

**APPLICATION  
FOR A CERTIFICATE OF EXCEPTION**  
(from Mandatory Solid Waste Collection)

For Department Use Only



ALABAMA DEPARTMENT  
OF PUBLIC HEALTH  
 New  Renewal

Baldwin County Health Department  
3-16-26 Date Received  
3-16-26 Date Fee Paid

\$10.00 Fee Amount  
2505 Receipt No.

Code 643

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name MARCUS AMSTED Phone 251-253-4092  
Address 7942 Bertha Cleveland Rd City Bay Minette County Baldwin Zip 36517

Select the option you wish to use (please check):

**Option #1: Transportation and Storage Exception**

AM 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) Pine Grove, Ala location
- Other (Describe) \_\_\_\_\_

Will you be composting your putrescible (biodegradable) solid waste? \_ \_ Yes\* \_ 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.

[Signature]  
Applicant Signature  
2/26/2016  
Date

\*See attached authorization form for required responsible parties.

# Receipt/Current Invoice

03/16/2026	842	10.00	10.00		10.00	0.00
Date	Client Number	Gross Charge	Net Charge	Credits	Amount Paid	Current Balance
						0.00
						Previous Balance

Marcus Armstead  
Name of Client

ENV  
Transaction Category

MARCUS ARMSTEAD  
Received from Payer

Baldwin County Health Department  
312 Courthouse Square, Ste 29

APPLICATION FOR A CERTIFICATE OF EXCEPTION  
CODE [643]  
PAID \$10 CASH  
Notes

Bay Minette, AL 36507  
(251) 937-6935      (251) 580-4767  
Phone                      Fax

Next Appointment (Date) \_\_\_\_\_

Receipt Date: 3/16/2026  
DPH-A-101-Rev. 11/2008

Receipt Number  
2505

SERVICE CODE	NET CHARGES
643	10.00

Patient/Client Copy