



ALABAMA ONSITE WASTEWATER BOARD

P.O. BOX 303552
MONTGOMERY, ALABAMA 36130-3552
PH: 334-353-9250
www.aowb.alabama.gov

Eligibility Requirements to Obtain an Advanced Level I or Advanced Level II License from the

Alabama Onsite Wastewater Board

To ensure all licensees have the required documentation to advance in the installer license, beginning January 1, 2023, the following procedures will be used:

1. Print this packet.
2. Complete the Eligibility form in its entirety. If you are unsure of your licensure date, you may want to contact the AOWB.

The Alabama Onsite Wastewater Board Administrative Code Section 628-X-3-.04 states in part:

Persons must first obtain an Alabama Onsite Wastewater Board (AOWB) Basic Level Installer License before qualifying for an AOWB Advanced Level I Installer License. To qualify for an AOWB Advanced Level I Installers License, an AOWB Basic Level Installer licensee, who has held the AOWB Basic Level Installer License for less than 10 years (of continuous active license service) shall complete a minimum of five (5) conventional onsite sewage systems as defined by the Alabama Department of Public Health and have held the AOWB Basic Level Installer License for not less than twenty-four (24) months and have obtained the Board required education. Documentation verifying these qualifications have been met must be submitted for an Advanced Level I Installers License.

Persons must first obtain an AOWB Advanced Level I Installer License before qualifying for an AOWB Advanced Level II Installer License. To qualify for an AOWB II Advanced Level II Installer License an AOWB Advanced Level I Installer License holder, (with less than 10 (ten) years of continuous active license service) as an AOWB Advanced Level I Installer License, shall complete a minimum of 5 (five) engineered systems as defined by the Alabama Department of Public Health, have held the Advanced Level I Installer License for no less than twenty-four (24) months, and have obtained the Board required education. Documentation verifying these qualifications have been met must be submitted for an Advanced Level II Installer License.

3. Take the **Section III (for the Advanced Level I License)** or **Section IV (for the Advanced Level II License)** to your local county health department for your local environmentalist to complete and to ensure you have documentation of your 5 systems. (In the event the documentation of the 5 systems is not submitted, this will delay obtaining approval for the training/exam).

4. Submit forms and documentation of systems to the AOWB via US mail or email to:

hannah.hollon@aowb.alabama.gov

5. Once the application and documentation are verified, you will receive an approval letter to attend training and exam.



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ELIGIBILITY FORM FOR ADVANCED LEVEL I OR II TRAINING DOCUMENTATION MUST BE RECEIVED FOR APPROVAL

- ☐ Advanced Level I Training
or
☐ Advanced Level II Training

Licensee Name: _____

Basic or Advanced License Number: _____

☐ *Basic Installer* *date licensed:* _____
(check this box if you want to attend Advanced level I Training/Exam)
(Must hold basic license 24 months for training/exam)

☐ *Advanced Level I Installer* *date licensed:* _____
(check this box if you want to attend Advanced Level II Training/Exam)
(Must hold Advanced Level I Installer License 24 months for training/exam)

Section III and Proof of 5 Conventional Systems;
Approval for Use or CEP-5's received for **Advanced Level I** Training attached?

☐ YES

☐ NO

Date received: _____
(FOR OFFICE USE ONLY)

Section IV and Proof of 5 Engineered-Advanced Level I Systems;
Approval for Use or CEP-5's received for **Advanced Level II** Training attached?

☐ YES

NO

Date received: _____
(FOR OFFICE USE ONLY)

SECTION III – ADVANCED LEVEL I INSTALLER APPLICATION

LICENSEES MUST HAVE THIS COMPLETED & SUBMITTED BEFORE ATTENDING TRAINING/EXAM



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) at 334-353-9250.

BASED ON INFORMATION YOU MAY HAVE ON FILE, (LHD), PLEASE ANSWER THE FOLLOWING QUESTIONS

REGARDING: _____ **(NAME OF APPLICANT).**

BASIC INSTALLER LICENSE # _____

Based on past work history with the above-named applicant, has the applicant remained in "Good Standing" with the county health department's rules and regulations? _____ Yes _____ No

ENVIRONMENTALIST: PLEASE ASSIST LICENSEE IN SUBMITTING PROOF OF 5 BASIC SYSTEMS INSTALLED. (COPIES OF APPROVAL FOR USE OR CEP-5'S ARE ACCEPTED) TRAINING/EXAM WILL NOT BE APPROVED UNLESS PROOF OF SYSTEMS ARE SUBMITTED.

To your knowledge:

1. 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
2. Has this person been cited by this health department for violation of any rules and regulations of the ADPH, (or of Jefferson County) as may be applicable? _____ Yes _____ No
3. If the answer to question #2 is "yes", has this person failed to perform the necessary correction of the violation? _____ Yes _____ No
4. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater sewage system installation? If so, has this issue been resolved? _____ Yes _____ No
5. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater sewage system? _____ Yes _____ No
6. Does this person have any outstanding **CEP-5's** that are due to the LHD? _____ Yes _____ No

Name of County Health Department: _____

Address of County Environmental Division: _____

Telephone Number of Environmental Division (____) _____

Name of County Health Department Official certifying this form: _____ (please print)

Signature of County Health Department Official

Date

SECTION IV – ADVANCED LEVEL II INSTALLER APPLICATION

LICENSEES MUST HAVE THIS COMPLETED & SUBMITTED BEFORE ATTENDING TRAINING/EXAM



IMPORTANT INSTRUCTIONS TO COUNTY HEALTH DEPARTMENT PERSONNEL COMPLETING THIS FORM:

This form is used for applicants seeking to become licensed as an **Advanced Level II Installer**. Please answer all questions. Contact the Alabama Onsite Wastewater Board for additional assistance (if needed) at 334-353-9250.

BASED ON INFORMATION YOU MAY HAVE ON FILE, (LHD), PLEASE ANSWER THE FOLLOWING QUESTIONS

REGARDING: _____ **(NAME OF APPLICANT).**

ADVANCED LEVEL I INSTALLER LICENSE # _____

Based on past work history with the above-named applicant, has the applicant remained in “Good Standing” with the county health department’s rules and regulations? _____ Yes _____ No

ENVIRONMENTALIST: PLEASE ASSIST LICENSEE IN SUBMITTING PROOF OF 5 ADVANCED LEVEL I SYSTEMS (ENGINEERED DESIGNED, UP TO 1800 GPD INSTALLED. (COPIES OF PERMITS OR CEP-5’S ARE ACCEPTED) TRAINING/EXAM WILL NOT BE APPROVED UNLESS PROOF OF SYSTEMS ARE SUBMITTED

To your knowledge:

1. 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
2. Has this person been cited by this health department for violation of any rules and regulations of the ADPH, (or of Jefferson County) as may be applicable? _____ Yes _____ No
3. If the answer to question **#2** is “yes”, has this person failed to perform the necessary correction of the violation? _____ Yes _____ No
4. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater sewage system installation? If so, has this issue been resolved? _____ Yes _____ No
5. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater sewage system? _____ Yes _____ No

Name of County Health Department: _____

Address of County Environmental Division: _____

Telephone Number of Environmental Division (____) _____

Name of County Health Department Official certifying this form: _____ (please print)

Signature of County Health Department Official

Date