

SECTION IV
ADVANCED LEVEL II INSTALLER
{ENVIRONMENTAL HEALTH}

IMPORTANT INSTRUCTIONS TO COUNTY HEALTH DEPARTMENT PERSONNEL COMPLETING THIS FORM:

THIS FORM IS USED FOR APPLICANTS SEEKING TO BECOME LICENSED AS AN ADVANCED LEVEL II LICENSEE. PLEASE ANSWER ALL QUESTIONS. CONTACT THE ALABAMA ONSITE WASTEWATER BOARD FOR ADDITIONAL ASSISTANCE IF NEEDED.

Based on information on file with your county health department, please answer the following questions regarding: _____ (name of license applicant).

Is the above-named applicant known to you? YES NO
If no, please answer to the best of your ability and information contained in your files.

Based on past work history with the above-named applicant, has the applicant remained in "Good Standing" with the county health departments rules and regulations? YES NO

Has this person installed a minimum of eighteen (18) Advanced Level I systems since the inception of the Alabama Onsite Wastewater Board? {Please attach report if yes}

To your knowledge:

1. Have you ever inspected an installation performed or supervised by this person and not issued final approval of work inspected because of any uncorrected, faulty installation?
YES **NO**

2. Has this person been cited by this health department for violation of any rules and regulations of the ADPH, ADEM (or of Jefferson County) as may be applicable within the last 12 months?
YES **NO**

3. If the answer to question no. 2 is "yes," has this person failed to perform the necessary correction of the violation?
YES **NO**

4. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater system installation? If so, has this issue been resolved?
YES **NO**

5. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater system?
YES **NO**

Name of County Health Department: _____

Address of County Environmental Division: _____

Telephone Number of Environmental Division of County Health Department: (____) _____

Name of County Health Department Official certifying this form: (please print) _____

Signature of County Health Department Official

Date