

## APPLICATION

For A Permit to Install/Use an ONSITE SEWAGE DISPOSAL Holding Tank



ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

Cherokee County Health Department Use Only

_____	Co. Health Dept. PIN. No.	_____	No. of RV's
_____	Date Received	_____	Fee Amount
_____	Date Fee Paid	_____	Fee Code
_____		_____	Receipt No.

### To Be Completed and Signed By the Owner/Authorized Agent

Owner Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Type or Print) Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Property's E911 Address (or directions if address not available): \_\_\_\_\_

Description of the property/Dwelling \_\_\_\_\_

Description of the RV/Site \_\_\_\_\_

City \_\_\_\_\_ State AL Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is any of the property outside of the Lake Weiss Alabama Power Flood Easement? \_\_\_\_\_ If yes, how much \_\_\_\_\_

Name of Campground/RV Park (if applicable): \_\_\_\_\_ Lot: \_\_\_\_\_

Is RV occupied full time? \_\_\_\_\_ If yes, how many occupants? \_\_\_\_\_

Is this property located within any city limits? \_\_\_\_\_ If yes, what city \_\_\_\_\_

**Approval of this application is contingent upon proof of a signed contract with a Septic Tank Pumper that is permitted by the Cherokee County Health Department. (A copy of a signed contract is required).**

(16) Name of contracted septic tank pumper: \_\_\_\_\_

**\*\*\* THE DISCHARGE OF GRAYWATER ONTO THE SURFACE OF THE GROUND IS A VIOLATION OF THE PUBLIC HEALTH LAWS OF ALABAMA.**

**PLEASE READ BEFORE SIGNING:** By signing this application, I am stating that the information provided herein is complete, true and accurate. That the holding tank will be inspected and pumped according to the provisions of the contract with the licensed septic tank pumper and that the holding tank placed and used will comply with and be utilized and maintained according to the manufacturer's recommendations and all applicable regulations of the State and County Boards of Health. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application and inspecting the holding tank.

☐ Owner ☐ Authorized Agent: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owners mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_