

## SECTION IV – ADVANCED LEVEL II INSTALLER APPLICATION

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### 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).

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 ADVANCED LEVEL I 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

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