



**APPLICATION FOR A LICENSE
TO CLEAN ONSITE WASTEWATER TREATMENT SYSTEMS**

New/Renewal \$40.00 – MAKE CHECKS PAYABLE TO TRI-COUNTY HEALTH DEPT

TCHD License Number: _____
(If renewing a license)

Name of Applicant: _____

Company Name: _____

Name of Owner: _____

Street Number: _____ Street Direction: _____

Street Name: _____ Street Type: _____

Unit Type: _____ Unit #: _____

City _____ State _____ Zip _____ Phone: _____

Email Address: _____

The applicant certifies that he/she is fully acquainted with the Tri-County Health Department Rules and Regulations Governing Onsite Wastewater Treatment Systems, and will clean and pump all onsite wastewater treatment systems in compliance with the regulations and permits issued by the Health Department.

Name of Applicant (please print) _____

Date _____ *Signature of Applicant* _____

IMPORTANT: On the next page of this application, the applicant must list **AND** attach a copy of their contract, of all the sites utilized in the last year and upcoming year for disposing of pumpings. This application ***will not*** be processed without this information.

* * * * * *BELOW SPACE FOR TCHD OFFICE USE* * * * *

- | | | | |
|---|------------------------------|-----------------------------|---|
| Received Affidavit of Citizenship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Received contract(s) with disposal site(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Received NAWT O&M 1 Certification <i>or</i>
NAWT Vacuum Truck Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| License Issued | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Date Health Department Verification

