APPLICATION FOR A CERTIFICATE OF EXCEPTION

(from Mandatory Solid Waste Collection)

For Department Use Only
For Department Use Only ALABAMA DEPARTMENT OF PUBLIC HEALTH New Renewal For Department Use Only County Health Department 10.00 Fee Amount 24/3 Receipt No.
Renewal Date Fee Paid Approved by Date 9-22 ^ 25
Applicant Name Brus Oinelle Phone \$5/-490-3982
Applicant Name Brus Orinly Phone 25/-490-3982 Address 39910 B. extly Clarked City Bly mitte County Bolin Zip 3650
Select the option you wish to use (please check):
Option #1: Transportation and Storage Exception
_ I will store my solid waste containing garbage in a flyproof container in a manner approved by the health department as to not create a public health hazard; transport my solid waste at least weekly, and only during the set hours when the transfer station, sanitary landfill or other approved site is open. I agree to furnish to the local county health department (LHD) receipts secured from the disposal facility operator as evidence of proper disposal when requested.
Sanitary Landfill (Name and Location)
Solid Waste Transfer Station (Name and Location)
Other (Describe)
Will you be composting your putrescible (biodegradable) solid waste?No
*If yes, all non-putrescible (non-biodegradable) solid wastes must be disposed of as described above.
Option #2: Shared Service
I will combine my solid waste containing garbage with an adjacent property owner's solid waste using an approved container after the following conditions have been met:
 Provide to the LHD a signed document containing the name, address, and solid waste collector account number of the adjacent property owner from which the service will be shared.
 Documentation that the collector is aware that the service will be shared, is willing to accept a single price for both properties and will continue collection of combined services.
All persons under these agreements are in the same governing body's collection jurisdiction.
PLEASE READ BEFORE SIGNING: This application must be approved in writing by the local county commission or municipal governing body before a Certificate of Exception can be issued by the LHD. This certificate shall not exceed one (1) year from date of issuance and is renewable annually with applicable fee. This exclusion is non-transferrable from one person, business, industry, or property owner to another. In addition, if the collector discontinues service, and is not replaced by another collector who agrees to collect the combined waste, then shared service is no longer allowed.
Applicant Signature One of the combined waste, then shared service is no tonger anowed. Applicant Signature Date

^{*}See attached authorization form for required responsible parties.

Receipt/Current Invoice

09/22/2025	•	20	10.00	10.00		10.00	0.00
Date	Client Number	er Gross	Charge	Net Charge	Credits	Amount Pald	Current Balance
							0.00
							Previous Balance
				Bruce Armstead	1		
				Name of Client			
				ENV			
				Transaction Category			
				Bruce Armstead			
				Received from Payer			
Baldwin County Health Department			Garbage Except	ion Permit			
312 Courthouse Square, Ste 29				Notes		<u> </u>	
Bay Minette,	AL 36507						
(251) 937-	6935	(251) 580	-4767				
Phone		Fax					
Next Appoir	ntment (Dat	e)					
Receipt Date	e: 9/22/202	5			Receipt Number		
DPH-A-101-Rev. 11/2008					241	3	
SERVICE CO	DDE NET	CHARGES					
643 10.00					Patient/0	Client Copy	