

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 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 to the best of my professional ability.

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 _____