

CEP-3
SECTION B
APPLICATION FOR A PERMIT TO INSTALL (REPAIR)
 (A LARGE-FLOW ONSITE SEWAGE DISPOSAL SYSTEM, > 1,800 GPD)



For Department Use Only

ALABAMA DEPARTMENT
 OF PUBLIC HEALTH
 New Repair

_____ County Health Department
 _____ LHD Permit No.
 _____ Date Received

_____ Date Fee Paid
 _____ Fee Amount
 _____ Receipt No.

To Be Completed and Signed by the Owner/Responsible Person

PART A

System Name _____

Owner Name _____ Daytime Phone _____
 Alternate Phone _____

Property's -E911 Address (or directions if address not available) _____

City _____ County _____ State AL Zip _____

Email _____

If available – Latitude (degrees/minutes/seconds) _____ Longitude (degrees/minutes/seconds) _____

TYPE OF OWNERSHIP

- | | |
|--|---|
| <input type="checkbox"/> Condominium Trust | <input type="checkbox"/> Privately-owned Corporation |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Homeowners Association |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Political Subdivision of the State |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> General Welfare Corp (pursuant to Chapter 6 of Title 37) |
| <input type="checkbox"/> Other (identify): _____ | |

If the owner is a corporation or other limited liability entity, a listing of corporate officers, their names and addresses, and the name and address of the agent designated by the corporation for purposes of service shall be provided as a separate attachment. If a partnership, the names and addresses of the general partners, and if a proprietorship, the name and address of the proprietor shall be provided as a separate attachment.

PLEASE READ BEFORE SIGNING: By signing this application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property named in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I acknowledge that the person who installs (repairs) and certifies this onsite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as enacted, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application.

Owner/Responsible Person Signature _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

CEP-3 SECTION B APPLICATION CONTINUED – LARGE-FLOW

PART B - System Planning

Provide a description of the collection, treatment and disposal plan, including the calculations on which it is based.

Design Flow _____ gallons/day or BOD lbs./day (if applicable) _____

Source of information (rationale) for flow and/or BOD characteristics _____

Treatment (prior to disposal) Primary (Septic Tank) Advanced or better

Description _____

Management Entity (if applicable)

_____ *Business Name* _____ *Responsible Person*

_____ *Street or PO Box* _____ *City* _____ *State* _____ *Zip Code* _____ *Telephone Number*

Engineer Signature: I certify that the design features of the OSS at the address above have been designed, specified, or approved by me, and conform to design principles applicable to such projects' and if applicable will conform to the design and testing requirements set out in the Minimum Construction and Testing Standards for Cluster and Community Wastewater Systems. In my professional judgment, this system, when properly constructed, operated and maintained, will achieve the established performance standards and comply with applicable statutes of the State of Alabama and the ADPH

_____ *Last Name* _____ *First Name* _____ *Firm Name (if applicable)*

_____ *Street or PO Box* _____ *City* _____ *State* _____ *Zip Code* _____ *Telephone Number*

_____ *Signature* _____ *Date* _____ *Registration Number*

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