

**DEPARTMENT OF HEALTH & HOSPITALS
OFFICE OF PUBLIC HEALTH**

**CERTIFICATION OF INSTALLATION BY INSTALLER
(Aerobic Treatment Unit)**

PARISH HEALTH UNIT

PERMIT #
(LHS-47)

Name of
Property Owner:

Physical
Address:

City/State/Zip Code:

Treatment Plant Sewage I.D. Tag #:

Plant Capacity

gpd

Manufacturer:

Plant Model:

Aerator Serial #:

Aerator Model:

Distance of System From:

Private Well:

Water Lines:

Property Boundary:

DATE OF INSTALLATION:

I hereby certify that the above sewage treatment plant was manufactured (if applicable), outfitted, and installed in accordance with all requirements of NSF Standard 40, the manufacturer's guidelines, and the State Public Health Sanitary Code. I further agree to provide the required 2 year service functions at maintenance intervals of 6 months as specified by NSF Standard 40 and the Louisiana Public Health Sanitary Code. I certify that 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 and, I have provided the individual a homeowner's manual for the brand of treatment plant installed at the above address.

Signature of Installer:

Date:

Signature of Maintenance Provider:

Date: