

CEP-2

NOTE: This is an application ONLY. Completion DOES NOT constitute an approval or permit to install or approval for use.

APPLICATION
FOR A PERMIT TO INSTALL (REPAIR)
SMALL FLOW ONSITE SEWAGE DISPOSAL SYSTEM
For a System of Total Flow Less than 1201 gpd

For Department Use Only



ALABAMA DEPARTMENT OF PUBLIC HEALTH
New Repair

County Health Department
Co. Health Dept. I.D. No.
Date Received

Date Fee Paid
Fee Amount
Fee Code
Receipt No.

PART A To Be Completed and Signed By the Owner/Authorized Agent

(1) Owner Name (Type or Print) (2) Daytime Phone: ( )
(3) Alternate Phone: ( )

(4) Property's -E911 Address (or directions if address not available):

(5) City (6) County (7) State AL (8) Zip

(9) Property Size: acre(s) (10) Water System serving site: Public Private

IF THIS PROPERTY IS WITHIN A LARGE FLOW DEVELOPMENT COMPLETE ITEMS 11 - 15:

(11) Name of Development:
(12) Plat/Phase/Addition/Sector; (13) Block: (14) Lot:
(15) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed Yes No
(Note: The Developer can provide Site Preparation Plan information relative to this lot)

IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH:

(16) Site built (permanent) Dwelling(s): (17) Manufactured Home (mobile, double wide):
(18) Number of bedrooms: (19) Basements:
(20) Garbage Disposals: (21) Spa/Hot Tubs: gallons
(22) Wells/Potable Springs: (23) Swimming pool:
(this includes irrigation wells)

IF THIS SYSTEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 - 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE:

(24) Number of buildings to be affected by this project:
(25) Use of Building(s): (restaurant, church, school, etc.)
(26) Number of Patrons/day: (27) Number of Employees: (28) Number of Shifts:

PLEASE READ BEFORE SIGNING: By signing this application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property named in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. 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. If this onsite system application is for an engineered system, as defined by the onsite rules, you are hereby informed that the Health Department will only review the application and accompanying documentation for completeness. No site visit or installation inspection will be performed. The Health Department depends on the Professional Engineer to ensure that the system is installed according to the submitted design and is in compliance with the rules. The Health Department assumes no liability.

Owner Authorized Agent: Signature: Date:

Mailing Address:

City: State: Zip:

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## APPLICATION CONTINUED - Small Flow

Owner Name or Location \_\_\_\_\_

### **PART B - SYSTEM PLANNING**

(29) Designed system is:  Engineered  Conventional (30) Establishment Estimated Water Usage \_\_\_\_\_ gallons/day

(31) Size of lot (excluding easements): \_\_\_\_\_ sq. ft. (32) Sanitary Sewer is NOT available to this lot

(33) Plot plan drawn to scale attached  (required with all applications)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Lot dimensions/size/property lines | <input type="checkbox"/> Location of all soil test sites                         | <input type="checkbox"/> % slope & direction                    |
| <input type="checkbox"/> Location/dimensions of structures  | <input type="checkbox"/> Location of OSS & REDF                                  | <input type="checkbox"/> Drainage/Gullies/>25% Slope Identified |
| <input type="checkbox"/> Utilities/easements/water lines    | <input type="checkbox"/> Layout of OSS   | <input type="checkbox"/> Location of embankments/cut/fill       |
| <input type="checkbox"/> Surface waters/drainage features   | <input type="checkbox"/> Max/Min Trench Depth Proposed                           |   |
| <input type="checkbox"/> Well locations                     | <input type="checkbox"/> Aggregate & Cover <small>Recommended./Required.</small> |   |
| <input type="checkbox"/> Landfill, dump, cave, or sinkhole  | <input type="checkbox"/> Depth of fill   |   |

(34) Construction Plan attached (See Rule 420-3-1-.15)  Engineered system applications must include a CONSTRUCTION PLAN which shall be certified by an engineer. NOTE: A construction plan is not required for a system generating 1200 gallons or less of sewage (not high strength sewage) a day proposing to use a conventional onsite sewage disposal system.

(35)  Soil Survey NRCS

### Property Location Information

Vicinity Map If available - Section: \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

If available - Latitude (degrees/minutes/seconds) \_\_\_\_\_ Longitude (degrees/minutes/seconds) \_\_\_\_\_

### Application Attachments:

Legal Description or Copy of Deed  Engineer Calculations (engineered design) Establishment \_\_\_\_\_ BOD/TSS lbs./day

### -----APPLICABLE SIGNATURES BELOW-----

#### FOR CONVENTIONAL SYSTEMS:

Engineer  Land Surveyor  Geologist  Soil Classifier  PHESS  Other \_\_\_\_\_

\_\_\_\_\_  
*Last Name - PRINT or TYPE*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Firm Name (if applicable)*

\_\_\_\_\_  
*Street or PO Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Telephone Number*

I hereby certify that the information contained in this part of the application, including all related attachments, is complete, true and correct.

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

For applicable professionals - AL Registration No.: \_\_\_\_\_  License Photocopy attached

**FOR ENGINEER DESIGNED SYSTEMS:** By signing below, I acknowledge that the Health Department is relying upon my professional license, judgment and skill to ensure that the system is installed according to the submitted design and in accordance with applicable statutes and rules. I further acknowledge that no site visit or installation inspection will be conducted by the Health Department based upon its reliance on this signed certification by me.

\_\_\_\_\_  
*Last Name - PRINT or TYPE*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Firm Name*

\_\_\_\_\_  
*Street or PO Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Telephone Number*

I certify that the design features of the OSS at the address above have been designed, specified, or approved by me, and conform to design principles applicable to such projects. In my professional judgment, this system, when properly constructed, operated and maintained, will achieve the established performance standards and comply with applicable statutes of the State of Alabama and the ADPH.

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

Registration No.: \_\_\_\_\_  License Photocopy attached

### **PART C - SITE EVALUATION**

CEP 2/3 Part C Site Evaluation Form attached