

# INSTALLER'S ONSITE SEWAGE DISPOSAL SYSTEM CERTIFICATION

ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

\_\_\_\_\_ County Health Dept.  
\_\_\_\_\_ Permit Number  
\_\_\_\_\_ Date Received

OWNER/APPLICANT'S NAME \_\_\_\_\_

PROPERTY (911) ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

## INSTALLATION INFORMATION

Installation Date: \_\_\_\_\_ ( ) New ( ) Repair

Septic Tank Size: \_\_\_\_\_ gallons Manufacturer's No.: \_\_\_\_\_

Septic Tank Filter (NSF 46) Installed: ( ) Yes ( ) No, not required

Aerobic Sewage Tank: Make \_\_\_\_\_ Model \_\_\_\_\_

Type of Distribution System and Lines: ( ) Level Header ( ) Serial Distribution

( ) Gravel Trench Gravel Depth: ( ) 12" ( ) 24" ( ) Gravel-less- Pipe Dia. \_\_\_ 8" \_\_\_ 10" \_\_\_ other

Manufacturer: \_\_\_\_\_ Model/Configuration: \_\_\_\_\_

Effluent Distribution Trench

Trench Bottom Depth: \_\_\_\_\_ inches Trench Width: ( ) 18" ( ) 24" ( ) 36" other \_\_\_\_\_

Length of Installed Effluent Distribution Lines: \_\_\_\_\_ linear feet.

Separate Washer Line (If Used): \_\_\_\_\_ width \_\_\_\_\_ length (linear feet)

NAME OF INSTALLER / COMPANY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction plan and permit issued by the local health department on \_\_\_\_\_ and is in compliance with Chapter 420-3-1, (Rules Governing Onsite Sewage Disposal Systems ) and, when appropriate, plans and specifications for the project. I further certify that I am in full compliance with Act 99-571 (HB 547), as enacted by the Legislature of the State of Alabama in its 1999 Regular Session, and as implemented.

DATE \_\_\_\_\_ AOWB License No. \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### Instructions for Systems Not Inspected

If you are allowed to cover this installation without an inspection by the Health Department, you are instructed to complete the FRONT and BACK of this form in accordance with Chapter 420-3-1-.08 (9) and 420-3-1-.95 (1) of the Onsite Sewage Treatment and Disposal rules. Please see back of form for details and instructions.

