

# APPLICATION FOR A PERMIT TO INSTALL (Repair) AN ONSITE SEWAGE DISPOSAL SYSTEM

## For Department Use Only



ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

New  Repair  Other  
 Conventional  
 Alternative

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ County Health Department  
\_\_\_\_\_ Co. Health Dept. I.D. No.  
\_\_\_\_\_ Date Received  
\_\_\_\_\_ Date Permit Issued  
\_\_\_\_\_ Receipt Number (if applicable)

### Part A To Be Completed And Signed By The Applicant

A. Applicant \_\_\_\_\_ Telephone: (Home)( ) \_\_\_\_\_ (Other)( ) \_\_\_\_\_  
(Type or Print)

B. Current Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

C. IS THIS SITE: 1. ( ) A lot within an approved subdivision? (fill out Item D below)  
2. ( ) An individual tract not in a subdivision? (fill out Item E below)

D. Name of Subdivision \_\_\_\_\_ Addition/Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Specific E911 address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E. Individual lot: Specific E911 Address (or location if address not available) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

1. Property Size: \_\_\_\_\_ 2. Water Supply ( ) Public ( ) Private  
3. Required Attachments: ( ) Vicinity map ( ) Legal description or certified copy of deed ( ) Plot plan drawn to scale

F. ( ) Single Family Dwelling 1. ( ) Site built (permanent) structure, or ( ) Manufactured Home (mobile, double wide)

2. Number of bedrooms \_\_\_\_\_ 3. Spa/Hot Tub ( ) yes ( ) no 4. Basement ( ) yes ( ) no

G. ( ) Multifamily Dwelling 1. Number of Buildings \_\_\_\_\_ 2. Number of Units per Building \_\_\_\_\_ 3. Total Number of Units \_\_\_\_\_

4. Number of Bedrooms per Unit \_\_\_\_\_ 5. Total Number of Bedrooms \_\_\_\_\_ 6. Spa/Hot Tubs ( ) yes ( ) no

H. ( ) OTHER: Building/Business/Facility/Project  Building/Plumbing Plans Attached

1. Number of buildings to be affected by this project \_\_\_\_\_ New ( ) Existing ( )

2. Number of Patrons \_\_\_\_\_ 3. Number of Employees \_\_\_\_\_ 4. Number of Shifts \_\_\_\_\_

5. Estimated Water Usage \_\_\_\_\_ gal./day 6. Brief description of project: \_\_\_\_\_

Note: ATTACH: ( ) Letter explaining use and other necessary and required information.

**PLEASE READ BEFORE SIGNING:** I, the undersigned, understand that a plot plan or construction plan, when required, as outlined in Chapter 420-3-1, Ala. Administrative Code, is required to complete this application. With the submittal of this application, I, the owner and/or applicant acknowledge responsibility for the installation of an approved onsite sewage disposal system and state that the proposed onsite sewage disposal system will receive only sewage or effluent as defined in the onsite sewage disposal rules, and that the system shall be installed and maintained in an approved manner and according to submitted plans for the duration of my ownership of the system. I acknowledge that the person who installs (repairs) and certifies this onsite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as enacted, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application.

( ) Owner ( ) Agent: Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** This is an application **ONLY**. Completion **does not** constitute an approval or permit to install or approval for use

## APPLICATION CONTINUED

<b>PART B TO BE COMPLETED BY A REGISTERED ENGINEER OR LAND SURVEYOR</b>
( ) A <u>Construction Plan</u> which includes the required information as set forth by Chapter 420-3-1 of the Rules Governing Onsite Sewage Disposal Systems and Subdivision is attached. The construction plan shall be certified by an engineer or land surveyor. Construction plans for alternative systems or systems larger than 1,200 gallons per day shall be certified by an engineer. Note: A construction plan is not required for a single family dwelling or a business generating 500 gallons or less of sewage a day proposing to use a <u>conventional</u> onsite sewage disposal system. Please refer to appropriate sections of the rules

**PART C TO BE COMPLETED BY A REGISTERED PROFESSIONAL ENGINEER,  
LAND SURVEYOR, GEOLOGIST, OR SOIL CLASSIFIER**

NOTE: All percolation and soil boring results must be reported whether they passed or not.

**1. Percolation Test Data (Attach Additional Sheets As Needed)**

Engineer Simulated Wet Season Testing <input type="checkbox"/> No <input type="checkbox"/> Yes	Percolation Hole No.	Uniform Diameter of Hole in Inches	Total Depth of Hole in Inches	Date of Saturation	Date of Percolation Test	Stabilized Percolation Rate in Minutes per inch

**2. Soil Boring Data (Attach Additional Sheets As Needed)**

Boring or Pit No.	Total Depth of Boring or Pit	Date & Time of Boring or Pit	Thickness of Each Soil Layer (Starting at Ground Surface)	Character of Each Soil Layer (Color, Gray or Olive Mottling, etc.) Use Munsell Color Charts	Depth to Groundwater, Saturated Soils, or Seasonal High Groundwater Indicators	Depth to Rock, Refusal, or Restrictive Layer

I, \_\_\_\_\_, a Professional  (Engineer),  (Land Surveyor),  
 \_\_\_\_\_ Print/Type Name  (Geologist),  (Soil Classifier),  
 do hereby certify that the above and/or attached soil tests were conducted as specified in the Rules Governing Onsite Sewage Disposal and Subdivision, Chapter 420-3-1, and are true and accurate as presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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