WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992 Phone: (260) 563-0661 Ext. 1251; Fax: (260) 563-6082

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ONSITE 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 from March 1 (current year) to March 1 (following year) and is nonrefundable nor nontransferable.

Business Name: _				_ Phone: () _	
Address:		City:		State:	_ Zip:
Mailing Address If Different:		City:		State:	Zip:
Website:				Fax: ()	
Number of Employees:		Compa	Company <u>Bonded</u> ? Y		!? Y N
Proof of I	bond/insurance must t	be on file with the Wabash	County Health Depa	artment, please attach	п а сору.
Owner Name:				Phone: () _	
		City:			
		Preferred Metho			
SYSTEM TYPES:		Elevated Sand Mound		_	
	Pump Assisted	_ Sand Line Filters _	Repairs (F	louse to Field)	_
Are you a member	//	N Has any Name n other counties? Y	// 	Name	//
-		County	-		
The Wabash County Health Department Authority shall be contacted: before any work begins and when construction, installation, modification or repair of onsite sewage disposal system is complete and ready for inspection. The Wabash County Health Department Authority shall endeavor to inspect all systems within two (2) business days after notification. According to the Wabash County Sewage Ordinance: "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 Signature Office Use Only ~ Do Not Write In Box					
APPLICATION: /	Approved /	/	Denic	ed in Writing	/ /
Reason Denied: _					
PAYMENT: Cash	\$ Check S	\$ Check No	Receipt N	Vo Date	/