

CEP-5

INSTALLER'S ONSITE SEWAGE – DISPOSAL SYSTEM CERTIFICATION [

_LHD
Permit #
Date Rec.

Owner/Applicant's Name									
Property (911) Address									
City, State, Zip									
Subdivision NameLotBlock									
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) MakeModel									
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/HeightInches () Below NGS () Above NGS Fill (if applicable)inches									
EDF Size ()linear feet () square feet Trench Width (if applicable) inches									
Separate Washer Line (if installed) width length (linear feet)									
Installer Name / Company									
Business Address									
TelephoneCityStateZip									
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 <i>Chapter 420-3-1</i> of the Rules of the Board and any applicable construction standards from a product manual. I further certify that I am licensed and in good standing with the applicable licensing board and in full compliance with the <i>Code of Alabama 1975§ 34-21A, et</i>									

Date

License No. _____ Signature _

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.

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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_____

Date License # Signature