	WABASH COUN	NTY HEALTH	I DEPARTMENT
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89 West Hill Street, Wabash, Indiana 46992 Phone: (260) 563-0661 Ext. 1251; Fax: (260) 563-6082 E-mail: jscott@wabashcounty.in.gov; Website: environmental.wabashcounty85.in

ONSITE SEWAGE SYSTEM INSTALLER REGISTRATION APPLICATION

Business Name:		Phone: ()	
Address:	City:	State:	Zi	p:
Mailing Address If Different:	City:	State:	: Z	ip:
Website:		_ Fax: (_)	
Number of Employees:	Company <u>Bonded</u> ? Y	_ N <u>Ins</u>	sured? Y	N
Proof of bond/insurance must	be on file with the Wabash County Health Depar	rtment, please a	attach a co	ору.
Owner Name:		_ Phone: ()	
Address:	City:	State:	Zi	p:
E-Mail:	Preferred Method of Contact? Cell	Email	Other:	
Wabash County Health Department (WC	Sand Line Filters Repairs (H CHD) requires any company installing onsite sew			
Wabash County Health Department (WC have at least one (1) certified installer or	Sand Line Filters Repairs (H CHD) requires any company installing onsite sew	ouse to Field) ₋ age systems in	Wabash (County to
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Check No.

Receipt No.

Date

PAYMENT: Cash \$_

Check \$_