APPLICATION
FOR A LAND APPLICATION PERMIT

For Department Use Only

ALABAMA DEPARTMENT OF PUBLIC HEALTH

_____County Health Department _____Date Fee Paid
_____LHD Permit No. _____Fee Amount
_____Date Received _____Receipt No.

To be Completed by the Applicant

If this application is for renewal, and no circumstances (see attached list) have changed from the previous permit, no accompanying documentation (except the annual crop management plan) is required.

1. ☐ Initial Application ☐ Permit Renewal ☐ Permit Modification

2. Name of Applicant: _____ Phone_____

Mailing Address: _____City_____ State _____ Zip_____

3. Name of Business: _____ Phone_____

Mailing Address: _____City_____ State _____ Zip_____

4. Facility Location: Address (if available): _____ City: _____
GPS Coordinates: _____

5. Name of Property Owner (if different from above): _____ Phone_____

Mailing Address: _____City_____ State _____ Zip_____

6. Has property owner (if other than applicant) given permission to use the land for the land application of septage? (Attach agreement letter) Yes _____ No _____

7. List sewage treatment plants and municipal solid waste landfills **within 30 miles.** Indicate if septage/ grease/other permitted waste are accepted, distance from your business, and disposal cost.

Facility Name	Distance (miles)	Septage		Grease		Other Waste	
		Y/N	Cost	Y/N	Cost	Y/N	Cost
A. _____	_____	_____		_____		____	
B. _____	_____	_____		_____		____	
C. _____	_____	_____		_____		____	

8. Number of acres in proposed Land Application Facility (as on Plat Map): _____

9. State the quantity and source of each type of waste that will be land applied at the proposed facility.
Indicate weekly _____, monthly _____, or annually _____.

Waste Type	Total Gallons	Source [city(s), county(s), etc.]
A. Septage	_____	_____
B. Grease	_____	_____
C. Portable toilet	_____	_____
D. Marine sanitation	_____	_____

10. List the name, telephone number, and Sewage Tank Pumper Permit # of persons (excluding applicant) who will deliver (or land apply) septage to the facility.

	Name/Telephone	Capacity (Gallons)	Pumper Permit Number
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

11. Annual crop management plan prepared by a Certified Crop Advisor meeting the requirements of 420-3-6-.11 attached?

I have read and understand the requirements of Chapter 420-3-6, Septage Management, a violation of which may cause my permit to be revoked. I understand that the information contained in this application serve as a basis for determining the suitability of the proposed septage land application facility. I affirm that the information is true and accurately describes the proposed land application facility. I agree to allow the Local Health Department (LHD) or the Board to enter my facility at any time during normal working hours, with or without my presence. I agree to furnish records or other information when requested. I also agree to notify the Local Health Department (LHD) of any significant change regarding the facility or the operation.

Applicant's Signature: _____Date: _____

* This application when completed does not constitute a permit. **Note that all NEW permit applications are subject to the Public Notice requirements of Chapter 420-3-6-.12.**

If this application is for a new facility or a modification to an existing facility, a copy of the complete application package (see attached list) shall be submitted to the LHD.

FOR NEW FACILITIES OR MODIFICATION TO AN EXISTING FACILITY OR PERMIT

(1) The applicant shall employ an engineer to complete the following requirements in this rule:
- (a) 420-3-6-.09(2)(d) – A septage management plan
- (b) 420-3-6-.09(2)(g) – Protective measures.
- (c) 420-3-6-.10(1) – Plat map.
- (d) 420-3-6-.10(3) – Vicinity map.
- (e) 420-3-6-.12 – Storage tank requirements.

(2) The applicant shall employ a soil classifier to complete the requirements of Rule 420-3-6-.10(2) High Intensity Soil Map.

(3) The applicant shall employ a certified crop advisor to complete the requirements of Rule 420-3-6-.11 Annual Crop Management Plan.

(4) The applicant shall employ a hydrogeologist to complete the requirements of the following:
- (a) Rule 420-3-6-.10(4) – Hydrogeological report.
- (b) Rule 420-3-6-.14(4) – Contamination sources.

(5) All submittals by professionals shall contain the appropriate signatures and seals as required by the appropriate licensing board.

(6) A copy of the property deed, including any easements or "Covenant(s) Running with the Land" and a letter from the property owner, if other than the applicant, granting permission, for a period of at least 2 years, to the applicant to use the property for the treatment and application of septage or septage mixed with other permitted waste.