



CEP 6
**ENGINEER'S ONSITE SEWAGE
DISPOSAL SYSTEM CERTIFICATION**

LHD

Permit #

Date Rec.

PART A

Company Name (if applicable) _____

Engineer Name _____

Business Address _____

City _____ State _____ Zip _____ Telephone Number _____

Owner/Applicant's Name _____ Permit # _____

Property Address _____

City _____ State _____ Zip _____

Subdivision Name _____ Lot _____ Block _____

Installation Date _____ Installer _____ () New () Repair

System Description _____

I hereby certify that the onsite sewage treatment and disposal system has been installed and completed in accordance with the construction plan and permit issued by the Local Health Department on (Date) _____, and complies with *Chapter 420-3-1, Onsite Sewage Treatment and Disposal*.

Signature _____ Date _____ Registration No. _____

PART B
ENGINEER'S FILL MATERIAL CERTIFICATION
(if applicable)

I hereby certify that the fill material and construction of the controlled fill OSS in accordance with *Rule 420-3-1, Onsite Sewage Treatment and Disposal*.

Signature _____ Date _____ Registration No. _____

Prior to issuance of the Approval for Use, for a system designed by an engineer as required by Rule 420-3-1, the engineer shall certify the installation by submitting an ADPH Form CEP-6 Part A and an ADPH Form CEP-6 Part B form, if applicable.