

# PRELIMINARY 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

## WATER SUPPLY

Engineer's Specified Best Method of Water Supply For Subdivision:  Public  Individual, Specify \_\_\_\_\_  
A. Distance to Nearest Public Main \_\_\_\_\_ Size of Nearest Public Main \_\_\_\_\_ Name of System \_\_\_\_\_  
Total Cost of Connection to Public water \$ \_\_\_\_\_ Cost Per Lot \$ \_\_\_\_\_  
B. Cost of Individual Supply Per Lot \$ \_\_\_\_\_  Additional Report Attached

## SEWAGE DISPOSAL

Engineer's Specified Best Method of Sewage Disposal For Subdivision:  
 Individual Systems  Subdivision System  Public Sewer  Private Sewer System  
Distance to Nearest Public Sewer \_\_\_\_\_ Size \_\_\_\_\_ Name of Sewer Authority \_\_\_\_\_  
Total Cost of Connection to Public/Private Sewer \$ \_\_\_\_\_ Cost Per Lot \$ \_\_\_\_\_  
Total Cost of Installing Subdivision System \$ \_\_\_\_\_ Cost Per Lot \$ \_\_\_\_\_  
Type of Individual System Proposed \_\_\_\_\_ Cost Per Lot \$ \_\_\_\_\_  Additional Report Attached

## SOLID WASTE MANAGEMENT

Engineer's Specified Best Method of Solid Waste Management For Subdivision:  
 By City/Town/County \_\_\_\_\_  
 Collector Licensed by \_\_\_\_\_ County Commission and permitted by the local County Health Department.  
 OTHER, Please Specify \_\_\_\_\_  Additional Report Attached

This preliminary report is accompanied by:

1. A vicinity map showing location by permanent and prominent landmarks and related distances;
2. A boundary plat, with legal description of the area proposed to be developed showing an overlay of the soil types according to the soil survey;
3. Soil survey conducted according to standards of the National Cooperative Soils Survey;
4. Itemized comparative cost estimates where individual water supplies and/or individual sewage disposal systems are proposed.
5. Plan for Solid Waste Management.

All materials are being submitted in Duplicate

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.)  
 Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_  
 Engineer

Part III To Be Completed By The Health Department

LOCAL HEALTH DEPARTMENT

Our recommendations concerning this preliminary application are as follows:

WATER SUPPLY:       Public                       Individual  
 SEWAGE DISPOSAL:  Public Sewer               Subdivision System               Individual  
 Minimum lot size \_\_\_\_\_ square feet

Additional Recommendations:

Name \_\_\_\_\_ County Health Department  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

SUBDIVISION PROGRAM SUPERVISOR

Based on the information submitted the Final Report may be prepared subject to the following conditions:

WATER SUPPLY:       Public                       Individual  
 SEWAGE DISPOSAL:  Public Sewer               Subdivision System               Individual

SOIL TESTS

- To be performed during the wet season on soils as \_\_\_\_\_ or to be tested in accordance with 420-3-1-.13
- To be observed by the local health department on soils classified as \_\_\_\_\_
- May be performed at engineer's discretion.

SPECIAL REQUIREMENTS:

- Soils classified as \_\_\_\_\_ are not suitable for installation of septic tank systems and shall not be used in computing the minimum lot size requirements.
- Minimum lot size \_\_\_\_\_ square feet
- Additional Sheet Attached.

Name \_\_\_\_\_ Subdivision Program Supervisor  
 Signature \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Date \_\_\_\_\_ 19 \_\_\_\_\_ Telephone \_\_\_\_\_