Instructions for CEP-2 Applications

An Application (CEP-2) for a Permit to Install(Repair) a Small-Flow OSS shall be submitted for each Small-Flow OSS and contain the following information.

PART A- General Information

1. This part contains basic ownership, geographical, and system design information and shall include the following items:
    A. The address/location (911 address if available) of the site or the proposed dwelling/establishment/development.
    B. The size of the lot (easement or right-of-way areas for underground utilities, roads, streets, thoroughfares, and easements for reservoirs and impoundments, and flood zones shall not be used in computing lot size).
    C. The site's source of drinking water (public/private).
    D. If the system is within a Large-Flow Development, name of development, location within the development to include the plat/phase/addition/sector, the block, and the lot.
    E. If applicable, provide the number of dwellings and the number of bedrooms that will determine the design flow as well as the number of wells, basements, and spa/hot tubs on the site.
    F. If applicable, describe the type of establishment, the number of persons served, or other information that can be used to establish or determine design flow and strength of sewage as per Chapter 420-3-1-.52 Design Flow and Wastewater Concentrations. Where actual flow rates are referenced, these shall be from a similar facility or development and documented for a period representative of 12 consecutive months of typical operations.
    G. The application shall be signed by a "responsible person" as defined by Chapter 420-3-1.

PART B- System Planning

1. A plot plan (drawn to scale) shall accompany the CEP-2 and include the following items:
    A. Lot dimensions/size, with all property lines identified for lots one acre or less in size; and all lot lines within fifty feet of the OSS, EDF, and REDF locations for larger lots.
    B. Locations of existing and proposed (if known) underground and above ground utility lines or easements, such as gas, water, electric, and other similar lines and any other easements and rights-of-ways on the property
    C. Locations of structures or topographic features that require a setback per Table 4 or 5.
    D. Location/identification of all known soil test sites, pits, etc.
    E. A layout of the proposed OSS, including recommended locations and capacities of treatment tanks, traps, distribution devices, pump chambers, and locations and sizes of the primary EDF and REDF areas.
    F. The system layout shall also include the proposed depth of the EDF based on the soil test data, recommended aggregate or EDF product and cover, and the direction and percent of slope (percent of slope shall be determined as the largest percent of slope measured in the EDF area).
    G. The EDF and REDF areas located and shown as protected areas.
2. The ADPH may determine if additional information such as detailed soils mapping is required to evaluate a proposed OSS site/ application.
3. In addition to the items required in Section 1 Part B, a Construction Plan is required for an engineered system and shall include the following:
    A. The location and elevation of a temporary benchmark (TBM).
    B. Lot elevations and (original and finished) one-foot contours shown for all sections of the lot within 25 feet of, and including, the proposed EDF. Two-foot contours may be used for slopes greater than 25 percent.
    C. A detailed layout to scale of the OSS including all treatment devices with capacities, filters, access manholes and risers shown, and pipe details including type, sizes, lengths, spacing, etc.
    D. Maximum and minimum depths, in relation to the TBM, of trenches, cover, the top of the gravel or other aggregate/filter media, original ground and fill material, etc.
    E. A cross-section view of the EDF.

F. A profile view of the system which shows the sequence of connections and specifies elevations, in relation to the TBM, for the dwelling/facility plumbing stub-out, tank inlet and outlet, pipe inverts, trench bottoms.

G. A listing or description of materials to be used and methods of construction.

H. An explanation of the system design with all design calculations.

I. High water alarms shall be located to be easily heard/seen by the owner.

4. For lots smaller than the minimums set out in Chapter 420-3-1, Onsite Sewage Treatment and Disposal rule there shall be a surveyed boundary plat of the property recorded in accordance with Rule 420-3-1-.36 Recording Requirements**,** showing the following items surveyed in and on the recorded plat:

   A. Lot dimensions, including total net & gross acreage or square footage.

   B. The dwelling/establishments/structures location, drawn to scale.

   C. The EDF and REDF areas shall be evaluated, designed, and drawn to scale and shown as restricted areas.

5. If applicable, a vicinity map or written directions in sufficient detail to enable a person to find the site, and legal description or copy of the deed (unless already submitted as part of the Large-Flow development process) shall be submitted.

