APPLICATION FOR A CERTIFICATE OF EXCEPTION

(from Mandatory Solid Waste Collection)

For Department Use Only				
The second secon	ALABAMA DEPART OF PUBLIC HEALTH ☐ New ☑ Renewal	a/11/as	County Health Department Date Received Date Fee Paid	Fee Amount Receipt No.
ASYC HEN	Approved by_		Date	
Applicant Name	JOHN SAN	IDERS	Phone 251	-988-1440
				BALDWINZip 36580
	u wish to use (please ch			42-70
Option #1: Transportation and Storage Exception				
a public health hazar other approved site it operator as evidence	rd; transport my solid w is open. I agree to furnisl e of proper disposal whe	aste at least weekly, and on to the local county health in requested.	nly during the set hours when the department (LHD) receipts sec	he health department as to not create he transfer station, sanitary landfill or cured from the disposal facility
Sanitary Landfill (Name and Location) MAGNOLIA LAND FILL				
Solid Waste Transfer Station (Name and Location)				
Other (Describe)				
Will you be composting your putrescible (biodegradable) solid waste? _ XYes* _ No				
*If yes, all non-putrescible (non-biodegradable) solid wastes must be disposed of as described above.				
Option #2: Shared	Service			
	ne my solid waste contai tions have been met:	ning garbage with an adja	cent property owner's solid was	te using an approved container after
 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. 				
governing body before issuance and is rene property owner to a	ore a Certificate of Exce	ption can be issued by the blicable fee. This exclusion e collector discontinues se no longer allowed.	n is non-transferrable from one	exceed one (1) year from date of
Applicant Signature Date				

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