



# JEFFERSON COUNTY DEPARTMENT OF HEALTH

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

Preliminary    Final    Combined

## Subdivision Water Supply and Sewage Disposal Report

### Part I

Subdivision \_\_\_\_\_ Sec. \_\_\_\_ T \_\_\_\_ R \_\_\_\_

Sponsor/Developer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposal: Acres \_\_\_\_\_ Lots \_\_\_\_\_

Minimum Lot Size \_\_\_\_\_ Maximum Bedrooms \_\_\_\_\_

Adjacent Acres Owned/Controlled by Sponsor/Developer \_\_\_\_\_

*I have received a copy of and will develop according to the Jefferson County Board of Health Onsite Sewage Disposal and Subdivision Regulations.*

Signature of Sponsor/Developer \_\_\_\_\_ Date \_\_\_\_\_

### Water Supply

Proposed Source:    Public / Name of System \_\_\_\_\_    Individual (Well)

If a public system is to be used, give the following information:

1. Contours at proper datum or the correction factor \_\_\_\_\_
2. The overflow elevation of water tank serving the subdivision \_\_\_\_\_
3. The size transmission line serving the subdivision \_\_\_\_\_
4. Layout of the distribution system within the subdivision.
5. Letter of agreement between the developer and the public water system approving the proposal.

Distance to nearest public main \_\_\_\_\_ Size of nearest public main \_\_\_\_\_

Total cost of connection to public water \$ \_\_\_\_\_ Cost per lot \$ \_\_\_\_\_

Cost of individual supply per lot \$ \_\_\_\_\_

Engineer's Comments:

### Sewage Disposal

Proposed System:    Individual System    Public Sewer    Subdivision System

Distance to nearest public sewer \_\_\_\_\_ Size \_\_\_\_\_ Name of treatment plant \_\_\_\_\_

Total cost of connection to public sewer \$ \_\_\_\_\_ Cost per lot \$ \_\_\_\_\_

Total cost of installing subdivision system \$ \_\_\_\_\_ Cost per lot \$ \_\_\_\_\_

Type of individual system proposed \_\_\_\_\_ Cost per lot \$ \_\_\_\_\_

Engineer's Comments:

**All materials are being submitted in triplicate. I hereby certify that the statements contained in the above report and all attachments thereto are complete, true and correct to the best of my professional ability.**

Name \_\_\_\_\_ Alabama Reg. # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature of Engineer \_\_\_\_\_ Date \_\_\_\_\_

**Jefferson County Department of Health**

**Part II**

Approved     Disapproved

**Our recommendation concerning this application is based on the following conditions:**

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