

ALABAMA DEPARTMENT OF PUBLIC HEALTH

PERMIT TO INSTALL(REPAIR) AN ONSITE SEWAGE DISPOSAL SYSTEM

Lauderdale County Health Department

Phone (256) 764-7453

INSTALLATION TYPE: New

Permit Number

14424

PERMITTEE PHONE: 281-796-7926

FLOW TYPE: Small SYSTEM TYPE: Conventional PERMITTEE NAME: ANDREW FINGER

ADDRESS: 432 County Road 263, Florence, Alabama, 35633

LOT:

DEVELOPMENT	NAME:

INSTALLATION CRITERIA

Disposal Type:	Trench - 36 Inch Width @ 12 Inch Depth B	Below Natural Ground	
Distribution:	See Plans	Treatment:	Septic Tank
Square Feet:		Disposal Product:	Infiltrator Chamber - Quick 4 Plus LP
Linear Feet:	180	Tank Capacity:	1000
Approved Condition:	Add required fill, then excavate trenches to	required depth from to	p of fill. Landscape area for adequate drainage.

Other Requirements: NSF 46 Outlet filter and risers

Comment:

See engineer's note sheet and plot plan before beginning work on OSS system. Maintain setback distances. EDF and REDF shall be protected at all times. Any cut or fill in EDF area will void this permit.

Chingahn

 ISSUE DATE:
 09-18-2024

 EXPIRATION DATE:
 09-18-2029

Public Health Environmentalist Signature

Any person who installs, repairs, manages, and/or certifies an Onsite Sewage Disposal System (OSS) shall be licensed by the Alabama Onsite Wastewater Board (AOWB) or be exempt from such licensure pursuant to § 34-21A-1 et seq., Code of Alabama 1975. Call the local county health department (LHD) PRIOR to beginning the installation at (256) 764-7453.

Except as allowed in Rule 420-3-1 Onsite Treatment and Disposal, no part of any installation shall be covered or used until the LHD is afforded an opportunity to inspect and any necessary changes are made. Any part of the installation which has been covered prior to inspection or authorization by the LHD shall be uncovered, if necessary, upon direction by the LHD.

No changes shall be made to the design of the system without prior written approval from the soil professional. This Permit to Install (Repair) is null and void if: (a) conditions are changed from those shown on the application or the approved plot/ construction plan; and/or (b) conditions of this permit are not followed.

Issuance of the Permit to Install (Repair) an Onsite Sewage Disposal System, and subsequent approval (if any) of same by representatives of the Alabama Department of Public Health or county health departments, shall not be construed as a guarantee that such systems will function satisfactorily for any given period of time; furthermore, the health department does not assume any liability for damages which are caused, or may be caused, by the malfunction of such a system.

CEP-2/3 PART-C SITE EVALUATION DATA

Name of Applicant/Establishmer	nt/Development			
Location/Address				
		Eval	uator	
X Engineer	Land Surveyor	Soil Clas	sifier 🗌 Geo	ologist PHESS (CEP-2 Only)
		Metho	d Used	
	Percolation	X Unified	Mapping	Morphology
Note: All percolation results	shall be reported. All	testing methods	and results are sub	oject to verification by the LHD and/or the ADPH.

1. Unified / Morphology / Percolation Soil Boring Data (Attach additional sheets if necessary)

Hole No.	Layer ID/Horizon *	Depth of Upper/Lower Boundary	Dominant Color of Each Layer	Mottles, Redox, etc.	Texture*	Texture Group *	Other
		0-4"	7.5yr 3/3		SM	III	
		4-24"	7.5yr 4/6		SC	III	
1		24-36"	5.yr 4/6		ML-CL	III	
		30-36" 15%	10yr 7/1	ashes at 30"	CL	III	
	Field Sizing	<u>60</u> mpi @	Restriction Depth (in.)	Restriction Type per Table 7		Vertical Se ince per Tal	ole 7
	20	_ Depth (in.)		ashes	_	18	_(

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	20	_ Deptii (iii.)		ashes		18	(in.)

Hole No.	Layer ID/Horizon *	Depth of Upper/Lower Boundary	Dominant Color of Each Layer	Mottles, Redox, etc.	Texture*	Texture Group *	Other
							1/-1
	Field Sizing mpi @ Depth (in.)		Restriction Depth (in.)	Restriction Type per Table 7		Vertical Se ince per Tal	

* Required for Unified / Morphology methods only.

2. Percolation Test Data (Attach additional sheets if necessary)

Extended Saturation Procedure Testing No Yes	Percolation Hole No.	Date of Percolation Tests	Beginning / End Time of Saturation	Beginning / End Time of Testing	Total Depth of Hole (in.)	Depth from Surface to Restriction (in.)	Stabilized Percolation Rate in Minutes per Inch

3. Professional Soil Classifier Mapping Data attached

SITE EVALUATOR

Primary EDF design is limited by the most restrictive test result as recorded for hole number <u>1</u>.

I.	Larry W Black	, do hereby certify that the above and attached (if applicable) soil tests were
conducte	d as specified in Rule 420-3-1 and are true	and accurate as presented.

Signature	- Jungle. Black	Date	08/20/24	Regist	ration No.	PE	11294
Address _	109 Wilson Way	City	Tuscumbia	State	AL	Zip	35674
Phone (256) 762-9065 Fax		Email	scot@slsolutionsllc.net				
Firm Nan	neS & L Solutions, LLC	Address	109 Wilson V	Vay, Tuso	cumbia, A	AL 35	674

NOTE SHEET

No property survey was conducted. Property line locations are approximate. Elevations shown are assumed and are for comparison purposes only. Curve field lines to best fit field conditions. Keep heavy equipment off the field line placement area.

RECOMMENDATIONS:



ADDITIONAL NOTES: INSTALL AS PER SPEC. BOUNDARY OF EDF & REDF SHALL BE STAKED & FLAGGED. THE OWNER SHALL MAINTAIN THESE AREAS & PREVENT DAMAGE FROM HEAVY EQUIPMENT.

