

SECTION III – ADVANCED LEVEL I INSTALLER APPLICATION

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).

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 department's rules and regulations? _____ Yes _____ No

PLEASE SUBMIT PROOF OF 5 BASIC SYSTEMS INSTALLED BY LICENSEE OBTAINING THE LICENSE.

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, ADEM (or of Jefferson County) as may be applicable? _____ Yes _____ No
3. If the answer to question no. 3 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 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 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