

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

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: _____

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HAS ANYONE IN YOUR COMPANY UNDERGONE IOWPA TRAINING AND TESTING? _____

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“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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HAS ANYONE IN YOUR COMPANY UNDERGONE IOWPA TRAINING AND TESTING? _____

_____	/	_____	/	_____	/	_____	/	_____
Name		Date		Name		Date		
_____	/	_____	/	_____	/	_____	/	_____
Name		Date		Name		Date		
_____	/	_____	/	_____	/	_____	/	_____
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		
_____	/	_____	/	_____	/	_____	/	_____
County		Date		County		Date		
_____	/	_____	/	_____	/	_____	/	_____
County		Date		County		Date		

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.”

_____	_____
Please Print Name	Title
_____	_____
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

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: _____

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Name		Date		Name		Date		
_____	/	_____	/	_____	/	_____	/	_____
Name		Date		Name		Date		
_____	/	_____	/	_____	/	_____	/	_____
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		
_____	/	_____	/	_____	/	_____	/	_____
County		Date		County		Date		
_____	/	_____	/	_____	/	_____	/	_____
County		Date		County		Date		

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Reason Denied: _____	
PAYMENT: Cash \$ _____ Check \$ _____ Check No. _____ Receipt No. _____ Date _____ / _____ / _____	