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 Application

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_____

ENV-ENG-013-09/23 Subdiv Water Supply & Sewage Disposal Report

Jefferson County Department of Health

Part II

☐ Approved   ☐ Disapproved

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

Signature _____ Date_____