

SECTION III
ADVANCED LEVEL I INSTALLER
CERTIFICATION OF SYSTEMS BY COUNTY HEALTH DEPARTMENTS
{ENVIRONMENTAL HEALTH}

IMPORTANT INSTRUCTIONS TO COUNTY HEALTH DEPARTMENT PERSONNEL COMPLETING THIS FORM:

THIS FORM IS USED FOR APPLICANTS SEEKING TO BECOME LICENSED AS AN ADVANCED LEVEL I INSTALLER. PLEASE ANSWER ALL QUESTIONS. CONTACT THE ALABAMA ONSITE WASTEWATER BOARD FOR ADDITIONAL ASSISTANCE IF NEEDED. 334-269-6800

Based on information on file with your county health department, please answer the following questions regarding: _____ (name of license applicant).

Is the above-named applicant known to you? ____YES____NO
If no, please answer to the best of your ability and information contained in your files.

Based on past work history with the above-named applicant, has the applicant remained in "Good Standing" with the county health departments rules and regulations? ____YES____NO

To your knowledge:

1. **PLEASE SUBMIT PROOF OF ALL BASIC SYSTEMS INSTALLED BY LICENSEE OBTAINING THE LICENSE.**
2. Have you ever inspected an installation performed or supervised by this person and not issued final approval of work inspected because of any uncorrected, faulty installation?
YES ____ NO ____
3. Has this person been cited by this health department for violation of any rules and regulations of the ADPH, ADEM (or of Jefferson County) as may be applicable?
YES ____ NO ____
4. If the answer to question no. 3 is "yes," has this person failed to perform the necessary correction of the violation?
YES ____ NO ____
5. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater system installation? If so, has this issue been resolved?
YES ____ NO ____
6. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater system?
YES ____ NO ____

Name of County Health Department: _____
Address of County Environmental Division: _____
Telephone Number of Environmental Division of County Health Department: (____) _____
Name of County Health Department Official certifying this form: (please print) _____

Signature of County Health Department Official

Date