

# CEP-11

## APPLICATION FOR SEPTIC TANK/GREASE TRAP SERIES PERMIT

### For Department Use Only



ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

- Initial Application
- Renewal
- Approved
- Disapproved
- Revoked

\_\_\_\_\_ County Health Department \_\_\_\_\_ Date Fee Paid  
\_\_\_\_\_ Co. Health Dept. I.D. No. \_\_\_\_\_ Fee Amount  
\_\_\_\_\_ Date Received \_\_\_\_\_ Fee Code  
\_\_\_\_\_ Date Issued/Renewed \_\_\_\_\_ Receipt No.

### To Be Completed And Signed By The Applicant One for Each Tank

1. Name of Business \_\_\_\_\_ Phone No \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name of Owner/Proprietor \_\_\_\_\_ Phone No \_\_\_\_\_

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AOWB License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3. Type of Unit  Septic Tank  Grease Trap

For Renewal Applications, Show Current Permit Number: \_\_\_\_\_

**Note: If this is a renewal application, and none of the following information has changed, leave items 4 through 20 blank and sign application on reverse.**

4. Number of Forms \_\_\_\_\_ (Attach drawing(s) for each form)

5. Tank Size: \_\_\_\_\_ Gallons Number of Compartments \_\_\_\_\_

6. Shape:  Straight Wall  Tapered  Other: \_\_\_\_\_

7. Inside Dimensions: Length: Bottom \_\_\_\_\_ Length Top \_\_\_\_\_  
Width: Bottom \_\_\_\_\_ Width Top \_\_\_\_\_

8. Liquid Depth \_\_\_\_\_

9. Liquid Capacity Calculations (show calculations)

10. Is Inlet/Outlet Ratio 2/3: 1/3?  Yes  No

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11. Inlet to Outlet Fall \_\_\_\_\_ inches.
12. Air Space \_\_\_\_\_ inches
13. Baffle  Type 1  Type 2  
If Type 2, is Engineered Certification Attached?  Yes  No
14. Method(s) of Securing and Fastening Baffle: \_\_\_\_\_
- 

15. Dimensions of Lid/Sections: Length \_\_\_\_\_ Width \_\_\_\_\_ Number of Sections \_\_\_\_\_

16. Access Inspection Holes: Number \_\_\_\_\_ Dimension \_\_\_\_\_

17. Risers cast directly into lid?  Yes  No Riser Manufacturer \_\_\_\_\_

18. Thickness: Wall \_\_\_\_\_ inches Bottom \_\_\_\_\_ inches Lid \_\_\_\_\_ inches

19. Describe All Materials and Type of Reinforcement  
Wall: \_\_\_\_\_

Bottom: \_\_\_\_\_

Lid: \_\_\_\_\_

Is Engineer Certification Attached, if Needed?  Yes  No

20. Description of method(s) used to make system watertight:

Tank fixtures: \_\_\_\_\_

Between Lid/Tank/Sections (when applicable) \_\_\_\_\_

Risers: \_\_\_\_\_

21. Tank Test Date: \_\_\_\_\_ Tank test certified by \_\_\_\_\_

Application is made pursuant to Alabama Administrative Code, Chapter 420-3-1.

Business Owner \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Health Department Review: Local \_\_\_\_\_ Date \_\_\_\_\_  
Board \_\_\_\_\_ Date: \_\_\_\_\_

Note: All attachments must be identified by business name, address, and telephone number.