

Porter County Health Department
Onsite Sewage System Installer Registration Application

Registration Year: _____

"Effective January 1, 2013, no person shall construct, install, replace, alter, or repair any part of any Onsite Sewage System (OSS) in Porter County unless the person is registered with the Porter County Health Department." as per Ordinance #12-25 and passed by the Porter County Board of Commissioners on November 12, 2012. The Onsite Sewage Installer Registration Fee is \$50.00.

Please Print Legibly

Company/Corporation Name: _____ *		
Owner Name: _____ *		
Mailing Address: _____ *		
City, State and Zip Code: _____ *		
Email Address: _____ *		
Office Ph # : _____ *	Cell Ph # : _____	Fax Ph # : _____
List of Certified OSS Installers: Name: _____ *		
Name: _____	Name: _____	
Name: _____	Name: _____	
Owner Signature: _____	Amount Enclosed:\$ _____	

**Required Fields Must Be Completed for Registration*

- A copy of IOWPA certification is required for EACH Certified OSS Installer listed on this application.
- A copy of the above listed company's Certificate of Insurance must be included with this application.

Please visit or mail this completed application, attachments and payment to our office located at Porter County Health Department, Env. Div, Attn: OSSI Application, 155 Indiana Ave, Valparaiso, IN 46383. For applications received by mail, the OSS Installer Registration and receipt will be mailed to the address listed above.

Application Checklist:

\$50.00 Check made payable to Porter County Health Dept: _____
Copy of IOWPA Certification for EACH OSS Installer: _____
Copy of Certificate of Insurance: _____

Failure to submit a completed application form, payment fee, proof of IOWPA certification, or a Certificate of Insurance will delay your OSS Installer Registration.

Additional information concerning obtaining IOWPA Certification can be located at www.IOWPA.org or ph: 317-889-2382.

CONTINUE ON BACK

➤ *Types of Payment Accepted:*

- Cash
- Money Order
- Check
- Credit or Debit Card – Our office cannot accept credit/debit card payments by telephone.
- Make checks or money orders payable to Porter County Health Department

**Porter County Health Department
Porter County Administration Center
155 Indiana Ave Suite 104
Valparaiso, IN 46383
Ph. (219) 465-3525 Option 4
Fax. (219) 465-3531
www.porterco.org/envhealth**

Office Use			
Paid by: (√ one)	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order <input type="checkbox"/> CC/BC
Date Fee Paid: _____	Processed by: _____	Check/Money Order#: _____	Amount Paid: _____
Receipt #: _____	Receipt Book #: _____		
			Registration #: _____