



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.

AOWB License Number or Exempt (property owner or general contractor license #)

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.

