

**SECTION 2 - TO BE COMPLETED BY APPLICANT'S BASE COUNTY
HEALTH DEPARTMENT ENVIRONMENTALIST**

IMPORTANT INSTRUCTIONS TO COUNTY HEALTH DEPARTMENT ENVIRONMENTALIST:

*** This form is used for installers, pumpers, and tank manufacturers. If any question below does not apply to the work of this individual (i.e., applicant is a pumper only and the question relates to system installation), do not answer the question.

*** If any answer to questions No. 1 through 8 below is "YES", provide on a separate sheet the details of any unfavorable report on file that is the basis of your response. Attach documentation from your health department files if any unfavorable response is provided on this form.

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

In which areas of the following have you known this person to do onsite wastewater system work?
(CHECK ALL THAT APPLY)

_____ Installation _____ System Repair _____ Pumping/Cleaning _____ Tank Manufacturing _____ Not known to me

To your knowledge:

1. Has this person installed an onsite wastewater system without first having obtained the required permit for the installation? _____ Yes _____ No
2. Have you ever inspected an installation performed or supervised by this person and not issued the final approval of work inspected because of any uncorrected or faulty installation? _____ Yes _____ No
3. Has this person been cited by this health department for violation of any rules/regulations of the ADPH, ADEM (or of Jefferson County) as may be applicable? _____ Yes _____ No
4. If the answer to No. 3 is "yes", has this person failed to perform the necessary correction of the violation? _____ Yes _____ No
5. Has this person been reported for performing any illegal acts regarding sewage disposal? _____ Yes _____ No
6. Has this person pumped or transported sewage with a pump truck that was not properly Permitted by the health department? _____ Yes _____ No
7. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater systems or for illegal sewage disposal? _____ Yes _____ No
8. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater system or for illegal sewage disposal? _____ Yes _____ No

Name of County Health Department: _____

Name and phone number of County Health Department Official completing this form:

_____ Phone number _____ Name (please print)

Signature of County Health Department Official

Date