PART C- Site Evaluation

1. All known soil tests on the site shall be recorded on a CEP-2/3 Part C Site Evaluation form.

CEP-2
APPLICATION FOR A PERMIT TO INSTALL (REPAIR)

(A SMALL-FLOW ONSITE SEWAGE DISPOSAL SYSTEM < 1,801 GPD)

For Department Use Only

ALABAMA DEPARTMENT OF PUBLIC HEALTH

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

☐ New/Relocation ☐ Repair ☐ Tank Replacement ☐ Holding Tank

To Be Completed and Signed by the Owner/Responsible Person

PART A - General Information

Applicant Name_____ Daytime Phone _____
(Type or Print)

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

_____

City _____ County _____ State AL Zip_____

Email _____

Property Size_____ acre(s) or _____ sq.ft. (excluding easements, flood zones, etc.) Water Source ☐ Public ☐ Private

If this property is within a Large-Flow Development, complete the following items:
(Note: The developer can provide Site Development Plan information relative to this lot)

Name of Development_____

Plat/Phase/Addition/Sector_____ Block____ Lot_____

Health Department Site Development Plan (including CEP-3 Section A Part 3) has been reviewed ☐ Yes ☐ No

If this system will serve a **dwelling(s)**, complete the following items with the **total quantity** of each:
Dwelling(s)_____ Basement(s)_____
Number of bedrooms_____ Spa/hot tub(s)_____
Wells/potable springs_____
(this includes irrigation wells)

If this system will serve an **establishment(s)**, complete the following items with the **total quantity** of each:

Number of buildings to be affected by this project_____ Use of building(s)_____*(restaurant, church, school, etc.)*

Number of patrons/day_____ Number of employees_____ Number of shifts_____

Estimated water usage (design flow) _____ gpd and/or BOD/TSS_____ lbs./day

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. ***If this onsite system application is for an engineered system, as defined by the onsite rules, you are hereby informed that the Health Department will only review the application and accompanying information for completeness. No site visit or installation inspection will be performed. The Health Department depends on the Professional Engineer to ensure that the system is installed according to the submitted design and is in compliance with the rules. The Health Department assumes no liability.***

Owner/Responsible Person _____Date_____

Mailing Address_____

City_____ State_____ Zip_____

CEP-2 APPLICATION CONTINUED – SMALL FLOW

PART B - System Planning

System Design ☐ Engineered ☐ Conventional

☐ Plot plan drawn to scale attached (see attached instructions-required with all applications)

☐ Construction Plan attached (see attached instructions)
*Engineered design system applications must include a construction plan. A construction plan is not required for a system generating 1800 gallons or less of sewage (not high strength sewage) a day proposing to use a conventional onsite sewage disposal system.

Application Attachments:

☐ Legal Description or Copy of Deed ☐ Vicinity Map (if necessary due to lack of address or difficult location)

----------**APPLICABLE SIGNATURES BELOW**----------

FOR CONVENTIONAL SYSTEMS:

☐ Engineer ☐ Land Surveyor ☐ Geologist ☐ Soil Classifier ☐ PHESS

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

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

_____
Email

I hereby certify that the information contained in this part of the application, including all related attachments, is complete, true, and correct.

Signature_____ Date _____

For applicable professionals - AL Registration No. _____ ☐ License Photocopy attached

FOR ENGINEER DESIGNED SYSTEMS: By signing below, I acknowledge that the Health Department is relying upon my professional license, judgment, and skill to ensure that the system is installed according to the submitted design and in accordance with applicable statutes, rules, design manuals, and product manuals.

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

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

_____
Email

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. 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.

Signature_____ Date _____

Registration No. _____ ☐ License Photocopy attached

PART C - Site Evaluation

☐ CEP 2/3 Part C Site Evaluation Form attached