

DEPARTMENT OF HEALTH & HOSPITALS
OFFICE OF PUBLIC HEALTH

RE-CERTIFICATION OF EXISTING AEROBIC TREATMENT UNIT

PARISH HEALTH UNIT

PERMIT #:

(LHS-47)

Date of Re-Certification:

Date of Installation:

Name of
Property Owner:

Physical
Address:

Treatment Plant Sewage I.D. Tag #:

Plant Capacity: gpd

Manufacturer:

Plant Model:

Aerator Serial #:

Aerator Model:

Distance of System From: Private Well:

Public Well:

Pressurized Water Lines:

Property Boundary:

System Pumped Out:

Hauler Company:

Maintenance Contract Date(s):

through

I certify that I have inspected and serviced this system and it is in satisfactory working condition, and I have explained to the above property/homeowner the importance of the proper use and maintenance for this particular type of onsite wastewater treatment system as specified by NSF guidelines and the Louisiana Public Health Sanitary Code.

Signature of Licensed Maintenance Provider:

License #: