



Owner Information:

1. Name: _____
2. Billing Address _____
3. Phone Number: _____ 4. Email: _____

Property Information:

5. Commercial Structure Type (Apt., Restaurant, etc.) _____
6. Property Address: _____
7. Legal Description: (if no address or parcel #) _____
8. Line Size _____ (4,6,8,10 or 12) 9. Parcel/PIN Number: _____
10. Square Footage/Living Units/Capacity: _____
11. Type of work to be performed: Installation ____, Repair ____, Demo ____, Rebuild ____, Other _____
12. ALASD licensed excavator: _____

In consideration of granting this permit the owner agrees to:

1. Install a High Efficiency (HE) water softener that meets the NSF/ANSI standard 44 and has a minimum efficiency of 4,000 grains/lb regenerated salt.
2. Maintain and operate the private sewer service at no expense to ALASD. Make monthly payments for sewer. **Monthly user charges begin on the date of inspection.** Prevent groundwater or surface water from entering the sanitary sewer.

Signature of Owner: _____ Date: _____

ALASD Approval: _____ Date: _____

- ALASD recommends foam insulation to any portion of the sanitary sewer line laid at a depth of less than 7 feet.
- Air testing of private service line is mandatory on all newly installed service pipe.
- Air gauge must be visible for inspector. All necessary equipment supplied by contractor.
- ALASD staff is prohibited from entering excavation trench, hole, or confined space when performing air test inspection.
- Cleanout located immediately outside the structure is recommended.

THIS SECTION TO BE COMPLETED BY ALASD:

Monthly Service Fee: Line SZ: **4-6" or 8"-Larger** or EDUs _____

WTEF Fee: _____ (to ALASD) Receipt # _____

Inspection Date: _____ by: _____

Scanned: _____

WTEF & SAC FEES MUST BE PAID PRIOR TO PERMIT APPROVAL