PRELIMINARY SUBDIVISION REPORT
For Department Use Only

ALABAMA DEPARTMENT OF PUBLIC HEALTH

County Health Dept. Co. Health Dept. I.D. No. Date Received

Part I
To Be Completed And Signed By The Sponsor/Developer

☐ New ☐ ADDITION TO

Name of Subdivision ____________________________ County __________________ Sec. _____ T _____ R _____
Name of Sponsor/Developer ____________________________ Phone No. ( ) __________
Mailing Address ____________________________
City/Town ____________________________ State _____ Zip _____

Proposal: Acres ___________ Lots ___________ Minimum Lot Size ___________ Maximum Lot Size ___________ Bedrooms ___________

Adjacent Acres Owned/Controlled by Sponsor/Developer ____________________________ Name of Abutting Subdivision(s) or Development, If Applicable ____________________________

I have knowledge of/access to and will develop according to the Rules Governing Onsite Sewage and Subdivision-Onsite Sewage Systems, Water Supplies and Solid Waste Management, Chapter 420-3-1, Alabama Administrative Code.

Date ___________ , 19 _____ Signed ____________________________
(Sponsor/Developer) ☐ Other Authorized Person, Power of Attorney attached

Part II
To Be Completed By Engineer

WATER SUPPLY

Engineer's Specified Best Method of Water Supply For Subdivision: ☐ Public ☐ Individual, Specify ________

A. Distance to Nearest Public Main _______ Size of Nearest Public Main _______ Name of System _______
Total Cost of Connection to Public water $ ___________ Cost Per Lot $ ___________

B. Cost of Individual Supply Per Lot $ ___________ ☐ Additional Report Attached

SEWAGE DISPOSAL

Engineer's Specified Best Method of Sewage Disposal For Subdivision:

☐ Individual Systems ☐ Subdivision System ☐ Public Sewer ☐ Private Sewer System

Distance to Nearest Public Sewer _______ Size _______ Name of Sewer Authority _______
Total Cost of Connection to Public/Private Sewer $ ___________ Cost Per Lot $ ___________
Total Cost of Installing Subdivision System $ ___________ Cost Per Lot $ ___________
Type of Individual System: Proposed _______ Cost Per Lot $ _______ ☐ Additional Report Attached

SOLID WASTE MANAGEMENT

Engineer's Specified Best Method of Solid Waste Management For Subdivision:

☐ By City/Town/County ____________________________
☐ Collector Licensed by ___________ County Commission and permitted by the local County Health Department.
☐ OTHER, Please Specify ____________________________ ☐ Additional Report Attached
This preliminary report is accompanied by:
1. A vicinity map showing location by permanent and prominent landmarks and related distances;
2. A boundary plat, with legal description of the area proposed to be developed showing an overlay of the soil types according to the soil survey;
3. Soil survey conducted according to standards of the National Cooperative Soils Survey;
4. Itemized comparative cost estimates where individual water supplies and/or individual sewage disposal systems are proposed.
5. Plan for Solid Waste Management.
All materials are being submitted in Duplicate
hereby certify that the statements contained in the above report and all attachments thereto are complete, true and correct

Name ____________________________________________ Alabama Reg. No. ______________________ (P.E.)
Mailing Address ____________________________ Telephone __________________________
City/Town __________________________________ State __________________________ Zip ________________
Signature ________________________________________ Date ________________ 19 __________

Engineer

Part III To Be Completed By The Health Department

LOCAL HEALTH DEPARTMENT
Our recommendations concerning this preliminary application are as follows:

WATER SUPPLY:  □ Public  □ Individual
SEWAGE DISPOSAL:  □ Public Sewer  □ Subdivision System  □ Individual
Minimum lot size ______________ square feet
Additional Recommendations:

Name _________________________________ County Health Department
Title _________________________________
Signature ______________________________ Date ________________ 19 __________

SUBDIVISION PROGRAM SUPERVISOR
Based on the information submitted the Final Report may be prepared subject to the following conditions:

WATER SUPPLY:  □ Public  □ Individual
SEWAGE DISPOSAL:  □ Public Sewer  □ Subdivision System  □ Individual

SOIL TESTS
□ To be performed during the wet season on soils as ____________________________
or to be tested in accordance with 420-3-1-13
□ To be observed by the local health department on soils classified as ____________________________
□ May be performed at engineer’s discretion.

SPECIAL REQUIREMENTS:
□ Soils classified as ____________________________ are not suitable for installation of septic tank systems and shall not be used in computing the minimum lot size requirements.
□ Minimum lot size ______________ square feet
□ Additional Sheet Attached.

Name _________________________________ Subdivision Program Supervisor
Signature ______________________________ Mailing Address __________________________
Date ________________ 19 __________ Telephone __________________________