
| System must have gravel trench dispersal media  |              |
| Person listed as Homeowner must own property  |              |
| Property must be intended solely for use by Homeowner   |              |
| and members of homeowner's immediate family who reside  |              |
| /in the same dwelling  Homeowner shall perform installation and/or repair labor                     |              |
| without any monetary exchange or other means of payment for labor to any party of                   | her than a   |
| person certified by NCOWCICB  |              |
| By signing below, the Homeowner hereby acknowledges the above statement.                            |              |
| Date 3-10-16 Wayne Yardner  |              |
| Homeowner Signature   |              |
| Wayne Gardner   |              |
| Printed Name  |              |
| STATE OF North CANOLINA DAWN HICKMAN  |              |
| COUNTY OF HARNETT Notary Public, North Carolina Johnston County My Commission Expires               |              |
| My Commission Expires October 10, 2018  |              |
| the undersigned Notary Public, do hereby  | certify that |
| , personally appeared before me this day and  | •            |
| acknowledged the due execution of the foregoing instrument.   |              |
| WITNESS my hand and notarial seal, this the 101 day of WWY2016.                                     |              |
| Mullly  | <u>.</u>     |
| My Commission Expires: DCMW 10, 20) 8 Notary Public   |              |
| Try Commission Expires. OCIOTAGE  |              |
| CC: File  |              |

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