



ALABAMA ONSITE WASTEWATER BOARD

P.O. BOX 303552
MONTGOMERY, ALABAMA 36130-3552
www.aowb.alabama.gov

HEALTH DEPARTMENT COMPLAINT FORM

OFFENDER'S NAME

ENVIRONMENTALIST NAME

ADDRESS

COUNTY HEALTH DEPARTMENT

CITY STATE ZIP

ENVIRONMENTALIST OFFICE PHONE

CONTACT PHONE (licensed or unlicensed person)

ENVIRONMENTALIST CELL PHONE

DATE WORK WAS PERFORMED

Please provide a timeline with dates of offense and include all rules violated (e.g. 420-3-1-.08 (2)(b) Failure to notify the local health department of an installation). Attach additional pages if necessary.

PROPERTY OWNER CONTACT INFO – NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

System type _____ Permitted Yes # _____ No /or completed via waiver: YES

PLEASE BE SURE TO SIGN AND DATE THIS COMPLAINT FORM AND SUBMIT TO: aowb@aowb.alabama.gov

SIGNATURE (Environmentalist)

DATE

IF POSSIBLE/APPLICABLE, PLEASE SEND A COPY OF THE PERMIT/WAIVER AND CEP-5 ALONG WITH THIS FORM.