

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