

Residential Onsite Sewage Disposal Installer Application

DELAWARE COUNTY HEALTH DEPARTMENT

Application for Registration for those engaged in the installation, construction and repair of sewage disposal systems and/or equipment in Delaware County, State of Indiana

Name of Business: _____

Address of Business: _____

Phone(____) ____ - _____ Email: _____

Name of Applicant _____ Phone (____) ____ - _____

Name of Employees:

ALL NEW AND CURRENT EMPLOYEES NAMES MUST BE LISTED WITH THIS OFFICE AND KEPT UP TO DATE.

A SURETY BOND REQUIRED IN THE PENAL SUM OF \$1,000.00 PAYABLE TO THE

DELAWARE COUNTY HEALTH DEPARTMENT

Bond Co. _____

Address _____

Bond Number: _____ Amount: _____

I, the undersigned, hereby swear that to the best of my knowledge the above information is true and correct. I, furthermore understand and agree to abide to the ESD-2 Ordinance and 410-IAC-6-8.1 and all other rules and regulations relating to the installation and repair of all Residential Onsite Sewage Disposal Systems as established by the Delaware County Health Department.

Signature of Applicant: _____ Date: _____

Reviewed by _____ Approved _____ Rejected _____

Signature of Delaware County Health Officer _____