# CEP 6

# ENGINEER'S ONSITE SEWAGE DISPOSAL SYSTEM CERTIFICATION

_____LHD
_____Permit #
_____Date Rec.

## PART A

Company Name (if applicable) _____

Engineer Name_____

Business Address_____

City_____ State_____ Zip_____ Telephone Number_____

Owner/Applicant's Name_____ Permit #_____

Property Address _____

City _____ State_____ Zip _____

Subdivision Name_____Lot_____Block_____

Installation Date_____ Installer_____ (  ) New (  ) Repair

System Description_____

_____

_____

_____

I hereby certify that the onsite sewage treatment and disposal system has been installed and completed in accordance with the construction plan and permit issued by the Local Health Department on (Date)_____, and complies with *Chapter 420-3-1, Onsite Sewage Treatment and Disposal*.

Signature _____Date_____ Registration No._____

## PART B

ENGINEER'S FILL MATERIAL CERTIFICATION
(if applicable)

I hereby certify that the fill material and construction of the controlled fill OSS in accordance with *Rule 420-3-1, Onsite Sewage Treatment and Disposal.*

Signature_____ Date_____ Registration No. _____

*Prior to issuance of the Approval for Use, for a system designed by an engineer as required by Rule 420-3-1, the engineer shall certify the installation by submitting an ADPH Form CEP-6 Part A and an ADPH Form CEP-6 Part B form, if applicable.*