



# 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, 2009 through January 31, 2010**

**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 - 2008 or IOWPA - 2007)

**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 \_\_\_\_\_