



Blackford County Health Department

506 E Van Cleve St
Hartford City IN 47348
Phone (765) 348-4317
Fax (765) 348-3041

APPLICATION FOR SEPTIC INSTALLERS

Registration application for those engaged in installation, construction, and repair of sewage disposal systems in Blackford County, Indiana.

Name of Business: _____

Address of Business: _____

Name of Applicant: _____

Mailing Address: _____

Business Phone: _____ Cell: _____

E-mail Address: _____

Digitized by srujanika@gmail.com

Name of Employee(s)	Equipment list:
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____

I, the applicant, hereby state that to the best of my knowledge, the information provided on this application is true and accurate. I further understand and agree to abide by the Blackford County Sewage Ordinance and the Indiana Department of Health, rule and regulations related to installation of current private Sewage Disposal Systems. (Application Fees are \$75.00 year)

Signature of Applicant: _____ Date: _____
Revised 11/05/2020