EST. DEPARTMENTS 1875 PUBLIC HEALT

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	L0t	BIOCK
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) MakeMode	el	
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 () O	her	
Product Manufacturer(s) Model/Configu	ıration	
Effluent Distribution Field:		
EDF Depth/Height inches () Below NGS () Above NGS Fill	(if applicable)	inches
EDF Size () linear feet () square feet Trench Width (if a	pplicable)	inches
Separate Washer Line (if applicable) widthlength (linear	feet)	
Installer Name / Company		
Business Address		
TelephoneCity	State	Zip
I hereby certify that the onsite sewage treatment and disposal system has been construction plan or plot plan, the permit issued by the Local Health Departine installation of the OSS complies with <i>Chapter 420-3-1</i> of the Rules of the Board product manual. I further certify that I am licensed by the AOWB or exempt from Code of Alabama 1975.	tment on (Date) l and any applicable	, and that the construction standards from a
AOWB License Number or Exempt (property owner	or general contrac	etor license #)
Signature I	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																
<u> </u>																	
This record of the installation of an onsite sewage disposal system is submitted by:																	
Installer Name																	
Signature Date																	