



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

Date Received	Type of System <input type="checkbox"/> Conventional <input type="checkbox"/> Non-conventional <input type="checkbox"/> Alternate <input type="checkbox"/> Commercial	Identification Number _____
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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 ONLY

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.

JCDH 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.