

**CEP-3  
SECTION C**

**APPLICATION FOR A PERFORMANCE/OPERATIONAL PERMIT**  
(A PERMIT TO MONITOR PERFORMANCE STANDARDS OF AN ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM)

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**For Department Use Only**

ALABAMA DEPARTMENT OF PUBLIC HEALTH \_\_\_\_\_ County Health Department \_\_\_\_\_ Date Fee Paid  
 New  Renewal  Modification \_\_\_\_\_ Date Received \_\_\_\_\_ Fee Amount  
\_\_\_\_\_ Receipt No.

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**PART 1: GENERAL INFORMATION**

Applicant name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of development(s) or establishment(s) served \_\_\_\_\_

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**PART 2: MANAGEMENT ENTITY (IF APPLICABLE)**

Management entity name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Certificate of Financial Viability received from the Public Service Commission?  Yes  No

**PART 3: SYSTEM INFORMATION**

Have there been any modifications to the system since the last performance permit was issued (e.g., repair or maintenance)?

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If yes, was a permit issued by the local county health department?  Yes  No Permit # \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** By signing this application, I am acknowledging that I am aware of the monitoring and reporting requirements set forth in the permit, the methods in which these requirements shall be obtained (sampling and/or flow meter readings) and understand that this performance permit shall be maintained in accordance with *Chapter 420-3-1*.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please remit to:**

Alabama Department of Public Health  
Bureau of Environmental Services, Suite 1250  
Community Environmental Protection  
Post Office Box 303017  
Montgomery, AL 36130-3017