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 _____Fee Amount

_____Date Received _____Receipt No.

_____Date Fee Paid

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 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 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