WAIVER
OF A PERMIT TO REPAIR A CONVENTIONAL ONSITE SEWAGE DISPOSAL SYSTEM

For Department Use Only

ALABAMA DEPARTMENT
OF PUBLIC HEALTH

_____County Health Department
_____LHD ID No.
_____Date Received

Waiver Granted By:_____ Date:_____

PART 1: OWNER INFORMATION

I declare that I am the owner of the property located at _____,
Street City Zip

and hereby request from the local health department (LHD) a waiver from the requirements of *Chapter 420-3-1-.06 Permits Required for an OSS*, for repairs associated with my current onsite sewage treatment and disposal system (OSS).

By submitting this waiver, I acknowledge the following:

1. This waiver must be notarized;
2. The OSS to be repaired is for a dwelling as defined by *Chapter 420-3-1 Onsite Sewage and Disposal* (establishments do not qualify);
3. The LHD gives no warranty and accepts no responsibility or any liability for this repair;
4. This waiver does not replace an "Approval for Use" issued by the LHD (which may be required by lending institutions or building departments);
5. The installer must be licensed by the Alabama Onsite Wastewater Board (AOWB) and is required to submit a CEP-5 certifying the repair work performed;
6. The repair will not be inspected by the LHD;
7. All repairs shall conform to *Chapter 420-3-1 Onsite Sewage and Disposal*.

I do hereby authorize _____ to perform the repairs to my OSS.
Company

Name/print_____Signed_____

Email_____ Phone_____ Date_____

STATE OF ALABAMA
COUNTY OF _____

The foregoing instrument was acknowledged before me on this_____ day of _____, 20_____ by:

_____ _____
Notary Public My Commission Expires

PART 2: INSTALLER INFORMATION

I, _____, am licensed by the AOWB, and acknowledge the following:

1. Any and all repairs performed in conjunction with this waiver shall meet the requirements of *Chapter 420-3-1 Onsite Sewage and Disposal* regarding conventional onsite sewage disposal systems;
2. I shall contact the LHD to receive a Permit to Install (Repair) if this repair should require a new septic tank or an engineered design;
3. The LHD gives no warranty and accepts no responsibility or liability for this repair;
4. A CEP-5 must be submitted to the LHD pursuant to *Chapter 420-3-1-.34 Certifications*.

***Continued on back side of form.**

PROPOSED REPAIR
(TO BE COMPLETED BY THE INSTALLER)

The following information is required for the LHD to process this waiver document:

Existing effluent disposal field (EDF) depth:_____ inches

Proposed linear footage to be installed:_____ feet of _____ disposal product.

Please provide a sketch of the property to include the locations of dwelling(s), existing tank(s), existing EDF, and proposed new field lines.

SYSTEM LAYOUT

I understand that this waiver applies to a conventional repair only and that a new (relocated) EDF will require an evaluation from a soil professional and a permit from the LHD. Furthermore, this waiver must be granted by the LHD prior to the start of the repair to the EDF. Failure to do so may result in disciplinary action from the AOWB.

Signed: _____ License No._____ Date: _____