

# APPLICATION FOR CERTIFICATE OF EXCEPTION PERMIT

For Department Use Only

ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

Receipt # 1358 10<sup>22</sup>  
9-3-2020

Code 643

County Health Dept.

Co. Health Dept. I.D. No.

Date Received

Date Permit Issued

To Be Completed And Signed By The Applicant

Name of Applicant Bruce Armstrong Phone No. 251-8490-3982  
(Please Type or Print)  
Address 39910 Bertha Cleveland Rd # Persons Living at Residence 3  
(Please Type or Print)  
Directions To Property: off of 225 to Bertha Cleveland Rd S.  
Bay Minors, AL

Is house-to-house pickup service available to you? ☐ Yes ☒ No

Is a roadside container available to you? ☐ Yes ☒ No

Select the option you desire and sign:

## OPTION NO. 1

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

☐ Sanitary Landfill \_\_\_\_\_  
(Name and Location)

☐ Roadside Container \_\_\_\_\_  
(Location)

☐ Other \_\_\_\_\_  
(Describe)

or other health department approved public site at least once per week. I will transport my solid wastes in such a manner as not to litter the highway or create a public health hazard, and only during the set 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 9-3-2020

Signed Bruce Armstrong