

# FINAL SUBDIVISION REPORT

For Department Use Only



ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

\_\_\_\_\_ County Health Dept.  
\_\_\_\_\_ Co. Health Dept. I.D. No.  
\_\_\_\_\_ Date Received

**Part I** To Be Completed And Signed By The Sponsor/Developer

New  ADDITION TO \_\_\_\_\_  
Name of Subdivision \_\_\_\_\_ County \_\_\_\_\_ Sec. \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_  
Name of Sponsor/Developer \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Proposal: Acres \_\_\_\_\_ Lots \_\_\_\_\_ Minimum Lot Size \_\_\_\_\_ Maximum Bedrooms \_\_\_\_\_  
Adjacent Acres Owned/Controlled by Sponsor/Developer \_\_\_\_\_ Name of Abutting Subdivision(s) or Development, If Applicable \_\_\_\_\_

I have knowledge of/access to and will develop according to the Rules Governing Onsite Sewage and Subdivision-Onsite Sewage Systems, Water Supplies and Solid Waste Management, Chapter 420-3-1, Alabama Administrative Code.

Date \_\_\_\_\_, 19 \_\_\_\_\_ Signed \_\_\_\_\_  
(Sponsor/Developer)  Other Authorized Person, Power of Attorney attached

**Part II** To Be Completed By Engineer Or Land Surveyor

### WATER SUPPLY

SOURCE:  Public Name of System \_\_\_\_\_  
 Individual, Specify \_\_\_\_\_

If a public system is to be used, give the following information:

1. Layout of the distribution system within the subdivision. (Engineer Certified Drawings)
2. Letter from water authority indicating approval of water system plans and future acceptance of lines, and statement that a satisfactory amount of water pressure is available.

If individual supply, show all individual supplies on plat.

Comments:  Additional Report Attached

### SEWAGE DISPOSAL

SYSTEM:  Individual Systems  Public Sewer  Subdivision system  Private Sewer System

All Soil Tests And Individual Systems Shown On Plat.

Comments:  Additional Report Attached

### SOLID WASTE MANAGEMENT

#### METHOD:

By City/Town/County \_\_\_\_\_  
 Collector Licensed by \_\_\_\_\_ County Commission and permitted by the local County Health Department  
 OTHER, Please Specify:

1. Letter from controlling agency stating that subdivision will be served by a scheduled solid waste collection service.
2. Letter from solid waste collector, approved by county health department and licensing agency, stating that subdivision will be served by scheduled solid waste collection.

All materials are being submitted in Duplicate.

I hereby certify that the statements contained in the above report and all attachments thereto are complete, true and correct to the best of my professional ability.

Name \_\_\_\_\_ Alabama Reg. No. \_\_\_\_\_  P.E.  L.S.  
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

# FINAL

Part III

To Be Completed By The Health Department

## LOCAL HEALTH DEPARTMENT

We recommend  Approval  Disapproval

Our recommendation regarding this final application is based on the following conditions:

The conclusions rendered in this report do not cover the installation of the individual sewage disposal systems. The installation of each system shall be based upon specific conditions affecting each building lot.

Name \_\_\_\_\_ County Health Department

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

## SUBDIVISION PROGRAM SUPERVISOR

Approved for dwellings  Disapproved

Our approval/disapproval of the final report is based on the following conditions:

The conclusions rendered in this report do not cover the installation of the individual sewage disposal systems. The installation of each system shall be based upon specific conditions affecting each building lot.

Name \_\_\_\_\_ Subdivision Program Supervisor

Signature \_\_\_\_\_ Mailing Address \_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_\_ Telephone \_\_\_\_\_