CERTIFICATION BY BALDWIN COUNTY DEPARTMENT OF PUBLIC HEALTH

STATE OF ALA	ABAMA							
COUNTY OF B	SALDWIN							
I,		,	do here	eby certif	y that	the	plans	anc
specifications of	f the required improve	ments coverin	g a sanit	ary sewera	age sys	tem a	nd/or s	ewei
lines and domes	tic water supply systen	n and/or distrib	oution lii	nes have be	een exa	mine	d by me	e and
found to comply	with the requirements	as set forth in	the regu	lations of t	he Alal	oama	State H	ealth
Department; and	l are hereby APPROVE	ED as shown.						
Dated the	day of			, 20	_ ·			
		_						
		-	County Health Officer					