CEP-3
SECTION C
APPLICATION FOR A PERFORMANCE/OPERATIONAL PERMIT

(A PERMIT TO MONITOR PERFORMANCE STANDARDS OF AN ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM)

For Departmet Use Only

ALABAMA DEPARTMENT OF PUBLIC HEALTH

☐ New ☐ Renewal ☐ Modification

_____ County Health Department

_____ Date Received

_____ Date Fee Paid

_____ Fee Amount

_____ Receipt No.

PART 1: GENERAL INFORMATION

Responsible Person _____ Phone _____

In Care Of _____

Address _____ City _____ State _____ Zip _____

Name of development(s) or establishment(s) served _____

Address _____ City _____ State _____ Zip _____

PART 2: MANAGEMENT ENTITY(Cluster Systems w/PSC Rates)

Management entity name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Certificate of Financial Viuability received from the Public Service Comminssion ? ☐ Yes ☐ No

PART 3: SYSTEM INFORMATION

List any modifications, repairs, or maintenance to this system with in last 5 years

_____

_____

_____

PLEASE READ BEFORE SIGNING: By signing this application I am acknowledging that I am aware of the monitoring and reporting requirements set forth in the permit, the methods in which these requirements shall be obtained (sampling and/or flow meter readings) and I understand that this performance permit shall be maintained in accordance with *Chapter 420-3-1.*

Responsible Person Signature _____ Date _____

Please remit to:

Alabama Department of Public Health
Bureau of Environmental Services, Suite 1250
Community Environmental Protection
Post Office Box 303017
Montgomery, AL 36130-3017