

**CERTIFICATION BY
BALDWIN COUNTY DEPARTMENT OF PUBLIC HEALTH**

STATE OF ALABAMA

COUNTY OF BALDWIN

I, _____, do hereby certify that the plans and specifications of the required improvements covering a sanitary sewerage system and/or sewer lines and domestic water supply system and/or distribution lines have been examined by me and found to comply with the requirements as set forth in the regulations of the Alabama State Health Department; and are hereby APPROVED as shown.

Dated the _____ day of _____, 20_____.

County Health Officer