



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

SEPTIC INSTALLER AND/OR INSPECTOR REGISTRATION

Valid January 31, 2014 through January 31, 2015

Category of Registration: Please check as applicable

Category 1: Gravity only Category 2: Pump Assisted (includes gravity) Category 3: Inspector

Is this registration a renewal? _____ **If yes, testing entity and date:** _____
(Health Department - year or IOWPA - year)

Installer/Inspector Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

(For Health Department use only)

Telephone #: _____ Fax #: _____

Mobile #: _____ Pager#: _____

Business Information:

Business Name: _____

Owner Name: Last: _____ First: _____ Middle: _____

Business Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

(For Health Department use only)

Telephone #: _____ Fax #: _____

I certify that the above information is accurate and complete. Should any information change, I will submit a revised registration form.

Signed _____ **Date:** _____

For Office Use Only

INSTALLER/INSPECTOR ID#: _____ Test date _____

TRANSACTION #: _____ Date: _____

The person identified above is hereby granted a license to _____