CEP-3
SECTION B
APPLICATION FOR A PERMIT TO INSTALL (REPAIR)

(A LARGE-FLOW ONSITE SEWAGE DISPOSAL SYSTEM, > 1,800 GPD)

For Department Use Only

ALABAMA DEPARTMENT OF PUBLIC HEALTH

☐ New ☐ Repair

_____County Health Department _____Date Fee Paid

_____LHD Permit No. _____Fee Amount

_____Date Received _____Receipt No.

To Be Completed and Signed by the Owner/Responsible Person

PART A

System Name_____

Owner Name_____ Daytime Phone _____

Alternate Phone _____

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

_____

_____

City _____ County _____ State AL Zip_____

Email_____

If available – Latitude (degrees/minutes/seconds)_____ Longitude (degrees/minutes/seconds)_____

TYPE OF OWNERSHIP

☐ Condominium Trust
☐ Individual
☐ Limited Partnership
☐ General Partnership
☐ Other (identify): _____
☐ Privately-owned Corporation
☐ Homeowners Association
☐ Political Subdivision of the State
☐ General Welfare Corp (pursuant to Chapter 6 of Title 37)

If the owner is a corporation or other limited liability entity, a listing of corporate officers, their names and addresses, and the name and address of the agent designated by the corporation for purposes of service shall be provided as a separate attachment. If a partnership, the names and addresses of the general partners, and if a proprietorship, the name and address of the proprietor shall be provided as a separate attachment.

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.

Owner/Responsible Person Signature_____ Date_____

Mailing Address_____

City_____ State_____ Zip_____

CEP-3 SECTION B APPLICATION CONTINUED – LARGE-FLOW

PART B - System Planning

Provide a description of the collection, treatment and disposal plan, including the calculations on which it is based.

_____

_____

_____

Design Flow _____ gallons/day or BOD lbs./day (if applicable) _____

Source of information (rationale) for flow and/or BOD characteristics _____

_____

Treatment (prior to disposal) ☐ Primary (Septic Tank) ☐ Advanced or better

Description_____

_____

Management Entity (if applicable)

_____ _____
Business Name *Responsible Person*

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

Engineer Signature: 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' and if applicable will conform to the design and testing requirements set out in the Minimum Construction and Testing Standards for Cluster and Community Wastewater Systems. 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

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

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

_____ _____ _____
Signature *Date* *Registration Number*

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