



# JEFFERSON COUNTY DEPARTMENT OF HEALTH

1400 SIXTH AVENUE, SOUTH • P.O. BOX 2648 • BIRMINGHAM, ALABAMA 35202 • 205/930-1230

## Application for On-Site Sewage Disposal Permit

Submit in Triplicate

<b>Date Received</b>  	<b>Type of System</b> <input type="checkbox"/> Conventional <input type="checkbox"/> Non-conventional <input type="checkbox"/> Alternate <input type="checkbox"/> Commercial	<b>Identification Number</b>  <hr style="width: 80%; margin: 0 auto;"/>
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**Part A: Residential To be completed by applicant and/or submitting professional**

1. Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

2. Mailing address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Property location \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Comments:

4. Subdivision \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Sector \_\_\_\_\_ Add \_\_\_\_\_ Phase \_\_\_\_\_ Lot size \_\_\_\_\_

5. Date subdivision recorded \_\_\_\_\_ Date approved \_\_\_\_\_

6. Type residence: \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_ Manufactured home. Number of bedrooms \_\_\_\_\_

7. Garbage grinder? \_\_\_\_\_ Basement plumbing? \_\_\_\_\_ Spa/hot tub? \_\_\_\_\_ Laundry waste? \_\_\_\_\_

**Commercial Floor plans must be a part of application**

1. Type of business \_\_\_\_\_ Estimated number of employees \_\_\_\_\_

2. Kitchen facilities? \_\_\_\_\_ Commercial food service? \_\_\_\_\_ Bathing facilities? \_\_\_\_\_

3. Estimated water use \_\_\_\_\_ Gallons per day \_\_\_\_\_

4. Brief project description \_\_\_\_\_  
 \_\_\_\_\_

**Water Supply**

1. Type: Public  Private (Well)  Distance to Main \_\_\_\_\_ Size of Main \_\_\_\_\_

2. Name of water supply \_\_\_\_\_ Individual meter? Yes  No

3. Distance to Sewer \_\_\_\_\_ Connection by gravity? Yes  No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part B: Percolation Test Data (attach added sheets as needed)**

Percolation Hole #	Uniform Diameter of Hole in Inches	Total Depth of Hole	Date of Saturation	Date of Percolation Test	Stabilized Percolation Rate in Minutes per Inch

**Part C: Inspection Pit Data (attach added sheets as needed)**

This section to be completed by a registered engineer, land surveyor or soil classifier.

Soil Profile #			Soil Profile #			Soil Profile #		
Organic Strata Depth			Organic Strata Depth			Organic Strata Depth		
Depth	USDA Tex.	Munsell Color	Depth	USDA Tex.	Munsell Color	Depth	USDA Tex.	Munsell Color
1st Strata Inches			1st Strata Inches			1st Strata Inches		
2nd Strata Inches			2nd Strata Inches			2nd Strata Inches		
3rd Strata Inches			3rd Strata Inches			3rd Strata Inches		
4th Strata Inches			4th Strata Inches			4th Strata Inches		
Total Depth of Observation Pit			Total Depth of Observation Pit			Total Depth of Observation Pit		
Max. Seasonal Water Table, Mottling	<input type="checkbox"/> Non Evident Inches		Max. Seasonal Water Table, Mottling	<input type="checkbox"/> Non Evident Inches		Max. Seasonal Water Table, Mottling	<input type="checkbox"/> Non Evident Inches	
Impervious Layer Clay, etc.	<input type="checkbox"/> Non Evident Inches		Impervious Layer Clay, etc.	<input type="checkbox"/> Non Evident Inches		Impervious Layer Clay, etc.	<input type="checkbox"/> Non Evident Inches	
Bedrock <input type="checkbox"/> Non-evident Type of bedrock	Inches		Bedrock <input type="checkbox"/> Non-evident Type of bedrock	Inches		Bedrock <input type="checkbox"/> Non-evident Type of bedrock	Inches	
Surface Slope %			Surface Slope %			Surface Slope %		

I, \_\_\_\_\_, a  professional engineer  professional surveyor  professional soil classifier do hereby certify that the soil data stated above and/or attached sheets are true and accurate as presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Reg. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Part D: For Use by Health Authority**

It is our opinion that the use of an on-site sewage disposal system  is suitable  is not suitable by reason of the following conditions:

**Zoning approval must be secured to use this property for residential or commercial purposes.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PERMIT DOES NOT CONSTITUTE APPROVAL FOR USE AND IS VALID FOR A PERIOD OF ONE YEAR.**  
 Septic Tank must be inspected by Environmental Health Services before the tank and field lines have been covered.  
 Approval for use will be based upon compliance with Jefferson County Department of Health Onsite Regulations.