

# WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street  
Wabash, Indiana 46992  
(260) 563-0661 Ext. 1251 or 1283

*Jennifer Scott*  
Environmental Health Specialist  
[jscott@wabashcounty.in.gov](mailto:jscott@wabashcounty.in.gov)

## ON-SITE SEWAGE SYSTEM INSTALLER REGISTRATION APPLICATION

*The application and registration fee of **\$75.00**, made payable to the Wabash County Health Department, are due BEFORE any work can be done in Wabash County. This registration is good through December 31 of current year and is nonrefundable and nontransferable.*

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF OWNER(S): \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ IS COMPANY: *Bonded* \_\_\_\_\_ *Insured* \_\_\_\_\_

*Proof of bond/insurance must be on file with the Wabash County Health Department, please attach a copy.*

TYPE OF SERVICES PERFORMED: \_\_\_\_\_

ORGANIZATION AFFILIATIONS: \_\_\_\_\_

Wabash County Health Department (WCHD) requires any company installing On-site Sewage Systems in Wabash County to have at least one (1) certified installer on staff. All previous certifications expired due to the passing of Rule 410 6-8.3. Installers can take the certification exam with IOWPA or WCHD. Please contact WCHD for more details.

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HAS ANYONE IN YOUR COMPANY UNDERGONE IOWPA TRAINING AND TESTING? \_\_\_\_\_

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Name		Date		Name		Date		

HAVE YOU TAKEN ANY EXAMS OR CERTIFICATIONS IN OTHER COUNTIES: \_\_\_\_\_

IF SO, PLEASE LIST COUNTIES AND DATES:

_____	/	_____	/	_____	/	_____	/	_____
County		Date		County		Date		
_____	/	_____	/	_____	/	_____	/	_____
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*The Wabash County Health Department Authority shall be contacted: before any work begins and when construction, installation, modification or repair of on-site sewage disposal system is complete and ready for inspection. The Wabash County Health Department Authority shall endeavor to inspect all systems within two business days after notification.*

*“Any person who violates a provision of this ordinance shall be guilty of a misdemeanor and upon conviction thereof may be fined not more than two thousand dollars (\$2,000). Each day during or on which a violation occurs or continues shall be deemed a separate offense.”*

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_____	_____
Signature	Today's Date

**Office Use Only ~ Do Not Write In Box**

APPLICATION: Approved _____/_____/_____	Denied in Writing _____/_____/_____
Reason Denied: _____	
PAYMENT: Cash \$_____ Check \$_____ Check No. _____ Receipt No. _____ Date _____/_____/_____	



# WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street  
Wabash, Indiana 46992  
(260) 563-0661 Ext. 1251 or 1283

*Jennifer Scott*  
Environmental Health Specialist  
[jscott@wabashcounty.in.gov](mailto:jscott@wabashcounty.in.gov)

## ON-SITE SEWAGE SYSTEM INSTALLER REGISTRATION APPLICATION

*The application and registration fee of **\$75.00**, made payable to the Wabash County Health Department, are due BEFORE any work can be done in Wabash County. This registration is good through December 31 of current year and is nonrefundable and nontransferable.*

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF OWNER(S): \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ IS COMPANY: *Bonded* \_\_\_\_\_ *Insured* \_\_\_\_\_

*Proof of bond/insurance must be on file with the Wabash County Health Department, please attach a copy.*

TYPE OF SERVICES PERFORMED: \_\_\_\_\_

ORGANIZATION AFFILIATIONS: \_\_\_\_\_

Wabash County Health Department (WCHD) requires any company installing On-site Sewage Systems in Wabash County to have at least one (1) certified installer on staff. All previous certifications expired due to the passing of Rule 410 6-8.3. Installers can take the certification exam with IOWPA or WCHD. Please contact WCHD for more details.

ARE YOU A MEMBER OF IOWPA? \_\_\_\_\_

HAS ANYONE IN YOUR COMPANY UNDERGONE IOWPA TRAINING AND TESTING? \_\_\_\_\_

_____	/	_____	/	_____	/	_____	/	_____
Name		Date		Name		Date		
_____	/	_____	/	_____	/	_____	/	_____
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BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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