

# NCOWCICB

North Carolina Onsite Wastewater Contractor Inspector Certification Board

P O Box 132 Lawsonville, NC 27022

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## NCOWCICB Evaluator Application Package Instructions

**Please read and follow carefully incomplete packages will be returned**

### Application Information:

1. Application for certification and all required supporting documents shall be submitted at one time
2. When completing the application do not leave any blanks. Please print clearly or type application
3. The certification will be issued with both the individual name and the company name printed on it. If you do not have a company name enter the individual name in the company information blanks
4. Completed packages shall be mailed to NCOWCICB P O Box 132 Lawsonville NC 27022. It is not required that the package be sent certified but it is advised you send it that way so you have tracking information
5. Application fee is \$300.00 payable to NCOWCICB via check or money order
6. Applicant will be notified via email once the package has been reviewed, accepted and confirmed for exam
7. Completed package must be received a minimum of fifteen (15) days before the exam date chosen by the applicant on the exam application in supporting documents

### Supporting Documents Required:

1. Completed NCOWCICB Exam Application
2. Copy of current Errors and Omission Policy declaration page
3. Copy of current General Liability Policy declarations page
4. Copy of current Soil Scientist License
5. Verification of minimum of five years' experience in on-site wastewater soil science. This verification may be in form of letter signed by Chairperson or Director of NC Board of Licensed Soil Scientist and must reference the experience is in on-site wastewater.
6. Copy of certificate of completion of NCOWCICB approved Evaluator course

**NORTH CAROLINA ONSITE WASTEWATER CONTRACTORS & INSPECTORS  
CERTIFICATION BOARD  
(Hereinafter referred to NCOWCICB and/or the Board)**

**APPLICATION FOR EVALUATOR CERTIFICATION**

NAME OF APPLICANT \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ (MONTH/DAY/YEAR) SOCIAL SECURITY NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_  
STREET, P.O. BOX, OR RURAL ROUTE

\_\_\_\_\_  
CITY STATE ZIP CODE

HOME TELEPHONE \_\_\_\_\_ / \_\_\_\_\_ CELL # \_\_\_\_\_ / \_\_\_\_\_

EMAIL \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
STREET ADDRESS CITY ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
Enter only if different from above street address

Check any that apply: \_\_\_\_\_ Active Military \_\_\_\_\_ Veteran

COUNTY of Company Location: \_\_\_\_\_

COMPANY TELEPHONE \_\_\_\_\_ / \_\_\_\_\_

Licensed Soil Scientist Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Application fee: \$300.00 payable to NCOWCICB via check or money order

Note: Fee is non-refundable and non-transferrable



<b>FOR OFFICE USE ONLY APPLICANT SHALL NOT WRITE IN THIS BOX</b>		
PYMT AMT \$ _____		CERT # _____
Date Received _____	Exam Confirmed _____	Supporting Docs Approved _____

### **Notice of Evaluator Certification Requirements**

The Applicant shall:

1. Be at least 18 years of age
2. Have a current Soil Science License in good standing with NC Board of Licensed Soil Scientist
3. Have minimum of five years' experience in on-site wastewater soil science prior to application to NCOWCICB for Evaluator certification
4. Submit a completed application for certification along with all required supporting documents to NCOWCICB
5. Submit application fee of \$300.00 to NCOWCICB
6. Have received a completion certificate from attendance of NCOWCICB approved thirty (30) hour Evaluator Class
7. Satisfactorily complete a written or oral examination administered by the Board  
For this test, the applicant's knowledge shall be examined in the following areas:
  - (a) Principles of environmental health associated with on-site wastewater systems.
  - (b) Principles of construction and safety.
  - (c) Technical and practical knowledge of on-site wastewater systems
  - (d) Laws and Rules related to On-Site Wastewater Systems.

### **Renewal of Certification and Continuing Education Requirements**

1. All certifications expire on December 31<sup>st</sup> of each year
2. Renewals are due by November 15<sup>th</sup> of each year
3. Annual renewal fee shall be \$100.00
4. Prior to renewal the certification holder shall acquire twelve (12) hour of Board approved continuing education
5. Continuing education is required annually
6. Excess continuing education hours received shall have no carry over value
7. Renewals postmarked after December 31<sup>st</sup> shall incur a late fee of \$25.00. Renewals postmarked after March 31<sup>st</sup> will not be processed and the certification holder must re-apply for certification

### **ISSUANCE OF CERTIFICATION CARD**

Upon submittal of complete Application, supporting documents, payment of applicable fee, certificate of approved education, and passing score on applicable exam the Board shall issue a Certification Card and Evaluator Seal. The certification card shall have the name of the Applicant, Company Name, Certification Number, and Expiration Date. The Card shall bear the Great Seal of the State of North Carolina and be signed by the Board Chair. The Seal shall have the Evaluator Certification number.

### **REVOCATION OR DENIAL OF CERTIFICATION**

The Board may suspend or deny any Applicant or Certificate Holder upon findings of misconduct, violation of Laws and Rules of the State, misappropriation, or falsification of information. The Board may seek injunction to restrain any person from violating the provisions of this Article or Rules adopted by the Board. Evaluators who fail to comply with G.S. 89F-19 and have their soil scientist license revoked or suspended shall also have their authorization as an evaluator revoked or suspended.

### **FORBIDDEN RELATIONSHIPS AND PRACTICES**

The certified evaluator shall not form a direct business relationship with any technology that may result in a conflict of interest. Employees of a local health department or DHHS shall not evaluate or offer to evaluate onsite wastewater systems outside of their employment with a local health department or DHHS. Evaluators shall not perform duties of NCOWCICB certified contractors or NCOWCICB certified inspectors on any system on which they are the evaluator. The evaluator shall not perform any of the functions performed by a professional engineer for engineered wastewater systems described in G.S. 130A-336.1.

Check the appropriate boxes and sign below:

1. During the past three years, have any judgments, liens, lawsuits, or claims been entered or filed against the certification holder or responsible persons (including partners, officers, major shareholders, and management level employees) in the company listed on the application?  yes  no
2. Are there any liens for labor or materials filed on any of your projects?  yes  no
3. Have you or any responsible managing employee of the sole proprietorship, member of the partnership, or officers of the corporation listed on the application been convicted of a felony offense in the past three years?  yes  no
4. If you answered yes to either question 1, 2, and/or 3 above please attach an additional sheet with explanation

I am aware that only the certification holder, company owner(s) or W2 employees may work under the certification held. Furthermore, by my signature below I hereby affirm that no one other than those stated here shall be allowed to evaluate using this certification.

I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND HEREBY AGREE UPON CERTIFICATION TO ABIDE BY THE LAWS AND RULES OF THE STATE OF NORTH CAROLINA GOVERNING ON-SITE WASTEWATER.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### EMPLOYEE CLASSIFICATION NOTICE

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE "PUBLIC NOTICE STATEMENT" MAINTAINED BY THE N.C. INDUSTRIAL COMMISSION, EMPLOYEE CLASSIFICATION SECTION ON THEIR WEBSITE.

FURTHER, (check appropriate blank) I HAVE \_\_\_\_\_ I HAVE NOT \_\_\_\_\_ BEEN INVESTIGATED FOR EMPLOYEE MISCLASIFICATION WITHIN THE PAST TWELVE (12) MONTHS.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

