

**CEP-3**  
**SECTION C**

**APPLICATION FOR A PERFORMANCE/OPERATIONAL PERMIT**  
(A PERMIT TO MONITOR PERFORMANCE STANDARDS OF AN ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM)

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**For Department Use Only**

ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

☐ New ☐ Renewal ☐ Modification

\_\_\_\_\_ County Health Department

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date Fee Paid

\_\_\_\_\_ Fee Amount

\_\_\_\_\_ Receipt No.

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**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 Viability received from the Public Service Commission ?    Yes    No

**PART 3: SYSTEM INFORMATION**

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

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**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