## D.1. ADPH Application for Grease Trap/Interceptor Permit

# CEP-11

## APPLICATION FOR SEPTIC TANK/GREASE TRAP SERIES PERMIT

**For Department Use Only**

ALABAMA DEPARTMENT OF PUBLIC HEALTH

☐ Initial Application
☐ Renewal
☐ Approved
☐ Disapproved
☐ Revoked

_____County Health Department
_____Co. Health Dept. I.D. No.
_____Date Received
_____Date Issued/Renewed

_____Date Fee Paid
_____Fee Amount
_____Fee Code
_____Receipt No.

**To Be Completed And Signed By The Applicant**
One for Each Tank

1. Name of Business_____ Phone No _____

   Street Address _____

   City/Town _____ State _____ Zip_____

2. Name of Owner/Proprietor _____ Phone No _____

   Mailing Address _____

   City/Town _____ State _____ Zip_____

   AOWB License Number _____ Expiration Date _____

3. Type of Unit ☐ Septic Tank ☐ Grease Trap

   For Renewal Applications, Show Current Permit Number: _____

   **Note: If this is a renewal application, and none of the following information has changed, leave items 4 through 20 blank and sign application on reverse.**

---

4. Number of Forms _____ (Attach drawing(s) for each form)

5. Tank Size: _____ Gallons Number of Compartments _____

6. Shape: ☐ Straight Wall ☐ Tapered ☐ Other: _____

7. Inside Dimensions: Length: Bottom _____ Length Top _____
   Width: Bottom _____ Width Top _____

8. Liquid Depth _____

9. Liquid Capacity Calculations (show calculations)

10. Is Inlet/Outlet Ratio 2/3: 1/3? ☐ Yes ☐ No

ADPH-CEP-11/Rev 6-06