

**APPLICATION
FOR A CERTIFICATE OF EXCEPTION**
(from Mandatory Solid Waste Collection)

For Department Use Only



ALABAMA DEPARTMENT
OF PUBLIC HEALTH
 New Renewal

_____ County Health Department
_____ Date Received
_____ Date Fee Paid

_____ Fee Amount
_____ Receipt No.

Approved by _____ Date _____

Applicant Name _____ Phone _____

Address _____ City _____ County _____ Zip _____

Select the option you wish to use (please check):

Option #1: Transportation and Storage Exception

_____ I will store my solid waste containing garbage in a flyproof container in a manner approved by the health department as to not create a public health hazard; transport my solid waste at least weekly, and only during the set hours when the transfer station, sanitary landfill or other approved site is open. I agree to furnish to the local county health department (LHD) receipts secured from the disposal facility operator as evidence of proper disposal when requested.

- Sanitary Landfill (Name and Location) _____
- Solid Waste Transfer Station (Name and Location) _____
- Other (Describe) _____

Will you be composting your putrescible (biodegradable) solid waste? _____ Yes* _____ No

*If yes, all non-putrescible (non-biodegradable) solid wastes must be disposed of as described above.

Option #2: Shared Service

_____ I will combine my solid waste containing garbage with an adjacent property owner's solid waste using an approved container **after** the following conditions have been met:

- Provide to the LHD a signed document containing the name, address, and solid waste collector account number of the adjacent property owner from which the service will be shared.
- Documentation that the collector is aware that the service will be shared, is willing to accept a single price for both properties and will continue collection of combined services.
- All persons under these agreements are in the same governing body's collection jurisdiction.

PLEASE READ BEFORE SIGNING: This application must be approved in writing by the local county commission or municipal governing body before a Certificate of Exception can be issued by the LHD. This certificate shall not exceed one (1) year from date of issuance and is renewable annually with applicable fee. This exclusion is non-transferrable from one person, business, industry, or property owner to another. In addition, if the collector discontinues service, and is not replaced by another collector who agrees to collect the combined waste, then shared service is no longer allowed.

Applicant Signature

Date

*See attached authorization form for required responsible parties.

Local Government Authorization
(Required for any type of Exception)

County/Municipality _____ Phone _____

Address _____ City _____ County _____ Zip _____

We are aware of this proposed application for the exception from mandatory collection for the transportation/storage/shared service of solid waste and have no objections to a Certificate of Exception being issued.

Signature _____
(Responsible Person) _____ Date _____

Collector Authorization
(for Shared Service Only)

Collector Name _____ Phone _____

Address _____ City _____ County _____ Zip _____

We are aware of this proposed application for the exception from mandatory collection for the shared service of solid waste and have no objections to a Certificate of Exception being issued.

Signature _____
(Responsible Person) _____ Date _____

Adjacent Property Owner Authorization
(for Shared Service Only)

Name _____ Phone _____

Address _____ City _____ County _____ Zip _____

Collector _____ Account Number _____

I agree to allow my neighbor, _____, the use of my container for the disposal of solid waste.
(Name)

Signature _____
Date _____

Solid Waste Facility Authorization
(for a Transportation/Storage Exception Only)

Business Name _____ Phone _____

Address _____ City _____ County _____ Zip _____

We agree to accept solid waste from the applicant as a condition of a Certificate of Exception being issued.

Signature _____
(Responsible Person) _____ Date _____