CEP-5

INSTALLER'S ONSITE SEWAGE DISPOSAL SYSTEM CERTIFICATION

_____LHD
_____Permit #
_____Date Rec.

Owner/Applicant's Name_____

Property (911) Address _____

City, State, Zip _____

Subdivision Name_____Lot_____Block_____

Installation Information:

Installation Date _____ ( ) New ( ) Repair

Septic Tank Size _____ Gallons Manufacturer's #_____

Septic Tank Filter (NSF 46) Installed ( ) Yes ( ) No/not required

Advanced Treatment Unit (if applicable) Make _____Model _____

Type of Distribution System ( ) Level Header ( ) Serial Distribution ( ) Distribution Box ( ) Other_____

System Type:

( ) Gravel ( ) Equivalent Product ( ) Control Fill ( ) LPP ( ) Drip

( ) Bed ( ) Combined Treatment/Disposal ( ) Pad ( ) EDS ( ) Other_____

Product Manufacturer(s)_____ Model/Configuration_____

Effluent Distribution Field:

EDF Depth/Height _____ inches ( ) Below NGS ( ) Above NGS Fill (if applicable)_____inches

EDF Size _____ ( ) linear feet ( ) square feet Trench Width (if applicable) _____ inches

Separate Washer Line (if applicable) _____ width _____length (linear feet)

Installer Name / Company_____

Business Address _____

Telephone_____ City _____ State _____Zip _____

I hereby certify that the onsite sewage treatment and disposal system has been installed and completed in accordance with the construction plan or plot plan, the permit issued by the Local Health Department on (Date)_____, and that the installation of the OSS complies with *Chapter 420-3-1* of the Rules of the Board and any applicable construction standards from a product manual. I further certify that I am licensed by the AOWB or exempt from such licensure pursuant to § 34-21A-1 et seq., Code of Alabama 1975.

License Number_____ *or* Exempt (owner/primary residence) _____

Signature _____ Date_____

In accordance with Rule 420-3-1, a signed statement from the OSS installer and the engineer, if one is required, shall be submitted to the LHD prior to the issuance of an Approval for Use.

Instructions for Systems Not Inspected

- You have been authorized to cover this installation after giving the LHD an opportunity to inspect. Please complete the front and back of this form.
- Certify that the installation complies with the permit and *Chapter 420-3-1 ADPH Onsite Treatment and Disposal Rules*. Large-flow and engineered systems also require coordination with and approval by the design engineer.
- A sketch of the layout of the system is required.

SYSTEM LAYOUT

This record of the installation of an onsite sewage disposal system is submitted by:

Installer Name_____

Signature_____ Date_____