For Department Use Only

ID: 43

Alabama Department of Public Health



Baldwin County Health Department P.O. Drawer 369 Environmental Health Division Robertsdale, AL 36567 County Fee: \$10.00

Payment Date: 3/7/2018

Receipt Number: 37378

Date Permit Issued:

Client Number: 4971

To Be Completed And Signed By The Applicant	To Be Completed A	nd Signed By	y The Applicant
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Name of Applicant:

John Sanders

14730 Ridge Rd

Summerdale, AL 36580

Phone:

(251) 988-1440

No. of Person(s)

Living at

Residence:

2

Directions to Property:

Yes

Is House-to-House Pickup Available to You?

V

No

Is a Roadside Container Available to You?

Select the option you desire and sign:

X I will store my garbage in a fly-tight container and transport my own garbage and refuse to :

Sanitary Landfill

MACHOLIA LANDFILL

Name and Location

Other

Describe

or other Health Department approved public site at least once per week. I will transport my solid waste in such a manner as not to litter the highway or create a public health hazard, and only during hours when the sanitary landfill or other approved site is open. I agree to furnish to the County Health Department weekly receipts (where required) secured from the sanitary landfill operator as evidence of proper disposal upon request.

Date of Application:

7 7-10

Signature

John Sanders 14730 Ridge Rd

Summerdale, AL 36580